Resident’s Name: _________________________________ Date of Evaluation: ____________________
Seminars: ________________________________________________________
Seminar Directors’ Names: ______________________________________________________________

Please evaluate the resident whom you have supervised on the following rating scale (circle the appropriate number). The NO/CA response should be used as often as necessary to designate skills or behaviors that were either not applicable or not observed sufficiently so that this rating form documents only those areas in which residents had supervised training experiences. For ratings of “1” or a “3”, written justification is indicated. You may use the “comments” section following each set of evaluation items to qualify or elaborate any ratings.

1. Development Required: Further training and supervision is required to meet expectations.  
2. Meets Expectations: Functions adequately to above average for level of training.  
3. Exceeds Expectations: Functions exceptionally for level of training.  
   NO/CA: Not Observed/Cannot Assess.

I. Professional behavior
   A. Responsible behavior,  
      As demonstrated by:  
      1. being present when expected  
      2. completing work products (e.g., notes, reports) within expected times.  
      3. being on time for mtgs, seminars, appts  
      4. being prepared for mtgs and sessions  
      5. taking initiative on tasks  
      6. following through on verbal agreements

   B. Professional demeanor,  
      As demonstrated by:  
      1. dressing appropriately for setting  
      2. emotions appropriate to setting  
      3. interacting in ways that are respectful, pleasant, professional, and goal-oriented  
      4. having an interpersonal style that facilitates professional relationships

   C. Effective teacher and presenter,  
      As demonstrated by:  
      1. projecting an air of confidence and believability  
      2. competent presentation of knowledge  
      3. input to other professionals is valued and useful  
      4. presentations are organized and task-focused  
      5. patients respond positively to clinical feedback

   D. Knows, discerns applicability, and adheres to APA ethical standards of conduct.  
      As demonstrated by reference to the current APA ethics code.

   E. Competent with persons whose backgrounds, culture, religion, lifestyles, values, beliefs or basic assumptions may be very different from those of the Resident,  
      As demonstrated by:  
      1. recognizing issues of diversity when they may be salient  
      2. showing appropriate sensitivity to diversity
3. being able to establish rapport with diverse populations
4. knowing when referral is warranted

F. Demonstrates a person centered perspective in care.

**As demonstrated by:**
1. Helps individuals define own needs and goals
2. Uses person first language
3. Works collaboratively with individuals seeking treatment

Comments: ___________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

II. Psychological Assessment Skills

A. Use of the clinical /diagnostic interview.

**As demonstrated by:**
1. Establishing relationship (putting patient at ease, etc.)
2. Asking questions appropriate to referral question
3. Obtaining relevant history and clinical information
4. Integrating information for initial diagnostic hypotheses

B. Case conceptualization, ability to gather and integrate data from key assessment domains.

**As demonstrated by:**
1. Demonstrating an empirical approach to the assessment process
2. Demonstrating knowledge of relevant research literature
3. Applying sound psychometric principles
4. Recognizing and discussing consistencies/inconsistencies in available test results and other clinical information during supervision.

C. Provision of feedback to patients and families.

**As demonstrated by:**
1. Scheduling a face-to-face (or, if necessary, telephonic) feedback session with patient (and relevant family members/significant others if appropriate) regarding results and recommendations.
2. Face-to-face feedback to requesting provider when able to do so.
3. Feedback provided in language that is understood by the patient and significant others.
4. Clear answers to patient/significant other questions to include potential limitations of available data and conclusions that can be drawn from them.

Comments: ___________________________________________________________
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III. Treatment Skills, Psychotherapy and Intervention

A. Resident demonstrates an empirical approach to treatment.

**As demonstrated by:**
1. Clinical case presentations that demonstrate knowledge of the pertinent research literature.
2. Assessments that include relevant data regarding biological, social, economic, racial, and cultural factors that may impact treatment.
3. Workable treatment plans that demonstrate an integration of assessment data and available research literature.

B. Resident implements treatment plans effectively, **as demonstrated by**
videotapes of sessions and/or case presentations indicating:  1  2  3  NO/CA
1. Adherence to the treatment plan.
2. Changes to the treatment plan are made as needed, thoughtfully and with consideration of patient’s progress and/or capabilities as well as relevant psychological literature.
3. Awareness of and effective management of obstacles to therapeutic progress, including obstacles within the patient, the therapist, and/or the environment.

C. Resident demonstrates effectiveness in the therapeutic relationship as demonstrated by videotapes of sessions and/or case presentations indicating:  1  2  3  NO/CA
1. Resident approaches patients with warmth, responsiveness, respect, and openness.
2. Resident is aware of and responds effectively to own emotions, cognitions, and behaviors that may impact therapeutic alliance.
3. Resident is aware of and responds effectively to patients’ emotions, cognitions, and behaviors that impact the therapeutic alliance.
4. Resident tolerates well his/her own distress in the face of patients’ distress or difficult behavior, and is able to respond without judgmentalness or defensiveness.
5. Resident is aware of both professional boundaries and his/her own limits with respect to the therapeutic relationship, communicates these to the patient, and manages limits/boundaries well.

D. Resident demonstrates competence in treating patients of diverse backgrounds, as demonstrated by:  1  2  3  NO/CA
1. Ability to create working alliances with patients with diverse racial/ethnic, sexual orientation, economic, cultural, and educational backgrounds.
2. Knowledge of research literature regarding impact of gender, race/ethnicity, culture, socioeconomic status, and sexual orientation on diagnosis and treatment.
3. Willingness to address issues of diversity in therapy.

E. Resident demonstrates knowledge and skills essential and relevant to clinical practice in medical settings, including:  1  2  3  NO/CA
1. A working knowledge of psychiatric nosology and the DSM-IV.
2. A working knowledge of relevant psychotropic medications/psychopharmacology.
3. 

F. Resident demonstrates effective use of recovery based principles in care, including:  1  2  3  NO/CA
1. Connects treatment to how the individual defines purpose and meaning.
2. Thinks beyond illness and symptom reduction.
3. Encourages the individual to be active and take risks in seeking a life that has meaning and purpose.
4. Identifies and uses person’s strengths as part of treatment plan.
5. Identifies and uses opportunities for the use of peer support and advocacy.

Comments: __________________________________________________________________________
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IV. Psychological Consultation/Liaison Work
A. Resident employs an integrative assessment/treatment model of health problems.  1  2  3  NO/CA
As demonstrated by:
1. Assessments that include a thorough review of the biopsychosocial factors that could be impacting the
patient’s health care.
2. Treatment recommendations that consider a biopsychosocial perspective of treatment.

B. Verification of an empirical approach to consultation.

As demonstrated by:
1. Knowledge of relevant research literature pertaining to the medical conditions involved in the consultation.
2. Knowledge of relevant research literature pertaining to the psychological assessment and intervention strategies pertinent to the case.
3. Effective integration of the relevant research literature with the idiographic data of the case.

Comments: ________________________________________________________________________________
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V. Seminar Participation

A. Demonstrates initiative and independent thinking.

As demonstrated by:
1. Collaborates in setting agenda for seminar sessions.
2. Ask thoughtful questions in the seminar.
3. Gives directors feedback regarding needs and wants.
4. Identifies important issues to be discussed.

B. Complies with expectations.

As demonstrated by:
1. Makes work available for observation and feedback.
2. Arrives on time for seminar sessions.

C. Shows responsibility.

As demonstrated by:
1. Prepares for seminar sessions.
2. Critiques own work.
3. Remembers what is discussed in seminar sessions.

D. Exhibits openness and nondefensiveness.

As demonstrated by:
1. Accepts feedback in a nondefensive manner.
2. Invites feedback from the directors and other seminar participants.
3. Admits mistakes and difficulties.
4. Talks openly about feelings related to supervision/feedback.

E. Demonstrates self-insight.

As demonstrated by:
1. Identifies own developmental needs.
2. Demonstrates awareness of own strengths and weaknesses.

F. Uses effective relationship/interpersonal skills.

As demonstrated by:
1. Listens attentively to the directors and other participants.
2. Demonstrates effective communication skills in the seminar.
3. Discusses issues related to supervisor/colleague relationships when brought up by the supervisor.

G. Demonstrates growth and risk-taking behaviors.

As demonstrated by:
1. Strives to achieve specific seminar goals set collaboratively by self and directors.
2. Attempts new behaviors or interventions.
3. Seeks out new experiences after discussion with the directors and other seminar participants.
4. Sets goals that are perceived to be challenging and appropriate.

H. Exhibits critical thinking inherent in scientific experimentation.
   1 2 3 NO/CA
   As demonstrated by:
   1. Exhibits comprehensive data collection strategies.
   2. Exhibits effective theory building based on the data at hand.
   3. Has knowledge of and integrates empirical literature in seminar discussions.

I. Exhibits the capacity to reflect while in action in the context of supervision.
   1 2 3 NO/CA
   As demonstrated by:
   1. Demonstrates the ability to see things from multiple perspectives.
   2. Tolerates ambiguity while struggling for answers.
   3. Asks thoughtful questions during the seminar.

VI. Training Goals Uniquely Targeted by Seminar(s)
A. Demonstrates knowledge of essential theories and practices of program evaluation.
   1 2 3 NO/CA

B. Demonstrates knowledge of basic psychopharmacological approaches to patient care problems.
   1 2 3 NO/CA

C. Demonstrates knowledge of basic professional self-care skills including fostering effective professional relationships.
   1 2 3 NO/CA

D. Demonstrates fundamental skills in the provision of supervision.
   1 2 3 NO/CA
   As demonstrated by:
   1. Able to discern key issues of trainee performance strengths and weaknesses.
   2. Constructs feedback and collaborative guidance on the basis of sound theory/model.
   3. Provides feedback in a clear and constructive manner.
   4. Identifies and responds positively to trainee’s personal needs.

Comments: ________________________________________________________________________________
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VIII. Overall Performance
_____ Development Required: Further training and supervision is required to meet expectations for this seminar.

Remediation Efforts Recommended:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

_____ Meets Expectations: Functions adequately to above average for level of training
Exceeds Expectations: Functions exceptionally for level of training.

Justification for this exceptional rating:

General Comments (may include recommendations for further training):
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Resident’s Comments:_____________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

We have reviewed and discussed this evaluation.

Resident’s Signature: __________________________ Date: __________________

Seminar Director’s Signature: __________________________ Date:
__________________________________________________________________________________________

Seminar Director’s Signature: __________________________ Date: