LOMA LINDA UNIVERSITY, SCHOOL OF MEDICINE – DEPT. OF PSYCHIATRY SUPERVISOR FEEDBACK FORM

Adapted from: Janet Willer, Ph.D., VA Chicago Health Care System

Intern	Supervisor
Training Year	Sept-Feb Mar-Aug
	YES response for each item. In many cases, the most detailed or in-depth item ne last item might not be the most appropriate or desirable with regards to nce. Please write-in comments, also.
Si	upervisory Responsibilities
The supervisor was at supervisory meetings pr	comptly and reliably.
YES, but was late more than 15 minutes n YES, reliably on time, with minimal delay	
The supervisor was available for "spot supervi—NA—NO	sion."
YES, with limited availability YES, with clear communication about sev for quick questions.	veral available times throughout the week and frequent immediate availability
The supervisor educated me fully about docum NO YES, when concerns arose and as needed YES, and helped me identify potential difference.	
	Supervisory Content
The supervisor discussed ethical issues pertain NO	ning to patient care.
YES, when concerns arose and as needed. YES, and helped me identify potential diff	
communities locally and globallyNO	anding of the concepts and attitudes necessary to serve effectively in diverse
YES, as needed YES, and relevant current professional wr discussions and/or diversity issues were discus	ritings were provided to me and/or current literature was referenced in our ssed in depth on an ongoing basis.
healthNO	and understanding of major factors related to religion/spirituality and mental
Yes, as needed.	ings were provided to me and/or current literature was referenced in our
	rapy and the spiritual life were discussed in depth on an ongoing basis.

The supervisor helped me apply the insights of religion and spirituality along with the knowledge and techniques of the social and behavioral sciences in my clinical and/or research experience. NO
Yes, as needed for particular cases.
Yes, and this has helped me anticipate and more promptly respond to the needs of other patients appropriately.
The supervisor educated me about coping with risk issues such as suicidality and homicidality in therapy, including assessment, documentation, contracting and addressing the issue therapeutically NO
YES, when concerns arose and as needed. YES, and helped me identify potential difficulties that I may not have anticipated.
The supervisor shared case material and therapeutic difficulties relating to the supervisor's own patients with me. NO
YES, and I appreciated learning about how the supervisor addressed clinical difficulties of her or his own. YES, and this was helpful to my own clinical development since the examples provided were pertinent to the cases at hand and my developing clinical style.
Audiotapes/videotapes were played in supervision NO
YES, 1-2 times
YES, 3-4 times YES, 5 times or more
The supervisor made in vivo observations of my work (can include observation of testing, joint bedside consultations, and co-leading groups). NO YES, 1-2 times YES, 3-4 times
YES, 5 times or more
Supervisory Process
The supervisor fostered good communication, respect and trust.
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The supervis	or concentrated on my train	ing needs during super	vision and was interested in my growth as a clinician.				
YES, an	training needs were attend d we discussed my training d incorporated my feedback	needs on at least on occ	casion. needs into supervision sessions and training throughout the				
Totation.	Mo	deling Personal A	ttitudes and Values				
The supervise		· ·	gruent with the institution's mission statement:				
-	•	_					
Wholeness: supported the process of integrating spirituality with the biopsychosocial approach to psychotherapy, and demonstrated a balanced life that integrates mind, body and spirit.							
NO	Rarely	Sometimes	Most of the time				
Compassion: consistently treated others with courtesy, respect and kindness; demonstrated empathy, humility, patience, and encouraged forgiveness, and hope.							
NO	Rarely	Sometimes	Most of the time				
	grity: affirmed his/her own er from his/her own.	identity while honoring	g, respecting, and affirming the values and worldviews that				
NO	Rarely	Sometimes	Most of the time				
	ellence: endeavored to reac ernment	h a higher standard, sou	ight out increased knowledge, greater skill, and deeper				
NO	Rarely	Sometimes	Most of the time				
Teamwork: collaborated with others (colleagues or supervisees) to achieve a shared purpose, in an environm respect and encouragement of differing opinions.							
NO	Rarely	Sometimes	Most of the time				
Assistance in Professional Development							
	or facilitated the process of tment team work was not en		le member of the treatment team.				
YES, I v appropriate.			am meetings and encouraged to discuss issues with them as ent planning and case review process.				
·	•						
	apy, the supervisor was an egroup therapy for this training		me.				
YES, I lo	earned by observation and d d my supervisor helped me		nbers in supervision. entions, therapeutic techniques and/or more about group				
_	or was flexible about my du as appropriate.	nties as needed for my p	professional growth, while consulting about time				
YES, bu			uties within the time allotted. es in the time allotted per week for them, on average.				

The supervisor encouraged positive professional relationships with colleagues through role-modeling and discussion. NA, treatment team work was not emphasized on this training experience. NO YES, I learned by observation of my supervisor's interactions with colleagues. YES, and my supervisor discussed how to facilitate positive professional relationships in supervision as needed.						
The supervisor encouraged me in greater autonomy, as my capabilities and skills allowed. NOYES, and some activities for more autonomous functioning were availableYES, and when I was ready, the supervisor allowed ample opportunity for me to engage in activities such as doing groups alone, working on assessments more autonomously or treating selected individual psychotherapy cases more independently.						
As appropriate, we discussed how to minimize the impact of anxiety and stressors on professional functioning. NA, not needed. NO YES, indirectly fostered, through nonverbal communication and a comfortable climate. YES, directly and indirectly fostered, including discussion of professional challenges that we both have faced as needed.						
As needed, we discussed the development of my professional identity as a psychologist. NA, not needed NO YES						
Assistance in Development as Local Clinical Scientist						
The supervisor was knowledgeable about the literature and research in the appropriate specialty areas, discussing research findings and professional writings that pertained to cases. NO YES, although more updates on current literature would have been helpful YES, up-to-date with relevant current literature.						
The supervisor suggested specific professional readings and/or encouraged me to seek out professional literature as needed. NO YES						

Summary Ratings

			Exceeds		
	Unacceptable	Marginal	Acceptable	Requirements	Outstanding
Fulfilled supervisory					
responsibilities	1	2	3	4	5
Supervisory content	1	2	3	4	5
Supervisory content	1	2	3	7	3
Addressed diversity					_
issues	1	2	3	4	5
Supervisory process	1	2	3	4	5
Assistance in professional development	1	2	3	4	5
Assistance in develop-					
ment as a local clinical scientist	1	2	3	4	5
Attitudes and values congruent with LLU's					
mission statement	1	2	3	4	5
					_
Overall rating	1	2	3	4	5

Comments

Suggestions:

Summary of Strengths:

Note: This is a variation of the Supervisor Feedback Form, offered for free access on the APPIC website. The original form is the work of Dr. Janet Willer. Please address all comments and input on this form to Janet Willer, Ph.D., VA Chicago Health Care System, Psychology (116B), P.O. Box 8195, Chicago, IL 60680. Email address: janet.willer@med.va.gov