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Using the CYPRS to identify students with competence problems: Problems, solutions, and future directions

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The Clinical Psychology Practicum Competencies Rating Scale (CΨPRS)

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Domain	Stage 1 Beginner	Stage 2	Stage 3	Stage 4 Comp
D1. Relational competencies				
D2. Clinical assessment				
D3. Case formulation	-	-	-	-
D4. Intervention competencies	-	-	-	-
D5. Psychological testing comp	-	-	-	-
D6. Scientist-practitioner comp	-	-	-	-
D7. Ethical practice	-	-	-	-
D8. Professionalism	-	-	-	-
D9. Reflective Practice	-	-	-	-
D10. Response to supervision	-	-	-	-

Overall domains (10 domains)

1. Counselling Competencies Demonstrates empathic understanding, application of basic counselling techniques, and collaborative goal formulation with clients.	
2. Clinical Assessment Competencies Performs adequate assessments in a time efficient and in a personally/socio-culturally sensitive manner, appropriately prioritises issues, and assesses risk.	
3. Case Conceptualisation Competencies Appropriately integrates information from multiple sources to inform appropriate case conceptualisations, diagnoses, and treatment plans.	

Within domains: Discrete competencies

3a) Makes appropriate use of diagnostic frameworks (e.g., DSM5) to arrive at correct diagnoses and differential diagnoses.	
3b) Draws upon different psychological theories and approaches to derive a meaningful case conceptualisation.	
3c) Integrates cultural knowledge into case conceptualisation.	
3d) Integrates assessment and other information into realistic treatment plans.	

The CΨPRS: Section B

IMPORTANT: Whereas in the previous section, trainees were assessed based on a notional absolute standard of competence, ITEMS IN THIS SECTION MUST BE RATED RELATIVE TO PERFORMANCE OF PEERS AND WITH RESPECT TO THEIR CURRENT STAGE OF DEVELOPMENT. Thus "unsatisfactory, slow, or excellent progress" may be assigned to trainees at any stage of development.

Please rate the trainee's progress thus far. Ensure your rating is not influenced by the reasons that may have contributed to the trainee's progress/lack of progress. If progress is below levels expected, please comment on factors in the free-text section below (e.g., attitudinal barriers, and personal issues including illness).

The CΨPRS: Section B

Unsatisfactory Progress	Progress is considerably slower than the pace expected at this stage of training. Consequently, little or no change has been observed in the trainee's capabilities. Major deficits in one or more areas that are of serious concern.
Slow progress	Some progress has been made, but progress has been uniformly slow across most domains, or has been achieved following above-average investments of staff resources. Rate of progress is below the standard expected at this stage of training.
Inconsistent Progress	Progress has been inconsistent or patchy across time and/or domains, with satisfactory progress achieved some of the time/in some domains but not all the time/across all domains.
Developing Well	Consistent and good progress has been achieved. The rate of progress matches expectations for trainees at this stage of training.
Excellent progress	The trainee has made accelerated progress during the placement, much above the rate expected at this stage of training.

The CΨPRS: Section C

SUPERVISOR'S OVERALL EVALUATION: place a tick in *appropriate box*.

	Unsatisfactory	**Serious concerns about trainee's competencies and/or rate of progress.**
	Satisfactory (Pass)	Trainee has demonstrated competencies at or exceeding expected standards at this stage of training
FREE COMMENTS:		

The CΨPRS

- Designed to track development of competencies across stages from beginning to attainment of competence
- Compare developmental trajectories across placements, across time, among domains, among individuals and cohorts
- Anchors are criterion-based: 4 stages assumed
  - Stage 1: Beginner: No training
  - Stage 4: Competence threshold
- Competent practice indicates performance that is satisfactory, sufficient, and reasonable, and will meet good-practice standards and expectations of informed authorities and peers (e.g., regulatory and professional bodies). Competence is not conceptualised as approximating the ideal. Following the attainment of competence at Stage 4, professionals may progress to advanced stages (e.g., Proficient levels at Stage 5, and Expert levels at Stage 6).

3. Competency Assessment

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Four important aspects of competence assessments

a) What to assess?
b) When to conduct assessments?
c) How to assess (what methods and instruments)?
d) Who should conduct the assessments?

The CΨPRS

- Covers well "what" to measure
  - Good representation of key competence domains
  - Good coverage of competency types (e.g., knowledge, skills, professional attitudes and values, relationship competencies)
- Is not designed to specifically identify students with competence problems
  - It could help with this process
  - Placement-wise (4 placements) norms are now available for Online administration
  - May require additional module for these students
- As with other Likert-type scales is vulnerable to rater bias (e.g., leniency and halo effects)

Problems of Professional Competence

- Important to differentiate between PPC resulting from
  - Impairment
  - Capability
- Low frequency
  - One to two percent of placements are partially/fully repeated
  - MCP programs in Australia: On average per institution: Three identified occurrences in last 5 years, and less than 2 failed placements

Types of PPC in Clin Psy Trainees

Trainees with PPC (n=59)

- Psychological (personality..) = 32.2% (n=19)
- Behavioural (e.g., lateness) = 30.5% (n=18)
- Developmental (27%; n = 16)
- Situation based (e.g., stressful life events) – 10.2% (n=6)

Source: Nicholson Perry, 2017

Thresholds for Remediation programs

- No consensus – each institution has their own rules
- CYPRS
  - Possible to use norms as cut-off to trigger remediation programs or to trigger a "second opinion" assessment
- At Western Sydney Uni
  - Failure on up to 2 domains => 8-week remediation program
  - Failure on more than 2 domains => Repeat placement

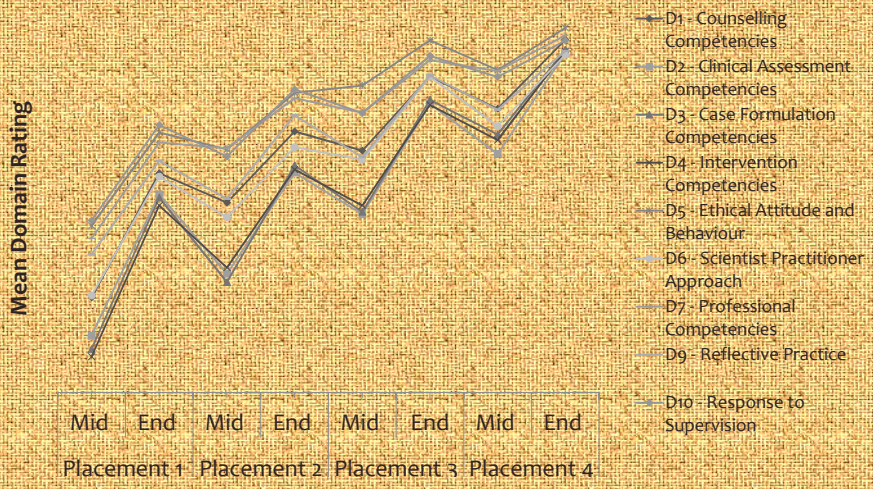
The CΨPRS: Recent Developments

Hardcopy	Online

• Sequential presentation (D1 to D10)
  • Sequential presentation of items within each domain
	• Random presentation
	  • Overall scores, 10 domains, randomly presented
	  • Discrete competencies, randomly presented

• Very high correlations among individual items and across domains • Consistent with halo effects	• Reduced halo bias
• NO NORMS	• NORMS RECENTLY AVAILABLE

Trajectory of mid- and end-placement CYPRS scores across 4 placements (n = 77 to 115)



Competency Assessment: How to assess

- Pedagogic imperative: Assessment methods must match competency type (Gonsalvez et al., 2013, 2014)
  - Knowledge competencies to be assessed through knowledge tests (e.g., essay, MCQs)
  - Knowledge application through scenarios and case studies
  - Skills through observation in-vivo or simulated contexts
  - Relationship competencies through observation of interactions, reflection on these interactions, and behaviours
  - Attitude-values through self-report, observation and behaviours
- Practice does not align well with pedagogy

Competency Assessment

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d. Who should conduct the assessment?

- Supervisors occupy vantage positions
- Hold clinical and supervisory experience and expertise

Past:

- Knowledge tests by training institutions
- Knowledge application, skills, attitudes: best conducted by supervisors

- Supervisor ratings are credible.
- Are they reliable and valid?

Competency Assessment

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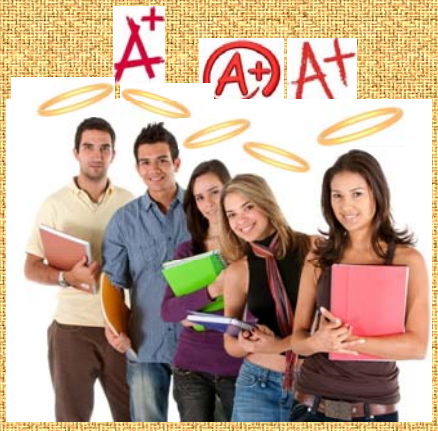
Are supervisor assessments reliable and valid?



- Strong evidence for leniency and halo biases
- Similar results across disciplines
- Serious problem and implications
- Need a second-assessor/Board for borderline cases

New Approaches and Innovations

- Standardised case scenarios
  - Calibrated by experts
- Trained "Standardised" clients used to simulate specific problems
- Assessment portfolios
- Objective Structured Clinical Examinations (OSCE)
  - Multiple stations
  - Multiple raters
- Vignette-Matching Assessment Tool (V-MAT)

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SUMMATIVE ASSESSMENT
Best Practice Guidelines

Summative Assessment: Best Practice Guidelines

- Assessments must be comprehensive
- At the very least, assessment must be representative, capture competencies across domains and across types and align with relevant competency frameworks.
- Use of multiple samples, tasks, and raters reduces biases

Summative Assessment: Best Practice Guidelines

- Assessment tasks should be pedagogically informed and ecologically valid (be capable of capturing important competencies)
- To monitor attainment and growth of competence, assessments should occur at commencement, mid- and end of placement
- Assessment tasks should be developmentally appropriate

Summative Assessment: Best Practice Guidelines

- Use psychometrically validated instruments where available
- Assessments tasks, methods, reporting authorities, timelines and procedures should be discussed early during the supervision process before supervisee consent is obtained.
- Design due-process guidelines to cover fairness, transparency, consistency and appeals processes where applicable

Summative Assessment: Best Practice Guidelines

- Outcomes of assessments should be delivered clearly and in an interpersonally sensitive manner
- Records of assessment processes should be maintained to allow for audit and cross-validation
  - DVDs clips of performance is particularly useful
- Foster accurate appraisal of self-evaluations by having trainees rate their competence, compare agreement/disagreement between ratings by self and others.