TRAINEES WITH PROFESSIONAL COMPETENCE PROBLEMS

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ASSESSMENT OF TRAINEE'S COMPETENCE

Crucial part of our job as supervisors ('gate-keeping')

...and yet:

- Vague and varied criteria and assessment methods
- Leniency and halo biases
- Concerns about unleashing unfit psychologists into independent professional practice ('gate-slipping')

PROFESSIONAL COMPETENCE PROBLEMS: COMMON PROBLEM AREAS

Ethical Concerns

Mental Health Diagnosis *

Intrinsic characteristics

Counselling Skills

Ability to receive feedback

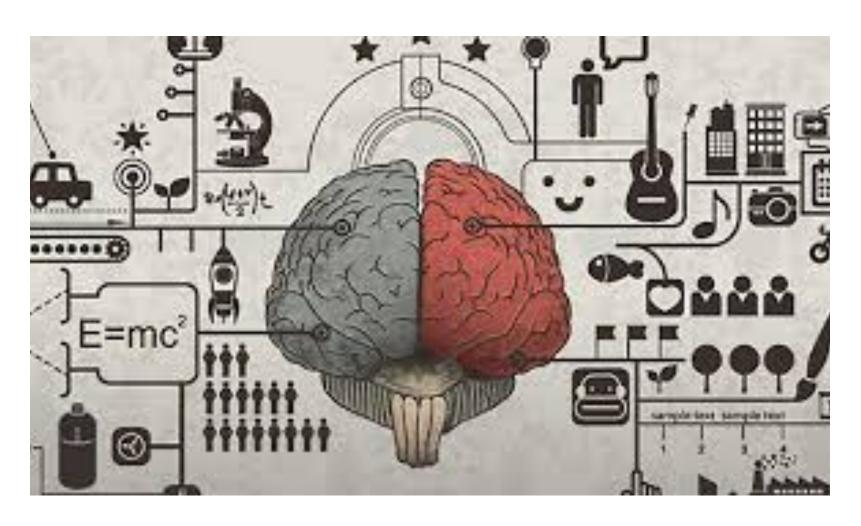
Self-reflection

Personal life difficulties

Procedural compliance

^{*} Not our role to diagnose, but can include drug and alcohol use. Complicated by Mandatory Reporting requirements

THE CONTEXT: SCIENCE AND ART OF CLINICAL PSYCHOLOGY



WHAT, WHEN, AND HOW TO ASSESS



WHAT, WHEN, AND HOW TO BE A CLINICAL PSYCHOLOGIST



REALITIES OF TRAINING: SELF-DOUBT



HOW STRESSED/BURNT OUT?

	Nurses (%)	Clin Psycs (%)	Clin Psyc Trainees	Criteria
Cushway & Tyler, 1994	30	29		GHQ (caseness)
Cushway et al 1996	40 Mental health nurses)	40		GHQ (caseness)
Cushway & Tyler, 1992			59	

Professional self doubt Number 1 factor responsible (17.6% of 55% variance). Factor unique to helping professions

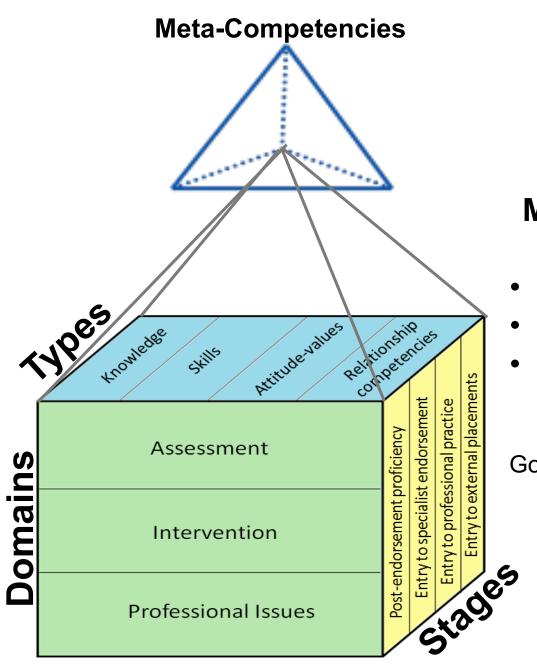
THE SOLUTION?: COMPETENCY APPROACH

Competency framework is a blueprint for professional training Competency developmental plan, a blueprint for supervision (Gonsalvez, 2014)



- The blueprint drives
 - Content
 - Method
 - Assessment
 - Evaluation

Foundational Scientific Knowledge Individual & Cultural Ethical and Legal Interdisciplinary Standards Policy Self Assessment Relationships Assessment/Diagnosis/Conceptualisation Competency Residency **Functiona Fellowship** Intervention Doctoral Internship Continuing Consultation Education Post Doctoral Residency, Research/ Evaluation Doctoral Supervision/Teaching Management/Administration



Meta-Competencies

- Scientist-Practitioner
- Ethical-Practitioner
- Reflective-Practitioner

Gonsalvez & Crowe, 2015

CURRENT STUDY

Approaches used by Australian and New Zealand institutions offering clinical psychology training programs in identifying and managing professional competence problems in their trainees

Survey sent out February 2016 to Clinic Directors/Placement Coordinators in Oz/NZ

INCIDENCE OF PCP

Low (1% to 4% in literature, mostly from USA)

 depends on how "case" is defined and whether impairment is included

TRAINEE WITH PROFESSIONAL COMPETENCE PROBLEM V "IMPAIRMENT"

Health Practitioner Regulation National Law (section 5)

Impairment defined 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"

Empathy problem (PCP)

v Personality Disorder (Impairment)

RESULTS: COURSE & PLACEMENT ARRANGEMENTS

- 31 respondents representing 22 institutions (18 Aust., 4 NZ) & 40 courses
 - 20 (50%) Masters
 - 15 (37.5%) Masters/Dpsych/PhD
 - 4 (10%) Doctorate
 - 1 (2.5%) PG Dip ClinPsych (NZ)
- Average annual intake 15.8 (range 8-30)
- Most courses had separate subject for placements (50%), and most included 3 placements (range 3-5)

RESULTS: PROFESSIONAL COMPETENCE PROBLEMS

Incidence:

- Significant problems 2 trainees every 3 years
- Failed placement 1 trainee every 3 years

Type:

- Psychological (32%) depression, personality, low resilience
- Behavioural (31%) avoid admin task, lateness, D&A
- Developmental (27%) lack education/experience
- Situational (10%) life events

RESULTS: IMPACT ON COURSE

'Gut wrenching"

Huge burden on supervisor (internal/external), Course Director/staff, trainee, and others involved

Generally dealt with by clinical psychology course staff only

Legal action reported by 13% respondents (similar to 10% generally in literature)

RESULTS: PREVENTATIVE STRATEGIES

- Create and model a culture of self-care, ethical practice & openness (100%)
- Pre-requisites completed prior to placement (100%)
- Clearly articulated competencies (92%)
- On-going training in ethical practice (88%)
- Pass internal placement prior to start external (83%)
- Written policy for managing PCP (83%)

RESULTS: REMEDIATION STRATEGIES

Most Courses (87%) allow trainee to repeat placement if failed, 1-4 times (modal once only)

Remediation required prior to recommence placement:

- Specially arranged supervisory practice (74%)
- Mentoring/tutoring (68%)
- Deferral/leave of absence (58%)
- Referral for psychological treatment (53%) (*report required)

Also: extra coursework, reflective task on ethical issues, role-playing, observational learning

RESULTS: ASSESSMENT TOOLS

Clinical Psychology Practicum
Competencies Rating Scale (CYPRS)

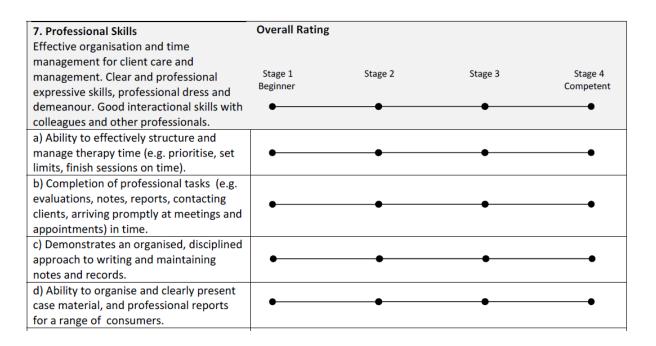
- Competency-based placement evaluation tool (online)
- 4 stages: beginner (s1) to competent (s4)
- 10 domains with 50 subdomains (3-9 subdomains in each domain)

CYPRS: DOMAINS

Competency Domains		
1	Counselling Competencies	
2	Clinical Assessment Competencies	
3	Case Formulation Competencies	
4	Intervention Competencies	
5	Psychological Testing Competencies	
6	Scientist Practitioner Approach	
7	Ethical Attitude and Behaviour	
8	Professionalism	
9	Reflective Practice Competencies	
10	Placement Progress and Response to Supervision	

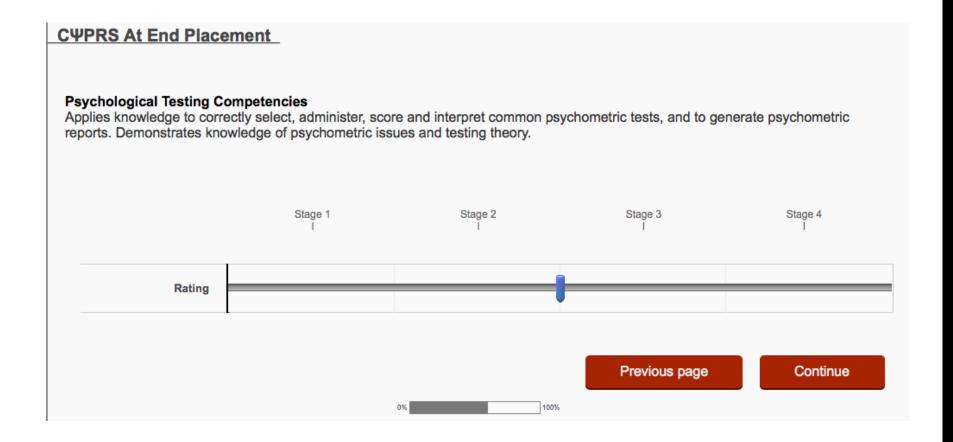
CYPRS Ratings

10 overall domain scores + sub-domain items



Comparing performance with stage-based categories:
 Beginner (Stage 1) to Competent (Stage 4)

EXAMPLE OVERALL ITEM



N.B. Current version of CΨPRS returns a score with a max of

CYPRS

- Used by 64% of those surveyed
- 75% of remaining respondents thought would be useful
- Most used subdomains to determine Pass/Fail
- Some had developed criteria on subdomain items for Pass/Fail – different Internal to External placement

OTHER FINDINGS: INHERENT REQUIREMENTS

Reasonable Adjustments & Inherent Requirements

Compliance with the Education Standards requires that educational institutions make reasonable adjustments (RAs) to accommodate the needs students with disabilities, however institutions retain the right to maintain the academic integrity of the courses they provide where they are inherent in or essential to the nature of the course.

44% of Courses using I.R., with 70% of these having written policy, and 40% using to determine Pass/Fail on placements

WHERE DOES THIS LEAVE US?

How bad is bad enough?

Failure occurs infrequently, but when it does, involves significant distress and work.

Supervisors want to be nice.

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.

PROBLEM IN PERSPECTIVE

Vexed issue for many years; not just a trainee problem

More than trainee might contribute to the problem and management.

- Supervisory competence, mismatch between personalities, approaches to therapy, expectations.
- Measurement issues (what, how, who, when)
- Institutional issues (Course rules, policies regarding failing students, etc.)

SELECTION PROCESSES

Use of Inherent Requirements to guide selection?

PREVENTION & REMEDIATION STRATEGIES

- Selection Procedures and inherent requirements
- Clear Policies and Procedures
- Clear competency benchmarks
- Training in self-care for trainees
- Training in difficult conversations for trainees and trainers
- Regular trainee evaluation
- Procedures and plans
- Formal process for fair termination
- Notification of student rights
- Support structures for staff

PREVENTION & REMEDIATION STRATEGIES

- Therapy
- Extra Supervision
- Leave of absence
- Repeating Coursework
- Additional Reading
- Reviewing Clinical tapes
- Role plays

ADDRESSING BIASES: SUPERVISOR RATINGS OF TRAINEES ON COMPETENCY DOMAINS

Domain	Stage 1 Novice	Stage 2	Stage 3	Stage 4 Comp
D1. Relational skills	-	-	30	70
D2. Clinical assessment skills	-	-	33	67
D3. Case formulation skills	-	-	37	63
D4. Intervention skills	-	-	31	69
D5. Psychometric skills	-	2.0	29	69
D6. Scientist-practitioner	-	-	20	80
D7. Ethical approach	-	-	20	80
D8. Professional skills	-	0.6	17	83
D9. Progress during placement	- (16	85
Grand Mean Percentage of trainees (n=57) assigned by s	- supervisors	0.3 to the 4 d	25 evelopmen	75

VIGNETTE MATCHING PROCEDURE (VMAT)

Stage X - Trainee GJ does not prioritise and effectively discharge casework, work, and personal responsibilities. Consequently she/he requires close supervision to monitor and ensure adequate client and agency outcomes. Because of a limited competency set or unreliable self-evaluations, Trainee GJ requires direction to ensure appropriate client care and professional development. Problematic communication styles and/or hypersensitivity to comments and feedback may lead to interpersonal conflict. Dress, presentation, and demeanour may also fall short of professional standards.

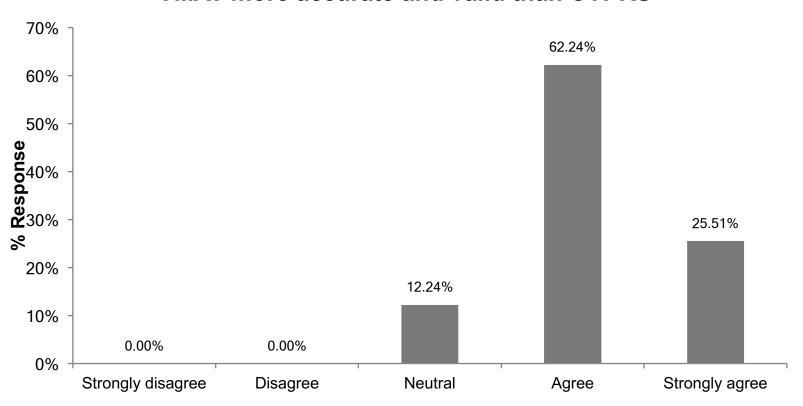
Stage Y - Trainee GK experiences some difficulties in managing the professional demands of the placement. This has included managing time and priorities in order to ensure that important tasks are completed in a timely manner. Her/his manner with team members is generally appropriate, except when under stress or during interactions with those in authority when appropriate confidence is lacking. She/he responds to feedback relating to many of these issues, but is inconsistent in identifying them for her/himself.

Please estimate, as best you can, the level your trainee has attained by clicking/moving the slider to the relevant point between the two stages.

	Stage X	Stage Y
Rating		

ANY GOOD?: SUPERVISOR PERCEPTIONS OF VMAT

VMAT more accurate and valid than CYPRS

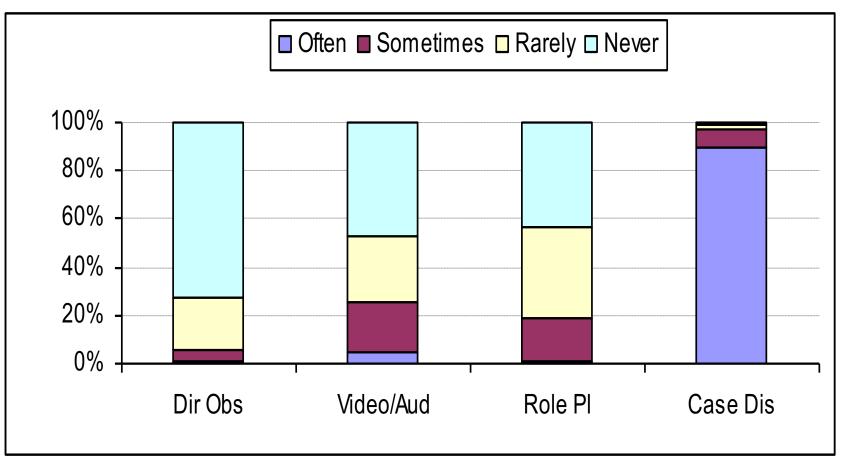


HYBRID ASSESSMENT TOOLS

Hybrid models (combination of CYPRS and VMAT) are currently in development and will be used by some sites from 2017

LINK TO HYBRID

NEED TO ACTUALLY OBSERVE!: USE OF TECHNIQUES BY SUPERVISORS



Direct observation, video/audio tapes, role play, case discussion (Townend, 2002)

THANK YOU