<table>
<thead>
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<th>Level 1 Competencies</th>
<th>Dependent</th>
<th>Moderately Dependent</th>
<th>Partially Dependent</th>
<th>Semi-Independent Practice</th>
<th>Independent Practice</th>
<th>Aspirational</th>
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</thead>
<tbody>
<tr>
<td>1. Integration of Science and Practice*</td>
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<td>Fellow does not demonstrate knowledge of relevant scientific literature and evidence-based theory and research. Fellow does not, or does not in a very limited and superficial manner, seek out such evidence. Fellow requires specific and direct guidance in seeking out literature and applying to a patient’s care.</td>
<td>Fellow demonstrates limited knowledge of relevant scientific literature and evidence-based theory and research. Fellow occasionally seeks out evidence but requires significant guidance as to how to locate such literature/evidence. Fellow can occasionally apply, or apply in a superficial manner, relevant literature/evidence to a patient's care, but requires significant direction from supervisor to do so.</td>
<td>Fellow demonstrates an appropriate degree of knowledge of relevant scientific literature and evidence-based theory and research for his/her level of training. Fellow actively seeks out evidence but may have difficulty applying it in transferring this knowledge to patient populations that do not exactly fit the same criteria as those in research studies. Fellow either requires direction in locating literature/evidence or in applying it, but not both.</td>
<td>Fellow can demonstrate knowledge of relevant scientific literature and evidence-based theory and research; however understanding and application of these findings may be fairly concrete, even in well-researched or common patient populations. The fellow shows initiative in broadening his/her knowledge base, understanding, and ability to apply findings to clinical practice. Occasional clarification and/or guidance from the supervisor is needed.</td>
<td>Fellow can independently demonstrate knowledge of relevant scientific literature and evidence-based theory and research at the level consistent with independent practice in the area of specialty. On occasion, the fellow may require guidance with respect to specific or obscure patient populations, or in applying research findings to such populations, but is able to independently search, consume, and apply such literature with limited consultation from supervisor/colleagues.</td>
<td>Fellow is well-versed in the relevant literature of the specialty area and could easily lecture/teach on this topic. Fellow requires no assistance in locating, consuming, and applying literature, even in specific or obscure patient populations.</td>
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<td>2. Individual and Cultural Diversity*</td>
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<td>Fellow shows little to no awareness of his/her cultural background and its impact on his/her assumptions, conceptualization of patients, and potential biases impacting assessment and treatment. Fellow may be either unable or unwilling to self-reflect on these factors in productive manner. Fellow shows little to no understanding of diversity as a construct, including racial/ethnic diversity, religious beliefs, sexual orientation, disability, rural vs. urban populations, English as a second language, etc.). Fellow may not make attempts to understand how cultural differences affect</td>
<td>Fellow has a marked deficit in his/her awareness/understanding of his/her cultural background and its impact on assumptions, conceptualization of patients, and potential biases impacting assessment and treatment. Self-reflection may be adequate; however the fellow has difficulty applying improved self-awareness in interactions with patients. Fellow shows a concrete understanding of diversity as a construct, and awareness of this construct may still be limited to racial/ethnic diversity, religious beliefs, and sexual orientation only. Fellow may not able to consider cultural differences within other diverse groups, such as those with disability. Fellow may demonstrate concrete awareness of how cultural factors affect how individuals and families interface with the medical system. Fellow needs extensive supervision and guidance, though is able to begin to integrate this into his/her practice.</td>
<td>Fellow demonstrates awareness/understanding of his/her cultural background and its impact on assumptions, conceptualization of patients, and potential biases affecting assessment and treatment. Self-reflection may be adequate; however the fellow has difficulty applying improved self-awareness in interactions with patients. Fellow shows a concrete understanding of diversity as a construct, and awareness of this construct may still be limited to racial/ethnic diversity, religious beliefs, and sexual orientation only. Fellow may not able to consider cultural differences within other diverse groups, such as those with disability, but requires additional reading and supervision to do so. Fellow may be able to candidly discuss how cultural factors affect how individuals and families interface with the medical system, but may not be able to use this information to address cultural barriers, though may need additional supervision to do so. Fellow seeks supervision and additional readings as needed.</td>
<td>Fellow demonstrates a strong awareness and understanding of his/her cultural background and its impact on assumptions, conceptualization of patients, and potential biases affecting assessment and treatment. Self-reflection is thoughtful and productive, in that the fellow uses this to shape/modify practice as needed. Fellow shows a well-developed understanding of diversity as a construct, and recognizes that this construct can extend well beyond those populations commonly discussed. Fellow can discuss how cultural factors affect how individuals and families interface with the medical system, and use this information to address cultural barriers, though may need additional supervision to do so. Fellow demonstrates knowledge and seeks consultation appropriately. Fellow openly strives for multicultural competence.</td>
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<td>Fellow is well-versed in the relevant literature of the specialty area and could easily lecture/teach on this topic. Fellow requires no assistance in locating, consuming, and applying literature, even in specific or obscure patient populations.</td>
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3. Ethical and Legal

- Fellow demonstrates little, if any, knowledge of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting. Fellow demonstrates a clear lack of knowledge, or ignorance to, HIPAA as well as institutional policies protecting the privacy and confidentiality of patients. Fellow demonstrates a lack of knowledge and/or understanding of the APA Ethics Code and its principles and standards. Fellow makes no observable effort to improve knowledge or understanding of the above. Fellow demonstrates a pervasive lack of knowledge or understanding of Wisconsin Statutes governing the practice of psychology. Fellow's actions may constitute_repository violations in ethical conduct. Fellow may demonstrate poor boundaries with patients, such that patient safety concerns may arise.

- Fellow has notable deficiencies in his/her understanding of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting. Fellow demonstrates very limited understanding of HIPAA as well as institutional policies protecting the privacy and confidentiality of patients. Fellow demonstrates a rudimentary understanding of the APA Ethics Code and its principles and standards. Fellow requires significant guidance and prompting to seek out and understand the above, and while some effort may be made to do so, the fellow may struggle to integrate this information into his/her practice. Fellow demonstrates a limited understanding of Wisconsin Statutes governing the practice of psychology, and needs repeated reinforcement of these. Fellow's boundaries with patients may be diffuse and require additional time in supervision to address these.

- Fellow demonstrates knowledge/understanding of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting, appropriate to his/her level of training. Fellow's understanding of HIPAA is appropriate, though he/she may need repeated reinforcement of institutional policies related to protecting privacy and confidentiality of patient data. Fellow demonstrates an appropriate understanding of the APA Ethics Code and its principles and standards. Fellow's understanding of Wisconsin Statutes is limited, but he/she is able to study this information at the outset of fellowship and grasp it appropriately. Fellow demonstrates appropriate boundaries with patients, though he/she may require occasional reminders from supervisor.

- Fellow demonstrates solid knowledge/understanding of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting, Fellow's understanding of HIPAA and institutional policies related to protecting privacy and confidentiality of patient data is solid as well. Fellow demonstrates a clear understanding of the APA Ethics Code and its principles and standards, and generally recognizes ethical dilemmas when they arise; however may need significant guidance from the supervisor to address them. Fellow is generally able to apply the above legal/ethical principles to patient care, but needs occasional guidance from supervisor. Fellow's understanding of Wisconsin Statutes pertaining to the practice of psychology is intact. Fellow demonstrates appropriate boundaries with patients.

- Fellow demonstrates solid knowledge/understanding of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting, Fellow's understanding of HIPAA and institutional policies related to protecting privacy and confidentiality of patient data is solid as well. Fellow is able to use this understanding to better educate other members of the interdisciplinary team regarding legal and ethical concerns. Fellow demonstrates a clear understanding of the APA Ethics Code and its principles and standards, and generally recognizes ethical dilemmas when they arise. Fellow can also conceptualize ethical dilemmas and identify potential avenues for resolution, and follows through on these. Fellow is able to apply the above legal/ethical principles to patient care, requiring only consultation or more significant consultation in situations that are unusual or extraordinarily complex. Fellow's understanding of Wisconsin Statutes pertaining to the practice of psychology is intact. Fellow demonstrates appropriate boundaries with patients.

4. Assessment

- Fellow has pervasive and significant deficiencies in his/her assessment of patients.

- Fellow has notable deficiencies in his/her assessment of patients.

- Fellow demonstrates an appropriate degree of knowledge of assessment.

- Fellow can be assigned cases and can summarize how he/she will approach assessment in terms of...

- Fellow is able to arrive at a clear and comprehensive way in which he/she...

- Fellow is able to arrive at a clear and comprehensive way in which he/she...
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fellow may obtain most relevant data comprising an assessment; details are often unclear or otherwise unelaborated. Only a superficial understanding of cognitive and emotional factors, their integration, their effects on a patient’s care is present. Significant guidance or direction from supervisor is needed to either obtain or clarify these details. Fellow often struggles with case conceptualization and integration of data. Fellow may be able to choose some measures in a logistical manner, but requires significant guidance in test selection. Fellow is able to demonstrate a superficial understanding of informed consent/decision capacity; however significant guidance is needed in applying these principles to assessment. Fellow may have little to no knowledge of available assessment methods. Fellow may completely ignore issues related to informed consent/decision-making capacity as they relate to assessment.

methods and principles for his/her level of training. Fellow will actively reach out to supervisor for guidance, but may need additional specific instruction as to how to apply the guidance to practice. Assessments may be ‘mechanical’ and highly structured, and a patient deviates from the structure, the fellow may struggle significantly. This may result in some information not being obtained in assessment and the fellow needing to obtain this information in a subsequent contact. Fellow may have difficulty understanding the appropriate level of conceptualization skills, but is able to use feedback to hone in on relevant issues and abstract further. Fellow is able to choose measures in a logical manner, but may have difficulty justifying their use or modifying procedures as needed for particular patients/populations. Fellow is able to demonstrate a concrete understanding of informed consent/decision capacity; however requires consistent guidance in applying these principles to assessment.

fellow demonstrates an appropriate degree of knowledge of relevant literature/theories and their empirical base for his/her level of training. Fellow actively reaches out to the supervisor for guidance in choosing and applying interventions, but may need additional specific instruction as to how to apply these in clinical practice. Interventions may appear ‘mechanical’, concrete, or poorly-timed; however fellow’s clinical reasoning is generally sound. Fellow is able to clinically justify choice of intervention in a concrete manner, but has difficulty citing relevant literature or scientific base. Fellow may have difficulty understanding intervention to the needs of particular patients without significant guidance from supervisor. Fellow’s awareness of relevant diversity issues is adequate, but may require guidance from supervisor to frame these factors into account in applying interventions. Fellow’s knowledge of sexual functioning and associated assessment methods is adequate for his/her training level.

Fellow can be assigned cases and can summate how he/she will approach intervention in terms of his/her strengths and weaknesses. Fellow is able to apply these in a more fluid manner and with appropriate timing/sensitivity to the patient’s needs. Fellow demonstrates a clear and solid understanding of diverse issues pertinent to intervention, though seeks supervisory and additional professional support. Fellow is able to approach intervention in a clear and comprehensive way.

Fellow is able to arrive at a clear and comprehensive way in which he/she will approach intervention with a patient, and justify this with demonstration of understanding of relevant literature/theories as well as the specific needs of the patient. Fellow needs no guidance in how to approach a wide variety of patients and is able to seek consultation when faced with an uncommon situation/patient population. Fellow is able to easily integrate assessment data from multiple sources and use this information to inform interventions. Fellow is able to demonstrate a clear and solid understanding of diverse issues pertinent to intervention, and is able to address these with patients; however occasional supervisory is needed and is actively sought by the fellow when it is.
6. Consultation

- Fellow is unable and/or unwilling to collaborate with other disciplines in approaching a patient's care. Fellow is unable to conceptualize assessment data and response to intervention in a manner that can be useful to other disciplines. Additionally, fellow is unable to communicate this information in a clear or effective manner.
- Fellow may be extremely anxious about engaging other disciplines in the care of a patient, but is aware of the need to do so. Fellow may be able to conceptualize assessment data and response to intervention, but his/her report to other team members may be devoid of content or overly verbose.
- Fellow needs significant guidance from the supervisor with how to communicate information to other members of the team in a useful manner. Fellow may behave in a territorial manner if he/she perceives other disciplines as commenting on factors that are typically addressed by the fellow and/or psychology practitioner on the team. Other disciplines may raise concerns with the supervisor regarding the fellow's conduct, which may include the above but may also include poor follow-through or complete lack of follow-up. Results of assessments are not provided to the relevant members of the patient's team.
- Conversely, the fellow may disclose information to team members that do not need to know it. Fellow may not be judicious in his/her disclosure of information to other members of the patient's healthcare team.

- Fellow may be able to approach and engage other disciplines in the care of a patient, but needs repeated encouragement and reminders to do so. Fellow may be able to conceptualize assessment data and response to intervention, but his/her report to other team members may be filled with extraneous details or may not concisely communicate concerns.
- Fellow needs occasional guidance from supervisor, which could include the supervisor filling in important details during interdisciplinary conferences. Fellow recognizes that overlap in some aspects of practice occurs and can adjust to other team members looking at these issues through a different lens. Other disciplines may seek out the fellow for information on a patient, but mainly because the fellow is not following up as frequently as is needed/desired. Fellow is not able to judiciously disclose relevant information, but may still have difficulties doing so in a clear and timely manner.

- Fellow independently approaches and engages other disciplines in the care of a patient, though needs occasional reminders to do so. Fellow can conceptualize assessment data and response to intervention, and communicate clearly and concisely with other disciplines. Fellow understands the overlap that can occur with other disciplines in some aspects of care, and is able to utilize information from other disciplines in a way that mutually facilitates effective care of the patient. Other disciplines seek out the fellow almost exclusively for input on a patient and the fellow is able to judiciously disclose relevant information in a clear and timely manner. Consultation is generally only needed on unusual or infrequent clinical situations, and the fellow easily recognizes this and seeks consultation accordingly.

- Fellow independently and regularly approaches and engages other disciplines in the care of a patient, and is even proactive in doing so. Fellow can easily conceptualize assessment data and response to intervention, and communicates easily with other disciplines. Fellow understands the overlap that can occur with other disciplines in some aspects of care, and facilitates effective care of the patient. Other disciplines seek out the fellow for input on a patient, and the fellow is able to judiciously disclose relevant information in a clear and timely manner. Consultation is generally only needed on unusual or infrequent clinical situations, and the fellow easily recognizes this and seeks consultation accordingly.

7. Professional Values, Attitudes, and Behaviors

Fellow demonstrates blatanl ignorance and/or disregard for patient rights, welfare, and dignity. Fellow's ability to empathically relate to patients as well as members of the interdisciplinary team is highly deficient. Team members may complain to the supervisor about the fellow's demeanor. Fellow has limited, if any, understanding of the impact his/her behavior has on the care of patients as well as the cohesiveness of the interdisciplinary team. Boundaries with members of the interdisciplinary team may be very poor.

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8. Overall Comments:

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