## Behavioral Health Support Specialist Sample Practicum Evaluation of Student For use at Midterm and Final evaluation

Description: This is a template for a BHSS practicum evaluation. The form allows for both quantitative as well as qualitative feedback to help the student understand the meaning of the scores in a particular meta-competency. The UW BHSS Clinical Training Program recommends that this work be a shared effort between program faculty and site supervisors when a program assesses certain competencies through classroom or lab-based methods during the practicum experience. Education programs reserve the right to determine which skills or attitudes aligned with a BHSS competency will be assessed during practicum. The UW BHSS Clinical Training Program has provided nearly 500 sample KSAs.

It may be helpful to encourage students to complete a self-assessment for discussion with a site supervisor and program faculty. Student self-assessments should never serve as the only source of evaluation of competencies.

An evaluation ought to be completed mid-term usually showing scores of 1 or 2 on most skills and/or attitudes. At the end of a practicum experience practicum students ought to earn a score of 3 on 80% of the evaluation criteria and a minimum score of 2 on 20% of the remaining criteria with the exception of legal, ethical and professional competencies. Students ought to be assessed as proficient at the bachelor level on legal, ethical and professional competencies.

Scores of 0 or 1 should be accompanied by a competency development plan and additional time to demonstrate satisfactory scores. If any competency area is scored as not observed, the bachelor's program needs to identify a means of assessing the competency area.

Instructions: Write or type in the score column using the following scale:

0=Does not meet expectations;

1=Beginning to demonstrate competency;

2=Developing competency;

3=Proficient for bachelor level;

NO=Not Observed.

		1. Health Equity	
#	Competency	Skills and/or Attitudes	Score
a.	Recognize impact of health disparities on patient engagement	Incorporates a patient's social determinants of health into brief interventions for common mental and behavioral health conditions when appropriate.	
b.	Practice use of inclusive	Demonstrates ability to accommodate accessibility needs of a patient in healthcare and behavioral healthcare settings.	
	communication that supports healthcare equity.	Utilizes appropriate and respectful terms to identify patients and patient populations.	
		Self corrects when errors are made in use of respectful terminology to reference patients and patient populations.	
Com	ments:		

		2. Helping Relationships	
#	Competency	Skills and/or Attitudes	Score
a.	Develop supportive and	Demonstrates attending skills	
	effective working alliance	Uses supportive listening skills	
	with patients and their	Builds working alliance	
	support networks.	Demonstration of positive regard for patients	
b.	Engage patients to enhance	Demonstrates patience with people in early stage of	
	participation in care.	change.	
c.	Facilitate group	Demonstrate skills in building group cohesion.	
	psychoeducation.		
		Use group techniques to guide interaction of	
		members.	
		Support personal safety of each group member.	
Com	nments:		

		3. Cultural Responsiveness	
#	Competency	Skills and/or Attitudes	Score
a.	Demonstrate openness and interest in all aspects of cultural identity prioritized by the patient.	Demonstrate commitment to minimize the impact of own cultural worldviews on interactions with patients and care delivery through regular self-reflection and use of supervision.	
b.	Develop knowledge of a patient's cultural identities and provide services responsive to this identity.	Assess aspects of a patient's cultural background and identities that are most important to them.  Appreciate how a patient's cultural identity(ies) might serve as a source of strength, support, or resilience.	-
C.	Identify culturally congruent goals and activities respectful of family, spiritual, and cultural traditions.	Collaborate with patients to assess and incorporate cultural healing methods they practice into interventions, as relevant.	
d.	Practice cultural humility in helping relationships.	Show willingness to repair helper relationship when needed.	
Con	nments:		

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#	Competency	Skills and/or Attitudes	Score
a.	Integrate professional		
	identity and scope of practice	Display confidence in explaining BHSS role to team	
	within a healthcare	members.	
	team.		
b.	Practice interprofessional	Value brief, clear, concise, and timely communication	
	communication.	between team members.	
c.	Contribute to teams and	Demonstrate flexibility and adaptability when working	
	teamwork.	with a team.	
Con	nments:		

#	Competency	Skills and/or Attitudes	Score
a.	Utilize appropriate standardized screening tools to identify common behavioral health conditions.	Administer evidence-based screening tools, utilizing aids to improve accessibility as appropriate.	
b.	Conduct a suicide risk assessment and provide appropriate intervention under supervision.	Administer a standardized screening tool such as the CSSR-S.  Identify level of suicide risk with supervisor or consultant.  Design a collaborative safety plan with a patient.	
C.	Conduct a patient-centered biopsychosocial assessment	Gather information supporting a biopsychosocial assessment using a common template or framework in healthcare  Value the BHSS role in assisting the healthcare team to complete a holistic assessment of patient symptoms.	
d.	Use measurement-based care to support stepped care approaches and adjust the type and intensity of services to the needs of the patient.	Review patient progress on behavioral health measures in regular supervision and response to interventions.	
Com	services to the needs of the	interventions.	

#	6. Competency	Care Planning and Care Coordination  Skills and/or Attitudes	Score
<u>#</u> а.	Contribute to the development of a whole	Skins unayor Attitudes	Score
	health care plan and Stay	Co-develop and support the whole health care plan	
	Well plan with the patient,	and/or Stay Well Plans with patients.	
	the patient's support		
	network, and healthcare team members.		
b.	Maintain a registry to	Use registry data to identify and prioritize patients to	
	systematically track patient	discuss as part of supervision, team	
	treatment response to interventions.	meetings, or case review sessions.	
c.	Ensure the flow and	Practice information sharing within team context	
	exchange of information among patients, patients'	based on information relevant to patient behavioral healthcare.	
	support networks, and linked	Demonstrate confidence in setting limits based on	_
	providers.	privacy and confidentiality policies, rules,	
	,	and laws.	
d.	Facilitate referrals to social		
	and community-based	December 1 and falls are 11 and 12 and	
	services outside of the clinic (housing assistance, food	Document, track, and follow up with patients regarding referrals.	
	banks, vocational	regarding referrals.	
	rehabilitation, substance use		
	disorder treatment, etc.).		
e.	Demonstrate accurate		
	documentation of services	Document patient healthcare records in a way that	
	provided and summaries of contact with linked providers	respects individual requests as well as standard confidentiality guidelines	
	in the patient record.	Standard confidentiality guidennes	
f.	Recognize the interaction		
	between behavioral health	Provide psychoeducation about how actions	
	conditions, chronic physical	individuals take can affect their health, both	
	health conditions, and	positively and negatively.	
C	associated symptoms.		
com	nments:		

	7.	. Interventions	
#	Competency	Skills and/or Attitudes	Score
a.	Integrate motivational interviewing	Elicit patient preferences regarding	
	strategies into practice.	treatment and self-management options.	
b.	Provide psychoeducation to patients and their support network about behavioral health conditions and treatment options consistent with recommendations from the healthcare team.	Utilize psychoeducation to provide skills training for self-management of BH conditions.	
C.	Employ distress tolerance strategies	Practice grounding exercises with patient to	
	including problem solving and	calm the parasympathetic nervous system.	
	relaxation techniques to reduce the	Facilitate patient identification of cognitive distortions relevant to patient problem when	
	impact of acute stress on patient mental and behavioral health.	applicable.	
	mental and benavioral health.	Practice deep autonomic or progressive	
		muscle relaxation with patient when	
		appropriate.	
d.	Apply brief, evidence-based treatment for common mental health presentations including depression, based on behavioral activation principles.	Apply compilation of rewarding activities, activity scheduling, and homework review.	
e.	Apply brief, evidence-based treatment for common mental health presentations including anxiety, based on cognitive behavioral therapy (CBT) principles.	Apply comprehensive CBT-A with patients.	
f.	Employ harm reduction strategies for substance use concerns including the delivery of screening, brief intervention and referral to treatment (SBIRT).	Integrate principles of harm reduction into the Brief Negotiated Interview when appropriate.	
g.	Demonstrate a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity strategies.	Assess patient progress to identify barriers to improvement, problem solve options with patient and revise care planning, including stepping up to high-intensity interventions.	
Com	ments:		

	8.	<i>5</i> ,	1-
#	Competency	Skills and/or Attitudes	Score
a.	Identify and apply federal and	Appreciate relationship between law and	
	state laws	professional behavior.	
	to practice.		
b.	Integrate foundations of	Apply ethical principles in day-to-day care delivery	
	interprofessional	and resolve dilemmas using an ethical	
	ethics into practice.	decision-making model.	
c.	Utilize supervision and	Appreciate role of supervisor overseeing BHSS	
	consultation to	practice.	
	guide practice.		
d.	Engage in continuous	Value ongoing personal development through	
	reflective practice in	mindful reflection on self in relationship to	
	all professional helping	others.	
	relationships.		
Com	nments:		'

Competency Development Plan					
Goal					