



NIHS RESIDENCY TRAINING PROGRAM

Program: Neurology

Comprehensive Clinical Examination (CCE)

I. Definition of Comprehensive Clinical Examination (CCE)

The Clinical Competency Examination (CCE) is a performance-based assessment that evaluates whether candidates have achieved the competencies and readiness required to enter independent clinical practice as a Neurology expert. Through a series of structured stations reflecting real-life clinical scenarios, candidates are assessed on their clinical approach, clinical reasoning, diagnostic and management decision-making, communication, and ability to justify their decisions. The CCE also evaluates safe, patient-centered practice, including recognition of clinical priorities, risk identification, and appropriate evidence based management. Each station assesses one or more domains of clinical competence, including clinical reasoning, communication, professionalism, and safe clinical practice.

II. Comprehensive Clinical Examination (CCE) Exam Format

1. Number of Stations = 8 - 12
2. Duration per station = 10 – 15 minutes
3. Duration of the break between the two consecutive stations = 3 minutes
4. Examiners per Station = 2

The examination will include OSCE and Oral components.

Number of Stations	Duration of the station	Types of stations	Orientation and calibration
8-12 Stations	Each station could last between 10 – 15 minutes long. There should be 3 minutes before each station.	A single CCE station may assess one or more clinical competency domains. Examples include: • History taking, neurological examination, and lesion localization using a real or simulated patient. • Clinical assessment, interpretation of findings and investigations, clinical reasoning, diagnostic formulation, and management	On Examination Day 30 minutes Examiner/Examinee orientation





		planning. • Communication, professionalism, patient safety, and ethical decision-making. • Demonstration or discussion of practical skills relevant to neurological practice, including procedural indications, informed consent, interpretation of findings, recognition of complications, and their appropriate management, where applicable.	
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III. Clinical/Practical Skill Domains

Proposed Domains for NIHS	DEFINITIONS
Data gathering / History taking	Elicit a focused, relevant, and comprehensive history using a structured, patient-centred approach. Explore the patient's or caregiver's concerns with sensitivity and professionalism.
Physical Examination and practical skills	Perform a systematic, accurate, and professional neurological examination and demonstrate competency in practical and procedural skills expected of a Neurology expert.
Data interpretation	Reasonable interpretation of findings from the history, physical examination, and relevant investigations.
Clinical Reasoning & Diagnostic Skills	Integrate clinical information to formulate appropriately justified differential diagnoses, prioritize differential based on clinical reasoning, recognize the significance of findings, and determine appropriate next steps when information is incomplete or inconclusive.
Clinical Decision-Making & Management	Develop safe, evidence-based appropriate investigation and management plans, applying clinical knowledge, ethical principles, and relevant legal considerations.
Communication & Professionalism	Demonstrate professional communication by greeting and introducing oneself appropriately, maintaining appropriate confidence, body language, and a clear tone and pace of speech. Establish effective rapport with patients, caregivers, and colleagues through respectful, empathetic, and patient-centred interactions. Recognize, acknowledge, and address patients' or caregivers' concerns while ensuring patient comfort, safety, privacy, and dignity throughout the encounter.





IV. Blueprint Outline

- This will be published on the NIHS website for the candidates.
- This will act as a guideline for Examination Sub-committee for exam design.
- This will be fixed for the next 4 academic years

Sections:

1. Cerebrovascular Diseases
2. Epilepsy, Clinical Neurophysiology (EEG), and Sleep
3. Neuromuscular disorders, and Clinical Neurophysiology (NCS/EMG)
4. Neuro-Immunology, including demyelinating, autoimmune and paraneoplastic diseases of CNS.
5. Movement Disorders
6. Cognitive and behavioral disorders
7. General Neurology, pain, and autonomic disorders
8. Headache and related disorders
9. CNS Infection
10. Neuro Ophthalmology
11. Neurology of Systemic Diseases (including nutritional and metabolic diseases)
12. Pediatric Neurology, and neurogenetics

V. Passing Score

- Each station shall be assigned a minimum performance level (MPL) based on the expected performance of a minimally competent candidate using a sound scientific standard-setting method such as regression analysis.
- To pass the examination, a candidate must attain a score equal to or more than the MPL in at least 70% of the number of stations.

VI. Time Management

- The examiner is aware of how much material needs to be covered per station, and it is their responsibility to manage the time accordingly.
- The examiner will want to give you every opportunity to address all the questions within the station.
- They may indicate that "in the interests of time, you will need to move to the next question." This type of comment has no bearing on your performance. It is simply an effort to ensure that you complete the station.
- If you are unclear about something during the station, ask the examiner to clarify.





- Some stations may finish early, if this occurs, the examiner will end the encounter.

VII. Examiner Professionalism

- Examiners have been instructed to maintain a professional and standardized approach throughout the examination. Please do not interpret a neutral or reserved demeanor as a reflection of your performance.
- We recognize this is a stressful situation, and the examiner is aware that you are nervous. If you need a moment to collect your thoughts before responding, indicate this to the examiner.
- The nomination of examiners is based on the principle that candidates are assessed by qualified examiners selected and appointed by NIHS. The examiner is not obligated by any means to share their personal information or professional details with the candidate.

VIII. Conflict of Interest

- The examiners come from across the country. You will likely recognize some of them and may have worked with some of them in your center's clinical/academic capacity. This is completely acceptable to the NIHS and is not a conflict unless the examiner had a substantial contribution to your training or evaluation, or if you have another personal relationship with the examiner.
- Identify the conflict at the moment of introduction; examiners have been instructed to do the same. Examiners will alert the NIHS staff – every attempt will be made to find a suitable replacement for the station.

IX. Confidentiality

- Electronic devices are NOT permitted.
- Communication with other candidates during the evaluation is prohibited.

X. Textbooks

The following textbooks are recommended as core references for resident education and preparation for the NIHS Neurology Board Examination:

1. Neurology in Clinical Practice: Principles of Diagnosis and Management (Bradley)
2. Principles of Neurology (Adams & Victor)
3. Neuroanatomy through Clinical Cases (Hal Blumenfeld)
4. Merritt's Neurology.
5. Localization in Clinical Neurology (Brazis)





6. Pediatric neurology (Swaiman's)
7. Electromyography and Neuromuscular disorders (Barbara E. Shapiro)
8. EEG Primer (Fisch & Spehlmann's)

XI. Journals

1. Continuum: Lifelong Learning in Neurology (American Academy of Neurology) is the primary recommended educational journal for board preparation and specialist-level learning.
2. Residents are encouraged to broaden their knowledge by regularly reviewing high-quality, peer-reviewed articles from reputable neurology journals to remain current with advances in clinical practice and research.

XII. Others

Clinical Practice Guidelines

1. Guidelines and position statements from the American Academy of Neurology (AAN)
2. Guidelines from the European Academy of Neurology (EAN)
3. Disease-specific international consensus statements and evidence-based guidelines where applicable

