

EVALUATION PROCESS FOR INTERNS

Children's Hospitals and Clinics of Minnesota APA-Accredited Doctoral Internship (See also: Due Process and Dispute Resolution Policy)

Intern Evaluation Process: Interns are evaluated quarterly by each of their supervisors (formal evaluations with Intern Evaluation Form following 1st and 3rd quarters, and informal feedback at the end of the 2nd and 4th quarters; (see Intern Evaluation Form in Training Manual). Interns also complete evaluations of each supervisor and of each didactic seminar. Informal feedback is obtained from supervisors on a monthly basis, and staff meetings are conducted monthly, during which ongoing training issues are addressed. Interns have the opportunity to sign off on written evaluations of their progress, and are given a copy for their records. Supervisors review feedback with the intern, following which an overall summary is then provided to each intern by the Director of Training. This information is then translated into summary letters for the academic training institution for each intern (at five to six months and end of the year), and is used to guide placement decisions for the second half of the year. Interns sign a release of information form at the beginning of internship providing consent for ongoing communication and formal feedback to be given to each academic program (See Training Manual for Consent Form).

Intern Evaluation Form: the following anchors are used to evaluate intern performance with each competency area:

- 1 = Development Needed: improvement in functioning or additional training needed to meet expectations
- 2 = Meets Expectations: functions adequately to above average for level of training
- 3 = Exceeds Expectations: functions exceptionally for level of training
- NA = Not applicable

The expected rating for each competency area by the end of the internship is Meets Expectations (2); ratings of 2 indicate adequate completion of internship standards based on the following: Meets Expectations: functions adequately to above average for level of training.

Competency Grid: (See Training Manual): Intern progress toward the goal of independent practice is measured through the Competency Grid, which provides the standard for evaluation. Interns are introduced to the Competency Grid during orientation (as well as available on the website), and are then able to work with supervisors to ensure completion of all expected goals. This grid format highlights training, which is sequential, cumulative, and graduated in complexity over the course of the year with regard to expectations of intern development. Specifically, interns will be evaluated as follows on each competency determined to be essential to the general practice of clinical child psychology:

Competence is judged at three levels:

1. Competent to carry out procedure under direct observation
Example: Supervisor observes intern administering the Bayley Scales of Infant Development

Example: Supervisor observes intern providing feedback to parents

2. Competent to carry out procedure with indirect supervision

Example: Intern discusses case with supervisor and develops a step-by-step behavioral treatment plan to conduct the intervention; daily progress is discussed with supervisor

3. Competent to proceed to post-internship supervised practice (recognizing that sign-off and minimal review is still required for licensure reasons).

Example: Intern consults with supervisor about implications of observed atypical behavior during Stanford-Binet protocol

Example: Intern's written report requires minimal to no editing by supervisor

The supervisor's signature or initials means that the supervisor judges that the intern has the level of competence noted and can go on to the next level of competence in that particular area. This is reviewed by the intern and supervisor at least monthly; and by intern and training director quarterly. The competency grid block is signed and dated by a licensed psychologist supervisor. It is expected that the intern will have achieved competencies at level 3 in all competency areas by the end of internship.

Included in the Competency Grid is a listing of required test instruments that each intern is expected to master over the course of the year, as they are believed to be essential to the practice of child clinical psychology. In addition, other expectations are listed with regard to assessment, intervention, consultation, research-based practice & ethical-legal standards, professional development (role, attitude, values), and multicultural diversity. In addition, we record all observations by supervisors (of interns) or by interns (of supervisors and other faculty members).

Intern Feedback and Evaluation of the Program: Intern feedback about the program is solicited throughout the year. The Director of Training conducts formal meetings with the intern group at least twice during the year (typically in winter and spring) to review their perceptions and changes they would recommend. Additionally, changes are made as issues arise so there is usually no waiting for the next internship group to improve the program. Interns provide evaluation ratings of each didactic seminar, as well as supervisors twice each year. An extensive evaluation is completed by each intern at the end of the training year (See Internship Training Manual for copies of each evaluation form). This final evaluation is a good opportunity for interns to provide feedback about their training experience more frankly than they might during the training year while they are still being evaluated themselves.

Evaluation of Competency: Interns are expected to demonstrate advanced competency with all psychological practice skills (Level 3) expected for a general child clinical psychologist (as guided by the Competency Grid). Efforts are made by staff to remain current and up-to-date with cutting edge assessment and intervention strategies, including manualized and empirically supported treatments (specific seminars are also provided). The training program makes every effort to balance service delivery requirements with formal learning opportunities so that the learning needs of each intern are addressed

throughout the year. Criteria for intern selection require a strong background in both the theory and practice of child psychology, so that interns arrive prepared to participate and succeed with the intensive training they will receive. Subsequently, interns are provided with supervision (both formal and informal) and support to achieve their goals, to respond to the complex demands placed on psychologists, and to develop confidence in their own skills and competencies. Achievement of these skills is closely monitored throughout the year so that the training faculty can provide appropriate opportunities and education as needed, enabling each intern to meet all goals.

All of the didactic and other training opportunities are designed to broaden intern's knowledge of psychopathology, psychotherapy, and psychological assessment. Supervisors attempt to continually balance the demands of practice with the scientific principles guiding the profession, and provide interns with opportunities to integrate these two components. Issues of cultural and individual diversity are embedded throughout the training program and hospital culture as important aspects of our work with individual patients/families and with co-workers. Because these issues are integral to the program, interns are expected to evidence a high degree of cultural competence, credibility, and sensitivity, and supervisors pay a great deal of attention to these issues as they arise in the course of service delivery.

Evidence of competency is determined through direct observation by supervisors, feedback from multidisciplinary team members as well as patients/families, live observation or audio/videotapes for supervision, formal presentations, and intense supervision following a mentoring model. Anonymous, department-wide patient satisfaction surveys are also collected twice each year (two 90-day surveys), but data analysis does not separate intern feedback from that provided regarding licensed staff. All written materials (diagnostic evaluations, psychological assessments, progress notes of therapy sessions, and consultation-liaison reports) are reviewed and edited by the individual supervisors, with feedback incorporated in the final product. Expectations for documentation are high as all written materials are considered to be a part of the official medical record in the hospital (JCAH accredited). Documentation standards have been developed as part of the quality assurance system for the department, and charts are reviewed monthly on a case-by-case basis to determine adequacy of documentation.

Problems and Remediation: Feedback is provided in the moment when possible and during weekly supervision meetings. Interns are encouraged to follow the Due Process and Dispute Resolution Policy (see Training Manual) for any concerns they experience. Typically, interns and supervisors are both encouraged to address problems directly within the supervision relationship. When this is not possible or earlier efforts have not been productive, they are encouraged to consult with the Director of Training who can help mediate the issue. Problematic performance by an intern is addressed through discussion by all supervisors, so that everyone is working toward the same goals and progress is measured frequently. A Structured Supervision plan is developed by the Director of Training, with input by all supervisors and the graduate program as needed, for problem performance in any area. This will be reviewed with the intern (dated) and a copy sent to the intern's graduate program.

This written plan will include the following components.

- Date initiated and date reviewed
- Background Information (regarding problem performance)
- Areas of Concern (written format to supplement verbal discussions, focused on specific behaviors and competency issues)
- Expectations (specific behaviors that are targeted and expected to change with a goal of competency development, including guidance toward remediation)
- Progress to date (during review once structured plan in place, typically quarterly)
- Plan (identifying timelines and any other considerations)
- Comments (as desired by the intern)

Supervisors would continue to monitor progress and intern remediation needs during weekly supervision. The structured plan would be reviewed and revised at least quarterly until competency is achieved. Feedback will be provided regularly to the intern's graduate department.

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