Assessment of underperforming provisional psychologists in Clinical Masters programs.
A SURVEY OF CURRENT PRACTICES IN AUSTRALIA

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Acknowledgements
SUB-COMMITTEE OF THE OLT GRANT

• OLT PROJECT
USING STANDARDISED VIGNETTES TO ASSESS PRACTICUM
COMPETENCIES IN PSYCHOLOGY AND OTHER DISCIPLINES

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The Problem we face

OUR EXPERIENCE

• How bad is bad enough?
• Supervisors want to be nice.
• Failure occurs infrequently, but when it does, involves significant distress and work.
• Students who are incompetent but Supervisors rate them as a pass on rating scales.
• Students failing on Professional behaviours, such as failing to attend, falsifying log books.
• Ambivalence from University systems about failing a student.
• Legal action.
What is TPPC and what it is not

TPPC DEFINED
- By Elman and Forrest (2007)
- Trainees: People who have not yet achieved competence to be a registered psychologist in the field. (Schwartz-Mette, 2011)
- Problematic: An inclusive term of a range of performance areas.
- Professional: Aligned with Professional standards (Jacobs et al, 2011)
- Competence: Based on competency areas, rather than on descriptors of the person eg Difficulty with empathy rather than PD.

WHAT IT IS NOT
- Impairment: Defined under the National Law as A physical or mental impairment, disability, condition or disorder that detrimentally affects or is likely to detrimentally affect the person’s capacity to practice the profession. (Mandatory Notification Guidelines, 3/14)
- An expected learning difficulty – they are unable to acquire the skills. (Wilkerson, 2006)
Gate Keeping the Profession
THE INSTITUTIONS ROLE

• **TPPC - DESCRIPTION**
• Provisional Psychologist does not understand or acknowledge the problem
• It is not simply a skills deficit rectifiable through academic training
• Quality of service is consistently negative
• Not restricted to one area (of practice)
• Potential for legal and ethical ramifications
• Disproportionate training time required
• Behaviour doesn’t change despite time
• Negatively impacts PR of the agency
  (Lambe et al, 1991)
• “Impervious to Feedback” (Russell & Peterson, 2003)

TPPC – MOST COMMON PROBLEMS
1. Ethical Concerns
2. Mental Health Diagnosis *
3. Intrinsic characteristics
4. Counselling Skills
5. Ability to receive feedback
6. Self-reflection
7. Personal life difficulties
8. Procedural compliance
  (Henderson & Dufrene, 2012)
* Not our role to diagnose, but can include drug and alcohol use. Complicated by Mandatory Reporting requirements
CATEGORISATION OF PROBLEMS

• Non-Disability Based Problems can be divided into four areas:
  1. Behavioural Problems – eg substance use
  2. Psychological Problems – eg Boundary violations
  3. Situational Problems eg Death in the Family
  4. Developmental Problems eg experience deficiencies

(Schwartz-Mette, 2011)

HOW MUCH OF A PROBLEM IS IT?

• TPPC – FREQUENCY AND IMPACT
  • 68% had a TPPC in the last five years
  • 41% had dismissed at least one trainee
  • 10% lead to legal action
  • 92% report problems with performance hindered clinical work
    (Huprich and Rudd, 2004)
  • Directors of training identified one trainee per year, but 62% had good outcomes (Forrest et al, 2013)
  • Issues consume inordinate administrative and supervisory time and energy (Kaslow et al, 2007)
  • Personal Stress on Course Directors is high (Russell & Peterson, 2003)
  • The Role of Diversity in TPPC is complex (Shen-Miller et al, 2012)
IMPACT ON OTHER TRAINEES

- 44% of trainees believe they know of someone with PPC in their cohort (Jacobs et al, 2011)
- Trainees often believe that Trainers are unaware of PPC but only 60% would report a peer (Oliver et al, 2004; Shen-Miller, 2015)
- “Gate slipping” is observed by trainees (Shen-Miller et al, 2011)

Steps to Respond to TPPC

**HOW DO WE TAKE ACTION?**

1. Selection Procedures eg Interviews, MMIs, questionnaires, references
2. Inherent Requirements
3. Clear Policies and Procedures, including limits of confidentiality
4. Clear competency benchmarks
5. Training in Self-care for trainees
6. Training in difficult conversations for trainees and trainers
7. Regular trainee evaluation (written formative assessment)
8. Procedures to inform, document and remediate problems
9. Remediation plans
10. Formal process for termination, which are “fair”
11. Adequate notification of student rights
12. Adequate support structures for staff
   (Forrest et al, 2008; Forrest & Elman, 2014; Schwartz-Mette, 2009; Wilkerson, 2006; Wester et al, 2008; )
Trainees with Problems of Professional Competence (TPPC)
THE CURRENT SURVEY

The Survey
MANAGING UNSATISFACTORY PROGRESS BY CLINICAL PSYCHOLOGY STUDENTS

• AIM: To examine how clinical psychology students are managed when their progress on student placements is not satisfactory, in Australia and New Zealand, in both internal and external placements. In particular, the role of rating tools (the CYPRS) in this process.

• PARTICIPANTS: All Clinic Directors and Placement Coordinators on Australian and New Zealand list serves will be sent a link to the Qualtrics survey to complete. It should take 20 minutes.

• RESULTS: Will be presented on the Vignette Project Matching website and published in a peer reviewed journal.
The Current Survey Focus
AUSTRALIAN FACTS AND PROCEDURES

1. Frequency of TPPC
2. Self-care, ethical practice and reflective practice as core skills
3. Use of clear competencies (CYPRS)
4. Types of problems observed in Australian Universities
5. Policies on failure, repeat placements, exclusion from program
6. Remedial Strategies for the trainee
7. Support for the staff member
8. Legal issues as a result
9. Inherent Requirements

CYPRS AREAS

1. Counselling
2. Clinical Assessment
3. Case Conceptualisation
4. Intervention
5. Ethical Attitude and Behaviour
6. Scientist Practitioner
7. Professionalism
8. Psychological Testing
9. Reflective Practice
10. Response to Supervision
So the trainee failed, what next?

REMEDIAL STRATEGIES

- “Individuals with limited insight may be beyond remediation”
- Formative assessment during remediation is important.
- Risk Management is central (Kaslow et al, 2007)
- Plans need to be specific and signed off by the trainee.
- Consent from trainee to inform future placements.
- Shouldn’t be onerous on the institution. (Gilfoyle, 2003)
- Legal process of “fairness” is important.
- Program responsibility vs Individual Responsibility. (Forest & Elman, 2014)
- Make sure they re-enrol while doing remediation!
• Strategies include:
  1. Therapy
  2. Extra Supervision
  3. Leave of absence
  4. Repeating Coursework (Russell & Peterson, 2003)
  5. Additional Reading
  6. Reviewing Clinical tapes
  7. Role plays (Jordon, 2002)

APA Competency Remediation Plan

Competency Remediation Plan

Date of Competency Remediation Plan Meeting:
Name of Trainee:
Primary Supervisor/Advisor:
Names of All Persons Present at the Meeting:
All Additional Pertinent Supervisors/Faculty:
Date for Follow-up Meeting(s):

Circle all competency domains in which the trainee’s performance does not meet the benchmarks:
Foundational Competencies: Professionalism, Reflective Practice/Self-Assessment/Self-care, Scientific Knowledge and Methods, Relationships, Individual and Cultural Diversity, Ethical Legal Standards and Policy, Interdisciplinary Systems

Functional Competencies: Assessment, Intervention, Consultation, Research/evaluation, Supervision, Teaching, Management-Administration, Advocacy

Description of the problem(s) in each competency domain circled above:

Date(s) the problem(s) was brought to the trainee’s attention and by whom:

Steps already taken by the trainee to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):
The Current Survey Focus

**INHERENT REQUIREMENTS**

- Inherent Requirements – “essential elements of a course, or unit of study, that all students must meet” (McNaught, 2013)
- They are exempt from being considered discrimination.
- UWS example for Master of Psychology (Clinical Psychology)
  - Ethical Behaviour
  - Behavioural Stability eg Responding to constructive feedback
  - Legal
  - Communication eg Collecting information, completing reports
  - Cognition eg Apply academic knowledge to practice
  - Relational Skills eg Build rapport quickly
  - Reflective Skills eg Knowing when something is outside skill set
  - Sustainable Performance eg maintaining focus over long days (UWS website, retrieved September 2015)
- “There will be cases where mental disabilities will be sufficiently serious & chronic to justify preventing the admission of a very small number of students to medical and other health care education programs” (Parker, 2014)
References

- APA Ad hoc working group on Trainee with Competence Problems: Template. Retrieved from