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Psychotherapy Portfolio for Psychiatry Residents

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(from case supervision and Thursday seminars)





OBJECTIVES FOR PSYCHOTHERAPY TRAINING AT UBC

1. Satisfactory completion in all Thursday afternoon seminars, including:
 - Introduction to Psychotherapy** – PGY 2
 - Parent Infant Psychotherapy** – PGY 3
 - Long-Term Psychodynamic Psychotherapy** – PGY3
 - Short-Term, Individual Psychodynamic Psychotherapy** – PGY3
 - Group Psychodynamic Psychotherapy** – PGY3
 - Formulation Course** – PGY3
 - Cognitive Behavioural Therapy** – PGY4
 - Interpersonal Psychotherapy** – PGY4
 - Psychotherapy Review Course for Royal College Examination** – PGY5
2. **Short-term Psychotherapy** (completed satisfactorily)
 - a. **Supportive Psychotherapy** (6 months) (*on rotation*)
 - b. **Interpersonal Psychotherapy** – PGY 4 (12-16 sessions) (*Thursday afternoon*)
 - c. **Cognitive Behavioural Therapy** – PGY 4 (12-16 sessions) (*Thursday afternoon*)
3. **Long-Term Psychodynamic Psychotherapy** (completed satisfactorily)
(Psychodynamic Psychotherapy follows drive theory, ego psychology, object relations theory and self psychology and is applied in supportive and expressive forms) (**3 hours off-site**)
 - a. Psychotherapy patient seen once a week and supervised once a week for 2 years
or
 - b. 1½ years of a **Long-Term Psychodynamic Individual Psychotherapy** case seen once a week and supervised once a week plus an **Individual Brief Dynamic** case (6 months) seen once a week and supervised once a week
4. **Family Psychotherapy** (completed satisfactorily)
- observation/treatment for a minimum of 4 months (*during child rotation*)
5. **Group Psychotherapy** (completed satisfactorily)
- co-leading/leading for a minimum of 6 months with weekly supervision (may be cumulative) (*on rotation*)
6. A yearly meeting with the Associate Director of Training to discuss Psychotherapy training objectives/requirements.
7. Any modifications or exceptions of the requirements must receive the approval of the Associate Director of Training, Psychotherapy.



Goals and Objectives for Psychiatry Residents PSYCHOTHERAPY

Medical Expert

Definition: As *Medical Experts*, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient centered care. *Medical Expert* is the central physician role in the CanMEDS framework.

Key Competencies: Physicians able to . . .

1. Function effectively as consultants, integrating all of the CanMEDS Roles to provide optimal, ethical and patient centered medical care.
2. Establish and maintain clinical knowledge, skills and attitudes appropriate to their clinical practice.
3. Perform a complete and appropriate assessment of the patient.
4. Use preventative and therapeutic interventions effectively.
5. Demonstrate proficient and appropriate views of procedural skills, both diagnostic and therapeutic.
6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.

Psychotherapy training should enhance the body of clinical knowledge, which should enhance patient centered care. Psychotherapy training should enhance the psychiatrist's ability to interpret information, make appropriate clinical decisions, and carry out diagnostic and therapeutic interventions. Psychotherapy training should also enhance an ethical and resource efficient clinical practice, as well as enhance effective communication with patients and other health-care providers and the community. The role of medical expert is central to the function of physicians and draws on the competencies included in the roles of communicator, collaborator, manager, health advocate, scholar and professional.

Psychotherapy training should enhance the psychiatrist's ability to perform psychiatric consultations and assessments. It should enhance empathic and listening abilities further enhancing the therapeutic alliance. Through clinical work, lectures and supervision the psychotherapy training should enhance ethical, compassionate and patient centered care. The psychotherapy training should enhance the quality of care that patients receive.

The psychotherapy training within the program would satisfy the requirements of the Royal College and U.B.C. Psychotherapy training and would enhance other Royal College requirements for Psychiatry.

Within the psychotherapy PGY-2 course there are lectures and opportunities to enhance assessment skills from a psychotherapeutic point of view. Throughout the PGY-2 and PGY-3 years there is teaching on psychotherapeutic assessments and formulations in both lectures and clinical rotations. The resident will be expected to be competent at diagnosis and management of clinical cases. The resident will also be expected to understand when to utilize psychotherapeutic interventions in order to come up with a differential diagnosis and management plans. Residents will be expected to enhance their understanding about patient's interpersonal and intrapsychic experiences, their empathic abilities and their therapeutic alliance with their patients.



Through both coursework and the four-month requirement of family therapy the resident will further develop their skills for family interventions. The resident will be expected to be competent at effective, appropriate and timely applications of preventative and therapeutic interventions. These skills will enhance the psychiatrist's ability to obtain informed consent.

The resident will be expected to pass a first year course on the introduction to psychotherapy, which is a year-long course that teaches core principles in psychotherapy. They include: the history of psychotherapies, initial interviewing and treatment agreements, boundary issues, formulation techniques therapeutic alliance, transference, counter-transference, supportive psychotherapy cognitive-behavioural psychotherapy, interpersonal psychotherapy, motivational interviewing, family therapy, couple therapy, medications and psychotherapy, psychotherapy in various psychiatric populations, psychotherapy research and termination. In addition, the resident will be expected to pass a year-long course, based on the textbook *Psychodynamic Psychiatry in Clinical Practice* as a basis for beginning an understanding of psychodynamic psychotherapy.

In the PGY-2 year the emphasis is on supportive psychotherapy which links up with clinical work on the trainee's inpatient and outpatient rotations. In the PGY-3 year the resident will be expected to pass four Thursday afternoon courses. The first is a parent infant psychotherapy course, which attempts to educate residents about parent infant psychotherapies and observations. The second is a long-term psychodynamic psychotherapy course, which continues in more detail from the year before in the four schools of psychodynamic thought. There are additional lectures on psychodynamic case formulation, boundaries, working with dreams and practical issues in psychodynamic psychotherapy. The second course is a short-term psychodynamic psychotherapy course with an emphasis on modern short-term psychodynamic psychotherapy. The last course is a course on group psychotherapy and its various principles. A long-term psychodynamic psychotherapy case is required for the resident to complete. This case should continue for a minimum of two years with once week supervision. There are three hours per week for the case and supervision that is protected time for the resident. The resident also has an option of having supervision on a short term individual case for six months. In the PGY-4 year the resident will be expected to pass courses in cognitive behavioural and interpersonal psychotherapy. In the PGY-5 year the psychotherapy review course for the Royal College examination is offered. Throughout the residency a minimum of co-leading or leading group psychotherapy for six months with weekly supervision will occur. To track the trainee's progress through the program the trainee will have a psychotherapy log, which will be updated regularly and reviewed with the Associate Director of Training at least once a year. As a result of the above training the trainee should be competent at various forms of psychotherapy and demonstrate proficient and appropriate use of procedural skills, both diagnostic and therapeutic.

The psychotherapy training should enhance the psychiatrist's limitations through an enhancement of self-assessment. Psychotherapy training enhances effective, appropriate, and timely consultation with other mental health professionals.

Communicator

Definition: As *Communicators*, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during and after the medical encounter.

Key Competencies: Physicians are able to . . .

1. Develop rapport, trust, and ethical relationships with patients and families.



2. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals.
3. Accurately convey relevant information and explanations to patients, families, colleagues and other professionals.
4. Develop a common understanding on issues, problems and plans with patients and families, colleagues and other professionals to develop a shared plan of care.
5. Convey effective oral and written information about a medical encounter.

The PGY2 seminar “Introduction to the Psychotherapies” directly addresses the importance of establishing a strong therapeutic alliance with the patient. The PGY3 seminar on Long-term Psychotherapy, the PGY4 seminars on Cognitive Behavioural Therapy and Interpersonal Therapy, and the rotations through inpatient and outpatient services all involve communication with a variety of people to carry out the assessment, selection, preparation, and treatment of patients. The resident learns to elicit and synthesize relevant information about the patient from many different sources. In the reverse direction, the resident learns to convey his or her understanding about the diagnosis, prognosis, and treatment plan to the relevant parties. The resident learns to use appropriate language (lay or technical) depending on the target of the communication. The resident also learns how to keep accurate, but succinct notes regarding encounters with the patient and discussions with other associated persons. Opportunities to observe staff engage in these types of effective communications are available in the PGY3 seminars on Short-term Individual Therapy and Group Therapy.

Collaborator

Definition: As *Collaborators*, physicians effectively work with a healthcare team to achieve optimal patient here.

Key Competencies: Physicians are able to . . .

1. Participate effectively and appropriately in inter-professional healthcare team.
2. Effectively work with other health professionals to prevent, negotiate, and resolve inter-professional conflict.

Residents will learn the unique aspects of psychotherapy and the role it plays with other health professionals. Psychotherapy training will enhance the resident’s interdisciplinary team activities. Psychotherapy training and clinical work will enhance the understanding of team dynamics and its application to interpersonal healthcare teams. Psychotherapy training will promote an understanding of interpersonal dynamics to further respect colleagues and prevent and negotiate conflicts.

Manager

Definition: As *Managers*, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources, and contributing to the effectiveness of the healthcare system.

Key Competencies: Physicians are able to . . .

1. Participate in activities that contribute to the effectiveness of their healthcare organizations and systems.
2. Manage their practice and career effectively.



3. Allocate finite healthcare resources appropriately.
4. Serve in administration and leadership roles, as appropriate.

These appear to be objectives for which residents tend to receive relatively less direct training. The PGY2 Introduction to the Psychotherapies touches on some of these topics. On their clinical rotations, residents acquire a varied perspective on the resources that are lacking and the resources that are required to provide effective and efficient medical care. There are opportunities to sit on resident committees and executive meetings as members. These meetings frequently deal with resource allocation issues. Again, residents can benefit through observing their teachers model appropriate resource allocation.

Health Advocate

Definition: As *Health Advocates*, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Key Competencies: Physicians are able to . . .

1. Respond to individual patient health needs and issues as part of patient care.
2. Respond to the health needs of the communities that they serve.
3. Identify the determinants of health of the populations that they serve.
4. Promote the health of individual patients, communities, and populations.

Although residents do not receive direct instruction about health advocacy in their psychotherapy training curriculum, there are aspects of the training program that address advocacy issues. Specifically, during the residents' clinical rotations, they will become familiar with all aspects of the healthcare system. Such knowledge will help residents identify ways to assist patients to navigate the complexities of this system and access appropriate health services in a timely manner. Furthermore, residents will have opportunities to participate in committees at the local (e.g., hospital, community), provincial, and national levels, which will provide them with the appropriate venues to address patient, community, and population health needs and influence how these needs are met.

Scholar

Definition: As *Scholars*, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.

Key Competencies: Physicians are able to . . .

1. Maintain and enhance professional activities through ongoing learning.
2. Critically evaluate information and its sources, and apply this appropriately to practice decisions.
3. Facilitate the learning of patients, families, students, residents, other health professionals, the public, and others, as appropriate.
4. Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices.

Through the didactic psychotherapy seminar series (PGY2 – PGY5) and various rotations, residents are taught the principles and strategies for competent psychotherapeutic practice. They are encouraged to



be self-reflective in order to recognize and address learning issues in their own practice. Regular case presentations and trainee-supervisor meetings help achieve these goals. Our program teaches strategies for identifying and critically evaluating relevant information and for integrating new information into their psychotherapeutic practice. Residents are encouraged to respect the perspective of others and to not impose their expectations on others. Effective communication and collaboration with others is always emphasized. They are made aware of learning material that would be appropriate for different audiences, e.g., patients and their families, undergraduate students, other residents, faculty, and other health care professionals. Exposure to a variety of teaching techniques helps residents develop effective teaching strategies of their own in order to facilitate the learning of others. Our curriculum emphasizes that research and critical thought are absolutely necessary for the creation of new knowledge. We stress that learning does not end with the completion of a course or residency training, but is a life-long endeavour. Thus, we encourage our residents to contribute to the process of scholarly inquiry in any way they can during their residency and beyond.

Professional

Definition: As *Professionals*, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.

Key Competencies: Physicians are able to . . .

1. Demonstrate a commitment to their patients, profession, and society through ethical practice.
2. Demonstrate a commitment to their patients, profession, and society through participation in profession-led regulation.
3. Demonstrate a commitment to physician health and sustainable practice.

The PGY2 seminar “Introduction to the Psychotherapies” directly addresses ethical practice through attention to boundaries, boundary crossings, and boundary violations. In psychotherapy seminars in the PGY2, 3 and 4 years, and in rotations through inpatient and outpatient services, ethical practice is taught and implemented. The foundation for ethically sound careers is established when residents learn about empathy, the therapeutic alliance, treatment agreement, therapeutic consistency, clear goals of psychotherapy, realistic outcomes and limits of psychotherapy, limits on self-disclosure, effects of psychopathology on communication, and uses and misuses of transference and counter-transference reactions. When appropriate limits on the scope of therapeutic ambitions are learned, this learning dovetails readily with an understanding of the need for the physician to attend to personal health and sustainable practice. If it is understood both intellectually and emotionally that physicians cannot save the world, it is also understood that they can make real contributions to their patients, profession, and society as long as they are in good health and practicing in a sustainable way. Training in psychotherapy does not, in itself, lead to participation in profession-led regulation, but it contributes extensively to a full appreciation of professional norms, and to sophistication about the uses and implementation of regulation. Accordingly, training in psychotherapy equips the physician to show a commitment to profession-led regulation, while avoiding pitfalls such as idealization or devaluation of the profession, rigid expectations of conformity to unduly narrow views of professional norms, or conflict-avoiding indulgence of unprofessional behaviour.



Psychotherapy Summary Log

Time period: _____ (to be completed for 6-month periods)

Modality	Total treatment hours	Total supervision hours	Competency evaluation completed?
Supportive Psychotherapy			
Individual, Long-term Psychotherapy			
Individual, Brief Psychotherapy			
Cognitive Behaviour Therapy			
Interpersonal Psychotherapy			
Group Psychotherapy			
Child Psychotherapy			
Family Psychotherapy			

Psychotherapy Supervisors

Name	Type of Therapy					Format of Therapy				Age			Area of Expertise							
	LTP	STP	IPT	CBT	Support	Other	Individual	Group	Couple	Family	Child/Teen	Adult	Older Adult	Depress	Anxiety	PD	PTSD	Eat Dis	Sub Abuse	Other
Ainsworth, Geoffrey									x		x			x	x				x	
Axler, Auby	x	x	x				x	x				x	x	x	x					
Baerg Hall, Elisabeth			x			Jungian Informed Psychodynamic Psychotherapy	x	x			Teen	x		x	x					
Blank, Myles	x	x		x		Play Therapy	x				x	x		x	x	x				Attachment Disorders
Braunstein, Ron	x	x					x		x	x	x			x	x					
Broadway, Lauren	x	x		x	x		x					x		x	x					
Chapman, Laura	x	x	x	x	x		x					x								Sleep Disorders
Claman, Jeffrey	x	x	x		x		x					x		x	x					
Dunn, Patrice	x	x					x			x					x					
Erickson, Dave				x			x					x		x	x		x			CBT for Psychosis
Fabian, James	x				x		x					x		x	x	x	x			
Fedoroff, Ingrid				x			x					x		x	x		x			
Geller, Josie	x	x		x			x	x			x			x	x	x		x		
Grabovac, Andrea						Mindfulness Based Cognitive Therapy	x	x				x		x	x					Psycho-oncology
Hathway, Lorraine			x		x		x	x	x	x	x			x	x			x		Adjustment Disorders
Kalda, Riho		x			x		x				x	x		x	x	x			x	
Kiraly, Stephen		x			x		x					x		x	x					
Kline, Stephen	x	x					x				x			x	x	x			x	
Korman, Lorne	x					Dialectical Behavior Therapy	x	x		x	Teen	x	x	x	x	x	x	x	x	
Lomax, Susan			x				x				x			x						
Mittler, Gerry						Family Therapy				x				x	x			x		
Northcott, Colleen	x		x	x	x		x					x	x	x	x					
Patrick, Lance	x	x		x	x		x	x				x	x	x	x					
Perzow, Sidney	x						x	x				x	x	x	x					
Piper, Emily	x	x					x				Child			x	x			x	x	
Piper, William		x	x				x	x				x	x	x	x					Complicated Grief
Rothschild, Carl	x	x	x		x	Play Therapy	x				x									General Therapy
Scamvougeras, Anton	x						x					x								Disabling patterns in relationships; career/studies & other life pursuits
Segal, Barry	x						x		x					x	x	x	x			
Setton-Markus, Judith	x				x		x		x			x		x	x	x	x			
Shen, Edward	x	x				Cultural Adjustment	x					x		x	x					Cross-Cultural Issues; Psychosomatics
Sochting, Ingrid		x	x	x			x	x				x	x	x	x					
Steinberg, Carolyn						Family Therapy; Parent-Infant Therapy				x	Child			x	x	x	x	x		Attachment, Elimination & Parent-Child Disorders; ADHD
Steinberg, Paul	x						x					x		x	x					Psychoanalysis
Straszak, Irena	x	x			x		x	x				x	x	x	x		x	x		Grief; Sexual Orientatin; Sex Addiction; Career Change
Thompson, Darren	x						x	x				x	x	x	x					
Yaxley, David			x				x	x				x		x	x	x			x	Schizophrenia; Bipolar
Yuswack, Timothy	x	x			x		x		x			x	x	x	x	x	x	x	x	



Resident Competency in Psychotherapy Rating Scale

Child Psychotherapy

Resident Name: _____

Date: _____

Supervisor Name: _____

MEDICAL EXPERT

Please check one box per item.

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
1. The resident is able to compile a clear, comprehensive, yet concise patient history.			
2. The resident is able to devise a rational formulation for choice of therapy.			
3. The resident demonstrates an understanding of child development (including cognition).			
4. The resident is able to appropriately consider the child's developmental level in case conceptualization and treatment approach.			
5. The resident is able to consider how a child's experience within his/her different systems (e.g., school, home) affects the therapy.			

COMMUNICATOR

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
6. The resident is able to establish, repair when necessary, and maintain a therapeutic alliance with the patient.			
7. The resident establishes his/her unique role as a therapist and successfully communicates this with the child.			

COLLABORATOR

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
8. The resident is able to consider and integrate supervisor's comments and suggestions appropriately.			

HEALTH ADVOCATE

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
9. The resident demonstrates appropriate knowledge of child protection issues and reporting protocol.			

PROFESSIONAL

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements

10. The resident is able to establish appropriate boundaries and maintain a professional relationship with the patient.			
11. The resident addresses the topic of confidentiality and informed consent at the outset of therapy.			

Overall Competence	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
Please indicate the overall competence of this individual.			

Resident's Strengths:

Resident's Weaknesses:

Resident Comments:

Resident Signature

Supervisor Signature

Please note: This signature indicates that the resident has received this evaluation and that it has been fully discussed with the supervisor. It does not mean that the resident necessarily agrees with the evaluation.

Please ensure that this is signed by the resident and returned to the Postgraduate Education Office as soon as possible.



University of British Columbia, Department of Psychiatry

Resident Competency in Psychotherapy Rating Scale

Cognitive-Behaviour Psychotherapy

Resident Name: _____

Date: _____

Supervisor Name: _____

Duration/hours spent on CBT-related activities: _____

of individual cases seen: _____ Diagnoses: _____

of groups co-facilitated: _____ Diagnoses: _____

MEDICAL EXPERT

Please check one box per item.

	NA	Introductory Knowledge	Working Knowledge	Proficient
1. Compiles and documents a clear, comprehensive, yet concise patient history.				
2. Develops a biopsychosocial case formulation of patients that includes relevant cognitive and behavioural maintaining factors.				
3. Demonstrates knowledge of at least one CBT protocol (e.g., CBT for depression) and the evidence base related to this treatment.				
4. Structures a session with adherence to an agenda, review of homework, new material, and plan for the upcoming week.				
5. Uses cognitive techniques effectively with patients (e.g., Socratic questioning, identifying and challenging automatic thoughts and beliefs, using thought records).				
6. Uses behavioural technique effectively with patients. (e.g., goal-setting, exposure, behavioural experiments).				
7. Teaches relaxation skills to patients. (e.g., diaphragm breathing, progressive muscle relaxation).				
8. Selects, interprets, and reports on self-report measures for the purpose of treatment planning and monitoring outcome.				
9. Adapts interventions in response to patient feedback and manages obstacles in the course of therapy.				
10. Concludes therapy in a planned manner, and to plan for long-term maintenance of gains after treatment.				

11. Completes appropriate clinical file documentation and correspondence (e.g., assessment reports, weekly notes, discharge reports).				
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COMMUNICATOR

	NA	Introductory Knowledge	Working Knowledge	Proficient
12. Establishes, repairs when necessary, and maintains a positive working alliance with the patient.				
13. Clearly describes a CBT model to patients and provides the rationale for various CBT interventions.				
14. Demonstrates reflective listening skills in sessions, providing summaries and feedback to patients.				
15. Facilitates cohesion among patients in a group environment.				
16. Presents psychoeducational material in a group setting.				
17. Balances participation in a group format, containing tangential patients and encouraging quieter patients to participate.				

COLLABORATOR

	NA	Introductory Knowledge	Working Knowledge	Proficient
18. Demonstrates effective use of supervision (e.g., open to feedback, willing to try new approaches, and integrates supervisor’s comments in subsequent sessions).				
19. Demonstrates a collaborative stance with patients when planning sessions, designing homework, and using Socratic dialogue.				
20. Works collaboratively with referral sources and other health providers, and shows attention to continuity of care at termination of treatment.				

PROFESSIONAL

	NA	Introductory Knowledge	Working Knowledge	Proficient
21. Able to establish appropriate boundaries and maintain professional relationships with patients.				
22. Uses sound judgment in seeking consultation or supervision for patient issues or documentation outside limits of expertise.				
23. Works well within an interdisciplinary team and respects the knowledge and skills of colleagues.				
24. Demonstrates dependability, self-direction and punctuality.				
25. Adheres to all professional ethical codes and codes of conduct.				

Overall Competence	NA	Introductory Knowledge	Working Knowledge	Proficient
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Please indicate overall competence in delivering CBT in an individual format.				
Please indicate overall competence in delivering CBT in a group format.				

Resident's Strengths:

Resident's Weaknesses:

Resident Comments:

Resident Signature

Supervisor Signature

Please note: This signature indicates that the resident has received this evaluation and that it has been fully discussed with the supervisor. It does not mean that the resident necessarily agrees with the evaluation.

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University of British Columbia, Department of Psychiatry

Resident Competency in Psychotherapy Rating Scale

Brief Dynamic Psychotherapy

Resident Name: _____

Date: _____

Supervisor Name: _____

MEDICAL EXPERT

Please check one box per item.

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
1. The resident is able to compile a clear, comprehensive, yet concise patient history.			
2. The resident is able to devise a rational formulation for choice of therapy.			
3. The resident demonstrates an awareness of different theoretical perspectives, e.g., object relations, drive theory, and is able to apply these to clinical material.			
4. The resident is able to recognize the patient's repetitive interpersonal and intrapsychic maladaptive patterns.			
5. The resident is able to link the patient's present maladaptive patterns and difficulties with past experiences.			
6. The resident is able to recognize the patient's defenses, fears, and wishes.			
7. The resident is able to facilitate discovery of latent meaning of clinical material.			
8. The resident is able to recognize and make therapeutic use (e.g., interpret) of the transference and counter-transference			

COMMUNICATOR

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
9. The resident is able to establish, repair when necessary, and maintain a therapeutic alliance with the patient.			
10. The resident is able to effectively use interpretations.			

COLLABORATOR

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
11. The resident is able to consider and integrate supervisor's comments and suggestions appropriately.			

PROFESSIONAL

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
12. The resident is able to establish appropriate boundaries and maintain a professional relationship with the patient.			

Overall Competence	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
Please indicate the overall competence of this individual.			

Resident's Strengths:

Resident's Weaknesses:

Resident Comments:

Resident Signature

Supervisor Signature

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University of British Columbia, Department of Psychiatry

Resident Competency in Psychotherapy Rating Scale

Group Psychotherapy

Resident Name: _____

Date: _____

Supervisor Name: _____

MEDICAL EXPERT

Please check one box per item.

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
1. The resident is able to compile a clear, comprehensive, yet concise patient history.			
2. The resident is able to devise a rational formulation for choice of therapy.			
3. The resident is able to recognize group-level phenomena such as roles, themes, and subgroup dynamics.			
4. The resident is able to appropriately manage multiple transference and counter-transference reactions.			

COMMUNICATOR

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
5. The resident is able to establish, repair when necessary, and maintain a therapeutic alliance with the patient.			
6. The resident is able to facilitate cohesion among the patients in the group.			

COLLABORATOR

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
7. The resident is able to consider and integrate supervisor's comments and suggestions appropriately.			
8. The resident is able to facilitate collaborative and independent work among the patients in the group.			

PROFESSIONAL

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
9. The resident is able to establish appropriate boundaries and maintain a professional relationship with the patient.			
10. The resident is able to keep track of important information about each patient in the group.			

11. The resident is able to appropriately define and monitor group members' responsibilities and limits regarding confidentiality.			
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Overall Competence	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
Please indicate the overall competence of this individual.			

Resident's Strengths:

Resident's Weaknesses:

Resident Comments:

Resident Signature

Supervisor Signature

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University of British Columbia, Department of Psychiatry

Resident Competency in Psychotherapy Rating Scale

Interpersonal Psychotherapy

Resident Name: _____

Date: _____

Supervisor Name: _____

MEDICAL EXPERT

Please check one box per item.

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
1. The resident is able to compile a clear, comprehensive, yet concise patient history.			
2. The resident is able to devise a rational formulation for choice of therapy.			
3. The resident is able to identify a specific "problem area" and "goals" and to maintain this focus throughout therapy.			
4. The resident is able to maintain a consistent focus on current interpersonal experiences or problems and how these affect mood.			
5. The resident is able to use and manage the transference without interpretation.			
6. The resident is able to help the patient clarify and manage current maladaptive relationships.			

COMMUNICATOR

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
7. The resident is able to establish, repair when necessary, and maintain a therapeutic alliance with the patient.			
8. The resident is able to engage with the patient around their communication and social skills and to facilitate (positive) changes.			

COLLABORATOR

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
9. The resident is able to consider and integrate supervisor's comments and suggestions appropriately.			
10. The resident is able to maintain an active and collaborative therapist role.			

PROFESSIONAL

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements

11. The resident is able to establish appropriate boundaries and maintain a professional relationship with the patient.			
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Overall Competence	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
Please indicate the overall competence of this individual.			

Resident's Strengths:

Resident's Weaknesses:

Resident Comments:

Resident Signature

Supervisor Signature

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University of British Columbia, Department of Psychiatry

Resident Competency in Psychotherapy Rating Scale

Long-Term Psychodynamic Psychotherapy

Resident Name: _____

Date: _____

Supervisor Name: _____

MEDICAL EXPERT

Please check one box per item.

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
1. The resident is able to compile a clear, comprehensive, yet concise patient history.			
2. The resident is able to devise a rational formulation for choice of therapy.			
3. The resident demonstrates an awareness of different theoretical perspectives, e.g. object relations, drive theory, and is able to apply these to clinical material.			
4. The resident is able to recognize the patient's repetitive interpersonal and intrapsychic maladaptive patterns.			
5. The resident is able to link the patient's present maladaptive patterns and difficulties with past experiences.			
6. The resident is able to recognize the patient's defenses, fears, and wishes.			
7. The resident is able to facilitate discovery of latent meaning of clinical material.			
8. The resident is able to recognize and make therapeutic use (e.g. interpret) of the transference and counter-transference.			

COMMUNICATOR

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
9. The resident is able to establish, repair when necessary, and maintain a therapeutic alliance with the patient.			
10. The resident is able to effectively use interpretations.			

COLLABORATOR

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
11. The resident is able to consider and integrate supervisor's comments and suggestions appropriately.			

PROFESSIONAL

	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
12. The resident is able to establish appropriate boundaries and maintain a professional relationship with the patient.			

Overall Competence	Doesn't Meet Requirements	Meets Requirements	Exceeds Requirements
Please indicate the overall competence of this individual.			

Resident's Strengths:

Resident's Weaknesses:

Resident Comments:

Resident Signature

Supervisor Signature

Please note: This signature indicates that the resident has received this evaluation and that it has been fully discussed with the supervisor. It does not mean that the resident necessarily agrees with the evaluation.

Please ensure that this is signed by the resident and returned to the Postgraduate Education Office as soon as possible.



Resident Evaluation of Psychotherapy Supervisor

Resident Name: _____

Date: _____

Supervisor Name: _____

Module: _____

Knowledge of Content Specific to Module	Needs Improvement	Satisfactory	Exemplary
1. The supervisor is familiar with different theoretical perspectives specific to the module.			
2. The supervisor is able to communicate/explain the different theoretical materials.			
3. The supervisor is able to apply different theoretical principles to clinical material.			
Facilitation of Development of Proper Technique			
1. The supervisor is able to describe and model interventions specific to the module.			
2. The supervisor encourages the resident's practice of the module's core techniques.			
3. The supervisor monitors and reviews resident's practice of core techniques.			
Demonstration of Professional Behaviours and Attitudes			
1. The supervisor is committed to providing a meaningful supervision experience.			
2. The supervisor commits a sufficient amount of time for supervision and is reliable in following through with this commitment.			
3. The supervisor is able to provide constructive feedback in a positive manner.			

*SAMPLE
This evaluation form
is to be completed
online through One45.*



Faculty Member's Assessment of Resident

University of British Columbia, Department of Psychiatry

Complete this form for each resident in your group following each of your sessions with the residents and send to the Office of Postgraduate Education, Department of Psychiatry.

Resident's name _____ Faculty member's name _____

Resident's year _____ Session date _____

Record (√) your overall rating of this resident's performance during your session. Make this judgment with reference to the performance criteria of three skills areas: Preparation, Participation and Professional Behaviour.

Overall Rating:

- P- (requires improvement)
- P (satisfactory)
- P+ (excellent)

Skills Ratings: Use the following scale (P-, P, P+) to rate and comment (if desired) on the resident's performance in each skill area. If no materials were assigned, use N/A (not applicable) for Preparation.

Rating: P-, P, P+

_____ Preparation

_____ Participation

_____ Professional Behaviour

SAMPLE
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 is to be completed
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Specific recommendations to guide resident's improvement: