Evaluation of Foundational and Functional Competencies
University of Saskatchewan

Evaluator:	Time period:	Pre-Residency Year:	
π Clinical Faculty Evaluation of Student **or** π Graduate Student Self-Evaluation	π Mid-year eval **or** π End of Year eval	π Year I π Year 2	Year 3 Year 4

Graduate Student: _____   Clinical Faculty Supervisor: _____

Date: _____   Research Area : _____

Competency levels (N/A = Not assessed, not applicable, not sufficient information)	N/A	I	II	III	IV	V
		• Basic competency not present	• Possesses basic competency in foundational or functional area; still needs extensive supervision & consultation	• Developing competencies in foundational or functional area appropriate to year in program; substantial supervision required	• Competent to take substantial responsibility for carrying out major, professional functions, tasks, duties/roles under minimal supervision & consultation	• Practices professional psychology at advanced level of competency in substantive areas of practice; supervision or consultation only as needed
Standards for students in Years 1,2,3 (i.e., junior students or students with limited experience)		• Start of program level; **at mid-year review, indicates unsatisfactory progress, requires remediation**	• **Expected program skill level at mid-year review**	• **Expected end of year level of competence**	• Competent beyond minimum expectations	• Competency greatly exceeds expectations
Standards to evaluate student readiness for internship: Minimal Requirements for Internship Eligibility (Year 4)		• Deficiencies unlikely to be remedied during program	• Start of program level; **at mid-year review, indicates unsatisfactory progress, requires remediation**	• **Expected program skill level at mid-year review**	• **Expected end of program level of competence; meets minimal pre-internship requirements**	• Unusually advanced; **comparable to graduated or independent practitioner skill level**

Foundational competencies:						
Personal, interpersonal, professional, & scientific						
		I	II	III	IV	V
Personal integrity, accountability, professional deportment and concern for the welfare of others						
Personal awareness, reflective practice, and self care						
Scientific, theoretical, contextual approach to the discipline						
Strong interpersonal relationships						
Respect for individual and cultural diversity						
Ethical and Legal knowledge and practice						
Interdisciplinary skills and attitudes						
Effective use of supervision and supervisory support						
Effective work skills, including cognitive and expressive skills						
Self-directed learning & continuing education						

Assessment, diagnosis, conceptualization					
	I	II	III	IV	V
Preparation					
Clinical interviewing					
Psychological testing					
Knowledge of psychological problems & diagnosis					
Multidimensional case conceptualization					
Report writing & related professional communications					
Intervention & consultation					
Knowledge of interventions and evidence-based practice					
Theory-driven case conceptualization and planned interventions					
Establishes therapeutic alliance and implements planned interventions					
Progress Evaluation					

	I	II	III	IV	V
Consultation knowledge					
Basic Consultation skills					
Supervision & Teaching					
Knowledge of supervision roles					
Knowledge of supervision method					
Provision of clinical supervision					
Teaching					

Administration, Management, and Advocacy				
	N/A	Objectives Not Met	Objectives Met	Objectives Exceeded
Administrative activity/proficiency				
Management of program				
Advocacy				

Research				
	N/A	Objectives Not Met	Objectives Met	Objectives Exceeded
Program development & Evaluation				
Dissertation Research Progress*				
Non-Dissertation Research Progress				
Communication of Research				

Attach a separate sheet describing research progress & other written comments as needed.

_____   _____

Clinical Faculty's signature   Graduate Student's signature

APPENDIX:
Operational definitions of competencies

Foundational competencies:	
Professionalism, Personal, Scientific, Interpersonal, Diversity, & Ethical/Legal	
Professionalism, as reflected by personal integrity, deportment, accountability, concern for the welfare of others, and professional identity	Understanding of and adherence to professional values, honesty and personal responsibility; professionally appropriate communication and conduct; consistently reliable and accepting of personal responsibility; acts to understand and safeguard the welfare of others; demonstrates an emerging professional identity. Follows required procedures and policies. Acknowledges and corrects errors. Work is completed in a timely and appropriately independent fashion, so that the graduate student is considered responsible, organized, and dependable.
Personal awareness as demonstrated by reflective practice, self-assessment and self care:	Self-identifies, self-monitors, and manages own personal stress, adjustment and personal responses in appropriate fashion, seeking assistance as needed. Organizes day efficiently to incorporate time for notes and rest/recovery Demonstrates awareness of the limits of knowledge and level of emerging professional skills and competencies. (Physician wellness initiative: Activity, nutrition, community, stress management, recreation, "mindfulness", "integrative medicine", interventions for stress, healthy lifestyle and wellness group in each program – but with interprofessional links, Living Well)
Scientific knowledge of the foundations of the discipline and of professional practice, and scientific mindedness	Demonstrates an understanding and respect for research, including quantitative and qualitative research methodologies, techniques of data collection and analysis, and the biological, cognitive-affective, sociocultural, and the lifespan developmental bases of behavior. Demonstrates critical scientific thinking and values and applies scientific methods to professional practice, including knowledge and application of the concept of evidence-based practice.
Interpersonal relationships reflect knowledge and skills with individuals, groups, and communities, including affective and expressive skills.	Respects, works collaboratively with, and meets commitments to clients, support staff, colleagues, supervisors, other professionals and the institution. Supports the work of others (e.g., helpful feedback). Demonstrates problem-solving, critical thinking, organized reasoning, intellectual curiosity, and flexibility. Communicates well in verbal and non-verbal modes, concerning ideas, feelings, and information. Demonstrates good listening, rapport-building, accurate empathic refection, clarification/ summarizing appropriate to professional activity (e.g., assessment situations, including interviewing and testing; intervention modality and approach being utilized; consultation situation). Establishes and maintains rapport and working alliance involving trust and respect with appropriate professional boundaries. Awareness of power relationships, working relationship &/or therapeutic alliance, fluctuations in the relationship as function of setting. Demonstrates these qualities both through verbal and non-verbal behaviours with all populations served. Appropriately manages conflicts/differences.
Individual and cultural diversity (ICD)	ICD: Cultural, individual and role differences including those shaped by age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, SES, rural-urban residence, or intellectual ability. Demonstrates awareness, sensitivity and skills in working professionally with diverse individuals, groups, and communities who represent various cultural and personal background and characteristics. Monitors and applies knowledge of self and others with regard to ICD in assessment situations (including interviewing and testing), treatment modalities and approaches utilized, and during consultation. Demonstrates understanding of one's own ICD characteristics relative to client's dimensions of ICD.
Ethical & legal knowledge and practice:	Demonstrates commitment to and knowledge of ethical practice (e.g., Canadian Code of Ethics, Standards of Practice, etc. endorsed by CPA). Aware of legislation relevant to psychological practice. Applies and demonstrates these in professional activities in the program (e.g., respect for others, sensitivity, honesty, integrity, beneficence, non-malfeasance). Identifies ethical and legal issues that arise. Follows ethical decision-making process and supervisor/ consultation procedures to address conflicts and resolve them in appropriate fashion (proactively when possible).
Interdisciplinary skills and readiness for interprofessional collaborative care	Student demonstrates core competencies necessary for effective participation on interdisciplinary research teams and recognizes that understanding the complexities of human behavior and human and global health challenges requires collaborative work by scholars and health scientists with complementary skills and shared goals. Student demonstrates a respect for and basic knowledge of the unique skills of a range of health disciplines required to address the complex health-related problems experienced by individuals, families, and social groups. Student demonstrates the required communication and group membership skills for effective interdisciplinary research and interprofessional collaborative care and seeks out opportunities to establish new skills and training experiences in integrative care.

Professionalism, Personal, Scientific, Interpersonal, Diversity, & Ethical/Legal (cont'd)

Effective use of supervision and supervisory support:	Engages in supervision in an open fashion, self-reflects and self-evaluates, discusses personal responses to clients (e.g., motivation, values, attitudes, biases, behaviours, personal impact), prepares appropriately, works collaboratively (e.g., develops and works using common goals) and uses supervision feedback effectively, i.e., in an integrated manner, incorporating the ideas in their clinical repertoire. Also, seeks input and feedback as required and when appropriate (e.g., at mid-rotation evaluation). Negotiates autonomy from and dependency on supervisor appropriately.
Effective work skills including cognitive and expressive skills:	Respects, works collaboratively with, and meets commitments to clients, support staff, colleagues, supervisors, other professionals and the institution. Supports the work of others (e.g., helpful feedback). Demonstrates problem-solving, critical thinking, organized reasoning, intellectual curiosity, and flexibility. Communicates well in verbal and non-verbal modes, concerning ideas, feelings, and information. Follows required procedures and policies. Acknowledges and corrects errors. Organizes day efficiently to incorporate time for notes and rest/recovery. Work is completed in a timely and appropriately independent fashion, so that the graduate student is considered responsible, organized, and dependable.
Self-directed learning & continuing education:	Building on previous training experiences, the senior student is uniquely qualified to reflect on additional learning experiences that will benefit them, "rounding out" training; sets goals with practicum coordinator & rotation coordinator. Furthermore, this prepares the student for self-reflection related to needed continued skill development throughout career. Makes/takes time for reading, library searches, discussions of clinical issues with supervisors & colleagues, attending seminars & rounds, some of which are required, and other self-directed.

Assessment, Diagnosis, Conceptualization

Preparation:	Clarifies nature and appropriateness of referral question; formulates hypotheses; selects appropriate methods for assessment question(s), based on an understanding of the psychometric properties of the measures selected, and in response to the unique needs of the client or patient.
Clinical interviewing:	Makes observations, systematically gathers appropriately detailed information in appropriate areas, and clarifies through inquiry (e.g. nature and severity of problems, working hypotheses about factors contributing to problems).
Psychological testing:	Standardized administration, knowledge of test manual, appropriate scoring and use of norms. Systematic data-gathering and interpretation. Where standards departed from, reasons and implications clear and understood. Appropriate knowledge of psychometric issues (e.g., test construction, validity, reliability).
Knowledge of psychological problems & diagnosis:	Sound understanding of psychological problems including knowledge of and ability to use the DSM-IV-TR. Able to describe major features of common psychological problems. Recognizes the limitations of current diagnostic approaches. Makes appropriate diagnoses, considering assessment findings.
Multidimensional case conceptualization:	Conceptualizes cases with biopsychososical model; conceptualizes problems as a function of biological, social/cultural, cognitive, interpersonal and emotional factors. Presents it clearly in formulation. Provides plan of action appropriate to assessment, context (e.g., setting, client resources) and referral question.
Report writing & related professional communications:	Produces clear, succinct reports comprehensively integrating information gleaned from a variety of sources (e.g., behavioral obs., tests, interview, chart), including a coherent case conceptualization. Demonstrates multidimensional thinking and good writing skills. Prepares other relevant written communications (e.g., letters) appropriately.

Intervention & Consultation

Knowledge of interventions	Knowledge of theoretical, scientific, contextual basis of interventions; the importance of evidence-based practice and its role in scientific psychology; demonstrates knowledge of interventions and the rationale for their use based on EBP; demonstrates an ability to select interventions for different problems, populations, and treatment settings, and a context-specific knowledge of strengths and limitations of strategies based on a review of the scientific literature

Intervention & Consultation (Continued)

Formulation of treatment/ management plan based on case conceptualization	Identifies cases where psychological intervention is needed and would be beneficial. Considers appropriateness of preventive, developmental and remedial interventions (e.g., psychoed., crisis/emerg., psychotherapy) to promote, restore, sustain, and/or enhance positive functioning and well-being in clients. Identifies modalities and formulates plans/ goals /conceptual framework that are appropriate, effective and practical. Communicates and collaborates appropriately with client regarding plan; incorporates client's perspective as appropriate.
Establishes rapport and therapeutic alliance; Implements evidence-based interventions	Establishes rapport and therapeutic alliance with clients prior to conducting competent evidence-based interventions (e.g., individual psychotherapy using chosen theoretical approaches). Incorporates appropriate evaluation of treatment progress and outcome.
Progress Evaluation	Evaluate treatment progress and modify implementation planning based on established outcome measures.
Consultation knowledge	Knowledge of the consultants' role and the unique methodologies for assessment and implementation of consultation services; student can distinguish among therapist, teacher, supervisor, and consultant roles
Basic Consultation Skills	Provides consultation in a manner that is useful and appropriate to the particular consultee (e.g., other professionals, program administrators, teachers, family members, etc Consultation involves provision of professional opinion that will facilitate other individual's care for the client.) Demonstrates awareness of consultees' unique client-related roles. Consultation systematically addresses referral questions in a jargon-free, organized, succinct, useful, relevant fashion.

Supervision & Teaching

Knowledge of supervision roles	Understands the roles and responsibilities of the supervisor and supervisee in the supervision process, including ethical, legal, and contextual issues
Knowledge of supervision methods:	Knows some of the empirical literature on the procedures and processes of supervision, including understanding the goals and tasks of supervision consistent with the developmental stage of the trainee, tracking progress towards achieving goals, contract development and monitoring, understands the importance of identifying and addressing competency limitations in trainee, able to identify limitations in competency to supervise.
Provision of clinical supervision to junior trainees:	Observation of and participation in the provision of clinical supervision to a less experienced professional-in-training (e.g., practicum student; psychiatry resident) in an area of sufficient competence, when the prospective trainee is interested and available. Sensitive to power issues; develops clear learning objectives with trainee; create open participatory climate; link learning to specific evaluation criteria; differentiates supervision from therapy; awareness of own strengths and weaknesses; prepares coherent evaluation.
Teaching:	Provides competent educational presentations to psychology professionals and/or allied health professionals (e.g., at least one seminar to program faculty in the Clinical Seminar Series in a clinical area, clinical case presentations, and provision of one educational seminar to other professionals (e.g., medical students; multidisciplinary team). Formal teaching of undergraduate students in an area of emerging expertise and with mentorship from faculty.

Administration, management skills, and advocacy

Administrative activity/proficiency:	Functioning program committee member; undertakes tasks (e.g., minute taking; screening documents; contributing to policy development) as a member. Collaborates in graduate program development through attendance at required meetings and involvement in special projects. Recognizes purpose and structure of meetings and how to run them.
Ongoing contributions to the management and development of the graduate program:	Students have a unique perspective to offer as participants in the development of the graduate program through committee work and feedback to practicum settings/supervisors. When completed, the required annual evaluation protocols and practicum evaluations are the major mechanism for documenting student feedback. Ad hoc contributions as they arise and service as a student representative on the CEC or other Departmental or College committees are also important avenues for students to influence program development.

Administration, management skills, and advocacy (continued)	
Advocacy:	Advocating for the needs of clients (e.g., efforts outside the context of therapy to promote clients' wellbeing; volunteering outside the clinical program; participating in events hosted by non-profit agencies whose mandate it is to promote mental health) and/or advocating for the profession of psychology or the status of mental health services in Canada (e.g., maintaining an active membership in provincial and/or national psychology associations, organizing or participating in public and/or clinically oriented lectures or events that promote psychology or mental health services, supervised writing or speaking about psychology or mental health services or promoting others' spoken and written work on these themes).

Research	
Program development & evaluation:	Engages in other program development & evaluation specific to treatment as available and able on their rotations (e.g., assessment method, population of focus), and through formal program evaluation course work and assignments.
Dissertation Research Progress	Progress in research related to dissertation based on rating and content of accompanying written comments (required). Progress should be measured against the program-sanctioned Milestones document describing expected research achievements by Year in the Program. In addition, expectations will vary depending on whether the evaluation occurs in the Fall (September) or Spring (June). For first year students, progress refers to the transfer document: Development of general idea in Fall (which may be accompanied by a tri-council MA award application, as appropriate) and defendable transfer document in Spring/Summer. For second year students, progress refers to the written dissertation proposal outline in the Fall and defense of the dissertation proposal in Spring/Summer. For third year students progress refers to data collection progress in the Fall/Spring. Ideally, for fourth year students, progress refers to completion of the data collection in the Fall (before application to predoctoral residency). **In the very least, students applying for predoctoral residency must have commenced data collection.** Research progress is reviewed on a yearly basis in the CGSR document.
Non-Dissertation Research Progress	Involvement in research activities outside those specific to the dissertation research. These expectations will vary widely depending on the research supervisor (e.g., for some may consist solely of participation in research team and for others this includes other independent research projects), but expectations for involvement in research not related to the dissertation should be reviewed on a yearly basis.
Communication of Research	Regular written work on dissertation consistent with a priori expectations of research supervisor (for some, this involves yearly written milestones). More generally, this refers to communication of all research and all contributions to the discipline through knowledge exchange and translation activities, including peer-reviewed publications and conference presentations, community outreach and engagement. Progress should be measured against the program-sanctioned Milestones document describing expected research achievements by Year in the Program.

References:

Fouad, N.A., Grus, C.L. Hatcherm R.L., Kaslow, N.J., Hutchings, P.S., Madson, M.B., Collins, F.L., & Crossman, R.E. (2009). Competency benchmarks: A model for understanding and measuring competencies in professional psychology across training levels. *Training and Education in Professional Psychology, 3,* S5-S26.

Kaslow, N.J., Grus, C.L., Campbell, L.F., Fouad, N.A., Hatcher, R.L., & Rodolfa, E.R. (2009). Competency assessment toolkit for professional psychology. *Training and Education in Professional Psychology, 3,* S27-S45.

Belar, C.D. (2009). Advaning the culture of competence, *Training and Education in Professional Psychology, 3,* S63-S65.

Demers, S.T. (2009). Real progress with significant challenges ahead: Advancing competency assessment in psychology. *Training and Education in Professional Psychology, 3,* S66-S69.

Clinical Supervisor: _____

Time period covered: _____   Practicum Agency: _____

FOR CLINICAL PRACTICUM/CLERKSHIP PLACEMENTS

Names of other supervisors:

Total number of hours of individual supervision (detail hours by a licensed psychologist, by non- or provisionally licensed psychologists or other health professionals, and/or by a senior graduate student):

Total number of hours of group supervision or seminar (detail hours by a licensed psychologist, by non- or provisionally licensed psychologists or other health professionals, and/or by a senior graduate student):

Total number of support hours (e.g., chart review, report writing):

Description of assessment activities (types, number of clients):

Total number of assessment hours of direct clinical contact:

Description of intervention activities (types, number of clients):

Total number of intervention hours of direct clinical contact:

Description of activities within the context of an interprofessional health care team:

Description of other activities (seminars, rounds, observation, consultation, research):

Description of the student's major strengths:

Description of the student's major weaknesses or areas for improvement. Include specific comments on any areas marked on form as "below expectations" and indicate if (in your view) these areas **warrant remediation from the Graduate Program in Clinical Psychology** or are areas for future improvement, but not requiring formal remediation:

_____   _____
Supervisor's signature: Student's signature indicating that s/he has had
                                                             a chance to read and discuss this evaluation:

_____   _____
Date of supervisor's signature: Date of student's signature: