Resident’s Name: ______________________________
Supervisor’s Name: ______________________________
Rotation #: _______________ Rotation/Track: ________________________________

Number of hours/week of supervisory contact with resident:

____ Seminar, Didactic Experience _____ Rotation/Track Supervisor _____ Case Supervisor

Nature of activities supervised: _______________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

# of Diagnostic Interviews Supervised:_____
# of Psychological Testing Assessments Supervised:_____
# of Psychological Consultations in Medical Settings Supervised:_____
# of Individual Treatment Sessions Supervised:_____
# of Family Treatment Sessions Supervised:_____
# of Group Treatment Sessions Supervised:_____ 

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, 1 2 3 NO/CA
   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. 1 2 3 NO/CA
   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, 1 2 3 NO/CA
   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. 1 2 3 NO/CA
   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 objective personality assessment techniques. 1 2 3 NO/CA
   As demonstrated by:
   1. Selecting appropriate testing measures
   2. Administering measures in accordance with test manual
   3. Scoring measures accurately
   4. Interpreting results in accordance with appropriate references
   5. Awareness of evidence regarding use of instruments with relevant patient populations.

B. Use of cognitive/intellectual assessment techniques. 1 2 3 NO/CA
   As demonstrated by:
   1. Selecting appropriate testing measures
   2. Administering measures in accordance with test manual
   3. Scoring measures accurately
   4. Interpreting results in accordance with appropriate references
5. Awareness of evidence regarding use of instruments with relevant patient populations.

C. Use of mental status exam.  

As demonstrated by:
1. Accurately assessing attention, orientation, memory, and other MSE components using standardized measures (MMSE, Cognistat, etc.)
2. Accurately assessing and reporting MSE components as part of comprehensive clinical interview

D. Use of neuropsychological techniques.  

As demonstrated by:
1. Selecting appropriate test measures.
2. Administering measures in accordance with test manual
3. Scoring measures accurately
4. Integrating full Neuropsychological Test Battery
5. Asking questions appropriate to referral question
6. Obtaining relevant history and clinical information
7. Recognizing and discussing consistencies/inconsistencies in available test results and other clinical information during supervision.

E. Effective use of behavioral assessment techniques.  

As demonstrated by:
1. Assessments that include a systematic collection of data pertaining to the antecedent conditions, behaviors, and consequences related to the problematic behaviors at issue.
2. Well-reasoned development of hypotheses based on the data collected.
3. Appropriate verification of hypotheses through manipulation of functional variables.

F. 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

G. 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.

H. Clinical report writing (including recommendations).  

As demonstrated by test reports containing:
1. Accurate demographic data
2. Clear statement of referral question
3. List of measures administered
4. MSE/Behavioral Observations
5. Results of each assessment measure administered
6. Summary section that integrates test data with other relevant clinical information
7. Clear, realistic recommendations for possible interventions/further assessment
J. Provision of feedback to patients and families. 1 2 3 NO/CA

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: ________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

III. Treatment Skills, Psychotherapy and Intervention

A. Resident demonstrates an empirical approach to treatment, 1 2 3 NO/CA 

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, case presentations, and/or progress notes 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, case presentations, and/or progress notes 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. 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. A working knowledge of psychiatric nosology and the DSM-IV.
   2. A working knowledge of relevant psychotropic medications/psychopharmacology.
   3. The ability to communicate pertinent information in progress notes.

F. Resident **demonstrates** effective use of recovery based principles in care, including:
   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
   6. Uses hope inspiring strategies

Comments: ________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### IV. Psychological Consultation/Liaison Work

A. Resident employs an integrative assessment/treatment model of health problems.  
**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. Displays an understanding of the health care system and the relevant components of care involved in consultation work.  
**As demonstrated by:**
   1. A working knowledge of medical contexts, common medical terms and medical tests/procedures.
   2. An appreciation of the varied assumptions and practice habits of common health care disciplines (e.g., physicians and nurses).
   3. An appreciation for the contributions that can be made by various health care disciplines.

C. Evidences facility in adapting clinical/counseling psychology skills to consultation/liaison settings.  
**As demonstrated by:**
   1. Ability to provide accurate, timely, and focused responses to consultation/referral questions.
   2. Ability to carry out brief crisis intervention and/or brief focused interventions relevant to the targeted health care issues.
3. Ability to devise and implement intervention strategies that effectively address the health care issues at hand.
4. Diligence in conducting follow-up contacts with patients and in addressing follow-up needs of patients.

D. Resident worked comfortably and professionally in interdisciplinary team setting(s).  
As demonstrated by:
1. Effective communication with other health care professionals, including precise and accurate case presentations to the team.
2. Knowledge and skills relevant to understanding team process and effective ways of facilitating collaborative team discussion and treatment planning.
3. Knowledge of how the various team members can complement one another.

E. 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.

F. Developed/Enhanced and implemented an effective liaison program.  
As demonstrated by:
1. Skillful analysis of the biopsychosocial issues entailed in the medical setting/problem targeted.
2. Well-targeted assessment/treatment strategies for the issues addressed.
3. Effective communication of and “marketing” of services provided.
4. Appropriate continuation or follow-up plan developed.

Comments: ________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
V. Supervision
A. Demonstrates initiative and independent thinking.  
As demonstrated by:
1. Collaborates in setting agenda for supervision sessions.
2. Ask thoughtful questions in supervision.
3. Gives supervisor feedback regarding needs and wants.
4. Identifies important issues to be discussed.
5. Makes effective decisions about whether and how to incorporate supervisor feedback.

B. Complies with expectations.  
As demonstrated by:
1. Implements supervisor’s suggestions if agreed upon.
2. Completes administrative tasks in a timely manner.
3. Makes work available for observation and feedback.
4. Arrives on time for supervision.
5. Complies with agency policies and procedures.

C. Shows responsibility.  
As demonstrated by:
1. Prepares for supervision sessions.
2. Shares treatment plans with supervisor.
3. Critiques own work.
4. Remembers what is discussed in supervision sessions.

D. Exhibits openness and nondefensiveness.  
As demonstrated by:
1. Accepts feedback in a nondefensive manner.
2. Invites feedback from the supervisor.
3. Admits mistakes and difficulties.
4. Talks openly about feelings related to supervision.

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 supervisor.
2. Demonstrates effective communication skills in supervision.
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 supervision goals set collaboratively by self and supervisor.
2. Attempts new behaviors or interventions.
3. Seeks out new experiences after discussion with the supervisor.
4. Sets goals that are perceived to be challenging and appropriate.

H. Exhibits critical thinking inherent in scientific experimentation.  
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 supervision discussions.

I. Exhibits the capacity to reflect while in action in the context of supervision.  
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 supervision

Comments: ________________________________________________________________________________
__________________________________________________________________________________________
VI. **Training Goals Uniquely Targeted by Individual/Rotation** (Must be formally negotiated at the beginning of the rotation)

A. ____________________________________________  1  2  3  NO/CA

B. ____________________________________________  1  2  3  NO/CA

C. ____________________________________________  1  2  3  NO/CA

VIII. **Overall Performance**

_____ Development Required: Further training and supervision is required to meet expectations for this rotation/track.

   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: ___________________
Forward To:  Alex Mabe, Ph.D.  Director of Psychology Residency Training  
EG 2025  
Outpatient Psychiatry Clinic  
Medical College of Georgia