

Evaluation Form

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Evaluation of Fellow (Adult)

Evaluator: \_\_\_\_\_

Evaluation of: \_\_\_\_\_

Date: \_\_\_\_\_

Level 1 Competencies

	Dependent	Moderately Dependent	Partially Dependent	Semi-Independent Practice	Independent Practice	Aspirational
1. Integration of Science and Practice*	<input type="checkbox"/> Fellow does not demonstrate knowledge of relevant scientific literature and evidence-based theory and research. Fellow does not, or does in a very limited and/or superficial manner, seek out such evidence. Fellow requires specific and direct guidance in seeking out literature and applying to a patient's care.	<input type="checkbox"/> Fellow demonstrates limited knowledge of relevant scientific literature and evidence-based theory and research. Fellow occasionally seeks out evidence but requires significant guidance as to how to locate such literature/evidence. Fellow can occasionally apply, or apply in a superficial manner, relevant literature/theory/evidence to a patient's care, but requires significant direction from supervisor to do so.	<input type="checkbox"/> Fellow demonstrates an appropriate degree of knowledge of relevant scientific literature and evidence-based theory and research for his/her level of training. Fellow actively seeks out evidence but may have difficulty applying it or in transferring this knowledge to patient populations that do not exactly fit the same criteria as those in research studies. Fellow either requires direction in locating literature/evidence or in applying it, but not both.	<input type="checkbox"/> Fellow can demonstrate knowledge of relevant scientific literature and evidence-based theory and research; however understanding and application of these findings may be fairly concrete, even in well-researched or common patient populations. The fellow shows initiative in broadening his/her knowledge base, understanding, and ability to apply findings to clinical practice. Occasional clarification and/or guidance from the supervisor is needed.	<input type="checkbox"/> Fellow can independently demonstrate knowledge of relevant scientific literature and evidence-based theory and research at the level consistent with independent practice in the area of specialty. On occasion, the fellow may require guidance with respect to specific or obscure patient populations, but is able to independently search, consume, and apply such literature with limited consultation from supervisor/colleagues.	<input type="checkbox"/> Fellow is well-versed in the relevant literature of the specialty area and could easily lecture/teach on this topic. Fellow requires no assistance in locating, consuming, and applying literature, even in specific or obscure patient populations.
2. Individual and Cultural Diversity*	<input type="checkbox"/> Fellow shows little to no awareness of his/her cultural background and its impact on his/her assumptions, conceptualization of patients, and potential biases impacting assessment and treatment. Fellow may be either unable or unwilling to self-reflect on these factors in productive manner. Fellow shows little to no understanding of diversity as a construct, including racial/ethnic differences, religious beliefs, sexual orientation, disability, rural vs. urban populations, English as a second language, etc.). Fellow may not make attempts to understand how cultural differences affect	<input type="checkbox"/> Fellow has a marked deficit in his/her awareness/understanding of his/her cultural background and its impact on assumptions, conceptualization of patients, and potential biases impacting assessment and treatment. Self-reflection may be concrete or superficial. Fellow shows a rudimentary understanding of diversity as a construct, and awareness of this construct may be limited to racial/ethnic diversity, religious beliefs, and sexual orientation only. Fellow may not be able to consider cultural differences within other diverse groups, such as those with disability. Fellow may demonstrate concrete awareness of how cultural factors affect how individuals and families interface with the medical system. Fellow needs extensive supervision and guidance, though is able to begin to integrate this into his/her practice.	<input type="checkbox"/> Fellow demonstrates awareness/understanding of his/her cultural background and its impact on assumptions, conceptualization of patients, and potential biases affecting assessment and treatment. Self-reflection may be adequate; however the fellow has difficulty applying improved self-awareness in interactions with patients. Fellow shows a concrete understanding of diversity as a construct, and awareness of this construct may still be limited to racial/ethnic diversity, religious beliefs, and sexual orientation only. Fellow may still be able to consider cultural differences within other diverse groups, such as those with disability, but requires additional reading and supervision to do so. Fellow may be able to candidly discuss how cultural factors affect how individuals and families interface with the medical system, but may not be able to use this information to address	<input type="checkbox"/> Fellow demonstrates a developing awareness and understanding of his/her cultural background and its impact on assumptions, conceptualization of patients, and potential biases affecting assessment and treatment. Self-reflection is adequate and the fellow can use this to shape/modify practice. Fellow shows a developing understanding of diversity as a construct, and is not limited to diverse populations commonly discussed (e.g., racial/ethnic diversity, religious diversity, sexual orientation). Fellow can candidly discuss how cultural factors affect how individuals and families interface with the medical system, and use this information to address cultural barriers, though may need additional supervision to do so. Fellow seeks supervision and additional readings as needed.	<input type="checkbox"/> Fellow demonstrates a strong awareness and understanding of his/her cultural background and its impact on assumptions, conceptualization of patients, and potential biases affecting assessment and treatment. Self-reflection is thoughtful and productive, in that the fellow uses this to shape/modify practice as needed. Fellow shows a well-developed understanding of diversity as a construct, and recognizes that this construct can extend well beyond those populations commonly discussed. Fellow can discuss how cultural factors affect how individuals and families interface with the medical system, and use this information to address cultural barriers independently. Fellow is able to educate other team members regarding these factors and how they can affect care. Fellow recognizes the limits of his/her knowledge and seeks consultation appropriately. Fellow openly strives for multicultural competence.	<input type="checkbox"/> Fellow demonstrates a strong awareness and understanding of his/her cultural background and its impact on assumptions, conceptualization of patients, and potential biases affecting assessment and treatment. Self-reflection is thoughtful and productive, in that the fellow uses this to shape/modify practice as needed. Fellow shows a well-developed understanding of diversity as a construct, and is able to demonstrate well-developed knowledge of other, possibly more overlooked diverse groups. Fellow has a well-developed understanding of how cultural factors affect how individuals and families interface with the medical system, and is able to effectively educate other team members regarding these factors and how they can affect care. Fellow recognizes the limits of his/her understanding and seeks consultation appropriately. Fellow openly strives

how individuals and families interface with the medical system. Fellow needs extensive supervision and guidance, but may not integrate this into his/her practice.

cultural barriers. Fellow may need supervision and guidance, though is able to use this to his/her benefit in practice.

for multicultural competence and encourages others to do the same.

3. Ethical and Legal\*

Fellow demonstrates little, if any, knowledge of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting. Fellow demonstrates a clear lack of knowledge, or ignorance to, HIPAA as well as institutional policies protecting the privacy and confidentiality of patients. Fellow demonstrates a lack of knowledge and/or understanding of the APA Ethics Code and its principles and standards. Fellow makes no observable effort to improve knowledge or understanding of the above. Fellow demonstrates a pervasive lack of understanding of Wisconsin Statutes governing the practice of psychology. Fellow's actions may constitute reportable violations in ethical conduct. Fellow may demonstrate poor boundaries with patients, such that patient safety concerns may arise.

Fellow has notable deficiencies in his/her understanding of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting. Fellow demonstrates very limited understanding of HIPAA as well as institutional policies protecting the privacy and confidentiality of patients. Fellow demonstrates a rudimentary understanding of the APA Ethics Code and its principles and standards. Fellow requires significant guidance and prompting to seek out and understand the above, and while some effort may be made to do so, the fellow may struggle to integrate this information into his/her practice. Fellow demonstrates a rudimentary understanding of Wisconsin Statutes governing the practice of psychology, and needs repeated reinforcement of these. Fellow's boundaries with patients may be diffuse and require additional time in supervision to address these.

Fellow demonstrates knowledge/understanding of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting, appropriate to his/her level of training. Fellow's understanding of HIPAA is appropriate, though he/she may need repeated reinforcement of institutional policies related to privacy and confidentiality of patient data. Fellow demonstrates an appropriate understanding of the APA Ethics Code and its principles and standards, but may need guidance in identifying and thinking through ethical dilemmas as they arise. Fellow may need some guidance and prompting to seek out more information pertaining to the above and apply it to the medical setting. Fellow may demonstrate limited understanding of Wisconsin Statutes pertaining to the practice of psychology, but is able to study this information at the outset of fellowship and grasp it appropriately. Fellow demonstrates appropriate boundaries with patients, though may require occasional reminders from supervisor.

Fellow demonstrates solid knowledge/understanding of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting. Fellow's understanding of HIPAA and institutional policies related to protecting privacy and confidentiality of patient data is solid as well. Fellow demonstrates a clear understanding of the APA Ethics Code and its principles and standards, and generally recognizes ethical dilemmas when they arise; however may need significant guidance from the supervisor to address them. Fellow is generally able to apply the above legal/ethical principles to patient care, but needs occasional guidance from supervisor. Fellow's understanding of Wisconsin Statutes pertaining to the practice of psychology is intact. Fellow demonstrates appropriate boundaries with patients.

Fellow demonstrates solid knowledge/understanding of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting. Fellow's understanding of HIPAA and institutional policies related to protecting privacy and confidentiality of patient data is solid as well. Fellow is able to use this understanding to better educate other members of the interdisciplinary team regarding legal and ethical concerns. Fellow demonstrates a clear understanding of the APA Ethics Code and its principles and standards, and generally recognizes ethical dilemmas when they arise. Fellow can also conceptualize ethical dilemmas and identify potential avenues for resolution, and follows through on these. Fellow is able to apply the above legal/ethical principles to patient care, requiring only occasional consultation or more significant consultation in situations that are unusual or extraordinarily complex. Fellow's understanding of Wisconsin Statutes pertaining to the practice of psychology is intact. Fellow demonstrates appropriate boundaries with patients.

Fellow demonstrates solid knowledge/understanding of applicable laws and ethical standards pertaining to the broader practice of psychology as well as the specific practice of psychology in the medical setting. Fellow's understanding of HIPAA and institutional policies related to protecting privacy and confidentiality of patient data is solid as well. Fellow is able to use this understanding to better educate other members of the interdisciplinary team regarding legal and ethical concerns, and is comfortable and assertive in doing so. Fellow demonstrates a clear understanding of the APA Ethics Code and its principles and standards, and recognizes ethical dilemmas when they arise. Fellow can also conceptualize ethical dilemmas and identify potential avenues for resolution. Fellow is able to apply the above legal/ethical principles to patient care, requiring consultation only in situations that are unusual or extraordinarily complex. Fellow's understanding of Wisconsin Statutes pertaining to the practice of psychology is intact. Fellow demonstrates appropriate boundaries with patients.

Level 2 Competencies

4. Assessment\*

Fellow has pervasive and significant deficiencies in

Fellow has notable deficiencies in his/her assessment of patients. While

Fellow demonstrates an appropriate degree of knowledge of assessment

Fellow can be assigned cases and can surmise how he/she will approach assessment in terms of

Fellow is able to arrive at a clear and comprehensive way in which he/she

Fellow is able to arrive at a clear and comprehensive way in which he/she

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assessing patients. Fellow may forget, or otherwise not obtain, history related to core areas (e.g., substance use history, psychiatric history, etc.). Fellow cannot integrate information on a patient's cognitive or emotional status as they relate to the care of the patient. Understanding of personality functioning is nearly absent, if not totally absent. Fellow may have severe discomfort assessing certain topics/areas, such as substance use or sexual functioning. Fellow may have little to no knowledge of available assessment methods. Fellow may completely ignore issues related to informed consent/decision-making capacity as they relate to assessment.

fellow may obtain most relevant data comprising an assessment, details are often unclear or otherwise unelaborated. Only a superficial understanding of cognitive and emotional factors, their integration, and their effects on a patient's care is present. Significant guidance or direction from supervisor is needed to either obtain or clarify these details. Fellow often struggles with case conceptualization and integration of data. Fellow may be able to choose some measures in a logical manner, but requires significant guidance in test selection. Fellow is able to demonstrate a superficial understanding of informed consent/decisional capacity; however significant guidance is needed in applying these principles to assessment.

methods and principles for his/her level of training. Fellow will actively reach out to supervisor for guidance, but may need additional specific instruction as to how to apply the guidance to practice. Assessments may be 'mechanical' and highly structured, and if a patient deviates from the structure, the fellow may struggle significantly. This may result in some information not being obtained in assessment and the fellow needing to obtain this information in a subsequent contact. Fellow may have fairly concrete case conceptualization skills, but is able to use supervisor feedback to hone in on relevant issues and abstract further. Fellow is able to choose measures in a logical manner, but may have difficulty justifying their use or modifying procedures as needed for particular patients/populations. Fellow is able to demonstrate a concrete understanding of informed consent/decisional capacity; however requires consistent guidance in applying these principles to assessment.

methods and measures. Fellow needs occasional guidance to consider uncommon factors affecting assessment but can easily modify their approach as needed or guided. Fellow's initial assessments have gained all relevant information for adequate case conceptualization, but may need assistance from supervisor in conceptualizing. Assessments of patients are more fluid, and the fellow is less likely to be derailed if the patient changes direction or is less than compliant. Only in unusual circumstances does the fellow have difficulty assessing the patient. Measures are chosen in a well-thought manner, but the fellow may need additional guidance in less common patient population. Fellow demonstrates a clear and solid understanding of informed consent/decision-making capacity, and can easily apply these principles without guidance from the supervisor.

will approach assessment of a patient, and justify this with demonstration of understanding of relevant literature/theories. Fellow needs no guidance in how to approach a wide variety of patients and is able to seek consultation when faced with an uncommon situation/patient population. Fellow is able to easily integrate assessment data from multiple sources and conceptualize well. Assessments are fluid, and the fellow can easily adjust to a patient's presentation while still obtaining relevant information. Fellow is able to demonstrate a clear and solid understanding of informed consent/decision-making capacity, and can easily apply these principles without any guidance.

will approach assessment of a patient, and justify this with demonstration of understanding of relevant literature/theories with specific citations/references from the most current literature. Fellow needs no guidance in how to approach a wide variety of patients and requires little to no consultation when faced with an uncommon situation/patient population; however the fellow recognizes the limits of his/her knowledge and experiential base. Fellow is able to easily integrate assessment data from multiple sources and conceptualize well. Assessments are fluid, and the fellow can easily adjust to a patient's presentation while still obtaining relevant information. Fellow is able to demonstrate a clear and solid understanding of informed consent/decision-making capacity, and can easily apply these principles without any guidance.

5. Intervention\*

Fellow has pervasive and significant deficiencies in choosing and conducting interventions with patients. Fellow's knowledge of accepted interventions is minimal or, at worst, absent. Fellow cannot provide clinical and/or empirical justification for interventions chosen or conducted. Those that are chosen may be ones that have been found to have insufficient evidence or evidence against them. Fellow does not demonstrate the ability to use interventions in an effective manner with various patient populations. Fellow may be unaware and/or significantly uncomfortable with issues

Fellow has notable deficiencies in his/her knowledge and application of interventions. While fellow may have a superficial understanding of accepted interventions and their empirical base, the fellow cannot apply these to specific populations or be sensitive to the needs of the individual patient. Significant guidance or direction from the supervisor is needed in order to conceptualize and guide interventions with most patients. Fellow may have superficial understanding of diversity issues in intervention, and may have superficial understanding of sexual functioning and disability, but may need significant guidance from the supervisor in conducting interventions that are sensitive to and/or address these issues.

Fellow demonstrates an appropriate degree of knowledge of interventional modalities and their empirical base for his/her level of training. Fellow may actively reach out to the supervisor for guidance in choosing and applying interventions, but may need additional specific instruction as to how to apply these in clinical practice. Interventions may appear 'mechanical,' concrete, or poorly-timed; however fellow's clinical reasoning is generally sound. Fellow is able to clinically justify choice of intervention in a concrete manner, but has difficulty citing relevant literature or scientific base. Fellow may have difficulty modifying intervention to the needs of particular patients without significant guidance from supervisor. Fellow's awareness of relevant diversity issues is adequate, but may require guidance from supervisor to take these factors into account in applying interventions. Fellow's knowledge of sexual functioning and

Fellow can be assigned cases and can surmise how he/she will approach intervention in terms of methods and their empirical support/applicability to certain patient populations. Fellow needs occasional guidance to modify interventions to the particular needs of the patient. Interventions are applied in a more fluid manner and with appropriate timing/sensitivity to the patient's needs. Fellow demonstrates a clear and solid understanding of diversity issues pertinent to intervention, though seeks supervision and additional literature as needed. Fellow is aware of issues pertaining to sexual functioning and disability and is able to address these with patients; however occasional supervision may be needed and is actively sought by the fellow when it is.

Fellow is able to arrive at a clear and comprehensive way in which he/she will approach intervention with a patient, and justify this with demonstration of understanding of relevant literature/theories as well as the specific needs of the patient. Fellow needs no guidance in how to approach a wide variety of patients and is able to seek consultation when faced with an uncommon situation/patient population. Fellow is able to easily integrate assessment data from multiple sources and use this information to inform interventions. Interventions are conducted in a fluid manner, and the fellow can easily adapt the intervention to a patient's presentation. Fellow is able to demonstrate a clear and solid understanding of issues related to diversity in intervention, and can easily apply these with additional guidance/consultation sought in very rare and unusual patient

Fellow is able to arrive at a clear and comprehensive way in which he/she will approach intervention with a patient, and justify this with demonstration of understanding of relevant literature/theories with specific citations/references from the most current literature. Fellow needs no guidance in how to approach a wide variety of patients and requires little to no consultation when faced with an uncommon situation/patient population; however the fellow recognizes the limits of his/her knowledge and experiential base. Fellow is able to easily integrate assessment data from multiple sources and use this information to craft effective interventions. Interventions are conducted in a fluid manner, and the fellow can easily adapt the intervention to a patient's presentation. Fellow is able to demonstrate a clear

pertaining to sexual functioning and disability.

disability is minimal; however he/she seeks supervision appropriately and can begin to address these issues with patients.

presentations. Fellow demonstrates a clear and solid understanding of sexual functioning and disability, and is able to address these factors across patient populations and in a manner that is sensitive to their needs.

and solid understanding of issues related to diversity in intervention, and can easily apply these. Fellow is able to address issues pertaining to sexual functioning and disability seamlessly and across patient populations, while still being sensitive to their needs.

6. Consultation\*

Fellow is unable and/or unwilling to collaborate with other disciplines in approaching a patient's care. Fellow is unable to conceptualize assessment data and response to intervention in a manner that can be useful to other disciplines. Additionally, fellow is unable to communicate this information in a clear or effective manner. Fellow may engage in a hostile or territorial manner if he/she perceives other disciplines as commenting on factors that are typically addressed by the fellow and/or psychology practitioner on the team. Other disciplines may raise concerns with the supervisor regarding the fellow's conduct, which may include the above but may also include poor follow-through or complete lack of follow up. Results of assessments are not provided to the relevant members of the patient's team. Conversely, the fellow may disclose information to team members that do not need to know it. Fellow may not be judicious in his/her disclosure of information to other members of the patient's health care team.

Fellow may be extremely anxious about engaging other disciplines in the care of a patient, but is aware of the need to do so. Fellow may be able to conceptualize assessment data and response to intervention, but his/her report to other team members may be devoid of content or overly verbose. Fellow needs significant guidance from the supervisor with how to communicate information to other members of the team in a useful manner. Fellow may behave in a territorial manner if he/she perceives other disciplines as commenting on factors that are typically addressed by the fellow and/or psychology practitioner on the team. Other disciplines may actively seek out the supervisor for information on a patient the fellow is following due to difficulty getting relevant information from the fellow. The fellow is generally aware of the appropriate team members to whom he/she can disclose certain information about a patient, but may not provide clear or concise information.

Fellow may be able to approach and engage other disciplines in the care of a patient, but needs repeated encouragement and/or reminders to do so. Fellow may be able to conceptualize assessment data and response to intervention, but his/her report to other team members may be filled with extraneous details or may not concisely communicate concerns. Fellow needs occasional guidance from supervisor, which could include the supervisor filling important details during interdisciplinary conferences. Fellow recognizes that overlap in some aspects of practice occur and can adjust to other team members looking at these issues through a different lens. Other disciplines may seek out the supervisor for information on a patient, but mainly because the fellow is not following up as frequently as is needed/desired. Fellow is able to judiciously disclose relevant information, but may still have difficulties doing so in a clear and timely manner.

Fellow independently approaches and engages other disciplines in the care of a patient, though needs occasional reminders to do so. Fellow can conceptualize assessment data and response to intervention, and can communicate with other disciplines; however still may need occasional guidance in effectively communicating with them. Fellow understands the overlap with other disciplines in some aspects of care, but may not yet be able to use this information to his/her advantage in consultation. Other disciplines seek out the fellow for his/her input as needed, and rely less on the supervisor for input. Fellow is able to judiciously disclose relevant information and does so in a clear and timely manner.

Fellow independently and regularly approaches and engages other disciplines in the care of a patient. Fellow can easily conceptualize assessment data and response to intervention, and can communicate clearly and concisely with other disciplines. Fellow understands the overlap that can occur with other disciplines in some aspects of care, and is able to utilize information from other disciplines in a way that mutually facilitates effective care of the patient. Other disciplines seek out the fellow almost exclusively for input on a patient and the fellow is able to judiciously disclose relevant information in a clear and timely manner. Consultation is generally only needed on unusual or infrequent clinical situations, and the fellow easily recognizes this and seeks consultation accordingly.

Fellow independently and regularly approaches and engages other disciplines in the care of a patient, and is even proactive in doing so by anticipating issues that can come up in the course of care. Fellow easily conceptualizes assessment data and response to intervention, and communicates easily with other disciplines. Fellow understands and embraces overlap that can occur with other disciplines in some aspects of care, and demonstrates understanding and use of transdisciplinary models of care. Other disciplines seek out the fellow for input on a patient and the fellow communicates information in a judicious and effective manner.

7. Professional Values, Attitudes, and Behaviors\*

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Fellow demonstrates blatant ignorance and/or disregard for patient rights, welfare, and dignity. Fellow's ability to empathically relate to patients as well as members of the interdisciplinary team is highly deficient. Team members may complain to the supervisor about the fellow's demeanor. Fellow has limited, if any, understanding of the impact his/her behavior has on the care of patients as well as the cohesiveness of the interdisciplinary team. Boundaries with members of the interdisciplinary team may be very poor.

Fellow demonstrates limited awareness of and sensitivity to, patient rights, welfare, and dignity. Fellow's ability empathically relate to patients as well as members of the interdisciplinary team is deficient. Fellow may be more concerned about 'getting the job done' than conducting assessments and follow-up in a sensitive manner, even if it means modifying these. Team members may express concern to the supervisor about the fellow's demeanor. While the fellow may have an understanding about how his/her behavior impacts patient care as well as the cohesiveness of the interdisciplinary team, he/she requires repeated reinforcement of this and guidance from the supervisor. Boundaries with members of the interdisciplinary team may be diffuse and concerning.

Fellow demonstrates a basic awareness of, and sensitivity to, patient rights, welfare, and dignity. Fellow's ability to empathically relate to patients as well as members of the interdisciplinary team is limited, and may be worsened by anxiety in the setting of certain patient populations. Fellow may interact appropriately with team members, but may be viewed as distant or unapproachable. Fellow is able to demonstrate an understanding of how his/her behavior impacts patient care and the cohesiveness of the interdisciplinary team; however he/she requires repeated reinforcement of this and guidance from the supervisor. Boundaries with members of the interdisciplinary team may be diffuse, but fellow actively works to improve these.

Fellow demonstrates awareness of, and sensitivity to, patient rights, welfare, and dignity. Fellow is able to empathically relate to patients as well as members of the interdisciplinary team, but may struggle significantly with more challenging patients. Fellow may need extra time in supervision to process these difficulties. Fellow is able to interact well with the interdisciplinary team. Fellow is able to understand how his/her behavior impacts patient care and the cohesiveness of the interdisciplinary team. If concerns arise, the fellow is able to take this information and use it to modify his/her behavior. Boundaries with members of the interdisciplinary team are appropriate.

Fellow demonstrates a solid awareness of, and sensitivity to, patient rights, welfare, and dignity. Fellow is able to forge strong enough working relationships with patients and relate empathically to them. Fellow is able to relate well to members of the interdisciplinary team and maintain appropriate boundaries. Fellow is able to understand how his/her behavior impacts patient care and the cohesiveness of the interdisciplinary team, and is self-reflective in this regard. Fellow independently modifies his/her demeanor as a result of intact self-awareness.

Fellow demonstrates a solid awareness of, and sensitivity to, patient rights, welfare, and dignity above and beyond what is expected in standard practice. Fellow is able to develop strong and empathic relationships with challenging patients. Fellow is able to relate well to members of the interdisciplinary team and may be sought for consultation; however maintains clear and appropriate boundaries. Fellow is able to understand how his/her behavior impacts patient care and the cohesiveness of the interdisciplinary team, and use self-reflection in his/her advantage in quickly modifying his/her demeanor as needed. Fellow can anticipate when lapses in empathy can occur, and proactively addresses these beforehand.

8. Overall Comments:

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