

Supervisor Observation and Evaluation of Clinical Activity of a Trainee (Assessment) Revised 7/16

Trainee _____
 Supervisor _____

Date _____
 Site: _____

Type of Clinical Activity

- Outpatient Psychological Evaluation
- Crisis Evaluation
- Warm Hand-off
- Outpatient Psychological/Neuropsychological Evaluation with Testing
- Other: _____

Rapport and Agenda Setting

Rapport	Yes	No	N/A
Smiles, introduces self to patient and other social support present			
Shows "listening" body position and eye contact			
Looks at patient when talking or listening			
Notes patient clues to their affect and responds with pauses, listening and empathy behaviors, including appropriate matching of affect/use of humor			
Responds well to any communication strains through interview			
Demonstrates sensitivity to ethnicity, family culture, community culture, sexual orientation, or cognitive/physical impairment			
Learns about patient's life and circumstances as well as current medical issues			
Agenda Setting	Yes	No	N/A
Verifies patient identity, clarifies trainee status and supervisor name			
Orients patient to purpose of the meeting including structure/goals/time of the session			
Gets input/agreement from patient about the agenda for the meeting and priorities			
Introduces computer, typing into patient's record, note-taking			
Discusses issues about confidentiality/Patient Services Agreement			
If applicable, elicits circumstances of the referral and main concern			

Rating in this Category (Rapport and Agenda Setting)

- Satisfactory (Meets expectation) Unsatisfactory (Needs improvement)

Comments:

Assessment

Preparation	Yes	No	N/A
Reviews medical record & other relevant records			
Discusses case with PCP prior to meeting with patient			
Key Aspects of Assessment	Yes	No	N/A
Guides patient through interview with appropriate balance of structure and flexibility			
Asks high number of open ended questions, followed by focused probes for detail			
Elicits patient's perspective on main concerns, what helps, expectations for the evaluation and/or treatment			
Elicits information to assess patient's safety (i.e., suicidality and abuse/neglect)			
Elicits information to assess biological influences (specific medical illness, medication, other treatments, etc.)			
Elicits information about school functioning (academic information and behavior) for pediatric patients			
Elicits information about family functioning (problems, family psychiatric history, and stressors as well as strengths that may help with treatment plan)			
Responds well to challenging patient behavior (e.g. tangential, limited disclosure, distractible behavior, etc.) to maintain good time and relationship management			
Selection/administration/and scoring of behavioral questionnaires or psychological tests (if applicable)			
Manages time well so that important agenda items are sufficiently addressed			

Rating in this Category (Assessment)

Satisfactory (Meets expectation) Unsatisfactory (Needs improvement)

Comments:

Biopsychosocial Case Conceptualization

Integrative Conceptualization and Diagnosis	Yes	No	N/A
Identifies the most important or central problems/concerns			
Identifies strengths			
Accurately understands biological influences on behavior (medical illnesses, prescription drugs, sleep problems), or seeks out needed information			
Appropriately considers all relevant information/data, even when it may not easily fit in with other sources of information; integrates into cohesive conceptualization			
Selects appropriate diagnosis(es)			

Rating in this Category (Biopsychosocial Case Conceptualization)

Satisfactory (Meets expectation) Unsatisfactory (Needs improvement)

Comments:

Communication with Others: Documentation and Collaborative Care

Documentation	Yes	No	N/A
Enters important information accurately into Medical Record			
Completes psychological assessment report within designated time			
Collaborative care	Yes	No	N/A
Copies notes to PCP			
Communicates key issues with PCP			

Rating in this Category (Communication with Others)

Satisfactory (Meets expectation) Unsatisfactory (Needs improvement)

Comments:

Percentage of items rated yes:

Yes/Total # of rated items (eliminate N/A ratings)

Areas of strength:

Areas for growth:

Other comments:

Signature of Supervisor/Date

Signature of Trainee/Date