

VIGNETTE MATCHING EVALUATION (VME) TOOL

(Bogo, Regehr, Hughes, Woodford, Power, & Regehr, 2006)

The Vignette Matching Evaluation (VME) Tool was developed on the belief that scale-based evaluations of field performance, while valuably standardized, are abstracted from the reality of a field instructors' construction of the student. The abstracted nature of those scale-based representations of the student allow several other relational and value-based pressures to affect instructors use of scores to represent the student's performance, leading to grade inflation and a fundamental flaw in scales to effectively identify students in trouble (Bogo, Regehr, Power & Regehr, in press). The VME tool was an effort to maintain the standardization introduced by the scale-based evaluation movement, while taking advantage of the rich and immediate representation provided by written narratives.

Tool Construction

The VME Tool was constructed using qualitative interviews of 19 experienced field instructors who each described an excellent, an average and a problematic student for whom they had provided supervision in the past. From these descriptions the researchers created 20 iconic student vignettes that were intended to represent the full range of student competence that is seen by instructors in the field. Ten experienced field instructors, first independently and then in two teams of five, grouped the vignettes into as many categories as they deemed necessary to reflect the various levels of student performance represented. The independently generated categories were very similar across instructors and across teams, leading to the creation of five categories of performance with associated scores: "exemplary" = 5, "ready to practice" = 4, "on the cusp" = 3, "needs more training" = 2; and "unsuitable for practice" = 1. See Table 1 for

the matching of vignettes to categories and scores (from Bogo, Regehr, Power, Hughes, Woodford & Regehr, 2004).

Use and Scoring of the VME Tool

To use the VME, a field instructor should be asked to get an image of the student to be evaluated in her head, then read through a randomly ordered set of the vignettes and pull out all vignettes that seem like her student (with no limit on the number of vignettes selected). The instructor should then be asked to review the subset of “similar” vignettes and identify the one or two that are “most like” the student. The “score” for the student is then calculated as a weighted average of scores represented by all the “similar” vignettes (given a weight of 0.5) and the “most similar” vignettes (given a value of 1.0). For example if an instructor identifies vignettes C and D as similar and vignettes T and K as most similar, then the student’s score would be calculated as:

$$[(4*0.5) + (3*0.5) + (5*1.0) + (4*1.0)] / [0.5 + 0.5 + 1.0 + 1.0] = 12.5 / 3.0 = 4.17$$

A study was conducted to examine the feasibility, reliability and utility of this instrument (Regehr, Bogo, Regehr & Power, in review). This study demonstrated that, when evaluating a particular student instructors tended to select vignettes that were close to each other in the ranking (suggesting reliability of the numeric representations of the vignettes) and scoring of the vignettes using this system often identified students in potential difficulty who would not have been identified by scale-based measures.

Vignette	Rank	Category Descriptor	Score Value
F	1	“Exemplary” Clearly exceptional More colleagues than students	5
P	2		5
J	3		5
T	4		5
L	5		5
C	6	“Ready for practice” Clearly passable from the program	4
K	7		4
Q	8		4
R	9		4
N	10	“On the cusp” May or may not be ready for practice	3
O	11		3
D	12		3
S	13	“Need more training” &/or supervision May be in year 1 of 2 year program	2
E	14		2
A	15		2
G	16		2
M	17	“Unsuitable for the profession”	1
V	18		1
B	19		1
H	20		1

Bogo, M., Regehr, C., Power, R., Hughes, J., Woodford, M., & Regehr, G. (2004). Toward new approaches for evaluating student field performance: Tapping the implicit criteria used by experienced field instructors. *Journal of Social Work Education*, 40(3), 417-426.

Bogo, M., Regehr, C., Power, R., & Regehr, G. (2007). When values collide: Field instructors' experiences of providing feedback and evaluating competence. *The Clinical Supervisor*, 46(1/2), 99-177.

Regehr, G., Bogo, M., Regehr, C., & Power, R. (2007). Can we build a better mousetrap? Improving measures of social work practice performance in the field. *Journal of Social Work Education*, 43(2), 327-343.

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MENTAL HEALTH A

A presents as very pleasant and is well liked by clients and other workers in your agency, yet he/she only seems to do the bare minimum. That is, he/she arrives on time, sees clients, finishes reports, and generally does what needs to be done. A performs adequately, but really does not progress past this level or display any motivation to excel. In his/her relationships with other team members, A is present but not well connected. In supervision, A brings few issues and concerns for discussion and continually appears to give little thought to the placement. A tells you that this placement is not his/her first choice. Further, A works part-time at another agency where he/she is more comfortable and where he/she will begin working at the end of the school year.

A's assessment skills are basically fine, although limited. A's assessments are comprehensive and well developed when clients' situations and concerns mirror what A understands. Beyond this, A lacks knowledge about the practice setting and the issues and difficulties faced by clients. A's intervention skills are broad ranging from practical issues, such as developing a discharge plan to process issues, such as slowing down and listening to clients in sessions.

A's report writing skills are adequate, but some of his/her assessments and the resulting written reports, are superficial and seem rushed. Ethically, you have no concerns about A's professional behavior.

MENTAL HEALTH B

For the first week of the placement, B arrives habitually late and consistently avoids supervision. When you ask specifically about this behavior, B becomes aggressive and defensive with you. You wonder about B's interest or personal motivation to become a social worker when he/she avoids you and clients and is not attentive in group sessions.

At the beginning of the placement, B had difficulty engaging, displaying warmth, and joining with clients. With some clients, B is hostile and openly shows dislike. For you as the field instructor, B requires much help as he/she appears to struggle to learn everything and consistently has to learn and relearn the same or similar practice skills or organisational procedures. You spend a great deal of time helping B to improve his/her relationship-building skills. These skills improve only slightly to where B is able to move beyond displays of hostility to learn to be non-judgmental toward clients; however B is never able to really convey warmth to clients.

Assessment is similarly difficult for B as he/she has continual difficulty getting beyond just simply understanding the immediate facts of clients' situations. B demonstrates little to no evidence of using him/herself differentially with clients. Because B takes everything extremely literally and concretely, you spend a great deal of time to help B make the necessary connections. You think that B lacks the necessary ability to go beyond what is literally being said by clients to make deeper connections between the various aspects of the clients' situations or presenting problems. This lack of ability in critically analysing clients' situations is also demonstrated in B's written reports. These reports contain only basic information about what clients literally have said during interviews. B never progresses to the point where he/she has the opportunity to present at a team meeting or a formal presentation for other students and colleagues.

MENTAL HEALTH C

C presents to you as very friendly, open, warm, and comfortable with clients. In the beginning of the placement, however, C appears to be intimidated by colleagues, especially those from other professions. C does the required readings for the placement and spends a lot of time at the beginning of the placement observing the field instructor and other colleagues to learn how to assess and intervene in this practice setting.

As C begins to work with clients, he/she demonstrates excellent assessment and intervention skills. C works with a variety of different client groups and uses his/her own lived experience to join with and engage clients. In working with clients who are extremely angry or resistant, C uses innovative and unique strategies to establish trust. For example, C engages a resistant client by asking the client if he likes food or music and then uses these interests to join with the client. In working with clients with intellectual limitations, C is non-judgmental, patient, and spends time breaking down large concepts and ideas so that these can be easily understood by these clients.

At the beginning of the placement, C's report writing and presentation skills were weak as C lacked confidence in his/her abilities in both of these areas. Over the course of the placement, you worked closely with C to ensure that written reports become more concise and less subjective. Through this work, you notice that C becomes more confident in these abilities. Near the end of the placement, C makes a formal presentation to other students and colleagues in which C is well prepared and appears quite comfortable.

HOSPITAL D

D comes to your agency with considerable personal maturity and life experiences. This combination helps D to be reflective and attuned to his/her personal reactions, but this also makes D somewhat nervous and hesitant about the possibility of making mistakes. Consequently, D acts constrained and avoids taking risks, which slows the learning process. D accesses various learning opportunities (for example, co-leading a group), however these are low risk activities. D checks in with you and the team a lot for reassurance. You sense a feeling of trust from the team toward D – they really like D. In field instruction, D is comfortable in raising personal issues, including describing practice events that trigger traumatic memories for D.

In clinical work, D presents as a very caring and genuine individual, which communicates to others as warmth and genuine concern. D also has a good sense of boundaries and is comfortable with casual conversations with clients. D has good listening skills and uses questioning effectively. D has a good differential use of self in that he/she is able to adapt his/her use of self to different clients. You notice, however, his/her struggle with power issues in the client/worker relationship. D seems to work more intuitively as opposed to being directed by theory. Also, D is more likely to focus on affect and not contain client emotions. Yet, D is able to move beyond the beginning level of intervention and link affect, behavior and cognition. As per agency practices, D works in the here and now with clients. However, after a certain point, D tends to get stuck. That is, D is able to assess clients psychologically and socially, but then is not sure what to do next as there is a lack of depth in D's intervention skills.

D's understanding of ethics is very good and he/she raises significant philosophical issues in supervision and D is committed to working through them. D is comfortable with agency policies and procedures and ensures that clients are following them. D's report writing skills are satisfactory. Initially, D's reports were more like stories containing lots of information, some of which were not clinically relevant. Although some reports are late, time-sensitive ones are submitted efficiently. Presentations are satisfactory structurally. In group meetings with the team and clients, D effectively communicates the team's feedback to the client, but finds it difficult to respond to anxious comments from clients.

HOSPITAL E

E is pleasant, personable, easy to connect with, and forthcoming in sharing information. E has some experience working in human services, but not in a social work capacity. Despite E's verbal skills and personality, he/she struggles to build equitable relationships with other team members, especially with the medical staff as they view E primarily as a student. E has clear learning goals, but requires help focusing on the social work aspects of the setting as E seems to identify more with the medical role than with the social work role. For instance, E spends time learning medical definitions that are not useful in his/her role as a social worker. You believe E sees the placement as an opportunity to explore career goals, which are not necessarily related to social work. In supervision, you help E to focus on the social work perspective. E is open to and responsive to feedback and is able to integrate new information effectively. E reads situations realistically and raises relevant information in field instruction.

E's verbal skills and personality enable him/her to connect with clients and other team members. He/she is able to identify factors that clients bring to the social work relationship (e.g., age, gender, socio-economic status) and tries to relate to clients in an appropriate manner (e.g., addressing older clients as Mr., Mrs., or Ms.). However, E tends to talk down to clients and does not share power with them. Over the course of the placement, this changes. E approaches assessment as a means to collect client information, but E lacks boundaries around what information is relevant and not relevant. Further, for E information is to be collected quickly and he/she does not consider the client's experiences in the process. You sense that E collects as much information as possible and later formulates an assessment, as opposed to doing the two simultaneously. Moreover, the information E collects is more factual, rather than psychosocial. Therefore, E's intervention plans are incomplete and not sensitive to clients' instrumental needs, as E does not obtain a full picture of the client's situation and needs.

Initially, E's reports resemble academic papers, but with time and support E makes the adjustment to more fact-based reports, however you have concerns regarding the legibility of the reports. Verbal reports are somewhat verbose, but improve given time and direction from you. You have no concerns about the ethics of E's work. He/she is very comfortable in assuming an advocacy role with clients.

MENTAL HEALTH F

To prepare for the placement, F called and asked for recommended readings, performed literature searches, and read books and articles. Upon arriving at your agency, F clearly identifies and articulates what he/she wants to accomplish during the placement. When these aims are reached, F sets new goals. Initially, F observes you in practice and asks a lot of questions, however, early in the placement, F learns to take appropriate action with clients and seek necessary clarification from you and other colleagues. F is excellent in terms of soliciting and receiving feedback from you and clients, however you notice that F can at times be too critical about his/her own work.

F exudes warmth and compassion. F is able to be him/herself effectively with clients, to be genuine, use humour, and admit when he/she makes mistakes. Although F uses him/herself and his/her personal experiences with clients or groups of clients, F balances this effectively with the need to be professional. F has awareness of personal and professional boundaries with clients. F is able to work with a broad range of clients and use him/herself differently with various client groups and apply a variety of theoretical models as well. This includes working with people with intellectual difficulties and other clients who can be difficult and require a more directive approach. In group work, F demonstrates that he/she can understand group dynamics, assess concerns articulated by individual group members and the group as a whole, discuss these concerns, and negotiate a resolution.

In the beginning of the placement, F's reports were thorough, but they lacked conciseness and objectivity. You spend time working with F to ensure that reports became more concise and crisper. F arrives at team meetings well prepared to discuss clients' situations. F is assertive in presenting his/her assessment of client situations and his/her intervention goals and plans, without being aggressive with other team members at meetings.

MENTAL HEALTH G

In practice, G is not confident and does not act or think independently. G is not assertive with other team members in that information is provided only when directly requested and, consequently, G is not viewed as a (student) team member. You sense that for G, this practicum is a means to obtaining a graduate degree and securing future employment. G has outside priorities (i.e., planning a wedding) that cause you to conclude he/she is not an enthused learner, even though G's work and skills are satisfactory. All of G's interventions and interactions are ethical and G is able to present as professional with satisfactory and timely performance of duties. However, overall G appears to invest little in the placement experience.

In interactions with clients and agency staff, G comes across as somewhat irritable, hesitant, and lacking warmth. G is able to provide feedback concerning client input, but his/her clinical interventions are not well directed or goal oriented, thus some issues go unexplored unless you specifically take the time to prompt G to consider these issues. The same level of prompting is required throughout the placement period. You notice that G approaches meetings with clients as informal discussions, rather than focussed clinical interviews.

G possesses strong writing skills, although reports tend to be descriptive and lack sufficient information to enable the reader to fully understand clients' situations and clinical interventions. Consequently, you need to support G in report preparation throughout the placement period. Verbally G presents well, yet is uncomfortable with public speaking due to not being well prepared.

CHILD WELFARE H

When H first came to the practicum, he/she presented as bright, energetic, and experienced as a worker in social services. Early in the placement, however, it is obvious to you that H has come to this practice setting with very definite ideas about how your agency should operate and he/she tries to implement these views. This behavior creates difficulties for H in his/her interactions with other team members, with you in supervision, and in his/her interactions with clients. H makes no attempts to integrate with other colleagues and to work as part of the team. In H's first team meeting, he/she was argumentative with other workers and was asked to leave the meeting by your supervisor. This behavior continues throughout the placement as H argues with other colleagues in the office. H also argues with you in supervision and ignores your suggestions for improvements to his/her practice. H also brings very personal issues to supervision. Although young clients like H, his/her relationships violate professional/personal boundaries. As examples, H takes clients to his/her apartment during lunch, tells young clients that they do not have to go to school if they did not want to go, and also tells young clients that it is okay to run away from foster homes.

Although H understands conceptually how to do an assessment, H starts with his/her personal view of clients' situations and then tries to find information that supports his/her own view. Because H is unwilling to take the time to really listen to clients, H is unable to form adequate assessments and develop logical, meaningful, and practical intervention plans.

H struggles with ethical professional behavior by continually becoming over involved with clients. H does not respect the confidentiality of clients by bringing clients to his/her home to meet his/her partner and sharing clients' confidential information, including clients' names with his/her university classmates. H has no opportunity to do written reports and, because of his/her argumentative behavior in team meetings he/she also has no opportunity to present during meetings.

HOSPITAL J

J is personally mature (although young in age), motivated, has a thirst for knowledge, and is clear regarding his/her learning goals. J arrives at the agency inexperienced, but J works hard throughout the practicum. J takes advantage of learning opportunities, effectively integrates new competencies into his/her practice, welcomes challenges, and is willing to take risks by trying new approaches and skills in order to grow professionally. For example, J frequently volunteers to assist other team members in order to maximise learning opportunities. Throughout the placement, J builds good, respectful relationships with you, the team, and referring consultants. The field instructor-student relationship is a positive, well-managed one. J comes to supervision prepared for discussion and is open and willing to expose him/herself and solicit feedback from you. J has a good sense of the areas he/she knows and does not know. J is able to find many opportunities to engage with colleagues and J works well with other team members and also seeks and uses their feedback. Moreover, J offers assistance when needed, but remains humble and respects the organisational hierarchy. J avoids getting involved in workplace politics and is able to find a good place within the organisational culture. J does not allow the agency culture and work dynamics to interfere with clinical practice or the learning process.

Clinically, J is able to establish and maintain positive relationships with clients. J has good listening skills, is able to attend to what is being said and not said, and is good at partializing. Further, J feels comfortable with silences and appropriately uses humour. As per the nature of the agency's work, J focuses on the here and now with clients. Initially in the therapeutic process, J focuses on surface/concrete issues in working with clients, but, over time J learns to do in-depth work and become competent at putting together many layers of clients' situations. During in-take assessments, J at first followed established agency forms (i.e., asks one question after the other). With experience, J learns to conduct assessments in a freer flowing manner that is sensitive to the particular client, while still obtaining information required by the agency. J demonstrates empathy and works effectively with affect, but is also able to conduct an in-take interview at an appropriate pace so that clients do not feel uncomfortable or vulnerable. J's assessments are conclusive and help J to develop comprehensive intervention plans. During the intervention phase, when needed, J is able to facilitate the client exploring affect in more detail. In doing so, clients are helped to make connections among various aspects of their lives. Overall J is focused when working with clients. Initially, J admits to some uneasiness with personal disclosure, but with increased confidence J becomes better at using him/herself and his/her personal experiences. J, however, does have difficulty dealing with conflict and setting limits with clients.

J demonstrates a good understanding of ethical issues and is able to consider these issues in the context of ethical principles. J also has a good sense of professional responsibility.

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Report writing is a particularly strong skill for J. They are well written and concise, contain relevant information, and are submitted on time. Further, J provides you and your agency with a suggestion to improve agency record keeping procedures by expanding the current record to include additional information about an area not currently recorded (although highly relevant). As for presentation skills, J is well organised for case rounds and consistently presents information following established agency processes. In group meetings (i.e., clients and team), J is able to provide feedback to the client effectively and, with time, is able to respond comfortably and suitably to client's remarks.

MENTAL HEALTH K

K is bright, very skilled and has a balanced sense of self-confidence when working with clients and interacting with agency staff. K is very personable and engaging and combines this enthusiasm with a sense of professionalism by completing work in a timely and well-organised fashion. Within the work environment, K is seen as part of the team as opposed to being in the student role.

In clinical intervention, assessments are analytical and reflect a systems and eclectic approach. Communication with clients involves feedback in which K ensures accuracy of understanding. Because K is analytical, he/she is able to provide a lot of insight into clients' situations. Although K has this insight and shares this information with clients, you worry that K does not always share information at a pace that is respectful of clients' readiness for such awareness. While you observe that K is too exuberant, you do not observe any significant impacts on clients. K's ability to look beyond present, individual pathology serves as a reminder to you and your colleagues to also consider other systems and systemic issues in your assessments.

K's verbal and written communication skills are strong. Presentations to the team are clear and follow a logical flow. Writing competencies are excellent as reports are well organised, articulate, and enable the reader to understand the clinical situation. No concerns regarding ethics or differential use of self are noted.

HOSPITAL L

L is very energetic, insightful, and clear about what he/she wants to learn from the placement. In addition, L has a lot of initiative. For instance, L identifies a gap in the agency's literature and takes it upon him/herself to develop a much-needed patient booklet. L is punctual, reliable and communicates with you, other team members, and clients with ease. L worked in a hospital previously, although not in a social work capacity. Therefore, L has a lot to discover about social work, but is eager and open to do so. Because of this past exposure to the hospital setting, he/she builds rapport easily with the team and understands and interacts in the hospital setting quite well. L's social skills are very good and help in this regard. In addition, L's appearance is always appropriate for the workplace. In supervision, L has the ability to be critical of his/her own work and to be very honest and straightforward about his/her competencies and limitations. But, when needed, L reaches out for help. At the end of placement, L identifies an area of interest for the second-year practicum, which he/she pursues. L is very clear on his/her educational and practice goals.

From the outset, L connects well with patients, and these skills continue to grow. He/she is able to empathise and perceive client needs. In the therapeutic context, L discloses appropriately while respecting professional boundaries. L has a good sense of humour and uses it effectively to build relationships. Initially, L's energy, eagerness, and insight are problematic in working with clients as L finds it challenging to be patient and listen. L interrupts frequently and puts words in the client's mouth. With time in the placement L learns to control this tendency and then improves to become a better listener. In the therapeutic context, L does not present him/herself as an expert, but acknowledges with clients that he/she does not have all the answers. L is aware of the power dynamics traditionally found in a hospital setting, and attempts to ensure that the patient has power in the social work relationship. For instance, L always knocks before entering patients' rooms and asks patients how they would like to be addressed. In addition, L attempts to be culturally aware, takes time to become informed about client's respective cultural norms and observances, and then L attempts to work with clients based on this understanding. In doing so, L looks for commonalities between him/herself and the client in order to engage.

L's reports are well written in terms of writing style and content, and he/she is able to differentiate between what should be included in and excluded from the file. Reports meet the agency's expectations. When presenting information orally, L is articulate, concise, focuses on facts, and is open to feedback based on a sense of mutuality between L and the team. L raises ethical concerns about some of the gray areas of practice and maintains good boundaries between work and personal life.

HOSPITAL M

M arrives at the agency with high expectations and wants to develop his/her clinical skills. However, M quickly becomes interested in and involved in the organization's politics. This not only detracts from M's learning, but your energies are continually focused on managing M in the political realm. Consequently, there is little opportunity for M to practice clinical skills. Despite these challenges, M does seem to learn through his/her experiences.

M struggles in building relationships. You think that M is anxious talking socially with clients and when it comes to responding to negative comments from clients in group work, M is uncomfortable. In team meetings with colleagues, M considers and presents him/herself as more knowledgeable than he/she actually is, and challenges his/her place in the organization's hierarchy. M asks questions that other team members find disrespectful. This makes M's interactions with the team problematic and you have to intervene quite frequently. You and others find M difficult to read. In field instruction, you also observe that M cannot take feedback, even when you raise issues and invite M to discuss them with you. Fundamentally, you see M as being well intended, but you question if M should be a social worker.

In terms of clinical skills, M follows the established assessment questionnaire and elicits the information required. However, M's empathy and attunement skills are not well developed. M needs help in reading between the lines, as it appears that M focuses too much on concrete information and avoids exploring affect. Nevertheless, M does possess enough basic intervention skills to be able to plan appropriate interventions. Also, M is comfortable in using the agency's therapeutic model, but cannot individualise the model to each client. Consequently, clients' situations are made to fit the therapeutic model and M does not work at a reasonable pace for clients. M struggles with authenticity, as M is one-dimensional in his/her use of self and does not seem able to understand that different clients have different needs.

M thinks about and processes ethical issues, however M cannot translate ethical principles and standards into practice. For example, B is not able to look at his/her own use of power. M is able to think about ethics in the abstract form, but not from a practical stance. In rounds and group meetings with all staff and team members, M articulates the facts of clients' situations well and summarises client information in written form.

CHILD WELFARE N

N is eager to learn and very bright, however he/she lacks self-confidence. Although this lack of self-confidence somewhat hampers N's ability to develop relationships with colleagues and clients, N is well liked and respected by other workers. N has a difficult time interacting with clients, as he/she appears nervous and uncomfortable. Overall, N comes to the placement with some skills and works very hard to develop others.

Initially, N has difficulties with doing assessments because he/she seems to lack basic assessment skills. Both you and your supervisor spend time working with N going through case studies and client scenarios to help N develop these skills. Eventually, N learns how to determine what information needs to be gathered, how to process this information, and who needs to be contacted to obtain crucial information. By the end of the placement, N's assessment skills improve and N is able to produce strong, focused assessments. N's intervention skills are also affected by his/her lack of self-confidence. N has great ideas and can develop intervention plans, but he/she is afraid to express these plans to clients. Before intervening, N continually consults with you.

Ethically, N has clear boundaries and is very respectful with other staff. N's report writing skills improve along with his/her assessment skills. N does not have the opportunity to present at a team meeting.

CHILD WELFARE O

O is organised, knows what information to collect from clients, follows up on contacts, and links with other agencies. O has a good sense of him/herself and is able to keep issues in her private life separate from professional work. O is well liked by the other members of the team as he/she works well with other colleagues and agencies and clearly understands the agency's mandate and purpose.

In interviews, O does not attend to the emotional aspects of clients' situations. O remains task-focused and concentrates on families' practical needs. For instance, instead of spending time with clients who are in emotional distress, O notes this as a concern and then refers them for counseling. O seems to lack skills in developing longer term, more intensive relationships. In supervision, you spend time with O trying to get him/her to move beyond just the surface issues and concrete needs of clients and to help O develop in-depth clinical skills.

O's reports are organised and finished on time. However, you need to help and support O to develop in-depth psycho-social reports. Ethically, you have no concerns about O as he/she is quite clear about what is appropriate and what is not appropriate. He/she has good boundaries with clients, colleagues, and other staff. O is a very good presenter as he/she is confident.

CHILD WELFARE P

From the beginning of the practicum, P presents as resilient, versatile, and energetic. Although young in age, he/she displays maturity. P has the ability to use his/her life experiences to go beyond simple understanding of clients' situations on a purely clinical or theoretical level. P's sense of maturity and confidence is evident in his/her work with clients and his/her ability to adapt to a difficult and challenging work environment. For example, P is able to present a calm exterior when confronted with a hostile client and P is also able to speak to a large group in a credible, professional, and confident manner. In supervision, P is able to critically and effectively reflect on his/her work.

P's client relationship-building skills are well developed. With non-voluntary clients who are angry and hostile, P is able to be forthright, clear, and concise, yet compassionate and sensitive. You observe that P has a personal style in his/her interactions with clients that engenders trust in clients. P is also able to use him/herself differently in knowing when to be directive and when to sit back and say nothing.

P's assessments are very comprehensive and demonstrate his/her understanding of the families and the environment and past and present influences on clients' lives. P is also able to transfer his/her thoughts to paper, which is absolutely critical in this setting. P entered the placement with previous work experience that helps P in preparing assessments, but P learns from colleagues how to specifically write an assessment/report for this agency. P's reports are strong, clear, concise and delivered on time. P understands and respects professional standards and ethics, yet P does not rigidly adhere to them. For example, P demonstrates respect for diversity. P does not struggle when clients are from different cultures and races or in work with clients whose sexual orientation and gender differ from P's.

MENTAL HEALTH Q

Q enters placement very keen and motivated. He/she is outgoing, very comfortable meeting others, and engages well with team members. Q is mature and has a lot of previous work experience in another setting, which helps Q fit in and feel comfortable and confident. However, this particular practice setting is difficult for Q in that the setting, the practice of social work, and clients are very different from Q's experience. Yet, Q is quite motivated and enthusiastic to learn more about the practice setting and he/she takes advantage of the many learning opportunities that are available. You spend time orienting Q to this new practice environment and helping Q develop an understanding of the practice theories and models used in your agency. Supervision sessions with Q are quite rich as Q is very motivated and eager to learn and soaks up everything like a sponge.

Clinically, Q has no difficulty engaging and joining with clients. Because the setting and the clients are so different for Q, he/she must work to understand the issues and struggles faced by these clients and develop appropriate interventions and treatment goals. Q also has difficulty in accepting that because of the overwhelming difficulties and challenges faced by this group of clients that client change resulting from his/her interventions are limited. You work closely with Q to help him/her to recognise these limitations and Q works hard to become familiar with the setting and these accompanying limitations. With time, Q's assessments and intervention plans improve greatly.

You have no concerns about Q's ethical or professional behavior. Because of his/her past work experience, Q understands the social work role.

MENTAL HEALTH R

R is a mature learner (mid 30s) and has the ability to integrate professional knowledge with life experience. This ability is particularly useful with clients as R uses his/her life experiences to relate to clients as part of the engagement-therapy process. This combination of maturity/life experience and professional/academic knowledge also helps colleagues view R as a co-worker from whom they can learn, rather than an inexperienced student. R arrives at your agency with clearly defined learning goals that are specific to the practice area. However, R has a number of other responsibilities and time commitments outside of the placement that create struggles for him/her in devoting time and energy to the placement and really feeling as though he/she is part of the team. Nevertheless, other team members and clients see R as an experienced worker. Team members look to R to learn new information based on R's non-academic knowledge and life experiences. R always behaves ethically and professionally.

Clinically, R enters the placement well versed in family of origin and psychodynamic perspectives, and thus works from these theories. Although R has an appreciation for other therapeutic frameworks, R prefers to work within family of origin and psychodynamic perspectives. Assessment skills related to these theories are strong, however, R needs additional practice with intervention skills. Despite this focus on one particular theoretical framework, R effectively uses her/his own life experiences to inform his/her practice, which reflects a positive use of self.

Report writing skills overall are fine with some room for improvement in the finer points of grammar. R speaks English as a second language, thus, he/she is not secure when making formal presentations, but he/she is confident in other interactions with clients and with team members and in other settings such as case conferences and team meetings.

HOSPITAL S

S is eager to learn and would like to do well, but is not clear about his/her learning goals. Further, he/she is not a risk taker and is unsure, therefore repeatedly asks the same questions. You and other team members are very directive and detailed with S, but he/she struggles to accomplish tasks. S requires a lot of your time. In supervision, S is somewhat cautious. That is, he/she shares information learned from clients, but not his/her responses to them. In terms of relationships with team members, S requires much time and support and therefore relationships become stressed. For you or the team to get information from S, direct questions are asked as opposed to S voluntarily sharing information during rounds. S has to be encouraged to present at rounds. Although there are many struggles with S, you perceive growth by the end of the placement.

Clients see S as being patient, mild mannered, and calming. He/she is able to recognise the individuality of each client and uses commonalities shared with the client as a means of building a relationship. S makes clients feel comfortable, as S is unthreatening. Working with clients, S has good listening skills and effectively elicits information, yet is unsure how to use the information and struggles with intervention planning. As the practicum progresses, S's assessment skills improve and he/she is able to identify client needs and develop an effective plan.

S uses self-disclosure to encourage clients to go deeper in terms of opening up. There is a tendency, however, for S to over identify with clients because of S's past medical experiences, which he/she does not disclose to you until part way through the placement. S has a medical background that is similar to that of the clients at your agency. While this background helps S to identify with clients, there is a tendency to over identify. This becomes a recurrent issue throughout the practicum. Despite this concern, S respects some boundaries and overall his/her work is ethical.

Initially, S's reports resemble academic assignments. Reducing things to the facts is a problem for S, but he/she is eventually able to do so. With time, S learns to differentiate what information should be included in a report and what is unnecessary.

CHILD WELFARE T

T is very eager to learn, asks a lot of questions, and takes the initiative to adapt to the agency environment. For example, T always attends supervision with you equipped with examples, questions, and a lot of ideas, which he/she brings into practice with clients. T's relationship building skills are excellent and he/she presents as a very warm individual, which immediately makes others feel comfortable with him/her. T does not take an expert role with clients, but assumes a position of wanting to learn. T is able to engage involuntary clients and develop effective working relationships by being very respectful of these clients and beginning where clients are at. As a reflective listener, T conveys to clients that they have been heard and that their emotions and feelings are understood. He/she is very clear in setting respectful boundaries with clients. T adapts well to the agency setting as he/she always works as part of the team. Overall, T is talented, confident, and completes required tasks.

T arrived at your agency with very good assessment skills. His/her assessments are thorough as T is able to gather needed information from a variety of relevant sources and use this information to develop assessments that are meaningful and build on clients' strengths. T is very creative in applying theory in practical terms and translating these ideas into positive interventions, which creates meaningful interventions and agreements with clients.

Ethically, you have no concerns about T. He/she understands his/her role as a student and does not become involved in office politics. Although initially T's written reports are completed on time, the reports are too long. When you explain to T the need to write more concise case notes and records, he/she immediately begins to shorten his/her reports and notes so that these contain only relevant information. In presenting to groups, T has good communication skills, is organised, and appears confident.

CHILD WELFARE V

V presents as very intelligent, sincere, gentle, and rather quiet. V is very religious and conservative and seems to have very limited to no life experience out of the home, school, and community. Although V displays strong compassion for others, he/she also has very strong and inflexible ideas about what is right and wrong. This inflexibility combined with anxiousness hinders V's client work and satisfaction with the practicum.

Clinically, V is clearly uncomfortable with many of the issues in clients' lives. For example, V can not understand how parents can harm their children and, as a result V is judgmental and condescending toward clients. Rather than engaging clients with understanding and empathy, V takes a lecturing approach causing some clients to become defensive and hostile. Because V puts much forethought and analysis into preparing for interviews, V becomes preoccupied and anxious with doing it right. During the actual interview, he/she has no ability to be natural and spontaneous and at times becomes incapacitated.

V has a very strong textbook, theoretical understanding of the various aspects of comprehensive assessment. In supervision, V articulates the various aspects and dimensions of an assessment and demonstrates that he/she knows what to observe during a client interview. However, V's completed assessments lack depth. V's basic relationship skills are not sufficient to engage clients in order to gather the information needed to complete a comprehensive assessment.

V takes a long time to complete reports because of his/her need for these reports to be perfect. Although V believes that his/her reports are complete, there is something lacking. V takes a checklist approach to filling in required agency forms, but does not go beyond this level to offer a truly comprehensive and dynamic assessment of clients' situations. In team meetings, V is given opportunities to interact with colleagues and to present cases. V requires a great deal of preparation to present these cases. In presenting V is articulate and intelligent, but is unable to engage team members in discussion. It is the substance and content of the presentation that is lacking, not V's presentation skills.