

**Pilgrim Psychiatric Center
Psychology Department
Intern Evaluation Form**

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Trainee _____ Supervisor _____ Period from: _____ to _____

Assessment Method(s) for Competencies

_____ Direct Observation	_____ Review of Written Work
_____ Review of Raw Test Data	_____ Discussion of Clinical Interaction
_____ Case Presentation	_____ Comments from Other Staff

Competency Ratings Descriptions

- NA Not applicable for this training experience/Not assessed during training experience**
- A Advanced/Skills comparable to autonomous practice at the licensure level.**
Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however as an unlicensed trainee, supervision is required while in training status.
- HI High Intermediate/Occasional supervision needed.**
A frequent rating at completion of internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
- I Intermediate/Should remain a focus of supervision**
Common rating throughout internship and practica. Routine supervision of each activity.
- E Entry level/Continued intensive supervision is needed**
Most common rating for practica. Routine, but intensive, supervision is needed.
- R Needs remedial work**
Requires remedial work if trainee is in internship or post-doc.

Goal I: Knowledge of Mental Disorders

- NA Objective: Diagnostic Skill**
Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM multiaxial classification. Utilizes historical, interview and psychometric data to diagnose accurately.
- A** Demonstrates a thorough knowledge of psychiatric classification, including multiaxial diagnoses and relevant diagnostic criteria, which is used to autonomously develop an accurate diagnostic formulation.
- HI** Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
- I** Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
- E/R** Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-IV-TR (DSM-V when available) criteria to develop a diagnostic conceptualization.

Objective: Discusses Clinical and Research Literature

Demonstrates the ability to locate and discuss clinical and research literature related to Axis I psychiatric disorders and Axis II personality disorders. Displays an understanding of how socio-cultural factors influence the manifestation of psychiatric disorders and attitudes toward mental illness and treatment. Can incorporate the literature to aid in diagnostic and treatment considerations for diverse individuals.

- A** Fully dedicated to independently expanding knowledge and skills by locating and discussing how the new information can be used to accurately diagnose or better treat a patient they are in contact with.
- HI** Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Needs support incorporating new knowledge to improve diagnostic and treatment methods.
- I/E** Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, will take initial steps in with support to incorporate new knowledge into clinical practice.
- R** Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor or unwilling to discuss methods for incorporating knowledge into clinical practices.

Goal II. Intervention/Treatment of Mental Disorders

NA Objective: Patient Rapport

Consistently achieves a good rapport with patients.

- A** Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
- HI** Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
- I** Actively developing skills with new populations. Relates well when has prior experience with the population.
- E** Has difficulty establishing rapport.
- R** Alienates patients or shows little ability to recognize problems.

NA Objective: Patient Risk Management and Confidentiality

Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients. Collaborates with the treatment team in an effective manner.

- A** Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. reporting them to staff, calling a code) are initiated immediately, then consultation and confirmation of supervisor is sought. Establish appropriate short-term crisis plans with patients. Recognizes issues that need to be communicated immediately with the treatment team (i.e. threats of assault, suicide, etc.) and acts upon it.
- HI** Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. May occasionally forget to discuss confidentiality issues promptly.
- I** Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient.
- E** Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not leave the site without seeking "spot" supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.

R Makes inadequate assessment or plan, then leaves the site before consulting supervisor. Unable to identify and recognize those issues that are high priority, fails to provide regular communication with their treatment team and teams for which they are providing services. Needs intensive supervision around these issues.

NA **Objective: Case Conceptualization and Treatment Goals**
Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

A Independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.

HI Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Readily identifies emotional issues but sometimes needs supervision for clarification. Sets appropriate goals with occasional prompting from supervisor, distinguishes realistic and unrealistic goals.

I Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.

E/R Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.

NA **Objective: Therapeutic Interventions**
Interventions are well-timed, effective and consistent with empirically supported treatments.

A Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.

HI Most interventions and interpretations facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions.

I Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.

E/R Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions patients' level of understanding and motivation.

NA **Objective: Evidence-Based Treatment Modalities**
The intern demonstrates an understanding of evidence-based treatment modalities relevant to the patients with whom they are working. They can effectively apply their knowledge of these treatments in their practice.

A Intern has an advanced understanding of the theoretical basis for the treatment modality. Demonstrates an understanding of the most current literature relevant to the practice of the particular treatment approach. Can independently incorporate knowledge of empirical basis into clinical practice.

HI Most of the time, can utilize knowledge of the empirical literature in designing treatment strategies. Takes initiative in seeking out empirical support for treatment modality. With minimal supervision, can apply empirically-based treatments in practice.

I Requires supervision and reminders to utilize empirical research in discussing and understanding clinical work. Needs specific supervision to translate ideas presented in the literature into clinical practice.

E Does not initiate or display understanding of empirical basis for treatment. With supervision and explanation, can understand and accept relevance of empirical basis for interventions.

R Refuses to understand or learn about empirical basis for clinical work. Refuses to incorporate evidence-based treatments into clinical work. Works against the principles on the treatment modality.

NA **Objective: Maintaining Appropriate Therapeutic Boundaries**
Displays and understands the importance of interacting with patients using appropriate therapeutic boundaries. Has good knowledge of HIPPA laws and can maintain a level of patient confidentiality appropriate for the hospital setting. Understands the role of a psychology intern and does not step outside that role to offer "special" treatment to a patient.

- A** Maintains confidentiality in accordance with HIPPA laws and explains the limits of confidentiality to patients in ways that they can understand. If patients encourage the intern to step outside of their role to provide treatment, the intern can explain the rationale behind why they will not do this and will preserve appropriate therapeutic boundaries.
- HI** Can consistently maintain appropriate patient boundaries, including confidentiality. There are occasionally times prior to any boundary violation when the intern seeks supervision to learn ways to handle a difficult situation in which staff or patients are making it difficult for her to maintain boundaries.
- I** Can usually maintain appropriate patient boundaries, including confidentiality. Occasionally slips up but is willing to admit to the error in judgment in supervision and work toward correcting it in the future.
- E/R** Had difficulty maintaining confidentiality. Discusses patient matters in public spaces (e.g., hallways, elevators) transmits documents with patient material to outside sources without obscuring identifying data; shares private patient information with patient family members (without first receiving written permission), staff uninvolved in that patient's treatment (e.g., TAs on another ward), or other patients. May do special favors for patients (e.g. give gifts, lend money, allow them to do things that are not within their privilege level), promise to keep that should not be kept (e.g., not telling the treatment team is a patient is in danger of harming self or others), or side with patients against the treatment team.

**NA Objective: Effective Use of Emotional Reactions in Therapy (Countertransference)
Understands and uses own emotional reactions to the patient productively in the treatment.**

- A** During session, uses countertransference to formulate hypotheses about patient's current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.
- HI** Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.
- I** Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is frequently needed to process the information gained.
- E** When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.
- R** Unable to see countertransference issues, even with supervisory input.

**NA Objective: Group Therapy Skills and Preparation
Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psychoeducational, readies materials for group, and understands each session's goals and tasks.**

- A** Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage group alone in absence of co-therapist/supervisor with follow-up supervision later.
- HI** Seeks input on group process issues as needed, then works to apply new knowledge and skills. Needs occasional feedback concerning strengths and weaknesses. Generally prepared for group sessions.
- I** Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.
- E** Has significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is sometimes disorganized.
- R** Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

**NA Objective: Co-Leadership of Groups
Effectively collaborates with a student or staff co-leader to present psychoeducational material and engage patients.**

- A** Fluid functioning of leadership team: co-leaders monitor and teach each other. They mutually anticipate and adapt to each other's interventions within treatment sessions. Co-leaders function as peer supervisors, seek consultation when needed.

- HI Can identify and manage conflict with co-leader with minimal to moderate supervisory help. Leaders cultivate ability to recognize and adapt to each others' styles and strategies to the benefit of the group.
- I Recognizes complementarity of styles, including mutual strengths and weaknesses. Uses supervision to understand and accept differences.
- E Able to exchange information regarding preferences regarding working styles; able to agree on ground rules and working plans. Some resistance to supervision in this area.
- R Co-leader relationship characterized by poor communication, mistrust, with open hostility or denial of conflict; mismanagement of co-leadership issues has clearly adverse effects on group functioning.

NA Objective: Sensitivity to Patient Diversity
Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

- A Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables.
 Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
- HI In supervision, recognizes and openly discusses limits to competence with diverse clients.
- I Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.
- E Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
- R Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.

NA Objective: Awareness of Own Cultural and Ethnic Background
Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

- A Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
- HI Aware of own cultural background. Uses supervision well to examine this in psychological work. Readily acknowledges own culturally-based assumptions when these are identified in supervision.
- I Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
- E Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
- R Has little insight into own cultural beliefs even after supervision.

Goal III. Assessment of Mental Disorders

NA Total Number of Assessments Completed this Evaluation Period _____

NA Objective: Psychological Test Selection and Administration
Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administering intelligence tests and objective and subjective personality measures.

- A Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.
- HI Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
- I Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
- E/R Test administration is irregular, slow. Or often needs to recall patient to further testing sessions due to poor choice of tests administered.

NA Objective: Psychological Test Scoring and Interpretation
Scores and interprets the results of psychological tests used in his/her area of practice.

Demonstrates competence scoring and interpreting intelligence tests and objective personality measures.

- A** Skillfully and efficiently scores and interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Accurately interprets and integrates results prior to supervision session.
- HI** Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision. Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or take computer interpretation packages too literally.
- E/R** Significant deficits in understanding of psychological testing, over-reliance on computer interpretation packages for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.

NA Objective: Assessment Writing Skills

Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.

- A** Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are woven into the report as supportive evidence. Recommendations are related to referral questions. Can complete the report in a timely fashion with minimal edits from supervisor.
- HI** Report covers essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations. The edited report can be completed in a timely manner.
- I** Uses supervision effectively for assistance in determining important points to highlight. These edits delay the completion of the report.
- E/R** Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites. The intense supervision needed to fix the report significantly delays its completion.

NA Objective: Feedback Regarding Assessment

Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.

- A** Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.
- HI** With input from supervisor, develops and implements a plan for the feedback session. May need some assistance to identify issues which may become problematic in the feedback session. May need intervention from supervisor to accommodate specific needs of patient or family.
- I** Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.
- E** Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.
- R** Does not modify interpersonal style in response to feedback.

Goal IV. Professional Identity

NA Objective: Professional Responsibility and Documentation

Responsible for key patient care tasks (e.g. individual therapy, unscheduled patient check-ins and crisis interventions) and completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, are well documented. Records include crucial information.

- A** Maintains complete records of all patient contacts and pertinent information in eCare and, when appropriate, chart notes. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
- HI** Maintains timely and appropriate records; may forget some minor details or brief contacts, but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.

- I Uses supervisory feedback well to improve documentation. Needs regular feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
- E Needs considerable direction from supervisor. May leave out crucial information.
- R May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

Objective: Efficiency and Time Management

Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Gives supervisors advanced notice of scheduled time off and is sensitive to coverage issues. Minimizes unplanned leave whenever possible.

- A Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.
- HI Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner, but needs occasional deadlines or reminders.
- I Completes work effectively and promptly by using supervision time for guidance. Regularly needs deadlines or reminders.
- E Highly dependent on reminders or deadlines.
- R Frequently has problems getting work done in a timely fashion. Or has problems with tardiness or unaccounted absences.

Objective: Seeks Current Scientific Knowledge

Displays necessary self-direction in gathering clinical and research information practice independently and competently. Regularly engages in practices such as reading books and journal articles, and attending seminars, workshops, conferences, and presentations at departmental Journal Club meetings. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

- A Fully dedicated to expanding knowledge and skills. Independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
- HI Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
- I/E Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
- R Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

NA Objective: Knowledge of Ethics and Hospital Rules

Demonstrates good knowledge of Adherence to the APA (Ethical Principles of Psychologists and Code of Conduct) and agency/facility rules and operating procedures. Consistently applies these appropriately, seeking consultation as needed.

- A Spontaneously and consistently identifies ethical issues and agency/facility rule infractions and addresses them proactively. Judgment is reliable about when consultation is needed.
- HI Consistently recognizes ethical issues and potential agency/facility rule infractions, appropriately asks for supervisory input.
- I Generally recognizes situations where ethical issues and agency/facility rules might be pertinent, is responsive to supervisory input.
- E Often unaware of important ethical issues and agency/facility rules.
- R Disregards important supervisory input regarding ethics and agency/facility rules.

Objective: Uses Positive Coping Strategies

Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

- A Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues.
- HI Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact.
- I Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well.
- E Personal problems can significantly disrupt professional functioning.
- R Denies problems or otherwise does not allow them to be addressed effectively.

Goal V. Professional Relationships

Objective: Professional Interpersonal Behavior

Professional and appropriate interactions with treatment teams, peers (e.g., interns, externs), supervisors, support staff, and administrators. Seeks peer support as needed.

- A Smooth working relationships, handles differences openly, tactfully and effectively. Demonstrates appropriate professional interpersonal boundaries. Participates actively and helpfully in treatment team meetings.
- HI Gets along well with others and appropriately seeks input from supervisors to cope with rare interpersonal concerns. Participates actively and helpfully in treatment team meetings.
- I Generally gets along well with others and effectively seeks assistance to cope with interpersonal concerns with colleagues as they arise. Progressing well on providing input in a team setting.
- E Relates well to others but ability to participate in team model is limited.
- R May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues. Poor interpersonal boundaries. Has great difficulty functioning in a team setting.

Objective: Seeks Consultation/Supervision

Seeks consultation or supervision as needed and uses it productively.

- A Actively seeks consultation when treating complex cases and working with unfamiliar symptoms.
- HI Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, occasionally over or under-estimates need for supervision
- I Generally accepts supervision well, but occasionally defensive. Needs supervisory input for determination of readiness to try new skills.
- E Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
- R Frequently defensive and inflexible, resists important and necessary feedback.

NA Objective: Consultative Guidance

Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.

- A Relates well to those seeking input, is able to provide appropriate feedback.
- HI Requires occasional input regarding the manner of delivery or type of feedback given.
- I/E Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.
- R Unable to establish rapport.

NA Objective: Case Consultation Through Case Presentations

Uses case presentations as a format to receive consultation on challenging cases. Can deliver concise and informative presentations to staff of all disciplines. Poses questions to consultants in order to facilitate treatment planning.

- A When trainee is a presenter, he/she uses case presentations to receive valuable feedback regarding patient's functioning and treatment planning. Provides a comprehensive overview of patient's psychological, medical, trauma, and social history as well as patient's current functioning. Incorporates information from different sources into presentation, and asks appropriate questions to the consultants available, considering their area of expertise. Communicates results of case presentation to all relevant parties, and in conjunction with treatment team, considers changes to treatment plan to address recommendations made by consultants.
- HI With some help from supervisor, collates relevant information for case presentation and is able to present such information in a generally clear and concise manner. May spend a lot of time reviewing information relevant to one area of assessment, yet may not expand on other important details of

patient presentation. Overall, however, consultant understands questions being posed to him/her and is able to provide recommendations, particularly after asking for additional information regarding particular areas not addressed thoroughly in presentation. Information gathered from consultation is not always communicated to all interested parties, and as a result, the team may fail to follow up on some recommendations.

- I Attends case presentations regularly, and when in the role of presenter, is prepared with sufficient information for presentation. However, does not attempt to gather information from all resources (i.e., going back to medical records, talking with family, meeting with treatment team). Poses questions to consultant, but questions may not be appropriate given the information provided or the current treatment goals. May not follow up with recommendations, or may decide to follow up only with some recommendations without consulting relevant parties involved.
- E Is unable to put together a clinical presentation that is comprehensive or based on a psychological formulation of the patient. May only "report" data accumulated by reading excerpts from notes or assessments. Does not prepare adequate questions to consultant. May not follow up with recommendations.
- R Rarely attends case presentations, and when assigned to present, does not adequately prepare for presentation, evidenced by incomplete or incorrect patient information, disorganization in presentation, or a lack of preparation of questions for consultation.

NA Objective: Supervisory Skills

Demonstrates good knowledge of supervision techniques and employs these skills in a consistent and effective manner, seeking consultation as needed. Builds good rapport with supervisee.

- A Effectively and consistently applies supervision skills. Offers excellent, timely, and useful feedback to supervisee.
- HI Consistently recognizes relevant issues and offers helpful feedback to supervisee. Needs occasional guidance and supervisory input.
- I Generally recognizes relevant issues, needs guidance regarding supervision skills.
- E Able to provide adequate assistance to trainee but requires very close personal supervision.
- R Unable to provide helpful supervision.

Supervisor Comments

Summary of Strengths:

Areas of Additional Development or Remediation, including Recommendations:

Conclusions

Remedial Work Instructions

In the rare situation when it is recognized that a trainee needs remedial work, a competency assessment form should be filled out **immediately**, prior to any deadline date for evaluation, and shared with the trainee and the director of training. In order to allow the trainee to gain competency and meet passing criteria for the rotation, these areas must be addressed proactively and a remedial plan needs to be devised and implemented promptly.

Goal for practicum evaluations

All competency areas will be rated at a level of **E** or higher. No competency areas will be rated as **R**.

Goal for intern evaluations done prior to 12 months

All competency areas will be rated at a level of competence of **I** or higher. No competency areas will be rated as **R** or **E**.

Goal for intern evaluations done at 12 months

At least 80% of competency areas will be rated at level of competence of **HI** or higher. No competency areas will be rated as **R** or **E**. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competency and the major supervisor, training director and trainee agree that a level of **I** is appropriate for that particular rotation, e.g. a neuropsychology rotation for a general track trainee.

Goal for post-doctoral evaluations done prior to 12 months

All competency areas will be rated at a level of competence of **HI** or **A**. Only areas where the post-doc has no prior experience will be rated **I**. No competency areas will be rated as **R** or **E**.

Goal for post-doctoral evaluations done at 12 months

At least 80% of competency areas will be rated at level of competence of **A**. No competency areas will be rated as **I**, **R** or **E**. Note: exceptions would be specialty area rotations that would take a more intensive course of study to achieve this level of competency and the major supervisor, training director and trainee agree that a level of **HI** is appropriate for that particular rotation, e.g. a neuropsychology rotation for a general track trainee.

_____ The trainee HAS successfully completed the above goal. We have reviewed this evaluation together.

_____ The trainee HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the rotation will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Supervisor _____

Date _____

Trainee Comments Regarding Competency Evaluation (if any):

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern _____

Date _____