



NEW YORK
STATE OF
OPPORTUNITY™

**Manhattan
Psychiatric Center**

Manhattan Psychiatric Center- Psychology Trainee Evaluation

Trainee:

Intern/Extern:

Supervisors:

Rating Period(Mid-year/ Final)

Training Year:

Methods of Evaluation (indicate method next to each area of competency):

Direct Observation

Individual Supervision

Group Supervision

Case Presentation

Review of Written Work

Review of Raw Test Data

Audiotape Review

Comments from Other Staff

Didactic Presentations

Competency Ratings

A Advanced/Skills comparable to autonomous practice at licensure level.

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. Routine supervision of each activity.

E Entry level/Continued intensive supervision is needed

Most common rating for externship. Routine, but intensive, supervision is needed.

R Needs remedial work

Requires remedial work if trainee is in internship. Expected rating for externs beginning the externship.

NA Not applicable for this training experience/Not assessed during training experience

Expected levels of Competency

Goal for Externs at Completion of Externship

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 Completion of Internship

All competency areas will be rated at a level of competence of E or higher. A minimum of 80% of ratings will be at least I (Intermediate) or higher. No competency areas will be rated as R. If there are "R" ratings or of less than 80% of all ratings are below "I" level, Problem Remediation plan needs to be developed.

Goal for Intern Evaluations Done at Completion of Internship

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.

1) Goal: To Produce Professional Psychologists Who Can Work Competently and Independently in a Clinical Setting

Methods of Evaluation:

A. Objective: Professional Interpersonal Behavior

Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.

- A** Smooth working relationships, handles differences openly, tactfully and effectively.
- HI** Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
- I** Progressing well on providing input in a team setting. Effectively seeks assistance to cope with interpersonal concerns with colleagues.
- E** Ability to participate in team model is limited, relates well to peers and supervisors.
- R** May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.
- NA**

B. 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**

C. Objective: Efficiency And Time Management

Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. 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 difficulty with timeliness fashion. Or tardiness or unaccounted absences are a problem.
- NA**

D. Objective: Knowledge of Ethics and Law

Demonstrates good knowledge of ethical principles and legal issues that impact the patients. Consistently applies these appropriately, seeking consultation as needed.

- A** Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed
- HI** Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
- I** Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input
- E** Often unaware of important ethical and legal issues.
- R** Disregards important supervisory input regarding ethics or law.
- NA**

E. Objective: Competence in Individual and Cultural Diversity

1. Sensitivity to Patient/ Staff Diversity

Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

- A** Discusses individual differences with patients and staff 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, when appropriate, limits to competence with diverse clients and staff.
- I** Has significant lack of knowledge regarding some patient/ staff 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/ staff populations.
- R** Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients/ staff.

NA

2. 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.

NA

2) Goal: Competence in Consultation: Effectively Communicating Psychological Knowledge

Methods of Evaluation:

A. OBJECTIVE: CONSULTATION REGARDING ASSESSMENT

After conducting psychological assessment, trainee serves as a consultant to the patient and treatment team by planning and providing feedback meeting with both the patient and the Treatment Team. Explains the test results in terms the patient and Team can understand, integrates the questions asked by the team and patient into the feedback, provides suitable recommendations, and responds to issues raised by patient and team.

- 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 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.
- 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.

R Does not modify interpersonal style in response to feedback.

NA

B. Objective: Role as a Psychological Consultant to Treatment Teams

Is an active participant in morning rounds and team meetings, provides feedback regarding patients' progress from a psychological perspective. Trainee serves as a consultant by gathering psychological knowledge from the milieu, providing feedback regarding patients' progress in psychotherapy, and by providing feedback about patients' progress in psychology-specific treatment groups (i.e. STOP, TRY, DBT, Cognitive Remediation, etc...). Additionally, trainees involved in the psychotherapy seminar use this group to consult on cases, and actively participate in process of giving and receiving peer supervision, by coming to group prepared, having relevant questions to address, and providing constructive criticisms to one another.

- A** Is an active participant and member of the ward's interdisciplinary team, attends morning rounds and team meetings regularly, and usually has an opinion on clinical issues from a psychological perspective. Trainee brings up clinical issues to the team for consultation and provides clinical input to team based on his/her interactions with patients in numerous psychology-specific interventions. With minimal encouragement from supervisor, trainee is able to assert his/her opinion during team meetings, and is able to make appropriate recommendations based on psychological assessment of patient progress. . Adjusts personal style and complexity of language and feedback details to best integrate self into treatment team and be heard as an authority in psychological matters.
- HI** With some encouragement from supervisor, addresses treatment team occasionally, and provides feedback to team that is relevant and useful in treatment planning. May need intervention from supervisor to clarify feedback and may need assistance to go beyond reporting to team and move to provide psychology specific recommendations.
- I** Recognizes when clinical issues must be discussed with treatment team, but most often consults with supervisor, and needs prompting from supervisor to address issues directly with the treatment team. Continues to benefit from assistance from supervisor when providing consultation for team and needs reminders from supervisor to follow up with recommendations given by the team. .
- E** Supervisor frequently needs to assume leadership during team meetings in order to ensure that trainee is providing accurate and comprehensive consultation to team and is able to incorporate feedback from team into clinical interactions.
- R** Rarely provides clinical input to team, either directly or via trainee's supervisor.
- NA**

C. Objective: Case Consultation through Case Presentations

Uses case presentations as a format to receive consultation on challenging cases, by preparing concise and informative presentations to peers and staff of all disciplines. Poses questions to consultants in order to facilitate treatment planning. As a consultant in the audience, provides valuable feedback to peers and asks relevant questions to address presenter's concerns.

- 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 and provides consultants with information regarding 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. As a consultant in the audience, provides thoughtful feedback to peers and asks relevant questions to address presenter's concerns.

- HI** With some help from supervisor, collates relevant information for case presentation, and is able to present such information in a mostly 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 relevant 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 may fail to follow up on some recommendations. As a consultant, may provide feedback to presenter, but will not contribute if he/she believes feedback is unimportant.
- 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 recommendation without consulting relevant parties involved.
- E** Rarely provides clinical consultation to peers during case presentations. Or if trainee is the presenter, does not 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 by not preparing questions for consultation.
- NA**

D. Objective: Patient Risk Management, Team Consultation 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 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 are initiated immediately, then consultation and confirmation of supervisor is sought. Establishes 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. Communicates on a regular basis with the team about the patients on their caseload, including teams off of their regular assignment.
- 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, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. Needs input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient. Recognizes issues that need immediate attention but does not communicate these to the team consistently. Requires prompting in supervision.
- E** Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not let patient leave 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 lets patient leave 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

E. Objective: Competence in Supervision

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** Spontaneously and consistently applies supervision skills. Supervisee verbalizes appreciation of trainee's input.
- HI** Consistently recognizes relevant issues, needs occasional guidance and supervisory input. Well thought of by supervisee.
- I** Generally recognizes relevant issues, needs guidance regarding supervision skills. Supervisee finds input helpful.
- E** Able to provide adequate assistance to trainee, but requires very close personal supervision
- R** Unable to provide helpful supervision.

NA

3. Goal: Competence in Theories and Methods of Psychological Diagnosis and Assessment

Methods of Evaluation:

A. 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.

Total Number of Intake Assessments Completed this Evaluation Period:

- A** Demonstrates a thorough knowledge of psychiatric classification, including multi-axial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
- 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 diagnose 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 criteria to develop a diagnostic conceptualization.
- NA**

B. 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, taking into account cultural and language barriers. Demonstrates competence in administering intelligence, neuropsychological, personality, risk assessment, and projective measures.

Total Number of Test Batteries Completed this Evaluation Period:

- 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**

C. Objective: Psychological Test Interpretation

Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting intelligence, neuropsychological, personality, risk assessment, and projective measures.

- A** Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of illnesses. Accurately interprets and integrates results prior to supervision session.
- HI** Demonstrates knowledge of scoring methods, reaches appropriate conclusions with some support from supervision.
- I** 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

D. Objective: Report Writing Skills

Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations. Uses findings to generate informed case conceptualization.

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.

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.

I Uses supervision effectively for assistance in determining important points to highlight.

E/R Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.

NA

4. Goal: Competence in Theories and Methods of Effective Psychotherapeutic Intervention

Methods of Evaluation:

Number of Individual Psychotherapy Patients Currently Being Seen:

A. 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

B. 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**

C. 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 to patients' level of understanding and motivation.
- NA**

D. Objective: Effective Use of Emotional Reactions in Therapy

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 inter and intra personal 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**

E. Objective: Group Psychotherapy Skills

Number of Psychotherapy Groups Currently Being Led:

1. Knowledge of Group Dynamics and Methods

- A** Able to incorporate group techniques into a method of working that is consistent with the therapists own personality, creating a distinctive style of working. Is able to formulate strategies and methods succinctly and is able to help others develop as group leaders.
- HI** Can state and use specific techniques to facilitate member interaction. With supervision, is able to understand and work with types of “difficult” members: withdrawn, hostile, monopolistic, etc. Uses supervision and prior experience to identify, prevent, or defuse crisis situations as they may arise in the group.
- I** Understands how to establish rapport and maintain climate of safety. Has clear understanding of leaders’ and members’ responsibilities. Understands differences in means and goals between group and individual treatment. If curriculum group, understands how to move efficiently through material to be covered., including being able to work with resistance with help of supervisor.
- E** Understands group norms and importance of ground rules. Understands the positive and therapeutic effects of groups. May have difficulty maintaining order, attending to each member; would be expected to require substantial supervision to lead a session.
- R** Unaware of leadership responsibilities. Non responsive to supervision regarding basic frame issues.
- NA**

2. Co-Leadership

- A** Fluid functioning of leadership team: co-leaders monitor and teach each other. They mutually anticipate and adapt to each others 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**

5.Goal: Competence In Scholarly Inquiry And Application Of Current Scientific Knowledge To Practice

Methods of Evaluation:

A. Objective: Seeks Current Scientific Knowledge

Displays necessary self-direction in gathering clinical and research information to practice independently and competently. 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. Is able to independently incorporate knowledge of the research literature into clinical practice.
- 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. Needs some supervision in interpreting research knowledge into clinical practice.
- 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 and clinical work.
- R** Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor. Refuses to incorporate research knowledge into clinical work.

NA

B. Objective: Competence In Evidence-Based Treatment Modalities

Methods Of Evaluation:

Evidenced-Based Treatment Modalities:

1. Understanding of the Empirical Basis of Treatment Approach

- A** Trainee has an advanced understanding of the theoretical basis for the treatment modality. Trainee demonstrates an understanding of the most current literature relevant to the practice of the particular treatment approach
- HI** Most of the time, trainee utilizes knowledge of the empirical literature in designing treatment strategies. Trainee takes initiative in seeking out empirical support for treatment modality.
- I** Trainee requires supervision and reminders to utilize empirical research in discussing and understanding clinical work.
- E** Trainee does not initiate or display understanding of empirical basis for treatment. With supervision and explanation, trainee understands and accepts relevance of empirical basis for interventions.
- R** Trainee refuses to understand or learn about empirical basis for clinical work
- NA**

2. Ability to Incorporate Knowledge of Empirical Basis into Practice

- A** Trainee is able to independently incorporate knowledge of empirical basis into clinical practice
- HI** With minimal supervision, trainee is able to make use of empirical research to improve functioning of group.
- I/E** Trainee needs specific supervision to translate ideas presented in the literature into clinical practice.
- R** Trainee refuses to incorporate evidential basis into clinical work. Works against the principles on the treatment modality

C. Competence in Program Evaluation Methods

The purpose of this competency is to provide the intern/extern with the skills necessary to plan appropriate evaluations for treatment based services and general programs. To attain a basic understanding of the various types of evaluation approaches and the criteria for selection of the most appropriate type for the intended purpose. To develop skills in the design of appropriate and ethical evaluations. To conceptualize and design (although not actually implement) an aspect of program evaluation within MPC.

Methods of Evaluation:

- A** Demonstrates a thorough knowledge of program evaluation theory, including the rationale for selection of an appropriate evaluation approach (experimental or quasi-experimental, goal oriented, user/decision focused, process oriented, participatory), and can apply this knowledge to various programs by independently developing evaluation questions.
- HI** Has a good working knowledge of program evaluation theory. Can apply conceptual knowledge of program evaluation to develop evaluation questions with minimal assistance. Accuracy of selection of appropriate evaluation approaches is typically good. Uses supervision well in more

complicated program evaluation areas, involving unusual methodologies and designs.

I Understands basic program evaluation theory and can describe how program evaluation methods are used to assess programs. However, cannot independently select an appropriate evaluation approach and cannot apply this knowledge to various programs by independently developing evaluation questions. Requires supervisory input on most program evaluation tasks.

E/R Has significant deficits in understanding of program evaluation concepts and/or cannot apply program evaluation concepts even with supervisory input.

Summary Of Strengths:

Areas Of Additional Development:

Need For Remedial Work (If So, Complete Problem Remediation Form):

The Ward Supervisor and the Trainee have reviewed this evaluation together, as has the Director of Training. By signing this form, the Trainee indicates that he/she has received a full explanation of this evaluation. His/her signature does not necessarily indicate agreement.

Trainee comments regarding competency evaluation (if any):

Trainee

Date

Ward Supervisor

Date

Jacob Kader, Psy.D.
Director of Psychology and Psychology Training

Date

Date sent to Trainee's Academic Program