

Levels of Competency in Psychotherapy - ST1 (Psychiatry)

Surname

GMC Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Forename

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Assessors Position: Consultant SpR SASG Psychologist Senior Nurse

No of Previous Psychotherapy Assessments with ANY Trainee 1 2 3 4 5 7 8 >9

Please grade the following areas using the scale below:

*U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment

	Below expectations for ST1 Completion	2	Borderline for ST1 completion	4	Meets expectations for ST1 completion	6	Above expectations for ST 1 completion	U/C
	1		3		5		7	

Able to attend regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can manage future predicted absences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates an understanding of the importance of time keeping and of having a predictable and regular setting (frame) for therapeutic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to listen to and connect with patient adequately containing own anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to provide a narrative account of contact with the patient without adopting a purely biological or medical model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to respond to others in a non-judgements way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self aware enough that (s)he does not have to impose personal solutions or self management strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to recognise and manage the different factors contributing to the practitioners' emotional responses to the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to recognise the influence of unconscious process on the interaction with the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to record areas of strength or any suggestions for further development

Assessor's Surname

Assessor's GMC Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Assessor's signature

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Time taken for discussion (in minutes)

--	--

Time taken for feedback (in minutes)

--	--

Please note: Failure to return all completed forms to your administrator is a probity issue