**University College Cork**

**Doctor of Clinical Psychology**

**End-Placement Review – Trainee Evaluation of Placement Form**

|  |  |
| --- | --- |
| **Supervisor** |  |

|  |  |
| --- | --- |
| **Trainee** |  |

|  |  |
| --- | --- |
| **Placement Number and Care Group** |  |

|  |  |
| --- | --- |
| **Placement Number** |  |

|  |  |
| --- | --- |
| **Days completed by end of placement** |  |

|  |
| --- |
| **Review of Placement Experiences** |

|  |  |
| --- | --- |
| **Any special circumstances?** *(supervisory relationship, leave, split supervision, illness etc.)* | |
|  | |
| **Summary of Key Placement Experiences** *(Please detail types of experiences gained on placement e.g. individual, group work, consultations etc, how far has it been fulfilled, gaps, etc.)* | |
|  | |
| **Log Book. *(****Please bring log book to end of placement meeting. Are there any gaps identified in log book in terms of experience?)* | |
|  | | |
| **Review of Supervision Arrangements** | | |
| **Review of Supervisor-Trainee Arrangements** *(Please comment on the extent have you and your supervisor been able to maintain an open and constructive relationship. Please comment on your use of supervision, the feedback you have received and the level of independence expected of you.)* | | |
|  | | |
| **List opportunities to observe supervisor?** *(Client contact, consultation, teaching, meetings etc.)* | | |
|  | | |
| **List opportunities to be observed by supervisor?** *(Client contact, consultation, teaching, meetings etc.)* | | |
|  | | |
| **Supervision – Number Formal Hours:** | **Total number of pieces of clinical work:** *(cases, group work, consultations etc)* | |
|  |  | |
| **Total number of days on placements:** | **Total numbers of hours of supervised practice: *(****multiply the number of days on placement by 8)* | |
|  |  | |
| **Trainee Goals and Targets** | | |
| **Trainee goals/specific targets/requirements:** *(to what extent has trainee goals/specific targets/requirements been met during the course of the placement?* | | |
|  | | |
| **Future goals/targets:** *(please comment on future goals, targets etc in the light of this placement)* | | |
|  | | |

**Trainee’s Self-Evaluation:** Self-evaluate your performance on placement in each of the following areas, using the rating scale provided.

**Competency Assessment Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Opportunity** | **Rating** | | | | |
| **Competencies** | A - Available  U - Unavailable  *Circle as appropriate* | **Not competent** | **Not Sufficiently Competent** | **Competent** | **Highly competent** | **Excellent** |
| Assessment | A / U | 1 | 2 | 3 | 4 | 5 |
| Formulation | A / U | 1 | 2 | 3 | 4 | 5 |
| Intervention | A / U | 1 | 2 | 3 | 4 | 5 |
| Use of supervision | A / U | 1 | 2 | 3 | 4 | 5 |
| Communication (including written work) | A / U | 1 | 2 | 3 | 4 | 5 |
| Advocacy | A / U | 1 | 2 | 3 | 4 | 5 |
| Leadership | A / U | 1 | 2 | 3 | 4 | 5 |
| Teaching | A / U | 1 | 2 | 3 | 4 | 5 |
| Evaluating outcomes | A / U | 1 | 2 | 3 | 4 | 5 |
| **Meta-competencies** |  | | | | | |
| Integrity & Ethical Awareness | A / U | 1 | 2 | 3 | 4 | 5 |
| Adaptability | A / U | 1 | 2 | 3 | 4 | 5 |
| Conceptual & Critical Ability | A / U | 1 | 2 | 3 | 4 | 5 |
| Self-Care, Reflectiveness & Personal Awareness | A / U | 1 | 2 | 3 | 4 | 5 |
| Relationships | A / U | 1 | 2 | 3 | 4 | 5 |
| Scientific Thinking | A / U | 1 | 2 | 3 | 4 | 5 |
| Professional Issues Awareness | A / U | 1 | 2 | 3 | 4 | 5 |
| Diversity Awareness & Responsivity | A / U | 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| **Placement tutor evaluation *(note any topics discussed at placement meeting not documented on form, clearly state evaluation of placement to date including pass/fail):*** |
|  |

|  |  |
| --- | --- |
| Supervisor’s Signature / Date |  |
| Trainee Signature / Date |  |
| Course Tutor Signature / Date |  |