**The Queen’s University of Belfast**

**Doctorate in Clinical Psychology**

**Observations of Clinical Skills**

**Observations of trainee performance are required on every placement. A record of at least one observation should be included with end of placement forms. The form below is based on the Clinical Skills Observation Rating Scale (University of Leicester). Other formal rating scales may be considered more appropriate (e.g. Assessment of Core CBT Skills (ACCS)). These could be used as an alternative. Another alternative is an observation of the trainee conducting psychological testing, for example a WAIS or WISC (please use the Observations of Psychometric Skills scale for these).**

**Observations of trainee performance in a session (with a group, an individual, a family, or staff consultation) is a formative learning experience. However, placement rating should be informed by these observations.**

**Session (Brief Description of context): Trainee:**

**Date:**  **Supervisor:**

How would you evaluate the trainee performance in the session in each of the following areas?

5 = Exceeding expected level of competence given the stage of training

4 = Highly component given the stage of training

3 = Component given the stage of training

2 = Below expected level of competence given the stage of training

1 = Significantly below the level of competence expected at this stage of training

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1** | **Demonstrating Professional Therapeutic Engagement** |  |  |  |  |  |
| 1a | Genuine, active listening, empathy | 1 | 2 | 3 | 4 | 5 |
| 1b | Non-verbal communication | 1 | 2 | 3 | 4 | 5 |
| 1c | Curious, open questioning | 1 | 2 | 3 | 4 | 5 |
| 1d | Appropriate use of reflection, summarising etc. | 1 | 2 | 3 | 4 | 5 |
| 1e | Responsive to the emotional state of client and no-verbal communication | 1 | 2 | 3 | 4 | 5 |
| 1f | Facilitates clients expressing their concerns and emotions | 1 | 2 | 3 | 4 | 5 |
| 1g | Other (define) |  |  |  |  |  |
|  | **Overall Rating** | **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |  |  |
| **2** | **Creating a Secure base** |  |  |  |  |  |
| 2a | Creates a safe environment for the client | 1 | 2 | 3 | 4 | 5 |
| 2b | Appropriate use of disclosure | 1 | 2 | 3 | 4 | 5 |
| 2c | Appropriate pacing and structure in session | 1 | 2 | 3 | 4 | 5 |
| 2d | Appropriate use of silence | 1 | 2 | 3 | 4 | 5 |
| 2f | Other (define) | 1 | 2 | 3 | 4 | 5 |
|  | **Overall Rating** | **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |  |  |
| **3** | **Formulation** |  |  |  |  |  |
| 3a | Offers hypotheses or interpretations appropriately | 1 | 2 | 3 | 4 | 5 |
| 3b | Notes Patterns and relevant connections | 1 | 2 | 3 | 4 | 5 |
| 3c | Other (define) | 1 | 2 | 3 | 4 | 5 |
|  | **Overall Rating** | 1 | 2 | 3 | 4 | 5 |
|  |  |  |  |  |  |  |
| **4** | **Facilitating Mutual Understanding** |  |  |  |  |  |
| 4a | Check the client understands | 1 | 2 | 3 | 4 | 5 |
| 4b | Facilitates disclosure | 1 | 2 | 3 | 4 | 5 |
| 4c | Summaries | 1 | 2 | 3 | 4 | 5 |
| 4d | Other (define) | 1 | 2 | 3 | 4 | 5 |
|  | **Overall Rating** | **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |  |  |
| **5** | **Session Structure** |  |  |  |  |  |
| 5a | Explains role appropriately | 1 | 2 | 3 | 4 | 5 |
| 5b | Provides a framework for session | 1 | 2 | 3 | 4 | 5 |
| 5c | Observes timekeeping | 1 | 2 | 3 | 4 | 5 |
| 5d | Other (define) | 1 | 2 | 3 | 4 | 5 |
|  | **Overall Rating** | **1** | **2** | **3** | **4** | **5** |
|  |  |  |  |  |  |  |
| **6** | **Therapy Specific Skills and Techniques** |  |  |  |  |  |
| 6a | Uses therapy specific techniques (Socratic questioning) appropriately | 1 | 2 | 3 | 4 | 5 |
| 6b | Explains use of techniques appropriately | 1 | 2 | 3 | 4 | 5 |
| 6c | Chooses appropriate techniques |  |  |  |  |  |
| 6d | Other (define) | 1 | 2 | 3 | 4 | 5 |
|  | **Overall Rating** | **1** | **2** | **3** | **4** | **5** |
|  |  |
| **Comments** |
|  |

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