The Practicum Competencies Outline: Report on Practicum Competencies

The Association of Directors of Psychology Training Clinics (ADPTC) Practicum Competencies Workgroup

The Council of Chairs of Training Councils Practicum Competencies Workgroup

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Modifications based on discussion by the Council of Chairs of Training Councils (CCTC) Practicum Competencies Workgroup and by members of the CCTC at its meeting on March 25, 2004 in Washington, DC, & discussion by 42 Clinic Directors at the Midwinter Meeting of the ADPTC, Miami FL, February 27, 2004. Nadya Fouad, Ph.D. and Barbara Cubic, Ph.D. provided specific wording for some categories. Further revisions based on comments from the CCTC meeting of November, 2004; Jeffrey Binder, Ph.D.; Division 29 Executive Committee.

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For a full introduction to this document, please refer to:

Hatcher, R. L. & Lassiter, K. D. (2007). Initial training in professional psychology: The Practicum Competencies Outline. *Training and Education in Professional Psychology, 1,* 49-63.

Aims and Uses of this Report

The Association of Directors of Psychology Training Clinics (ADPTC) has practicum training as its main focus. The ADPTC recognizes the importance of defining, training for and assessing core competencies in psychology. The motivation for preparing this document arises from these values.

Please see Hatcher & Lassiter (2007) for a fuller discussion of the aims and uses of this document.

Aims of this document

1. To assemble and organize descriptions of currently identified core competencies for the professional psychologist.
2. To characterize the levels of competence in these core domains that are expected at the beginning of practicum training and at the end of practicum training, prior to beginning internship.

Potential uses for this document:

1. Assist in developing practicum training programs by defining competency goals.
2. Assist in communication between practicum sites and graduate programs regarding training goals.
3. Develop competency assessments for practicum trainees.
4. Provide a basis for evaluating outcomes for practicum training programs.
5. Stimulate thinking concerning competency goals for more advanced training.

Scope and applicability of this document

1. This document covers an extensive set of competencies, most of which have been endorsed more or less strongly by various groups in professional psychology as required for a fully competent psychologist.
2. We recognize that professional psychology as a whole has not endorsed a list of competencies regarded as essential for the fully competent professional psychologist.

3. We recognize that individual psychology programs, depending on their educational goals, will likely select a subset of the competencies listed below that reflect the thrust of their program's goals. This point should be stressed, lest readers conclude that every practicum program should teach all of the competencies described below. The aim of this document is to provide a comprehensive account of relevant competencies, which can inform a program's effort to develop and implement its own training model. In its Guidelines and Principles for Accreditation of Programs in Professional Psychology (2005), the APA notes that "The accreditation process involves judging the degree to which a program has achieved the goals and objectives of its stated training model. That is, an accreditation body should not explicitly prescribe a program's educational goals or the processes by which they should be reached…" (Section II.a.)

Sources for this Document

Please see Hatcher & Lassiter (2007) for a fuller discussion of the sources for this document.

This document is based on the work of the ADPTC Competencies Workgroup, with input from the CCTC Competencies Workgroup and the CCTC itself. It draws on many sources. Key are reports from two conferences held by psychology educators: The 2001 American Psychological Association (APA) Education Leadership Conference, with its Workgroup on Practicum Competencies, whose report may be found at http://www.apa.org/ed/elc/home.html; and the APPIC Competencies Conference: Future Directions In Education And Credentialing In Professional Psychology, held in November 2002 in Scottsdale AZ, whose report may be found at http://www.appic.org/news/3_1_news_Competencies.htm. An explicit decision was made not to seek consensus of the total Competencies Conference group on the specification of competencies for psychologists. Although the present document assembles specifications for competencies into one document, we are not claiming consensus on which of these competencies are "core," or essential competencies for the field (see point #3 under "Scope and applicability of this document" above).

Describing Levels of Competence

Please see Hatcher & Lassiter (2007) for a fuller discussion of the levels of competence described in this document.

A guiding principle for this competencies document was that practicum training should prepare the psychology student to make effective use of the internship. We worked to specify the level of competence in the various skill domains that would characterize a well-prepared beginning psychology intern. This approach is based on a doctoral level training model (vs. terminal masters) and assumes that clinical work will begin only after the student has had a period of classroom-based preparation. We recognize that not all programs endorse or adhere to this model. A second guiding principle for the document was that psychology students should be adequately prepared to *begin* practicum. We describe the various qualities and skills that we believe should be present in students who begin practicum training.

We have found that it is important to recognize that competencies are acquired at different rates. Some competencies, such as administrative or supervisory skills, may come slowly and later in professional development. Other more basic competencies, such as timeliness, ability to utilize supervision, etc., may be expected and/or required to be substantially attained very early in training. These differences in the rate of development are reflected in the level of competence expected at the conclusion of practicum training.

One of the most widely used schemes for describing the development of competence is that of Dreyfus and Dreyfus (1986), who define five stages, from Novice to Advanced Beginner to Competent to Proficient to Expert. The Dreyfuses' overall idea (in common with many other skill development and competency models) is that as the learner becomes more and more familiar with the analytic and action tasks of the field, performance becomes more integrated, flexible, efficient and skilled. Patterns and actions that have to be carefully thought about and/or taught by supervisors become internalized and increasingly automatic.

When discussing competence, keeping the terms straight is a challenge, since similar-sounding terms refer to different concepts. In particular, note that "competency" refers to a skill domain (e.g., assessment), "competence" or "level of competence" refers to the level of skill an individual has acquired (e.g., intermediate level of competence in assessment), and "competent" is a description of a particular level of skill (e.g., this psychologist is competent in neuropsychological assessment). There is also the forensic definition of competent and competence, which one encounters when doing a web search on these terms, but these meanings are irrelevant to the current discussion.

The attached document utilizes the following categories in describing the level of competence expected at the conclusion of the practicum. Again please note that in some areas, substantial competence is expected, while in others, just the beginning of understanding is expected – a student, or any psychologist for that matter, may be expert in some areas and a novice in others. The definitions, (based on Dreyfus & Dreyfus, 1986) are modified versions of definitions offered by Benner (1984), with further input from Alexander (2004). Some of the category labels and descriptive contents have been changed to fit the particular circumstances of psychology training.

1. Novice (N): Novices have limited knowledge and understanding of (a) how to analyze problems and of (b) intervention skills and the processes and techniques of implementing them. Novices do not yet recognize patterns, and do not differentiate well between important and unimportant details; they do not have filled-in cognitive maps of how, for example, a given client may move from where he/she is to a place of better functioning.

2. Intermediate (I): Psychology students at the intermediate level of competence have gained enough experience through practice, supervision and instruction to be able to recognize some important recurring domain features and to select appropriate strategies to address the issue at hand. Surface level analyses of the Novice stage are less prominent, but generalization of diagnostic and intervention skills to new situations and clients is limited, and support is needed to guide performance.

3. Advanced (A). At this level, the student has gained deeper, more integrated knowledge of the competency domain in question, including appropriate knowledge of scholarly/research literature as needed. The student is considerably more fluent in his/her ability to recognize important recurring domain features and to select appropriate strategies to address the issue at hand. In relation to clinical work, recognition of overall patterns, of a set of possible diagnoses and/or treatment processes and outcomes for a given case, are taking shape. Overall plans, based on the more integrated knowledge base and identification of domain features are clearer and more influential in guiding action. At this level, the student is less flexible in these areas than the proficient psychologist [the next level of competence] but does have a feeling of mastery and the ability to cope with and manage many contingencies of clinical work.

4. Proficient. The proficient psychologist perceives situations as wholes rather than in terms of chopped up parts or aspects. Proficient psychologists understand a situation as a whole because they perceive its meaning in terms of longer-term goals. The proficient psychologist learns from experience what typical events to expect in a given situation and how plans need to be modified in response to these events. The proficient psychologist can recognize when the expected normal picture does not materialize and takes steps to address these situations (including seeking supervision, reviewing research literature). This holistic understanding improves the proficient psychologist's decision making; it becomes less labored because the psychologist now has a perspective on which of the many existing attributes and aspects in the present situation are the important ones – the psychologist has developed a nuanced understanding of the clinical situation.

5. Expert. The expert no longer relies on an analytic principle (rule, guideline, or maxim) to connect her or his understanding of the situation to an appropriate action. The expert psychologist, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The expert operates from a deep understanding of the total situation. This is not to say that the expert never uses analytic tools. Highly skilled analytic ability is necessary for those situations with which the psychologist has had no previous experience. Analytic tools are also necessary for those times when the expert gets a wrong grasp of the situation and then finds that events and behaviors are not occurring as expected. When alternative perspectives are not available to the clinician, the only way out of a wrong grasp of the problem is by using analytic problem solving.

<u>Trajectory of Acquiring Competence</u>

As noted above, it is important to recognize that competencies are acquired at different rates. Some competencies, such as administrative or supervisory skills, may come slowly and later in professional development. Other more basic competencies, such as timeliness, ability to utilize supervision, etc., may be expected and/or required to be achieved at a fully professional level very early in training. These differences in trajectory are reflected in the level of competence expected at the conclusion of practicum training. For example, in Section B.1.a.i below, "Ability to take a respectful, helpful professional approach to patients/clients/families" is expected to be at the Advanced, or "A" level by the end of the practicum, since these skills are basic or foundational clinical skills; in Section B.2.a below, "Development of skills and habits in seeking and applying theoretical and research knowledge relevant to practice of psychology in the

clinical setting, including accessing and applying scientific knowledge bases" is expected to be at the Intermediate or "I" level at the end of practicum, since these skills will be a focus of considerable work in the internship year.

Individual and Cultural Difference

A core principle behind all competencies listed in this document is awareness of, respect for, and appropriate action related to individual and cultural difference (ICD). Issues of ICD are relevant to each of the competencies described, but take a particularly large role in some. In these instances, we have made an effort to mention ICD specifically.

Required/Expected Number of Practicum Hours

The CCTC and the ADPTC Competencies Workgroups do not take a stand on how many hours of practicum are needed to acquire the levels of competence described in this document. We believe that the expected domains and levels of competence should be defined first, and the question of how much training is needed to achieve these levels should be determined empirically.

Given that programs vary widely in how much practicum experience is required, the ADPTC Workgroup experimented with estimating the level a student should achieve in all the areas at each step of practicum training, based on 500 hour units, corresponding to 1 year of ¼ time practicum. We looked at three years, totaling 1500 hours of practicum training (the amount recommended by the ELC Practicum Workgroup report). However, a recent survey regarding practicum training conducted with the help of ADPTC members indicates that, because there is large variability in the duration and intensity of practicum training, dividing practicum training into three sets 500 hour units was not reasonable. Therefore the accompanying document simply indicates an estimate of the competence level we believe should be reached by the end of practicum training, without specifying how many hours would be needed to achieve these levels.

Practicum Competencies Outline

A. Baseline Competencies: Skills, Attitudes and Knowledge that students should possess prior to their practicum training experience:

Before beginning practicum the student should possess and demonstrate a set of basic personal and intellectual skills, attitudes and values, and a core of professional knowledge. This core knowledge and these skills, attitudes and values are baseline competencies of the professional psychologist. We argue that it is inappropriate to undertake formal clinical professional training with students who have not acquired these skills. The work of subsequent clinical training is to shape and refine these baseline skills into professional skills.

1. Personality Characteristics, Intellectual and Personal Skills

a) Interpersonal skills: ability to listen and be empathic with others; respect for/interest in others' cultures, experiences, values, points of view, goals and desires, fears, etc. These skills include verbal as well as non-verbal domains. An interpersonal skill of special relevance is the ability to be open to feedback.

b) Cognitive skills: problem-solving ability, critical thinking, organized reasoning, intellectual curiosity and flexibility.

c) Affective skills: affect tolerance; tolerance/understanding of interpersonal conflict; tolerance of ambiguity and uncertainty.

d) Personality/Attitudes: desire to help others; openness to new ideas; honesty/integrity/valuing of ethical behavior; personal courage.

e) Expressive skills: ability to communicate one's ideas, feelings and information in verbal, non-verbal and written forms.

f) Reflective skills: ability to examine and consider one's own motives, attitudes, behaviors and one's effect on others.

g) Personal skills: personal organization, personal hygiene, appropriate dress.

2. Knowledge from classroom experience:

The practicum experience will engage and develop skills and knowledge that have been the focus of pre-practicum coursework:

General: Prior to practicum training, students should have acquired basic theoretical and research knowledge related to diagnosis, assessment, and intervention; diversity; ethics; skills in seeking out and applying research knowledge in the clinical setting. Practicum students should possess sufficient mastery of basic information and skills to prepare them to make good use of the practicum experience. Some coursework may occur concurrently with practicum, but care must be taken to be sure that the practicum does not demand knowledge that the student does not yet possess. This may be a matter for negotiation between practicum sites and the graduate program. Early coursework should provide sufficient training in the following specific areas:

a) Assessment & Clinical Interviewing
i) Knowledge regarding psychopathology related to the population(s) served by the practicum sites.
ii) Knowledge of scientific, theoretical, empirical and contextual bases of psychological assessment.
iii) Knowledge of test construction, validity, score reliability and related assessment psychometrics.
iv) Training in principles and practice of systematic administration, data-gathering and interpretation for assessment, including identifying problems, formulating diagnoses, goals and case conceptualizations; understanding the relationship between assessment and intervention, assessment of treatment progress and outcome.
v) Training in the models and techniques of clinical interviewing.
b) Intervention*
i) Knowledge of scientific, theoretical, empirical and contextual bases of intervention.
ii) Training in basic clinical skills, such as empathic listening, framing problems, etc.
iii) Training in assessment of treatment progress and outcome. * Specific features of "Intervention" are more fully described in Section B.4 below.
c) Ethical & Legal
i) Principles of ethical practice and decision making (APA, 2002)
ii) Legal knowledge related to the practice of psychology [Federal (e.g., HIPAA), State law]
d) Individual and Cultural Difference (ICD)
i) Knowledge and understanding of the principles and findings related to ICD as they apply to professional psychology.
ii) Understanding of one's own situation (e.g., one's ethnic/racial, socioeconomic, gender, sexual orientation; one's attitudes towards diverse others) relative to the dimensions of ICD (e.g., class, race, physical disability etc.).
iii) Understanding of the need to consider ICD issues in all aspects of professional psychology work (e.g., assessment, treatment, research, relationships with colleagues, etc.).

B. Description of Skills Leading to Competencies that are Developed During the Practicum Experience Competence Level expected by the completion of practicum is indicated in the column on the right. N = Novice; I = Intermediate; A = Advanced. See introduction for definition of these levels. These competencies are built upon fundamental personality characteristics, intellectual and personal skills (see Section A1).	**Completed Practicum**
1. Relationship/Interpersonal Skills The ability to form and maintain productive relationships with others is a cornerstone of professional psychology. Productive relationships are respectful, supportive, professional and ethical. Professional psychologists should possess these basic competencies when they first begin their clinical training. Although the ability to form such relationships is grounded in basic skills that most students will have developed over the course of their lives to date, helping the student hone and refine these abilities into professional competencies in the clinical setting is a key aim of the practicum. In particular, the practicum seeks to enhance students' skills in forming relationships:	
a) With patients/clients/families:	
i) Ability to take a respectful, helpful professional approach to patients/clients/families.	A
ii) Ability to form a working alliance.	I
iii) Ability to deal with conflict, negotiate differences.	I
iv) Ability to understand and maintain appropriate professional boundaries.	I
b) With colleagues:	
i) Ability to work collegially with fellow professionals.	A
ii) Ability to support others and their work and to gain support for one's own work.	I
iii) Ability to provide helpful feedback to peers and receive such feedback nondefensively from peers.	I
c) With supervisors, the ability to make effective use of supervision, including:	
i) Ability to work collaboratively with the supervisor. Collaboration means understanding, sharing and working by a set of common goals for supervision. Many of these goals will change as the student gains professional competence, although a core goal, of working cooperatively to enhance the student's skills as a clinician, will remain constant. It is this aspect of collaboration that is expected to be at the "A" level by the end of practicum training. Competencies ii & iii below may be considered aspects of collaboration with the supervisor.	A

	Completed Practicum
ii) Ability to prepare for supervision.	A
iii) Ability/willingness to accept supervisory input, including direction; ability to follow through on recommendations; ability to negotiate needs for autonomy from and dependency on supervisors.	A
iv) Ability to self-reflect and self-evaluate regarding clinical skills and use of supervision, including using good judgment as to when supervisory input is necessary.	I
d) With support staff :	
i) Ability to be respectful of support staff roles and persons.	A
e) With teams at clinic:	
i) Ability to participate fully in team's work.	A
ii) Ability to understand and observe team's operating procedures.	I
f) With community professionals:	
i) Ability to communicate professionally and work collaboratively with community professionals.	I
g) For the practicum site itself:	
i) Ability to understand and observe agency's operating procedures.	A
ii) Ability to participate in furthering the work and mission of the practicum site.	A
iii) Ability to contribute in ways that will enrich the site as a practicum experience for future students.	A
<u>2. Skills in Application of Research</u> Clinical practice in all health-care fields (e.g., medicine, nursing, dentistry) is based on accumulating research results, knowledge derived from practice, and the good judgment of the clinician (for psychology, see the APA Presidential Task Force on Evidence-Based Practice, 2006). A core research knowledge base and training in accessing and applying research knowledge to clinical practice form a core competency for psychologists.	
a) Development of skills and habits in seeking and applying theoretical and research knowledge relevant to practice of psychology in the clinical setting, including accessing and applying scientific knowledge bases.	I
b) Understanding and application of theoretical and research knowledge related to diagnosis/assessment and intervention, diversity, supervision, ethics etc.	I

	Completed Practicum
3. Psychological Assessment Skills Psychological assessment is a fundamental competency for psychologists, and it includes comprehensive and integrated assessment from the initial interview, psychological testing, intervention and the evaluation of the outcome of psychological service. A foundation of knowledge and skill is needed for psychological assessment.	
a) Ability to select and implement multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups.	I
b) Ability to utilize systematic approaches to gathering data to inform clinical decision making.	I
c) Knowledge of psychometric issues and bases of assessment methods.	A
d) Knowledge of issues related to integration of different data sources.	A
e) Ability to integrate assessment data from different sources for diagnostic purposes.	I
f) Ability to formulate and apply diagnoses; to understand the strengths and limitations of current diagnostic approaches.	I
g) Capacity for effective use of supervision to implement and enhance skills.	A
4. Intervention Skills Intervention includes preventive, developmental and remedial interventions. Intervention and Psychological Assessment are the two fundamental operational competencies for psychologists, and they are typically the major focus of practicum training. The mention below of competencies in empirically supported practice is not intended to restrict the range of training to a particular domain of interventions; competencies in treatment approaches based on other traditions, including "empirically supported relationships", are highly valued by many, and are intended to be included in sections "a-c" and "g-i" below.	
a) Ability to formulate and conceptualize cases.	I
b) Ability to plan treatments.	I
c) Ability to implement intervention skills, covering a wide range of developmental, preventive and "remedial" interventions, including psychotherapy, psychoeducational interventions, crisis management and psychological/psychiatric emergency situations, depending on the focus and scope of the practicum site.	I
d) Knowledge regarding psychotherapy theory, research and practice.	I
e) Knowledge regarding the concept of empirically supported practice methods and relationships.	A
f) Knowledge regarding specific empirically supported treatment methods and activities.	I
g) Ability to apply specific empirically supported treatment methods (e.g. CBT, empirically supported relationships).	I
h) Assessment of treatment progress and outcome.	I
i) Linking concepts of therapeutic process and change to intervention strategies and tactics.	I
j) Effective use of supervision to implement and enhance skills.	A

	Completed Practicum
5. Consultation Skills/Interprofessional Collaborations: The workgroup at the 2002 Competencies Conference viewed consultation as a key competency for psychologists in the 21st century, citing the importance of psychologists being able to "serve as competent and engaged consultants who bring value to a broad range of settings, contexts and systems that can benefit from skillful application [of] psychological knowledge" (Arredondo, Shealy, Neale, & Winfrey, 2004). Exposure to consultation practice has increased in many practicum sites. Competencies in this domain include:	
a) Knowledge of the unique patient care roles of other professionals.	I
b) Ability to effectively relate to other professionals in accordance with their unique patient care roles.	I
c) Understanding of the consultant's role as an information provider to another professional who will ultimately be the patient care decision maker.	I
d) Capacity for dialoguing with other professionals which avoids use of psychological jargon.	I
e) Ability to choose an appropriate means of assessment to answer referral questions.	I
f) Ability to implement a systematic approach to data collection in a consultative role.	I
g) Consultative reports are well organized, succinct and provide useful and relevant recommendations to other professionals.	I
6. Diversity - Individual and Cultural Differences: The APA Multicultural Guidelines (APA, 2003) noted that "All individuals exist in social, political, historical, and economic contexts, and psychologists are increasingly called upon to understand the influence of these contexts on individuals' behavior" (p. 377). Thus every competency listed in this document is thoroughly linked to matters of individual and cultural difference (ICD), including knowledge related to ICD, as well as awareness of, respect for, and appropriate action related to ICD. It is critical that practicum students begin to learn that culture influences the way that clients are perceived, the way that clients perceive the counselor, and that culture-centered practices may be more effective than practices developed for use with only one cultural group (e.g., European Americans). Practicum students need to know how individual and cultural differences influence clients' recognition of a problem and appropriate solutions for that problem. Specific competency areas related to ICD are important to identify and train for include:	
a) Knowledge of self in the context of diversity (one's own beliefs, values, attitudes, stimulus value, and related strengths/limitations) as one operates in the clinical setting with diverse others (i.e., knowledge of self in the diverse world).	I
b) Knowledge about the nature and impact of diversity in different clinical situations (e.g., clinical work with specific racial/ethnic populations)	I
c) Ability to work effectively with diverse others in assessment, treatment and consultation.	I

	Completed Practicum
7. Ethics: During the practicum, the student will build on coursework in ethical practice, developing individual, practical knowledge of ethical practice, including linkage of the APA ethics code (APA, 2002) to behavior and decision making in actual clinical settings. In addition, students should increase and apply their understanding of legal standards (state and federal, e.g., HIPAA) and APA practice guidelines. Note that each of the domains described in this document is expected as a matter of course to be grounded in ethical practice. More specifically, during practicum training the student will work to develop the following ethical competencies:	
a) Knowledge of ethical/professional codes, standards and guidelines; knowledge of statutes, rules, regulations and case law relevant to the practice of psychology.	I
b) Recognize and analyze ethical and legal issues across the range of professional activities in the practicum setting.	I
c) Recognize and understand the ethical dimensions/features of his/her own attitudes and practice in the clinical setting.	I
d) Seek appropriate information and consultation when faced with ethical issues.	A
e) Practice appropriate professional assertiveness related to ethical issues (e.g., by raising issues when they become apparent to the student).	I
f) Evidence commitment to ethical practice.	A
8. Development of leadership skills: The 2001 Education Leadership Conference Practicum Competencies Workgroup identified beginning training in management and leadership skills as important. Presumably management and leadership skills are in evidence in any organized training setting; some deliberate effort to engage students in considering and practicing these skills in the practicum setting could foster their development. In particular, practicum students may gain beginning understanding and practice in leadership through leading research teams, mentoring newer students in vertical team settings, acting as Assistant Directors in clinics, participating in clinic discussions of organizational goals and policies regarding clinical, training and management activities. Note that beginning familiarity with these issues is expected at the end of the practicum, as indicated by the "N" or Novice level of competence in the right-hand column:	
a) Recognition of one's role in creating policy, participation in system change, and management.	N
b) Understand the relationship between roles of supervisor, manager and executive.	N
c) Understand the role of leadership in management success.	N
d) Ability to identify leadership, business and management skills.	N
e) Understand the purpose and process of strategic planning.	N
f) Understand the basics of financial management as it pertains to clinical service delivery.	N
g) Understand the purpose and structure of meetings and how to run them well.	N
h) Ability to self-evaluate one's skills as manager and leader.	N

	Completed Practicum
9. Supervisory Skills: Supervision is widely considered to be a core competency in professional psychology (e.g., Falender et al., 2004) during the practicum, even though the core requirements for competent supervisory practice await the mastery of the other competencies listed in this document. Practicum programs are encouraged to consider how best to introduce students to this critical role. The basic groundwork that is specific to developing supervisory competency may be addressed to some extent in the practicum experience, including some exposure to the following areas. Note that beginning familiarity only with these issues is expected at the end of the practicum, as indicated by the "N" or Novice level of competence in the right-hand column:	
a) Knowledge of literature on supervision (e.g., models, theories & research).	N
b) Knowledge concerning how clinicians develop to be skilled professionals.	N
c) Knowledge of methods and issues related to evaluating professional work, including delivering formative and summative feedback.	N
d) Knowledge of limits of one's supervisory skills.	N
e) Knowledge of how supervision responds appropriately to individual and cultural differences.	N
10. Professional Development: Practicum training is a key experience in professional development for the novice psychologist. Certain central features that characterize professional development in later professional life are a particular focus during the practicum, and serve as a foundation for continuing professional development. These can be gathered under the heading of:	
a) Practical Skills to Maintain Effective Clinical Practice The student will develop practical professional skills such as	
1) Timeliness: completing professional tasks in allotted/appropriate time (e.g., evaluations, notes, reports); arriving promptly at meetings and appointments.	A
2) Developing an organized, disciplined approach to writing and maintaining notes and records.	A
3) Negotiating/managing fees and payments.	I
4) Organizing and presenting case material; preparing professional reports for health care providers, agencies, etc.	I
5) How to self-identify personal distress, particularly as it relates to clinical work.	I
6) How to seek and use resources that support healthy functioning when experiencing personal distress.	I
7) Organizing one's day, including time for notes and records, rest and recovery etc.	I
These features may be considered to be a focal subset of a broader group of skills related to the clinician's professional development that will continue throughout the career. This broader group includes:	

b) Professional Development Competencies	Completed Practicum
1) Critical thinking and analysis.	I
2) Using resources to promote effective practice (e.g., published information, input from colleagues, technological resources).	A
3) Responsibility and accountability relative to one's level of training, and seeking consultation when needed.	A
4) Time management.	I
5) Self- awareness, understanding, and reflection.	I
6) Self-care.	I
7) Awareness of personal identity (e.g., relative to individual and cultural differences).	I
8) Awareness of one's own beliefs and values as they relate to and impact professional practice and activity.	A
9) Social intelligence; ability to interact collaboratively and respectfully with other colleagues.	A
10) Willingness to acknowledge and correct errors.	A
11) Ability to create and conduct an effective presentation.	I
11. Metaknowledge/Metacompetencies – Skilled Learning	
The training program should help students begin on the path of reflective understanding and knowledge about their own knowledge and competencies. A broadly drawn definition characterizes metaknowledge as *knowledge about knowledge – knowing what you know and what you don't know*. Metaknowledge includes being aware of the range and limits of what you know; knowing your own intellectual strengths and weaknesses, how to use available skills and knowledge to solve a variety of tasks, how to acquire new or missing skills, or being able to judge that a task can't be done with current knowledge. Metacompetencies similarly refer to the ability to judge the availability, use and learnability of personal competencies. The development of metaknowledge and metacompetencies depends on self-awareness, self-reflection and self-assessment (Weinert, 2001). For psychologists, this would include:	
a) Knowing the extent and the limits of one's own skills; learning the habit of and skills for self-evaluation of clinical skills.	I
b) The ability to use supervision, consultation and other resources to improve and extend skills (note the related relationship competence – to work collegially and responsively with supervisors).	A
c) Knowledge of the process for extending current skills into new areas.	I

d) Knowledge of the epistemologies underlying various aspects of clinical practice (e.g., assessment, diagnosis, treatment).	I
e) Commitment to life-long learning and quality improvement.	A
f) Awareness of one's identity as a psychologist (Education Leadership Conference): an aspect and reflection of metaknowledge that is role specific, knowing what one knows and can do (and should do) as a psychologist.	I

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