

AGH PSYCHOLOGY EVALUATION OF INTERN BY SUPERVISOR

INTERN: _____ **SUPERVISOR:** _____

ROTATION: _____ **DATE:** _____

CLINICAL ACTIVITIES SUPERVISED:

ASSESSMENT

_____ Intellectual

_____ Developmental/Academic

_____ Personality-Objective

_____ Personality-Projective

_____ Neuropsychological

TREATMENT

_____ Psychotherapy-Individual

_____ Psychotherapy- Group

_____ Psychotherapy-Family/Marital

_____ Crisis Intervention

_____ Consultation/Liaison

_____ Psychoeducational

_____ Behavioral

_____ Cognitive Retraining

PATIENT GROUPS

_____ Acute _____ Psychiatric _____ Outpatient _____ Neuropsychiatric

_____ Adult _____ Child Adolescent _____ Inpatient _____ Traumatized Children
and their families

INSTRUCTIONS

A number of competency areas are identified on the following page. Please evaluate the performance of the individual supervised by assigning a number to each area using the following rating scale.

- 0** No basis for evaluation
- 1** Developing Skills, Growth and improvement expected
- 2** Acceptable performance - consistent demonstration of skill consistent with level of training
- 3** Above Expectations, beyond the level expected of an intern at this level of training

Supervisors may wish to supplement these ratings with additional written comments. For any areas of competency rated less than acceptable, supervisors should specify the reasons for the rating and make recommendations related to improving performance.

When the appraisal is completed, please discuss the evaluation with the intern and have him/her sign in the space provided below. Please rate within the first few weeks of rotation and then at the end of the rotation.

I have reviewed this evaluation with the above named intern.

_____ (FIRST EVALUATION)

_____ (FINAL EVALUATION)

I have read and reviewed my evaluation by my supervisor.

_____ (FIRST EVALUATION)

_____ (FINAL EVALUATION)

ADMINISTRATIVE SKILLS

	Beginning	End
A. PROFESSIONAL RESPONSIBILITIES		
1. Attends and actively participates in seminars and supervision	_____	_____

Comments: _____

B. DOCUMENTATION		
1. Records completed in timely manner (Including progress notes and treatment plan)	_____	_____
2. Written clearly and concisely	_____	_____

INTERPERSONAL SKILLS

A. SUPERVISORY RELATIONSHIP		
1. Prepare for supervision	_____	_____
2. Seeks supervisory assistance appropriately	_____	_____
3. Accepts and acts on suggestions	_____	_____
4. Appropriately offers own formulations	_____	_____

Comments: _____

B. RELATIONSHIP WITH STAFF		
1. Demonstrates a professional demeanor in interactions with faculty, other disciplines and support staff	_____	_____

C. RELATIONSHIP WITH PATIENTS		
1. Demonstrates sensitivity to contributing cultural issues	_____	_____
2. Demonstrates an ability to:		
Respect and empathize with patient's concerns	_____	_____
Establish the limits of confidentiality	_____	_____
Understand and promote patient's desire for involvement of family and supports in treatment	_____	_____

Comments: _____

D. SELF AWARENESS		
1. Openly discusses reactions and feelings in response to issues in treatment and how these may inform treatment.	_____	_____

Comments: _____

CLINICAL SKILLS

A. ASSESSMENT

- 1. Conducts a thorough biopsychosocial evaluation
- 2. Chooses/modifies instruments secondary to individual/cultural differences
- 3. Appropriate administration, scoring and interpretation
- 4. Aware of rationale for test selection, including relevant empirical evidence

_____	_____
_____	_____
_____	_____
_____	_____

B. DIAGNOSTIC SKILLS

- 1. Demonstrates knowledge and appropriate application of psychiatric diagnostic criteria
- 2. Demonstrates understanding of interplay among the axis

_____	_____
_____	_____

C. TREATMENT SKILLS

- 1. Able to conceptualize a viable treatment approach from empirically sound perspective
- 2. Demonstrates understanding of the contributions of psychiatry in diagnosis and treatment
- 3. Able to support treatment choices considering motivational, cultural, cognitive/intellectual differences
- 4. Demonstrates ability to resolve treatment impasses, obstacles, and resistance successfully
- 5. Demonstrates ethical and responsible practice

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments: _____

INDIVIDUAL ROTATION GOALS AND COMPETENCIES

EVALUATION OF GOALS/COMPETENCIES

Has the intern successfully demonstrated mastery of competencies identified above at the completion of the rotation?

YES **NO** **Supervisor Signature:** _____

If No, has this issue been taken to the training committee for development of a corrective plan?

YES **NO** **Date of Training Committee Discussion:** _____