

Evaluation Form

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**Psychology Fellow Competency Assessment Form (Supervisor)**

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

Please rate the fellow's level of proficiency for each goal at the end of each quarter. Also, please help the fellow identify relevant professional development goals for the fellowship.

The N/A option should only be used if there was minimal opportunity to evaluate based on the specific competency goal.

**Value Area I: Competence in clinical care that recognizes the mutuality and interaction of science and practice**

	Level 1	Level 2	Level 3	Level 4	Level 5	N/A
	Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for beginning of rotation/fellowship training. The fellow may take longer than is necessary to complete the initial evaluation and struggle to prioritize the most relevant information. Diagnostic/initial evaluations may not include all required components. Requires constant supervision and supervisor may need to be present during patient interactions.	Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. Fellow completed diagnostic assessment in an accurate and timely manner, while also prioritizing rapport development with family/patient. Close monitoring and frequent supervision needed.	Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or an expected trajectory toward competency. Needs some on-going oversight of initial assessment procedures and differential diagnosis. Is close to independence for very basic referral questions. Less supervision is required for routine issues; however, close supervision is required for more complex, nuanced issues.	Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. Requires only minimal supervision and has awareness to seek consultation as necessary.	Demonstrates superior knowledge and skill level that goes beyond what is expected for the end of the rotation/fellowship training. Fellow completes diagnostic assessment in an accurate and timely manner, while also prioritizing rapport development with family/patient.	

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1. Competency Goal 1: The Fellow promptly and competently completes diagnostic assessment in an accurate and timely manner, while also prioritizing rapport development with family/patient.\*

Comments: \_\_\_\_\_  
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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for beginning of this rotation/fellowship training. May not yet be aware of biopsychosocial factors to consider related to specific psychological	Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. May know the very basic biopsychosocial factors to consider related to specific psychological conditions/biopsychosocial concerns and treatment setting. Close monitoring	Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or an expected trajectory toward competency. Demonstrates knowledge of many of the important factors to consider for conceptualizing related to specific psychological	Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. Independently demonstrates competent knowledge within specific psychological conditions/biopsychosocial concerns. Prior to supervision, develops	Demonstrates superior knowledge and skill level that would be expected for the end of the rotation/fellowship training. Has the knowledge and demonstrates the skill to independently conceptualize and formulate goals across a	

<p>conditions/biopsychosocial concerns and may not be able to generate any reasonable therapeutic goals and/or effective therapeutic plans related to these goals regardless of treatment setting. At this level, reasonable conceptualization, treatment goals and/or therapeutic plans are generated by supervisor. Requires constant supervision and supervisor may need to be present during patient interactions.</p>	<p>and frequent supervision may be necessary to accurately conceptualize cases, treatment goals, and intervention plans as appropriate to treatment setting. At this level, conceptualizations, treatment goals and therapeutic plan frequently may be superficial, inaccurate, or non-integrative, and always require supervisory input. Close monitoring and frequent supervision needed.</p>	<p>conditions/biopsychosocial concerns. Is successful at integrating assessed factors to conceptualize cases, identify treatment goals, or develop an intervention plan for most simple/straightforward cases as appropriate to treatment setting. Ongoing monitoring may be needed to insure that all key factors have been considered in conceptualization and that therapeutic goals and treatment plan are appropriate for client and treatment setting. At this level, conceptualizations, therapy goals and/or therapeutic plan may be generally reasonable based on information gathered and for what is known about presenting concern, but either all 3 components are not in place (conceptualization, goals, plan) or these components may not incorporate all key biopsychosocial factors, be sufficiently nuanced or reflective of actual client's needs, or be appropriate to treatment setting. Less supervision is required for routine issues; however, close supervision is required for more complex, nuanced issues.</p>	<p>reasonable conceptualization of presenting concern and treatment needs which are appropriate to treatment setting. May seek out reassurance regarding conceptualization, goals, or treatment plan. May benefit from supervisory fine-tuning of conceptualization/goals/plans, or may occasionally need reminding to amend conceptualization/goals/plan with introduction of new information. At this level, conceptualizations, treatment goals and therapeutic plan are thorough, well-integrated, reasonable and appropriate to treatment setting, but occasionally may not be optimally nuanced for very distinctive features of client presentation or for particularly complex cases. Requires only minimal supervision and has awareness to seek consultation as necessary.</p>	<p>wide range of psychological conditions/biopsychosocial concerns. At this level, the fellow generates conceptualizations, treatment goals and therapeutic plans that are consistently thorough, well-integrated, reasonable nuanced and appropriate to the treatment setting. Independently amends conceptualization and/or treatment goals as additional information is obtained throughout treatment. Knows when to seek consultative supervision for less common or unusual cases. Requires minimal to no supervision and has awareness to seek consultation as necessary.</p>
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2. Competency Goal 2: The Fellow is able to systematically and efficaciously conceptualize and formulate goals about how to treat a wide range of psychological conditions affecting children, youth, and their families.\*

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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
<p>Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for beginning of the rotation/fellowship training. Testing documentation may have limited validity and usefulness for routine patients without substantial supervisory input. Multiple drafts of documentation may be required before a standard of care is achieved. Diagnoses and recommendations are</p>	<p>Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. Needs close monitoring of testing documentation for both typical and unusual patients. Documentation tends to be sparse and for poorly integrated, and does not accurately capture the essence of the patient's individual differences. Diagnoses and recommendations are often supervisor-generated. Close</p>	<p>Demonstrated knowledge and skill level that is consistent with that of an advanced trainee and for an expected trajectory toward competency. May need continued oversight of organization, efficient conceptualization, and integration of psychological assessment documentation, especially for difficult patients or ones with unusual findings. May need some consultation regarding appropriate diagnostic and recommendation</p>	<p>Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. Occasional input on documentation is needed regarding the fine points of psychological evaluation interpretation for children and youth with a range of conditions. The written documentation usually efficiently communicates in writing, an explanation for the problems based upon prevailing standards of psychological science. Documentation typically</p>	<p>Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. Competently interprets psychological evaluations for children and youth with a range of conditions and efficiently communicates in writing, an explanation for the problems based upon prevailing standards of psychological science. Requires minimal to no supervision and has</p>	

largely supervisor-generated. Requires constant supervision and supervisor may need to be present during patient interactions.	monitoring and frequent supervision needed.	formulations. Less supervision may be required for routine issues; however, close supervision is required for more complex, nuanced issues.	provides appropriate diagnoses and guide the referral source to the necessary interventions. Documentation is developed with limited supervisory input, with most editorial feedback consisting of fine-tuning of recommendations or other minor points in the report Requires only minimal supervision and has awareness to seek consultation as necessary.	awareness to seek consultation as necessary.
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3. Competency Goal 3: The Fellow autonomously writes well-organized psychological documentation on children and youth seen in a medical setting, which clearly answers the referral concerns and provides the multidisciplinary team with appropriate diagnostic input and directions/recommendations for interventions.\*

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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for beginning of the rotation/fellowship training. Timing and focus of interventions may not be well matched with patient needs and/or lack empirical rigor. Due to use of suboptimal treatment, treatment outcomes are not consistent with treatment goals or family needs. Implementation of interventions requires hands-on supervisory modeling. Supervision is necessary in order to ensure adequate patient care and progress with treatment. Supervision must address supervisee insight into his/her skill limitations and development. trainee requires constant supervision and supervisor may need to be present during patient interactions.	Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. Can implement interventions with children, youth and families, but without close supervision - the execution of these interventions may lack optimal timing and precision. Trainee displays some uncertainty with respect to decision making within session regarding timing and appropriateness of intervention. In the absence of close supervision, interventions may lack empirical support, may not always be grounded in psychological theory, and/or may not be consistent with treatment goals. Close monitoring and frequent supervision needed.	Demonstrates knowledge and skill level that are consistent with that of an advanced trainee and/or an expected trajectory toward competency. Can implement interventions with children, youth and families, but the implementation of interventions may be concrete or Jack the flexibility that would optimally meet patient needs. In the context of supervision, the fellow is able to appreciate process-related issues, opportunities for flexing intervention skills, and/or shifting treatment strategies to meet patient and family needs. limits of own knowledge/expertise are appreciated, but may need to be identified by supervisor. Supervision is sought by fellow with respect to decisions about timing and appropriateness of intervention. Ongoing supervision and feedback is needed to ensure that interventions are consistent with treatment goals and family needs. Empirically based and/or grounded in psychological theory, particularly with more difficult presenting	Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. Occasional input is needed regarding implementation of interventions with children, youth and families for some specific, lower incidence problems or conditions. Occasionally needs feedback regarding recognizing limits of own knowledge/expertise and appropriately seeks additional consultation. Occasional supervision is needed to help make adjustments in the intervention to help promote change consistent with treatment goals and family needs. Decisions for interventions are based upon empirical evidence or psychological theory with occasional supervision and feedback needed regarding lower incidence problems or conditions. Interventions result in measurable change that is consistent with treatment goals and family needs. Requires only minimal supervision and has awareness to seek consultation as necessary.	Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. Completely implements effective interventions with children, youth and families for a wide range of problems. Recognizes the limits of his/her own knowledge/expertise and appropriately seeks consultation despite having already established a central intervention. Able to shift interventions or make adjustments appropriately within the course of treatment. Decisions for interventions are based upon empirical evidence or psychological theory. Interventions result in measurable change that is consistent with treatment goals and family needs. Requires minimal to no supervision and has awareness to seek consultation as necessary.	

				problems. Less supervision is required for routine issues; however, close supervision is required for more complex, nuanced issues.					
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4. Competency Goal 4: The Fellow implements interventions that are well-timed, effective, and consistent with empirically supported treatments.\*

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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for the beginning of the rotation/fellowship training. Consultations or reports may not be completed in a timely manner without frequent prompting/oversight; supervisory support required to conduct consultation interviews and understand clinical issues in the context of the referral question; unable to make recommendations that are realistic to implement or empirically supported; has significant difficulties collaborating with other professionals. Requires constant supervision and supervisor may need to be present during patient interactions.	Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. Completes some consultations in a timely manner, but may need regular prompting to initiate contact or complete reports; has adequate clinical skills to conduct consultation interview, but frequently summarizes clinical issues too narrowly or broadly to answer consultation referral questions; consistently makes recommendations that may be unrealistic to implement and for are not supported by empirical findings; may have occasional difficulties collaborating with other professionals. Close monitoring and frequent supervision needed.	Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or expected trajectory toward competency. Completes most consultations within a reasonable time frame, but may need occasional prompting to initiate or complete; summarizes clinical issues, but may need regular supervisory support and feedback to clarify issues; is able to provide recommendations consistent with clinical and empirical findings; collaborates positively with other professionals Less supervision is required for routine issues; however, close supervision is required for more complex, nuanced issues.	Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. Completes most/all consultations within reasonable time frame without prompting to initiate or complete; able to summarize clinical issues and provide empirically supported recommendations with only occasional assistance/input from supervisor; collaborates positively and easily with other professionals. Requires only minimal supervision and has awareness to seek consultation as necessary.	Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. Completes all consultations within expected time frame (i.e., initiated within 24 hours of referral, verbal feedback on same day as consult); independently summarizes issues central to the referral problem; independently and appropriately addresses the referral questions, and provides recommendations that are realistic for the family and consistent with empirical data; collaborates excellently with other professionals. Requires minimal supervision and has awareness to seek consultation as necessary.	

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5. Competency Goal 5: The Fellow implements consultations that are well-timed, effective, consistent with empirically supported treatment, and addresses the medical team needs.\*

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Value Area II: Competence in the interdisciplinary and biopsychosocial model of health care delivery.

	Level 1	Level 2	Level 3	Level 4	Level 5	N/A
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<p>Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for the beginning of the rotation/fellowship training. Is still learning about the structure of multidisciplinary teams and the role of the psychologist in such teams. She/He initially has difficulty establishing her/his presence on the teams with which she/he is involved. This may reflect a lack of assertiveness in identifying his or herself, opinions, or competencies to the team or a failure to establish lines of communication with key team members. Does not gather input from members of their disciplines or communicate with members of the clinical team about ongoing work with families without prompting from the supervisor. Consequently, other team members do not recognize her/his involvement and conflicts may develop about the approach the fellow is taking. Fellow may consistently misinterpret information from team members and this may necessitate direct involvement of the supervisor to obtain or clarify information relevant to supervision. Requires constant supervision and supervisor may need to be present during patient interactions.</p>	<p>Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. Has had some experience with multidisciplinary teams and understands the structure of multidisciplinary teams and the role of the psychologist in such teams but may need prompts/reminders about how to establish and maintain her/his presence on the teams with which she/he is involved. Recognizes this need to gather input from members of other disciplines and integrate that information with own direct assessment of patient functioning and family needs but is learning to integrate different opinions. Regularly needs assistance/modeling of identifying the appropriate modality (written vs. verbal), timing and target (e.g., attending vs. resident) of communication with team members. When barriers to communication or disagreements with other team members occur, may generally need supervision to find a balance between different perspectives and make a plan of action that is effective and respectful of other team members. Close monitoring and frequent supervision needed.</p>	<p>Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or expected trajectory toward competency. Makes contributions to the clinical team regarding behavioral and mental health issues and is perceived by team members as accessible and responsive to their concerns. Gathers input from members of other disciplines and recognizes the need to integrate that information with own assessment obtained through interactions with patients and families. Seeks supervision on how best to integrate differing perspectives when disparities exist between their own and others' opinions, but is able to generate ideas about how this might be done. Recognizes the need to communicate with members of the clinical team about ongoing work with families but needs assistance identifying the appropriate modality (written vs. verbal), timing, and target (e.g., attending vs. resident) of this communication. When barriers to communication or disagreements with the opinions of other team members occur. Generally needs supervision to find a balance between different perspectives and make a plan of action that is respectful of other team members and effective for patient care. Less supervision is required for routine issues; however, close supervision is required for more complex, nuanced issues.</p>	<p>Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. Contributes to the clinical team in a meaningful way regarding behavioral and mental health issues and is perceived by team members as accessible and responsive to their concerns. Gathers input from members from other disciplines and integrates that information with own assessment obtained through interactions with patients and families. Communicates with key members of the clinical care team about ongoing work with families and recognizes the rights and dignity of the patient. Needs occasional supervision to figure out how to manage differences of opinion with other team members or how to overcome barriers in communication with the team. Responsive to supervision and acts on it in a way that is effective and respectful of the other team members. Requires only minimal supervision and has awareness to seek consultation as necessary.</p>	<p>Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. Gains recognition from the clinical team for expertise in behavioral and mental health issues and is perceived by other team members as accessible, professional, multidisciplinary-minded and responsive to their concerns. Independently gathers input from members of other disciplines and integrates that information with own assessment obtained through interactions with patients and families. Although final assessments and treatment plans may not always be in agreement with independent opinions of all team members, disagreements are handled in a professional manner that is assertive but respectful of the other team members. Uses balanced communication (e.g., assertive and clear presentation while advocating for welfare of patients/families) with key members of the clinical care team about ongoing work with families in a way that is efficient and recognizes the rights and dignity of the patient (e.g., with respect to confidentiality). Professional behavior includes prompt &amp; courteous responses to colleagues (i.e., physicians, nurses, social workers, etc.) in written communication, 1:1 interactions, team situations, and meetings that involve patients and families. Requires minimal to no supervision and has awareness to seek consultation as necessary.</p>
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6. Competency Goal 6: The Fellow is able to independently interact with professionals and colleagues from other disciplines on teams, and can integrate their information with other professionals.\*

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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for the beginning of the rotation/fellowship training. The fellow has no prior training or experience in providing interdisciplinary care. Minimal to no knowledge of the biobehavioral model of health care delivery. Minimal appreciation and understanding of the interaction between biological and psychosocial variables to be addressed in interdisciplinary care. Unable to accurately assess biopsychosocial issues even in routine cases. Requires constant supervision and supervisor may need to be present during patient interactions.	Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. The fellow has a basic understanding and knowledge of the biobehavioral model of health care delivery that would be expected for a trainee with limited experience and training providing psychological services for medical patients. Needs education and exposure to relevant medical conditions being treated. Requires regular supervision to promote understanding of the interaction between biological and psychosocial variables addressed in the interdisciplinary care. Is able to assess psychosocial issues with guidance from the supervisor in routine cases. Close monitoring and frequent supervision needed.	Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or expected trajectory toward competency. The fellow has a level of knowledge of the biobehavioral model of health care delivery that is consistent with their advancing level of experience and training. The fellow requires supervisory input in understanding the interaction of biological and psychosocial variables to be addressed in interdisciplinary care. Demonstrates increased knowledge acquisition and application of such with respect to biopsychosocial variables relevant to patient care. Is able to accurately assess psychosocial issues in routine cases. Less supervision is required for routine issues; however, close supervision is required for more complex, nuanced issues.	Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. The fellow has a solid understanding of the biobehavioral model of health care delivery but may require some supervisory assistance in more complex or unusual conditions. Clearly understands the role of psychosocial issues in interdisciplinary care and accurately assesses psychosocial aspects. Requires only minimal supervision and has awareness to seek consultation as necessary.	Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. Able to apply knowledge about biological and psychosocial aspects of clinical presentation even in complex cases. Independently seeks information/readings related to new r unfamiliar medical conditions. Understands and accurately assesses the psychosocial issues to be addressed as part of comprehensive interdisciplinary care. Requires minimal to no supervision and has awareness to seek consultation as necessary.	

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7. Competency Goal 7: The Fellow is knowledgeable about the interaction between biological and psychosocial variables influencing the clinical presentation and is able to accurately assess psychosocial aspects of clinical cases.\*

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Value Area III: Competence in clinical care that is effective, sensitive and respectful for persons of diverse backgrounds.

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for the beginning of the rotation/fellowship training. Fellow may be aware of sociopolitical factors of the lives of clients from diverse backgrounds; however, conceptualizations may not consistently reflect this and may tend to be based on 'typical cases' or the fellow's worldview. Additional assistance and oversight may be required for the fellow to begin to incorporate these issues	Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. The fellow may have an awareness of sociopolitical influences in the lives of diverse clients and the client's world view, but may not consistently incorporate cultural factors into assessments, conceptualizations, or treatment typically due to a lack of experience in this area. Close monitoring and frequent supervision needed.	Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or expected trajectory toward competency. Supervisory input continues to be needed to help the fellow understand the full impact of cultural factors on client psychological and psychosocial functioning. However, the fellow is making progress in regularly incorporating relevant sociopolitical factors into assessment, conceptualization or treatment. Less supervision is required for routine issues; however,	Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. Supervisory input may be needed to help the fellow incorporate relevant sociopolitical factors into assessment, conceptualization or treatment. Aware of impact of cultural factors on psychological and psychosocial functioning of diverse clients and discusses these issues in supervision. Works with supervisor to seek resources that foster knowledge and understanding of diverse	Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. Independently generates discussion of the sociopolitical factors (e.g., immigration, poverty, racism, stereotyping, and powerlessness) that influence the lives of diverse groups and how this affects presenting problems, diagnoses, and treatment compliance. Demonstrates awareness of how culture, race, religion, ethnicity, age, disability status and sexual	

into assessments, conceptualizations, or treatment. Requires constant supervision and supervisor may need to be present during patient interactions.		close supervision is required for more complex, nuanced issues.	perspectives. Requires only minimal supervision and has awareness to seek consultation as necessary.	orientation may affect academic functioning, help-seeking behavior, identity, and psychological disorders as evidenced by regular discussion of this in supervision and incorporation into the treatment plan. Independently seeks out educational and practical resources that foster knowledge and understanding of diverse perspectives. Requires minimal to no supervision and has awareness to seek consultation as necessary.
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8. Competency Goal 8: The Fellow is aware of the client's worldview and how it impacts conceptualization of assessment and treatment with culturally diverse children, youth and their families.\*

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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for the beginning of the rotation/fellowship training. May have minimal awareness of the role of culture when selecting assessment instruments, formulating treatment plans and designing interventions. Interpretation of test results and case conceptualizations may be inaccurate and non-integrative of the patient's cultural background. Requires constant supervision and supervisor may need to be present during patient interactions.	Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. Cultural factors may not be consistently considered in treatment planning, and the fellow may require additional training regarding the need to use culturally appropriate interventions. May need close monitoring with test administration and interpretation when working with diverse clients. Interpretation may be overly reliant on traditional (ethnic) theoretical frameworks. Close monitoring and frequent supervision needed.	Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or expected trajectory toward competency. Has basic awareness that cultural differences affect treatment planning and intervention but may need frequent reminders to incorporate cultural factors. May need on-going assistance in interpreting psychological assessments for diverse clients. May need some consultation regarding selection of appropriate tests. Less supervision is required for routine issues; however, close supervision is required for more complex, nuanced issues.	Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. May occasionally need reminders to integrate cultural factors when using traditional (ethnic) interventions. Occasional input may be needed regarding the potential bias of assessment instruments. Occasionally may need reassurance that selected procedure/interventions are appropriate. Has basic knowledge of research on diverse populations and is aware of discrimination at institutional and personal levels and incorporates this into treatment planning in supervision. Requires only minimal supervision and has awareness to seek consultation as necessary.	Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. Routinely discusses how cultural factors affect treatment and other systems in supervision. Interprets assessment instruments in a manner that demonstrates awareness of the potential bias in these instruments when using them with culturally diverse clients, prior to supervision. Chooses interventions consistent with the research on diverse populations related to differences in cultural manifestations of psychological issues. Shows respect for indigenous helping practices and client's religious or spiritual beliefs and incorporates these into the treatment plan (when appropriate) prior to supervision. Requires minimal to no supervision and has awareness to seek consultation as necessary.	

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9. Competency Goal 9: The Fellow is aware of her/his own biases and how these impact work with children, youth

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and families from diverse backgrounds so as to provide culturally sensitive services.\*

Comments:

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**Value Area IV: Competence in ethical and professional issues.**

Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for the beginning of the rotation/fellowship training. The fellow's knowledge and practice of ethical principles and code of conduct may be limited_ Is working to understand ethical principles and code of conduct, and how these are related to clinical work. May have poor understanding of ethical standards with respect to their professional relationships with patients, or may demonstrate poor judgement related to maintaining boundaries. Requires constant supervision and supervisor may need to be present during patient interactions.	Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. The fellow has a fair knowledge of the ethical principles outlined above. Needs consistent assistance from the supervisor in recognizing ethical or legal issues and implementing the principles and legal code in their clinical work. Frequently maintains good ethical standards with respect to their professional relationships with patients, but may occasionally need reminding about issues related to professional relationships, Close monitoring and frequent supervision needed.	Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or expected trajectory toward competency. The fellow demonstrates good knowledge of ethical principles and legal code as outlined above, and can usually recognize ethical principles in own clinical work. The fellow may need some supervisory input with respect to the application of these principles. Consistently maintains high ethical standards with respect to their professional relationships with patients. Less supervision is required for routine issues; however, close supervision is required for more complex, nuanced issues.	Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. The fellow demonstrates excellent knowledge of ethical principles and legal code as outlined above, recognizes ethical principles in own clinical work, and needs only occasional supervisory input with respect to application of these principles for difficult cases. Consistently maintains high ethical standards with respect to their professional relationships with patients. Requires only minimal supervision and has awareness to seek consultation as necessary.	Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. The fellow demonstrates excellent knowledge of ethical principles such as competence, integrity, responsibility, respect for patient's rights and dignity and the welfare of their patients. Also demonstrates knowledge of the Ohio legal code for psychologists. Recognizes and applies ethical principles in own clinical work, and anticipates situations in which ethical issues are particularly relevant. Seeks consultation about ethical issues as appropriate. Consistently maintains high ethical standards with respect to his/her professional relationships with patients. Requires minimal to no supervision and has awareness to seek consultation as necessary.	

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10. Competency Goal 10: The Fellow demonstrates good knowledge 1) Ethical Principles of Psychologists and Code of Conduct established by the American Psychological Association and 2) Ohio Psychology Law. The Fellow is able to apply these principles consistently, seeking consultation as appropriate.\*

Comments:

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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
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<p>Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for the beginning of the rotation/fellowship training. The fellow lacks insight into their own personal issues and is unable to recognize when personal issues cross over into impairment in self and ability to engage with others, either therapeutically or professionally. Lacks a repertoire of positive coping strategies to manage personal/professional stressors. These deficiencies are significant enough to interfere with his/her ability to maintain standards of professional care so that patient contact is deemed inappropriate until remedial training/intervention can be successfully completed. Does not recognize impairment in colleagues and faculty/staff. Issues of impairment are initiated and managed by the supervisor.</p>	<p>Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. The fellow has minimal comfort discussing personal issues that may affect their professional role. Engages in the basic standards of professional behavior. He/She may exhibit difficulties with the demands of internship and needs frequent discussions about how to balance personal/professional roles. May have difficulty recognizing or bringing up impairment in self or others. Fellow may need frequent live supervision and be unable to see patient independently. The supervisor primarily initiates discussions of issues of impairment.</p>	<p>Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or expected trajectory toward competency. The fellow has adequate insight into their own personal issues as they affect their professional role and is able to discuss with supervisory reassurance and input. The Fellow has begun to recognize when personal issues cross over into impairment in self and his/her ability to engage with others, either therapeutically or professionally with regular supervisory input. Learning to use positive coping strategies to manage personal/professional stressors to maintain standards of professional functioning. Has begun to recognize impairment in colleagues and faculty/staff and raises these concerns within the context of their own supervision. Supervisor guides Fellow in how to address with either the impaired individual or his/her supervisor. Both the Fellow and supervisor initiate discussions of issues of impairment. Supervisor's role is both supportive and directive.</p>	<p>Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. The fellow has good insight into their own personal issues as they affect their professional role and is able to discuss with occasional supervisory reassurance and input. Recognizes when personal issues cross over into impairment in self and their ability to engage with others, either therapeutically or professionally, with occasional supervisory input. Uses positive coping strategies to manage personal/professional stressors to maintain standards of professional functioning. Recognizes impairment in colleagues and faculty/staff and appropriately addresses with either the impaired individual or his/her supervisor. Primarily, the Fellow within supervision, initiates discussions of issues of impairment. Supervisor's role is supportive and minimally directive.</p>	<p>Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. The fellow has good insight into their own personal issues as they affect their professional role and is able to appropriately discuss within supervision. Readily recognizes when personal issues cross over into impairment in self and their ability to engage with others, either therapeutically or professionally. Uses positive coping strategies to manage personal/professional stressors to maintain standards of professional functioning. Recognizes impairment in colleagues and faculty/staff and appropriately addresses with either the impaired individual or his/her supervisor. The Fellow initiates discussions of issues of impairment and supervisor plays a supportive versus directive role.</p>
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11. Competency Goal 11: The Fellow demonstrates use of positive coping strategies to manage personal and professional stressors to maintain standards of professional functioning. This includes identifying and addressing signs of impairment in self, colleagues, and faculty/staff.\*

Comments:

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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
<p>Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for the beginning of the rotation/fellowship training. The fellow needs detailed teaching and modeling of how to identify and accomplish tasks in a timely manner. Requires constant supervision.</p>	<p>Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. The fellow appropriately uses supervision time to focus on identifying priorities and developing plans to accomplish tasks in a timely manner. Close monitoring and frequent supervision needed.</p>	<p>Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or expected trajectory toward competency. In general, the fellow identifies priorities and accomplishes tasks in a timely manner but may need occasional prompting or reminders. Less supervision is required for routine issues.</p>	<p>Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. The fellow identifies priorities and accomplishes tasks in a timely manner and needs supervisor support only during periods of high level of demand from multiple supervisors. Requires only minimal supervision and has</p>	<p>Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. The fellow independently identifies priorities and is able to make adjustments to priority list as demands evolve. Fellow is efficient in accomplishing tasks. Requires minimal to no supervision and has</p>	

							awareness to seek consultation as necessary.	awareness to seek consultation as necessary.	
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12. Competency Goal 12: The Fellow effectively prioritizes and accomplishes tasks in a timely fashion.\*

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Comments:

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Level 1	Level 2	Level 3	Level 4	Level 5	N/A
Has minimal to no prior experience in this area and/or demonstrates knowledge and skill level less than expected for the beginning of the rotation/fellowship training. The fellow requires a significant amount of support from supervisor, including intensive instruction and modeling of professionalism, effective problem solving, management of clinical and administrative responsibilities. Requires constant supervision.	Demonstrates expected knowledge and skill level for beginning of the rotation/fellowship training. The fellow conducts him/herself well interpersonally but needs regular assistance in two or more areas: Communication, problem-solving, timely completion of clinical/administrative duties, seeking coverage prior to being absent. Close monitoring and frequent supervision needed.	Demonstrates knowledge and skill level that is consistent with that of an advanced trainee and/or expected trajectory toward competency. In general, the fellow conducts him/herself in a professional manner; attends meetings but may be variably prepared for meeting; needs guidance on how to arrange clinical and administrative coverage and when it is needed. Less supervision is required for routine issues.	Demonstrates knowledge and skill level expected for the end of the rotation/fellowship training. The fellow conducts him/herself in a professional manner with colleagues and other professionals but may need occasional guidance from supervisors in situations of high stress/multiple demands or novel situations (they are able to proactively identify these situations); attends and is prepared for meetings; anticipates and arranges for clinical and administrative coverage when needed. Requires only minimal supervision and has awareness to seek consultation as necessary.	Demonstrates superior knowledge and skill level that goes beyond what would be expected for the end of the rotation/fellowship training. The fellow consistently communicates in a professional manner with colleagues, intake, and support staff, as well as with other professionals even during times of high stress and/or multiple demands; attends and is prepared for meetings (e.g. supervision); demonstrates professionalism in problem-solving; completes paperwork, therapy notes, and documentation; gives prompt feedback to referral sources; anticipates and arranges for clinical and administrative coverage when needed. Requires minimal to no supervision and has awareness to seek consultation as necessary.	

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13. Competency Goal 13: The Fellow demonstrates professionalism in relationships with colleagues and staff, and in adherence to Division policies, including clinical and administrative responsibilities.\*

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Comments:

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