

Appendix 2

Evaluation form for the psychotherapy case report for Hong Kong Psychiatric Training Scheme (February 2010)

Note: this form can be attached together with the ACE report form for trainees intending to apply CASC of MRCPsych examination. However the separate ACE report form has to be completed as well.

Name of trainee:

Name of psychotherapy supervisor (if applicable):

Name of psychotherapy trainer/trainer-in-charge:

Modality of psychotherapy delivered:

Duration of psychotherapy provided:

Diagnosis of the psychotherapy case:

The psychotherapy supervisor/ trainers' comments on the psychotherapy case report:

	Excellent	Good	Pass	Poor
Quality of the case formulation				
Definition of treatment goals and targets				
Appropriateness of the intervention strategies				
Competence in				

delivering intervention strategies				
Awareness of patient's and therapist's own reactions to therapy and therapeutic relationships				
Clarity of presentation				

Overall comments from the psychotherapy supervisor/ trainer:

Additional comments from the psychotherapy trainer-in-charge (if any):

Signature: \_\_\_\_\_ ( Psychotherapy supervisor, if applicable)

\_\_\_\_\_ (Psychotherapy Trainer)

\_\_\_\_\_ (Psychotherapy trainer-in-charge, if any)

Date of completion of the evaluation form: \_\_\_\_\_