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

Trainee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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