



YALE SCHOOL OF MEDICINE
Department of Psychiatry / Psychology Section

DOCTORAL INTERNSHIP IN CLINICAL & COMMUNITY PSYCHOLOGY
SUPERVISOR EVALUATION OF PSYCHOLOGY FELLOWS
(Revised 9-10-19)

Fellow _____ Supervisor _____

Facility & Placements _____

Instructions:

For each fellow use one evaluation form for the entire year. The evaluations for each evaluation period (October, February & June) are added to a single form. Complete the form electronically using this MS Word template.

Place the cursor where you want to type. **Do Not Use the Tab Key** to move through the document.

For Supervisors: For each evaluation period (October, February, and June):

- Save the document electronically as follows: **Eval of [fellow last name] by [your last name] [date]**.
- Section A: Insert the date the evaluation was completed.
- Section B: Indicate all methods you used to assess the competencies during the current evaluation period.
- Section C: Review the Competency Rating Scale.
- Section D: For the evaluation period, complete the ratings of each competency and give an Overall Rating for each competency category (this does NOT have to be a numerical mean). Insert "NA" for any competency or competency category that you cannot rate. Comments for each competency category are optional, though encouraged.
- Section E: At the end of this form, write a summary that integrates the fellow's progress for that period. **Supervisors are reminded to include specific behavioral descriptors that highlight fellows' demonstration of competencies in their narrative summary.** When done, type your name as your electronic signature and insert the date of signature; review the evaluation with the fellow; ask the fellow to insert comments (optional), sign electronically, and date the document. The fellow then returns the document electronically to the Primary Advisor and will copy you.

For Fellows: For each evaluation period (October, February, and June):

- Review and discuss with the supervisor the completed evaluation.
- Add optional comments at the end of the form, sign it electronically by typing your name, add the date, and forward the document electronically to your Primary Advisor, with an electronic copy to the supervisor

Section A: Completion Dates (Insert dates for each of the following):

July – Oct Eval _____ Nov – Feb Eval _____ Mar – Jun Eval _____

Section B: Methods Used to Assess Competencies (place an X in the box for all that apply during this evaluation period:

Oct	Feb	Jun	
			Direct Observation
			Videotape
			Audiotape
			Case presentations

Oct	Feb	Jun	
			Review of other written work
			QA data or clinical measures
			Feedback from staff & supervisors
			Feedback from peers

			Discussion of work
			Review of documentation

			Feedback from patients & families
			Other (specify):

Section C: Competency Rating Scale

→ Expected Competency Level During Internship ←

RATING →	1 Beginning proficiency	2 Basic proficiency	3 Developing proficiency	4 Intermediate proficiency	5 Advanced proficiency
Typical developmental level:	Early or mid-practicum	Internship entry	Internship mid-year	Internship completion	Post-internship
Skill level:	Learning basic skills	Has acquired basic skills	Developing more advanced skills	Flexibly integrating a range of skills	Competence at an advanced level
Supervision required:	Extensive with close supervision	Frequent	Routine	Minimal	Functions independently
Nature of supervision:	Supervisor sets agenda	Supervisor sets agenda with fellow input	Agenda set jointly by supervisor & fellow	Fellow largely sets agenda with supervisor input	Seeks consultation on an as needed basis
Direction required:	Very frequent & explicit	Frequent & explicit	Moderate & decreasing	Occasional	Infrequent
Structure required:	Very high	High	Moderate	Low	Very minimal

***Note: Ratings of NA (not applicable or not observed):** Supervisors may use NA for rating competency categories or individual competencies if these are not applicable to the work the supervisor is supervising or if the supervisor has no information on which to rate the competency.

Section D: Competency Ratings

- In the column for this evaluation period provide one rating of each Individual Competency (the bolded items that begin with a letter, such as "I.A. Communicates effectively"). Do not rate the elements of each competency (listed as 1, 2, 3, etc.).
- Provide one rating for the overall competency Category (e.g., I. Communication and Interpersonal Skills). The space to insert this rating occurs at the end of the Category. This does not have to be a numerical mean of the ratings for competencies in this category.

Category I: Communication & Interpersonal Skills	Ratings		
Competencies & Their Elements	July-Oct	Nov - Feb	Mar-June
A. Communicates effectively			
1. Listens attentively to others			
2. Identifies differences in communication needs across contexts and intended recipients and adjusts communications accordingly			
3. Demonstrates a thorough grasp of professional language and concepts and uses them appropriately and clearly in oral and written communications			
4. Produces and comprehends written work that is organized, comprehensive and well-integrated			
B. Forms positive relationships with others			
1. Develops, maintains, and effectively terminates therapeutic relationships with individuals receiving professional services			
2. Develops and maintains productive working relationships with colleagues, communities, organizations, supervisors and supervisees			

3. Interacts in a manner that is honest, straightforward, and flexible 4. Expresses genuine interest in others, providing them support and encouragement 5. Displays compassion and empathy toward others, including those dissimilar from oneself			
C. Manages complex interpersonal situations 1. Maintains appropriate boundaries (e.g., sharing of personal information, personal touch, dual relationships) 2. Acknowledges and tolerates others' feelings and attitudes, including those expressed toward them 3. Allows and facilitates patients' exploration of emotionally laden issues 4. Maintains emotional equilibrium and judgment when faced with interpersonal conflict and patient distress 5. Recognizes and uses problem solving strategies to address interpersonal conflicts 6. Offers and accepts feedback constructively			
D. Demonstrates self-awareness as a professional 1. Identifies and monitors personal attitudes, values, beliefs, individual and cultural identities, and their typical role in groups 2. Recognizes how others experience them and the impact of self on others 3. Uses personal reactions to inform work with patients and other professionals 4. Adjusts professional behavior based on awareness of self and awareness of impact on others			
<i>Comments on Communication & Interpersonal Skills Competency (Optional):</i>			
Overall Rating for this Competency Category			

Category II: Individual and Cultural Diversity	Ratings		
Competencies & Their Elements	July-Oct	Nov - Feb	Mar-June
A. Demonstrates awareness of diversity and its influence 1. Identifies the various dimensions of individual and cultural diversity (e.g., age, race, ethnicity, national origin, language, socioeconomic status, gender, gender identity, sexual orientation, religion, spiritual beliefs, physical and mental ability) 2. Recognizes and appreciates complexities inherent to individual and cultural diversity (e.g., intersectionality) 3. Recognizes the potential influence of individual and cultural diversity on others and on the interactions between individuals, groups and systems of care 4. Explores and monitors how they are influenced by individual and cultural characteristics and experiences 5. Moves beyond recognition and identification toward an integrated and developed framework for working with populations that are diverse			
B. Develops effective relationships with culturally diverse individuals, families, and groups 1. Recognizes and respects differences between self and others 2. Communicates in patient's preferred language or uses interpreter services as needed 3. Explores with patients their individual and cultural identities and the meaning of these identifications to them 4. Recognizes and responds appropriately to the impact of individual and cultural diversity in clinical, consultative, and supervisory relationships			
C. Applies knowledge of individual and cultural diversity in practice 1. Selects assessment instruments, uses assessment tools, and interprets findings within the context of patients' linguistic and cultural characteristics and identities			

<ol style="list-style-type: none"> 2. Considers individual and cultural characteristics and identities in developing treatment plans and selecting, modifying, implementing, and monitoring interventions 3. Is aware of and integrates knowledge of individual and cultural diversity across aspects of professional role (intervention, assessment, consultation, research, leadership, etc.) 4. Connects patients to culturally responsive services and resources 5. Recognizes, brings attention to, and/or addresses disparities in access to services, or other forms of discrimination 			
<p>D. Pursues professional development about individual and cultural diversity</p> <ol style="list-style-type: none"> 1. Recognizes the limitations in their abilities to work with individuals from diverse backgrounds 2. Reviews and applies relevant literature and practice guidelines on providing services to diverse populations 3. Seeks supervision to enhance their abilities to work with individuals from diverse backgrounds 4. Pursues continuing education and multicultural experiences to enhance their abilities to work with individuals from diverse backgrounds 			
<i>Comments on Individual & Cultural Diversity Competency (Optional):</i>			
Overall Rating for this Competency Category			

Category III: Professional Values, Attitudes and Behavior	Ratings		
Competencies & Their Elements	July-Oct	Nov - Feb	Mar-June
<p>A. Displays professional behavior</p> <ol style="list-style-type: none"> 1. Maintains appropriate personal hygiene and professional attire 2. Utilizes appropriate language and non-verbal communications, including in difficult interactions 3. Demonstrates sound judgement in their responses to routine, complex and/or challenging situations 4. Responds professionally in increasingly complex situations with a level of independence that matches their professional role 5. Clarifies expectations and engages in behavior appropriate for their professional role and adjusts behavior to the setting and situation 			
<p>B. Engages in self-assessment and self-reflection</p> <ol style="list-style-type: none"> 1. Uses multiple methods to routinely assess professional strengths and areas for growth (e.g., supervision, peer supervision/consultation, audio/video recordings, patient feedback) 2. Is open, receptive and responsive to feedback around performance and professional functions 3. Recognizes and observes the limits of personal knowledge and skills 4. Recognizes changes in the field that require the development of new or enhanced competencies 			
<p>C. Demonstrates accountability</p> <ol style="list-style-type: none"> 1. Acts responsibly (e.g., organizes workload; completes assigned duties efficiently; keeps appointments; honors commitments; follows policies, procedures and administrative requirements) 2. Demonstrates reliability (e.g., arrives on time, completes work on time, documents in an accurate and timely manner) 			

3. Remains available and accessible as their role requires			
4. Acknowledges and assumes responsibility for errors, lapses in judgment, and deviations from professional ethics and values			
D. Demonstrates professional identity			
1. Exhibits knowledge of the profession and awareness of issues central to the field			
2. Reflects the professional value of life-long learning by pursuing continuing education			
3. Articulates and pursues professional and career goals			
4. Demonstrates emerging leadership skills			
E. Engages in the self-care essential for functioning effectively as a psychologist			
1. Uses multiple self-care approaches to maintain health and wellness			
2. Uses positive coping strategies to tolerate ambiguity and uncertainty and to manage stress			
3. Recognizes personal challenges and addresses them so as to minimize their impact on professional performance			
<i>Comments on Professional Values, Attitudes and Behavior (Optional):</i>			
Overall Rating for this Competency Category			

Category IV: Ethical and Legal Standards	Ratings		
Competencies & Their Elements	July-Oct	Nov - Feb	Mar-June
A. Demonstrates awareness of ethical and legal standards applicable to Health Service Psychology practice, training, and research			
1. Recognizes the ethical values and principles held by professional psychology and the institutions in which they work			
2. Demonstrates awareness of relevant laws, regulations, rules and policies governing health service psychology practice at the organizational, local, state, regional and federal levels			
3. Demonstrates awareness of specific concepts that underlie the above laws, regulations and policies (e.g., informed consent, confidentiality, mandated reporting)			
4. Articulates own ethical values and priorities			
B. Recognizes and manages ethical and legal issues in Health Service Psychology practice, training, and research			
1. Adheres to all ethical and legal standards in all professional activities			
2. Recognizes and helps others recognize ethical and legal issues as they arise			
3. Demonstrates a clear decision-making process in the development and implementation of plans to resolve ethical and legal issues			
4. Takes appropriate action when others behave in an unethical or illegal manner			
5. Seeks supervision or consultation on ethical and legal issues			
C. Adheres to the APA Ethical Principles and Code of Conduct			
1. Strives to benefit others and do no harm			
2. Develops relationships of trust with others and accepts responsibility for their behavior			
3. Maintains personal integrity			
4. Promotes fairness and justice			
5. Respects the dignity, worth, and rights of all people			
<i>Comments on Ethical & Legal Standards (Optional):</i>			

Overall Rating for this Competency Category			

Category V: Assessment	Ratings		
Competencies & Their Elements	July-Oct	Nov - Feb	Mar-June
A. Conducts clinical interviews 1. Quickly establishes rapport with individuals being interviewed 2. Formulates relevant and culturally responsive interview questions 3. Conducts semi-structured interviews			
B. Appropriately selects and applies evidence-based assessment methods 1. Screens referrals and identifies clear goals for assessments 2. Selects psychometrically sound assessment methods and tools that draw from the best empirical literature and that are relevant to assessment aims 3. Administers methods and tools accurately and efficiently 4. Scores and interprets results			
C. Collects and integrates data 1. Obtains and integrates multiple sources of information (e.g., observations, historical information, interview data, test results, information from collateral sources, and findings from the literature) 2. Demonstrates current knowledge of diagnostic classification systems and awareness of cultural (and other) limitations of such systems 3. Uses above systems to classify and differentiate functional and dysfunctional behaviors as well as identify strengths and protective factors 4. Formulates case conceptualizations that demonstrate a clear understanding of behavior within its context (e.g., familial, societal, cultural, social, etc.) 5. Formulates treatment recommendations that arise from collected data 6. Uses alternative, non-diagnostic approaches to conceptualizing individuals and their environments, groups, and organizations			
D. Summarizes and reports data 1. Writes clear, accurate and timely integrated reports 2. Communicates findings and recommendations clearly to patients and other providers 3. Recognizes and reports the strengths and limitations of assessments and findings			
<i>Comments on Assessment (Optional):</i>			
Overall Rating for this Competency Category			

Category VI: Intervention	Ratings		
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Competencies & Their Elements	July-Oct	Nov - Feb	Mar-June
	A. Formulates case conceptualizations and treatment plans 1. Collaborates with patients and families to identify goals and plans 2. Links case conceptualizations and treatment plans to assessments 3. Utilizes at least one theoretical orientation and theory of change 4. Selects appropriate evidence-based interventions and best practices		
B. Implements evidence-based interventions 1. Displays clinical skills with a wide range of evidence-based interventions, patients and patient service needs 2. Implements interventions with fidelity and adapts them to honor diversity characteristics and contextual factors as is appropriate 3. Recognizes and manages problems and issues that arise with interventions 4. Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking			
C. Monitors the impact of interventions 1. Routinely evaluates progress toward service delivery goals 2. Measures outcomes 3. Modifies intervention methods and treatment goals based on evaluation findings 4. Monitors and adapts own role and performance with the intervention			
Comments on Intervention (Optional):			
Overall Rating for this Competency Category			

Competencies & Their Elements	Ratings		
	July-Oct	Nov - Feb	Mar-June
A. Provides consultation (e.g. case-based, group, organizational systems) 1. Forms effective consultative relationships 2. Clarifies and refines referral questions and consultation goals 3. Develops and implements a consultation plan, recognizing the individual, group, organizational, and systems issues that may impact it 4. Communicates consultation results and recommendations			
B. Engages in interprofessional/interdisciplinary collaboration 1. Demonstrates awareness and respect of the roles, beliefs, values, practices and contributions of other professionals, providers, patients, family, and community members 2. Contributes psychological information while working flexibly with others to develop and implement a plan of care 3. Represents their professional opinions, encourages others to express their opinions, and works to resolve differences of opinion or conflicts 4. Integrates behavioral healthcare with other services (e.g., primary and specialty medical care; rehabilitative, recovery, vocational, residential and social services)			

5. Shares and receives information from others in a sensitive manner when authorized by the patient and permissible under applicable laws, regulations, policies, and ethical codes			
C. Engages in systems-based practice			
1. Delivers care using knowledge of healthcare benefits, coverage limits, utilization management procedures, billing, and reimbursement			
2. Analyzes and understands problems within organizations and systems from individual, interpersonal, group, and intergroup perspectives			
3. Recognizes the potential influence of group memberships on the behavior of individuals in organizations and systems			
4. Responds appropriately to problems within organizations and systems given their role			
<i>Comments on Consultation, Interprofessional/Interdisciplinary and Systems-Based Practice (Optional:</i>			
Overall Rating for this Competency Category			

Category VIII: Supervision	Ratings		
Competencies & Their Elements	July-Oct	Nov - Feb	Mar-June
A. Seeks and uses supervision effectively			
1. Establishes strong working relationships with supervisors of diverse practice orientations			
2. Clarifies broad personal goals for supervision and specific agendas items for supervisory sessions			
3. Seeks supervision routinely and when specifically needed (e.g., complex cases, unfamiliar patients or services, ethical and legal issues, strong personal reactions to patients)			
4. Uses multiple methods to provide supervisors with timely, accurate information about his/her/their work and is open to being observed			
B. Uses supervisory feedback to improve performance			
1. Accepts feedback without being overly defensive			
2. Acknowledges challenges and areas for professional growth			
3. Follows supervisors' direction			
4. Adjusts professional behavior based on feedback			
C. Facilitates peer supervision/consultation			
1. Leads peer supervision/consultation groups			
2. Structures the groups using an explicit method to guide discussions by peers of their work			
3. Maintains a constructive and supportive environment within the groups			
4. Gives constructive and supportive feedback to peers			
D. Provides individual supervision (if applicable)			
1. Establishes supportive supervisory relationships with explicit roles and responsibilities for supervisor and supervisee (or does so by engaging in simulated practice of supervision)			
2. Uses multiple methods to monitor the quality of care provided and assess supervisee level of development, strengths, and learning needs (e.g., observation; audio and video recording; case discussion and presentations; review of documentation; clinical measures; QA data; and feedback from others)			
3. Uses an explicit model of supervision and multiple methods to ensure the quality of care being provided and to address supervisee learning needs (e.g., case discussion, feedback, instruction, modeling, coaching, providing publications)			

<ol style="list-style-type: none"> 4. Provides feedback that is direct, clear, timely, behaviorally anchored, and mindful of the impact on the supervisee and supervisory relationship 5. Maintains accurate and timely documentation of supervision and supervisee performance 6. Requests and uses feedback from supervisees to improve the quality of supervision 					
Comments on Supervision (Optional):					
Overall Rating for this Competency Category					

Category IX: Research & Scholarship	Ratings				
Competencies & Their Elements	July-Oct	Nov - Feb	Mar-June		
A. Displays critical scientific thinking <ol style="list-style-type: none"> 1. Demonstrates scholarly curiosity and routinely questions assumptions 2. Understands and values evidence-based practice 3. Formulates questions that can be addressed by the literature, research, and program evaluation 4. Critically evaluates and shares ideas with others through teaching and scholarly writing 					
B. Uses the scientific literature <ol style="list-style-type: none"> 1. Accesses, summarizes, and evaluates the literature related to their professional activities 2. Discusses the relevant literature in case conferences, lectures, and/or professional presentations 3. Applies the scientific literature to their work (e.g., clinical, consultation, research, program evaluation, quality assurance) 					
C. Implements scientific methods <ol style="list-style-type: none"> 1. Selects and implements methods appropriate to the question, setting, and/or community 2. Uses scientific methods to evaluate interventions and programs and to engage in continuous quality improvement 3. Manages, analyzes, and interprets quantitative and qualitative data 4. Collaborates with other professionals, persons in recovery, family members, and stakeholders in developing questions, implementing methods, and understanding results 5. Contributes to the preparation of manuscripts, technical reports, case studies, or other scholarly work 					
Comments on Research & Scholarship (Optional):					
Overall Rating for this Competency Category					

Section E: Summary Assessment, Comments, & Signatures (Affixing your name electronically to this document is equivalent to a written signature).

OCTOBER EVALUATION

Supervisor's Summary Assessment: Place an X in one box.

- Fellow has made adequate progress in developing the core competencies that I am assessing.
 Fellow has NOT made adequate progress in developing the core competencies that I am assessing.
 (Supervisors who select this answer should follow up with the Primary Advisor to discuss the concerns.)

Supervisor's Comments: Identify (a) a minimum of two areas of strength, (b) a minimum of two areas for growth, and (c) all areas of major concern. **Supervisors are reminded to include specific behavioral descriptors that highlight fellows' demonstration of each of the competencies being assessed in this narrative summary.**

Psychology Fellow's Comments: These comments are optional. If you choose not to make comments write "none".

Supervisor's signature **Date** **Fellow's signature** **Date**
 (Signatures indicate that the supervisor and fellow have discussed this evaluation)

FEBRUARY EVALUATION

Supervisor's Summary Assessment: Place an X in one box.

- Fellow has made adequate progress in developing the core competencies that I am assessing.
 Fellow has NOT made adequate progress in developing the core competencies that I am assessing.
 (Supervisors who select this answer should follow up with the Primary Advisor to discuss the concerns.)

Supervisor's Comments: Identify (a) a minimum of two areas of strength, (b) a minimum of two areas for growth, and (c) all areas of major concern. **Supervisors are reminded to include specific behavioral descriptors that highlight fellows' demonstration of and/or progress in each of the competencies being assessed in this narrative summary.**

Psychology Fellow's Comments: These comments are optional. If you choose not to make comments write "none".

Supervisor's signature **Date** **Fellow's signature** **Date**
 (Signatures indicate that the supervisor and fellow have discussed this evaluation)

JUNE EVALUATION

Supervisor's Summary Assessment: Place an X in one box.

- Fellow has made adequate progress in developing the core competencies that I am assessing.
 Fellow has NOT made adequate progress in developing the core competencies that I am assessing.
 (Supervisors who select this answer should follow up with the Primary Advisor to discuss the concerns.)

Supervisor's Comments: Identify (a) a minimum of two areas of strength, (b) a minimum of two areas for growth, and (c) all areas of major concern. **Supervisors are reminded to include specific behavioral descriptors that highlight fellows' demonstration of and/or progress in each of the competencies being assessed in this narrative summary.**

Psychology Fellow's Comments: These comments are optional. If you choose not to make comments write "none".

Supervisor's signature

Date

Fellow's signature

Date

(Signatures indicate that the supervisor and fellow have discussed this evaluation)