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| **UNIVERSITY OF ESSEX DOCTORATE IN CLINICAL PSYCHOLOGY (DClinPsych)**  **EVALUATION OF CLINICAL COMPETENCE (ECC)**  **ECC SECTION 1: PLACEMENT SUPERVISOR SUMMARY REPORT** | | | | | | | | | | | | | |
| *The placement supervisor should complete Section 1 based on ECC Section 2 evaluation. See guidance.* | | | | | | | | | | | | | |
| **TRAINEE:** | | | | | | | | | **YEAR OF INTAKE:**  **PLACEMENT NO (Circle): 1A 1B 2A 2B 3A 3B** | | | | |
| **LEAD SUPERVISOR(-s):** | | | | | | | | | **Other Supervisor(-s):** | | | | |
| **LOCATION:** | | | | | | | | | **CLIENT GROUP:** | | | | |
| **Attendance** | | | | | | | | | | | | | |
|  | | **On placement** | | | **Annual Leave** | | | | **Sickness / Other leave** | | | **Total Absent** | |
| **No. of days** | |  | | |  | | | |  | | |  | |
| **Activity (specify as far as possible)** | | | | | | | | | | | | | |
|  | | **Treatment (sole worker)** | | | **Treatment (joint work)** | | | | **Service-related research / audit, etc.** | | | **Other pieces of work**  **(Assessments etc.)** | |
| **No. patients / pieces of work** | |  | | |  | | | |  | | |  | |
| **Observations etc. on which this evaluation is based** | | | | | | | | | | | | | |
|  | **Direct Observation of trainee** | | **Joint Assessment with trainee** | | | **Other Joint Work** | **Indirect Observation (Audio / video)** | | | **Meetings / team context** | **Teaching** | | **Other** |
| **No. of occasions** |  | |  | | |  |  | | |  |  | |  |
| **Note – all comment boxes can be expanded in electronic version of document** | | | | | | | | | | | | | |
| **Summary of learning objectives to be addressed in future placements:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Further comments / Actions:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Self-appraisal (by supervisor) of quality of learning environment of placement and of support from programme team for placement** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Overall recommended mark (Circle)** | | | | | | | | | | | **PASS / FAIL** | | |
| **Lead Supervisor** | | | | **Other supervisor(-s)** | | | | **Trainee** | | | **Course Tutor** | | |
| **Name:** | | | |  | | | |  | | |  | | |
| **Signature:** | | | |  | | | |  | | |  | | |