**The Queen’s University of Belfast**

**Doctorate in Clinical Psychology**

**Observations from Process Recording**

**Observing a trainee in a piece of clinical work is an essential component of all placements. We recognise in a small number of placements of psychodynamic orientation this is not appropriate. In these situations, we ask the supervisor use this form to comment on at least one set of process notes (either an entire session or part of a session).**

**Observations of trainee performance in a session (with a group, an individual, a family, or staff consultation) is a formative learning experience. However, placement ratings 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** |  |  |  |  |  |
|  | Professional therapeutic engagement demonstrated (e.g. genuine, active listening, empathy)  | 1 | 2 | 3 | 4 | 5 |
| **Comments** |
|  |
| **2** | **Creating a Secure base** |  |  |  |  |  |
|  | Creates a safe environment for the client | 1 | 2 | 3 | 4 | 5 |
| **Comments** |  |  |  |  |  |
|  |
| **3** | **Formulation** |  |  |  |  |  |
|  | Offers hypotheses or interpretations appropriately | 1 | 2 | 3 | 4 | 5 |
| **Comments** |
|  |
| **4** | **Facilitating Mutual Understanding** |  |  |  |  |  |
|  | Check the client understands and facilitates disclosure | 1 | 2 | 3 | 4 | 5 |
| **Comments** |
|  |
| **5** | **Session Structure** |  |  |  |  |  |
|  | Session framework is appropriate | 1 | 2 | 3 | 4 | 5 |
| **Comments** |
|  |
| **6** | **Therapy Specific Skills and Techniques** |  |  |  |  |  |
|  | Uses therapy specific techniques appropriately | 1 | 2 | 3 | 4 | 5 |
| **Comments** |
|  |
| Supervisor’s Signature / Date |  |
| Trainee Signature / Date |  |
| Clinical Tutor Signature / Date |  |