

Psychology Resident Evaluation 4.0 MedHub (JUNE 2023)

Evaluator: _____

Evaluation of: _____

Date: _____

for the class of 2024

No	Yes
<input type="checkbox"/>	<input type="checkbox"/>

1. Resident has been directly (i.e., in person or with video) observed at least once during the evaluation period.*

Research

2. Demonstrates knowledge of scientific literature related to clinical practice in supervision, seminars, journal club, and case conferences.*

No Interac...	Needs Improv...	Develo...	Satisfa... Progre... Expect...
0	1	2	3
<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Does not demonstrate rudimentary skills to critically analyze research findings from empirical & professional literature, seminars, workshops, & other sources; does not attempt implementation of research knowledge, even with guidance from supervisors.	<input type="checkbox"/> 2: With some support from supervisors, mentors, or colleagues, evaluates research findings from empirical & professional literature, seminars, workshops, and other sources, and implements knowledge gained in professional clinical practice.	<input type="checkbox"/> 3: Critically evaluates research findings independently from empirical & professional literature, seminars, workshops, & other sources, and implements knowledge gained from professional clinical experience.

3. Resident demonstrates ability to integrate scientific knowledge into clinical practice during supervision, case conferences, case consultation, and in presentation to multidisciplinary teams.*

<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> Does not demonstrate rudimentary skills to integrate & apply research	<input type="checkbox"/> With some support from supervisors, mentors, or colleagues,	<input type="checkbox"/> Independently integrates research findings from research into
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	findings to clinical work; does not attempt or requires intensive guidance from supervisor to understand how to integrate research.	integrates research findings in professional clinical practice.	clinical work.
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4. Effectively presents current literature or research findings to accommodate multiple audiences (e.g., other psychologists, medical professionals, patients, community providers, and funding agencies).*

<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> Organization, grammar, or interpersonal style interfere with communication of research. Resident frequently uses jargon & needs support from supervisor to ensure that language & concepts are understood by audience.	<input type="checkbox"/> Able to present literature findings relatively jargon-free. Needs some support from supervisor to ensure language is accessible to audience.	<input type="checkbox"/> Able to present literature finding in cohesive manner that is adapted to the audience.
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5. Comments: Research

Ethical & Legal Standards

6. Resident conducts self professionally and abides by legal & professional ethical guidelines in all professional activities.*

No Interac...	Needs Improv...	Develo...	Satisfa... Progre... Expect...
0	1	2	3
<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Resident is unaware of important	<input type="checkbox"/> 2: Generally knowledgeable of APA Ethical Principles,	<input type="checkbox"/> Has knowledge of APA Ethical Principles, laws,

	ethical or legal issues. Is not aware of and does not follow policies at the organizational, local, state, regional, or federal levels & relevant professional standards & guidelines. Not familiar with legal issues related to health care practice.	may need supervisor support & guidance to understand legal issues related to health care or organization-specific policies.	professional guidelines, local state & organizational guidelines. Demonstrates understanding of legal issues associated with health care practice.
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7. Resident recognizes ethical dilemmas as they arise, and applies ethical decision-making processes in order to resolve the dilemmas.*

<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Does not regard important supervisory input regarding ethics and/or law or is unaware of important ethical or legal issues. Makes inadequate safety assessment or plan, does not check in with supervisor before letting patient leave the site. Hesitant and uncomfortable discussing ethical issues with other members of the interprofessional team. Does not assess risk	<input type="checkbox"/> 2: Generally recognizes situations where ethical & legal issues might be pertinent, is responsive to supervisory input regarding them. Is aware of the need to communicate with interprofessional teams regarding ethical issues. Can recognize risk factors for problematic cases, needs guidance regarding evaluation of patient risk.	<input type="checkbox"/> Consistently recognizes ethical & legal issues, appropriately asks for supervisory input to address issues effectively. Aware of appropriate reporting & documenting procedures. Is able to communicate with interprofessional team about ethical issues. Attempts to manage patient risk with supervisory consultation.
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appropriately
or
forgets
to
document
risk
assessment.
Needs
reminders
to
discuss
confidentiality
with
patients.

8. Comments: Ethical & Legal Standards

Individual & Cultural Diversity

9. Resident is sensitive to issues of diversity and exhibits awareness of the extent to which the lives of others can differ from their own.*

No Interac...	Needs Improv...	Develo...	Satisfa... Progre... Expect...
0	1	2	3
<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.	<input type="checkbox"/> 2. Has significant lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision. Open to feedback regarding limits of competence.	<input type="checkbox"/> 3: In supervision, recognizes and openly discusses limits to competence with diverse patients. Acknowledge and respects differences that exist between self and patients. Aware of own limits to expertise.

10. Resident identifies and appreciates the impact of individual differences on patients' daily life experiences, as well as how that experience may impact assessment, treatment, and/or response to therapy.*

<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Has little insight into patients' cultural experiences even after supervision.	<input type="checkbox"/> 2: Uses supervision well to recognize patients' cultural experience and how this impacts their participation in treatment	<input type="checkbox"/> 3: Aware of patients' cultural experiences and how they may impact their participation in treatment
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		and response to therapy. Comfortable discussing some patient cultural experiences, but uncomfortable with others.	& response to therapy.
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11. Resident addresses issues of individual differences or diversity with patients, families, or care team when relevant.*

<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Has been unable or unwilling to surmount own belief system to recognize issues of diversity with their patients and families.	<input type="checkbox"/> 2: Has significant lack of knowledge regarding issues of diversity in some patient groups, but resolves such issues effectively through supervision. Uncomfortable addressing issues of diversity, but is making clear efforts.	<input type="checkbox"/> 3: Discusses issues of diversity in supervision, and is able to comfortably address issues of diversity with patient; may need occasional prompts by supervisor.
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12. Comments: Individual and Cultural Diversity

Professional Values, Attitudes, and Behaviors

13. Resident behaves in a way that reflects the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for welfare of others.*

No Interac...	Needs Improv...	Develo...	Satisfac... Progre... Expect...
0	1	2	3
<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Does not take initiative to educate self regarding areas of practice that are less familiar.	<input type="checkbox"/> 2: May need guidance and support for problem-solving priorities in clinic. May need	<input type="checkbox"/> 3: Independently takes initiative to educate self regarding areas they are not familiar

	Does not use problem-solving strategies to resolve difficulties. Does not take accountability.	some guidance from supervisor to find appropriate resources for self-education.	with. Uses appropriate problem-solving strategies to set priorities.
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14. Resident engages in self-reflection regarding one's personal and professional functioning; engages in activities to maintain and improve performance, well-being and professional effectiveness.*

<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Denies problems or otherwise does not allow them to be addressed effectively. Not willing to be reflective, even with direct supervision and/or other guidance. Personal problems significantly disrupt professional functioning.	<input type="checkbox"/> 2: Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance and feedback from supervisor well.	<input type="checkbox"/> 3: Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact. Can be self-reflective and insightful with guidance from supervisor.
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15. Resident actively seeks supervision when needed and uses it productively. Resident is responsive to feedback.*

<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Resident is not prepared for supervision, does not set priorities for supervision and may be defensive when given feedback or does not respond to feedback from supervisor.	<input type="checkbox"/> 2: Resident is sometimes disorganized or not prepared for supervision. Resident needs supervisor to help set priorities for supervision.	<input type="checkbox"/> 3: Resident is prepared for supervision, sets goals and priorities for supervision and is open and responsive to supervisor feedback.
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16. Comments: Professional Values, Attitudes, and Behaviors

Communication & Interpersonal Skills

No Interac...	Needs Improv...	Develo...	Satisfa... Progre... Expect...
0	1	2	3
<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Has difficulty building or is unable/unwilling to build a positive therapeutic relationship with patients. Struggles to develop functional therapeutic goals or recognize the impact of patient/therapist differences on the therapeutic relationship and frequently requires supervisor input.	<input type="checkbox"/> 2: Can develop a positive rapport and therapeutic relationship in the majority of cases, but needs some guidance to consider the impact of therapist and patient differences on the therapeutic relationship. Needs supervisor guidance to develop treatment goals that target functioning and symptom reduction, but is able to include the patient in treatment plan development.	<input type="checkbox"/> 3: Establishes a positive rapport and therapeutic relationship with patients and their family/caregivers and can collaborate effectively with the patient in the development of a treatment plan. Needs minimal support from supervisors to identify function- focused treatment goals and/or understand the impact of therapist and patient differences on the therapeutic relationship.

17. Resident develops rapport and forms a therapeutic alliance with patients and their family/caregivers.*

18. Resident adapts communication with patients, families, interprofessional care team, and community agencies regarding the role of development, behavior, cognitive status, health, and environment on functioning.*

<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Resident uses jargon or language that is not accessible to the patient, family,	<input type="checkbox"/> 2: Resident makes some attempt to adapt language for audience; however, frequent intervention	<input type="checkbox"/> 3: Resident regularly adapts communication to audience and is able to check in with audience
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	or care team. Does not demonstrate or make attempts to adjust communication despite feedback from supervisor.	and support from supervisor is needed to ensure understanding.	to ensure understanding.
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19. Resident presents their diagnostic findings or assessments in verbal form or in a comprehensive written and appropriately-tailored report for various consumers in an Electronic Health Record (EHR).*

<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Organization, grammar, or interpersonal style interferes with communication. Written work requires major revisions. Supervisor frequently needs to assume role of communicator with team or families to ensure correct information is shared or to address reaction from patient, caregivers, or interprofessional team. Uses supervision to highlight important points.	<input type="checkbox"/> 2: Develops a plan for interpersonal communications with the supervisor. Able to present basic feedback on strengths and areas for improvement to patient and/or family/caregiver. Able to communicate with the team about findings relevant to the care team.	<input type="checkbox"/> 3: Written material covers essential points without serious error. May need polish in cohesiveness and organization. Able to provide verbal feedback with little intervention from supervisor to address needs of patient, caregiver, or interprofessional care team.
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20. Comments: Communication & Interpersonal Skills

Assessment

No Interac...	Needs Improv...	Develo...	Satisfa... Progre... Expect...
0	1	2	3
<input type="checkbox"/> 0: NO INTERACTIO	<input type="checkbox"/> 1: Has significant deficits in understanding of normative, adaptive, and maladaptive emotional, cognitive, social, behavioral, and physical development within the biopsychosocial and environmental context.	<input type="checkbox"/> 2: Understands the basic range of problems that would benefit from intervention, needs support from supervisor to recognize role of biopsychosocial and environmental factors in symptom presentation.	<input type="checkbox"/> 3. Has a good working knowledge of the problems that would benefit from intervention, including normal variations, problems, and disorders, diagnostic formulation biopsychosocial is usually good.

<input type="checkbox"/> 0: NO INTERACTIO	<input type="checkbox"/> 1: Has significant deficits in interviewing skills and often misses significant information that impacts the presenting problem.	<input type="checkbox"/> 2: Conducts an interview and evaluation with patient and relevant caretakers and team members to evaluate biological and psychosocial functioning related to the presenting problem appropriate for setting, with some direction from supervisor.	<input type="checkbox"/> 3. Demonstrates good skills in interview and evaluation with patient and relevant caretakers and team members to evaluate biological and psychosocial functioning related to the presenting problem appropriate for setting. Is thorough in gathering relevant patient data and recognizing atypical presentations
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21. Resident will be able to evaluate and diagnose the range of developmental, behavioral, and emotional problems that would benefit from intervention, including normal variations, problems, and disorders.*

22. Resident conducts clinical diagnostic interviews and evaluations with individuals and families that are appropriate for the clinical setting in which they practice (outpatient therapy, primary care, specialty care, or consult service).

23. Resident selects and applies assessment methods that draw from the best available empirical literature and that reflects the science of measurement and psychometrics; collects relevant data using multiple sources and methods

appropriate to the identified referral question, as well as diversity characteristics of the patient.*

0: NO INTERACTION	1: Demonstrates no ability to evaluate, select, and apply assessment methods appropriate to address the referral question. Does not collect relevant data and does not consider diversity characteristics of the patient and the reliability or validity of the measure.	2: Requires intense support from supervisor to select and apply assessment methods. Beginning to recognize when they have missed relevant data.	3: May occasionally consult supervisor regarding assessment method, but usually able to select and implement assessment appropriately. Gathers relevant data and considers diversity characteristic related to reliability and validity of the measures.
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24. Comments: Assessment

Intervention

25. Resident implements and evaluates evidence-based treatments to inform treatment planning, program development, and modifications in treatment, as well as evaluate patient outcomes and effectiveness of program implementation.*

No Interac...	Needs Improv...	Develo...	Satisfa... Progre... Expect...
0	1	2	3
<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Demonstrates no ability to evaluate, select, and implement evidence-based treatments and program development and is often misinformed. Unable to identify ways to	<input type="checkbox"/> 2: Needs continued supervision to evaluate, select, and implement evidence-based treatments and program development. Requires input from supervisor to assess outcome	<input type="checkbox"/> 3: Evaluates, selects, and implements evidence-based treatments and program development. Consults with supervisor to assess outcome of treatment or program implementation

	measure treatment or program outcomes.	of treatment or program implementation.	
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26. Resident formulates a biopsychosocial treatment plan appropriate for the setting (e.g., brief, problem-focused versus long-term therapy).*

<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Treatment plan formulation does not reflect understanding of patients' goals, or psychologist's role in an interprofessional health care team.	<input type="checkbox"/> 2. With supervisory assistance is able to formulate treatment plan appropriate for setting. Aware of biopsychosocial issues when they are stated by the patient or care team. Needs supervision for development of awareness of underlying biopsychosocial issues. Requires ongoing supervision to create goals presented by patient and team.	<input type="checkbox"/> 3: Formulates biopsychosocial treatment plan independently recognizing improvements when pointed out by a supervisor. Sets appropriate goals with occasional prompting by supervisor, distinguishes realistic from unrealistic goals.
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27. Comments: Intervention

Consultation & Interpersonal/Interdisciplinary Skills

28. Resident effectively collaborates with professionals in an interdisciplinary setting.*

No Interac...	Needs Improv...	Develo...	Satisfa... Progre... Expect...
0	1	2	3
<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: May be withdrawn, overly confrontational	<input type="checkbox"/> 2: Progressing well on providing input in	<input type="checkbox"/> 3: Actively and meaningfully participates

	insensitive, or may have had hostile interactions with colleagues or in team meetings and/or has difficulty in use of appropriate language, demeanor, physical conduct, and attire consistent with professional context; unable/unwilling to address difficulties. Unable to work effectively on interprofessional teams.	a team setting and with other peers and professionals does well or is open to guidance in use of appropriate language, demeanor, physical conduct, and attire consistent with professional context. Effectively seeks assistance to cope with interpersonal concerns. Needs continued guidance regarding how to work effectively on interdisciplinary teams.	in team meetings and with other peers and professionals Uses appropriate language, demeanor, physical conduct, and attire consistent with the professional context. Appropriately seeks input from supervisors/n to cope with concerns. Requires occasional input regarding commonalities and differences among professionals across multiple contexts.	
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<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Does not follow through with responsibilities in design or of a development or implementation of a professional presentation and/or behavioral health/developmental curriculum.	<input type="checkbox"/> 2: Provides helpful suggestions regarding design and of a professional presentation and/or behavioral health/developmental curriculum.	<input type="checkbox"/> 3: Collaborates with supervisors and/or colleagues to develop and present appropriate and engaging presentations and/or behavioral health/developmental curriculum. Attempts to educate a variety of disciplines and development levels about psychosocial factors and their affect/presentation in a
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29. Resident participates in interprofessional training and case presentations, and presents psychology lectures for pediatric residents, psychiatry residents, family medicine residents, and/or physical medicine & rehabilitation residents.*

			medical setting.
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30. Comments: Consultation & Interpersonal/Interdisciplinary Skills

Supervision

31. The resident applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees or other health professionals (e.g., role-played supervision, peer supervision.)*

No Interac...	Needs Improv...	Develo...	Satisfa... Progre... Expect...
0	1	2	3
<input type="checkbox"/> 0: NO INTERACTION	<input type="checkbox"/> 1: Resident unable to describe or apply supervision models and practices.	<input type="checkbox"/> 2: Resident aware of models of supervision but needs substantial guidance to apply them in peer supervision or in simulated practice.	<input type="checkbox"/> 3: Aware of and implements models of supervision. Needs minimal feedback from supervisor.

32. Applies the supervisory skill of observing in direct or simulated practice.*

<input type="checkbox"/> NO INTERACTION	<input type="checkbox"/> 1: Resident requires significant support to recognize patterns during an observation of a clinical interaction.	<input type="checkbox"/> 2: Resident, with some support from supervisor, is able to recognize patterns during an observation of a clinical interaction.	<input type="checkbox"/> 3: Resident with little/no support from supervisors recognizes relevant patterns during an observation of a clinical interaction.
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33. Applies the supervisory skill of evaluating in direct or simulated practice.*

<input type="checkbox"/> NO INTERACTION	<input type="checkbox"/> 1: Resident requires significant support to evaluate a clinical interaction.	<input type="checkbox"/> 2: Resident, with some support from supervisor, is able to evaluate a	<input type="checkbox"/> 3: Resident with little/no support from supervisors, is able to evaluate a
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		clinical interaction.	clinical interaction.
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34. Applies the supervisory skill of giving guidance and feedback in direct or simulated practice.*

<input type="checkbox"/> NO INTERACTION	<input type="checkbox"/> 1: Resident requires significant support to provide feedback and guidance to a peer or supervisee during supervision.	<input type="checkbox"/> 2: Resident, with some support from supervisor, is able to provide guidance and feedback to a peer or supervisee during supervision.	<input type="checkbox"/> 3: Resident with little/no support from supervisors, is able to provide guidance and feedback to a peer or supervisee during supervision.
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35. Comments: Supervision

Comments on resident's overall strengths:

Comments on resident's overall areas of growth: