**ASSESSING CLINICAL PRACTICUM COMPETENCIES**

Tools and Techniques for Supervisors
of Trainee Psychologists

Mark Donovan (University of Wollongong)
Craig Gonsalvez (Western Sydney University)

# Using standardised vignettes to assess practicum competencies in psychology and other disciplines

Craig Gonsalvez
**Western Sydney University**

Roslyn Knight
**Macquarie University**

Yasmina Nasstasia
**University of Newcastle**

Chien Gooi
**University of NSW**

Lisa Patterson-Kane, Warren Bartik
**University of New England**

Eileen Britt
**University of Canterbury, NZ**

Frank Deane, Mark Donovan, John Bushnell, Nagesh Pai
**University of Wollongong**

Alice Shires
**University of Technology, Sydney**

Kathryn Nicholson Perry
**ACAP**

Linda Billich-Eric
**Australian National University**

Hamish McLeod; Gavin Robinson
**University of Glasgow, UK**

# **Workshop Topics: Overview**

- Competency approaches to training

- Multisite OLT project on competency assessment

- Supervisor training: Does it improve accuracy?

- Vignette Matching Task (VMAT)

- Trainees with professional
  competence problems

- Future research and directions

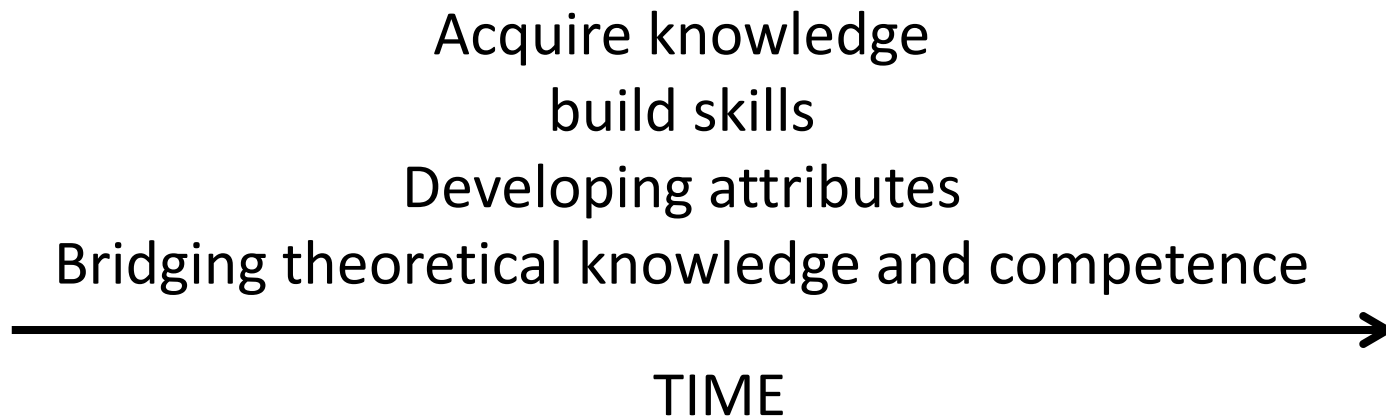Assessment tools

# Competency Approaches to Training

# The competency approach

- Currently dominates professional training, across disciplines

- Field placements integral to professional psychology training

- Multiple placements offer experience in a range of settings

**Developmental model …**

Acquire knowledge
build skills
Developing attributes
Bridging theoretical knowledge and competence

→

TIME

# Considering Competence

"Accreditation standards tend to increase in number over time…however even when criteria are specified, expected competence *levels* often remain elusive to both supervisors and supervisees" Bernard & Goodyear (2009).

**Competence:** *Habitual and judicious use communication, knowledge and technical skills, clinical reasoning, emotions, values, reflection in practice* (Epstein & Hundert, 2002).

# Competency approach

- Accreditation requires *demonstration* of competence
- Competency ≠
  - Input
  - Experience
  - Knowledge
- Passive reception poor predictor of competence
- Career-long, dynamic process

# **Competency approach**

- Characteristics of competency-approaches
  - Paradigm shift
    - Molecular, analytical and evidence-based
  - Pedagogical shift
    - Outcomes-driven, developmental approach
    - Embraces systematic, ongoing, and ecologically-valid assessment
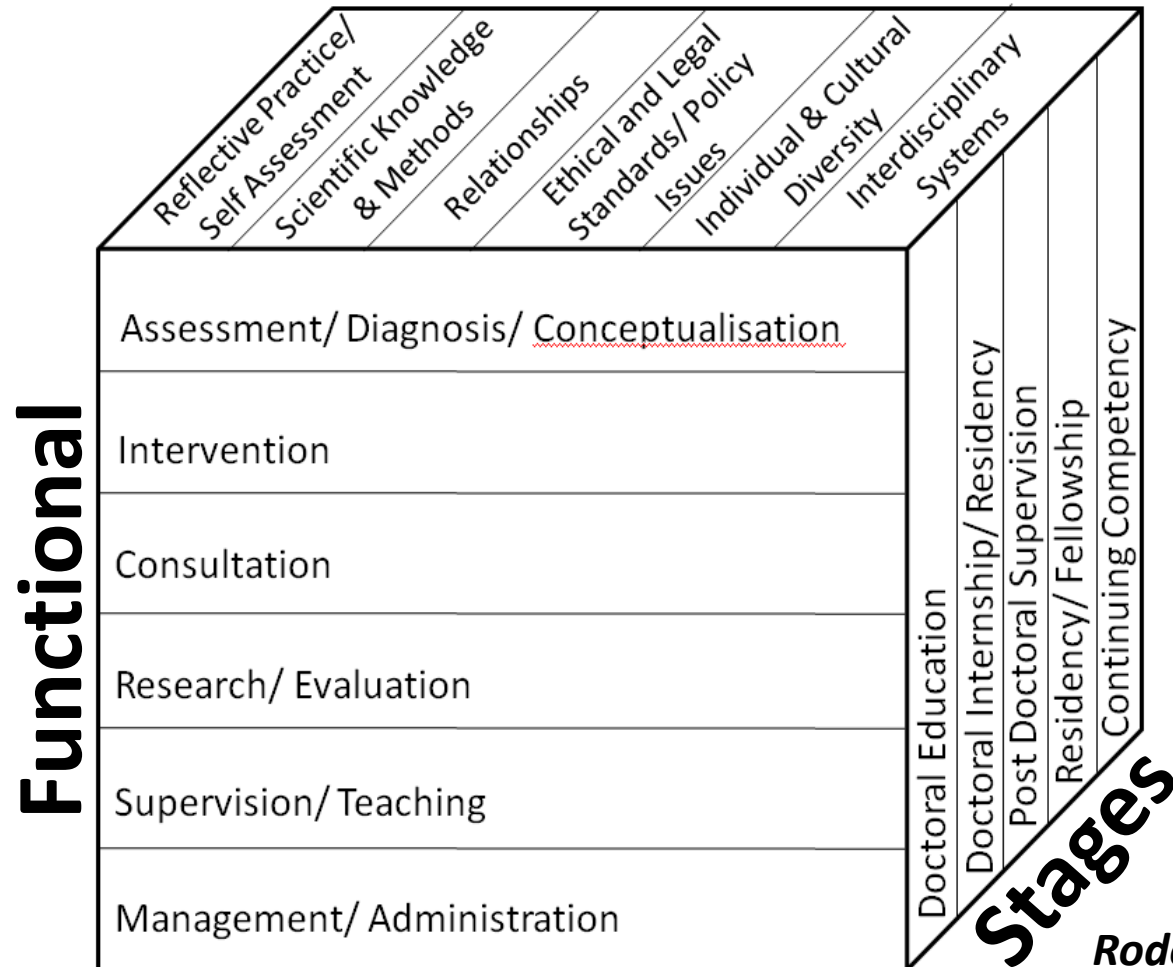
# Competency approach

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



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

# Structure and Organisation



Rodolfa et al., 2005

# Competency approaches: Impact on supervision

- "…there has perhaps never been a more sweeping and all-pervasive singular change to so rapidly impact the entirety of the supervision enterprise than the advent of the competency movement itself (Watkins & Milne, 2014, p.674)."

- Also exemplified by PsyBA requirement that all supervisor training be competency-based (PsyBA, 2013)
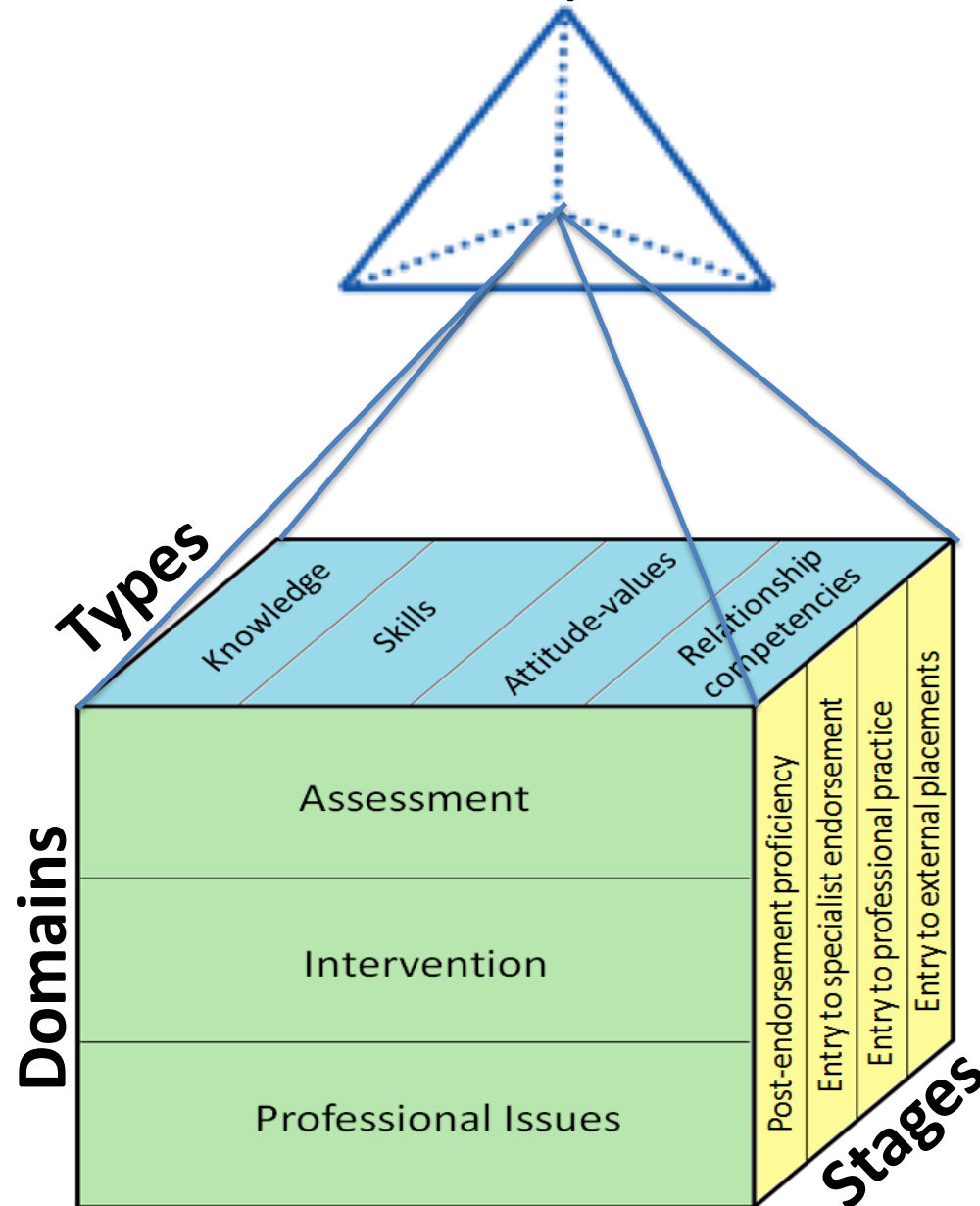
Meta-Competencies

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

Gonsalvez & Crowe, 2015

# Why Focus on Assessment

- Valid and reliable measurement is both essential and central in all competency models

- Weakest, controversial, challenging aspect of model

- Major implications for training and practice

- Paradigm shift from a normative (below-average; UG grades) to a criterion-based (threshold) standard
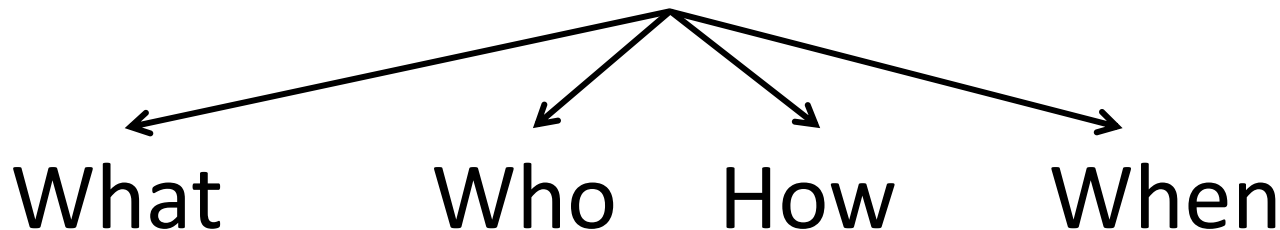
SUCCESS

# Competency Model in Assessment

Major progress: Expert consensus on domains and categorisation of competencies (e.g., Rodolfa et al., 2005; Fouad et al., 2009)

↓

Establishment of frameworks and benchmarks

What　　　Who　　How　　　When

# What to assess?

- Not a trivial question

- Past: Master-Apprenticeship model, supervisor set the agenda

- Competency approach: Comprehensive and across multiple domains (Input from regulatory and professional bodies, training institutions, supervisor)

- Proliferation of competency domains and numbers of competencies within domains (Gonsalvez et al., 2013)

# What to assess?

- What should those domains be?
  - Little empirical research in terms of dimensional structure
- Do domains cluster into meta-competencies?
  - Higher order competencies, mindsets
    - Scientist-practitioner, Reflective-practitioner, Ethical-practitioner

# **Who should assess?**

Answer appears straightforward. In past
- Knowledge tests by training institutions
- Internship directors and field supervisors determined practice readiness

*But, recent research poses concern: Are supervisor ratings reliable and valid?*

# How to assess?

PAST

- Variable, mostly determined by supervisor (master-apprenticeship model)

- Skills evaluation rating forms (SERFs) on a Likert-scale were widely used

- Supervisor = expert, credible judge = valid assessment (Gonsalvez et al., 2013, 2014)

COMPETENCY LENS

- Competencies to be demonstrated, not assumed

- Assessment methods to match competency-type (e.g., skills by direct observation; knowledge-application by standardised cases)

# **When to assess?**

- Formative feedback: regular and ongoing

- Summative:

  – Beginning and end of stages of development

  – However, unclear

    - How many stages are there?

    - Does the number of stages/pace of development vary based on independent domains?

    - Are developmental trajectories context-specific?

    - Disagreement among professionals

# Multisite OLT project investigating competency assessment

Clinical Psychology Practicum Competencies Rating Scale  (**CΨPRS)**

# Main Objective

- Evaluate, revise, improve competency assessments in clinical psychology
  - Especially in field placements
  - Improve reliability and validity
- Two main instruments
  - CYPRS
  - VMAT (new)

# CΨPRS: Examining the How, What, Who and When

# CΨPRS: A Developmental Model

| Stages | Description of Stages |
|--------|----------------------|
| Stage 1. Beginner | Knowledge, skills, attitude-value and relationship competencies are yet to be developed or at an early stage of development, and are on par with trainees commencing training without any practicum experience. Frequent minor or major inadequacies may be apparent, including difficulty applying knowledge to practice, difficulty managing sessions or conducting specific tasks, or little awareness of process issues. In later placements, a Stage 1 rating indicates failure to demonstrate adequate competency, with more frequent or intensive supervision required than would be expected. |
| Stage 2. | Knowledge, skills, attitude-value and relationship competencies are developing and while more basic competencies are demonstrated under some circumstances, they may be inconsistent or not generalised. More complex competencies may be absent. Minor inadequacies occur frequently and major problems may occur occasionally, although insufficient to cause serious harm. In later placements, a Stage 2 rating may indicate a failure to demonstrate adequate competency in the domain or a requirement for additional supervision to ensure adequate performance. |
| Stage 3. | The trainee demonstrates a moderate repertoire of basic knowledge, skills, attitude-value and relationship competencies which are generalised to a wide range of common contexts, with more complex competencies emerging. There is a growing independence and responsibility for their own practice, with only minor inadequacies occurring. |
| Stage 4. Competent | The trainee demonstrates a wide repertoire of basic to advanced knowledge, skills, attitude-value and relationships competencies applied across a wide range of contexts. Performance is consistent with competencies of a graduate who has just completed all requirements of their professional Master's degree. There is an appropriate level of independence and development of adequate professional identity. |

# Current 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 |

# CΨPRS Ratings

- 10 overall domain scores + sub-domain items



| 7. Professional Skills<br>Effective organisation and time management for client care and management. Clear and professional expressive skills, professional dress and demeanour. Good interactional skills with colleagues and other professionals. | Overall Rating | | | |
|---|---|---|---|---|
| | Stage 1<br>Beginner | Stage 2 | Stage 3 | Stage 4<br>Competent |
| a) Ability to effectively structure and manage therapy time (e.g. prioritise, set limits, finish sessions on time). | | | | |
| b) Completion of professional tasks (e.g. evaluations, notes, reports, contacting clients, arriving promptly at meetings and appointments) in time. | | | | |
| c) Demonstrates an organised, disciplined approach to writing and maintaining notes and records. | | | | |
| d) Ability to organise and clearly present case material, and professional reports for a range of consumers. | | | | |

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

# Example Overall Item

**CΨPRS At End Placement**

**Psychological Testing Competencies**
Applies knowledge to correctly select, administer, score and interpret common psychometric tests, and to generate psychometric reports. Demonstrates knowledge of psychometric issues and testing theory.

| Stage 1 | Stage 2 | Stage 3 | Stage 4 |

Rating

Previous page    Continue

0% ▬▬▬ 100%
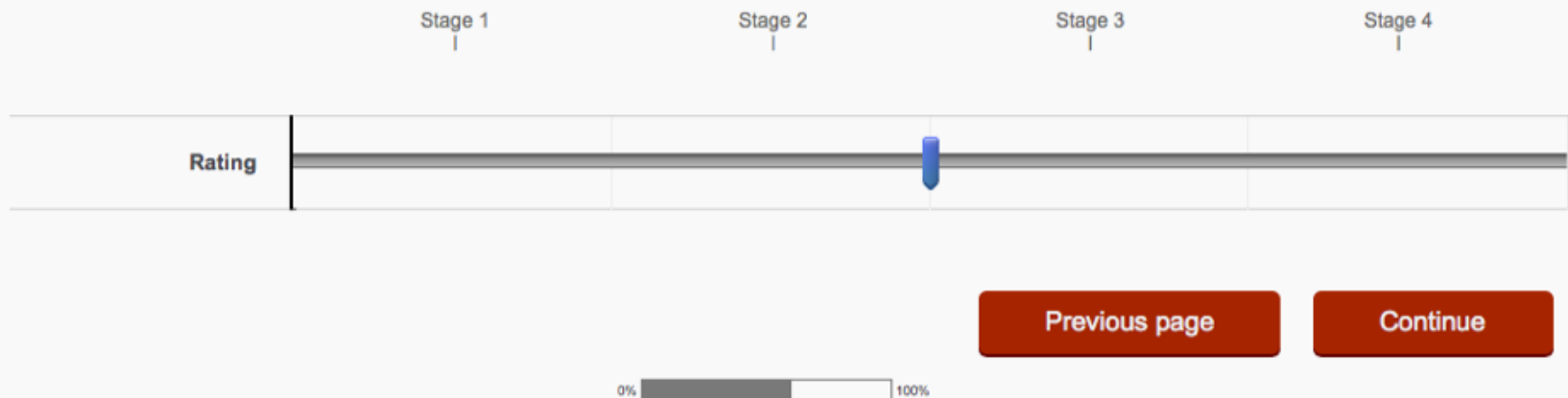
N.B. Current version of CΨPRS returns a score with a max of 4.9

# Example Sub-Domain Items

**CΨPRS At End Placement**

Forms and communicates an empathic understanding to clients, carers, and significant others.

| Stage 1 | Stage 2 | Stage 3 | Stage 4 |

Rating

Draws upon different psychological theories and approaches to derive a meaningful case conceptualisation.

| Stage 1 | Stage 2 | Stage 3 | Stage 4 |

Rating

Demonstrates accurate empathy in complex situations where affect is covert, controlled or denied.

| Stage 1 | Stage 2 | Stage 3 | Stage 4 |

Rating

Previous page     Continue

0%                              100%

N.B.  Current version of CΨPRS  presents sub-domain items in random order

# CΨPRS: Over 5 years of research

- CΨPRS-1: 2010 and earlier
  - 9 Overall items (*no Reflective Practice*), 60 items
- End-placement data from multisite study
- Trainees (N = 194)
  - Placement 1 -4, n = 32, 33, 39, 52
  - Placements 5-6, n =24
- Supervisors (N =113)

# CΨPRS -1

- Hierarchical clustering statistical technique
  - First study of kind (Clinical Psychology: Science & Practice)
  - Similar to factor analyses
  - Measure of kinship/affiliation among competencies

# CΨPRS - 1: Summary

- Remarkable similarity between clustering solution and original scales (i.e., near perfect alignment between theoretical conceptualisation and empirical results)

- Four super-clusters
  – Assessment and Intervention
  – Good Practitioner Attributes and Conduct
  – Psychological testing
  – Scientist Practitioner and Professional management

- Two mega-clusters
  – Foundational and Functional Competencies

# CΨPRS - 2

- CΨPRS-2: 2011-2012
  - Online administration only
  - Dropped "redundant items" determined statistically (e.g., very high inter-item correlations*).
  - Added a reflective practice domain
  - Reduced items from 60 to 44 items
  - Separated case formulation from intervention skills

# **CΨPRS – 2: Cluster Analysis**

- N = 240 placements across 5 sites
- As in CYPRS-1; Remarkable similarity between clustering solution and original scales (i.e., near perfect alignment between theoretical conceptualisation and empirical results)
  - Concern: Halo effects
  - Decision: Present 44 items in a random order
- Replicated results from CYPRS 1, with very minor changes

# CΨPRS-2 vs. CYPRS-2R

- CYPRS-2R: Same items as CΨPRS-2, but sub-domain items presented randomly

**What stayed the same**

- Two mega clusters: Assessment and Intervention and Good Practitioner Attributes
- Similarly high scores across domains (see figures)
- Similar developmental trajectories (discussed later)
- What we think are fairly discrete competencies (clinical assessment, formulation, intervention) appear to link closely together, early in analysis.
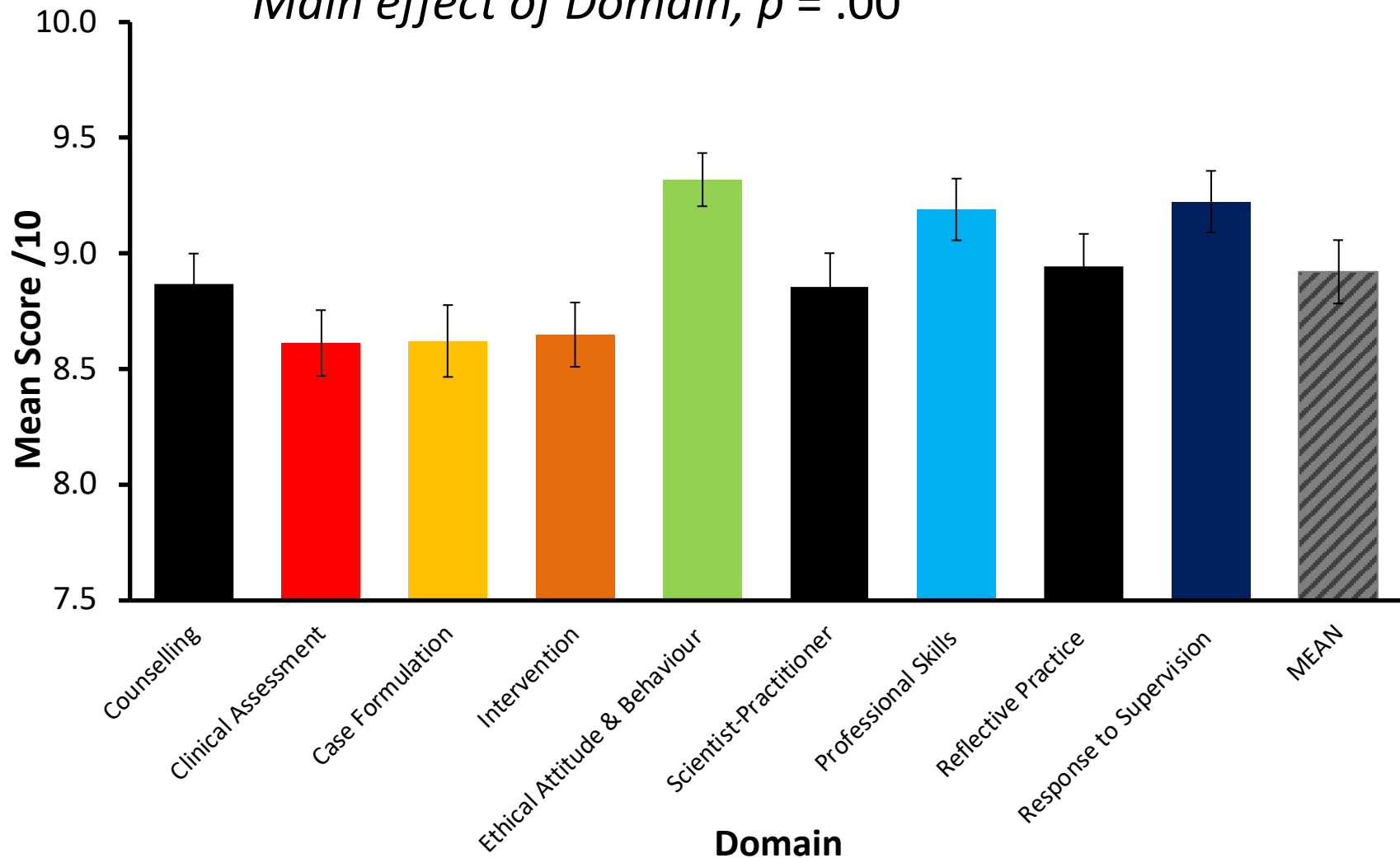
# Results
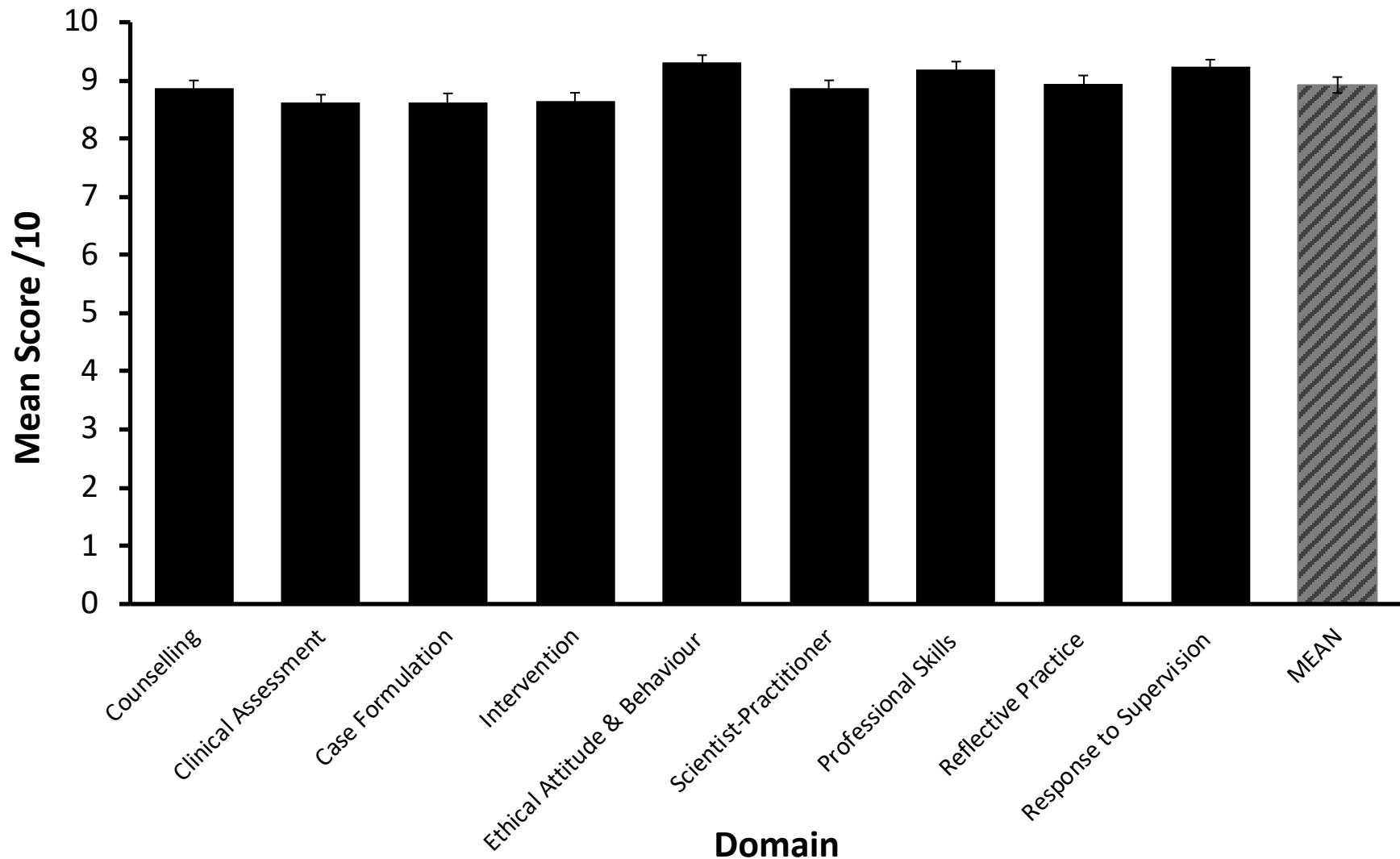
# CYPRS-2 Results

*Main effect of Domain, p = .00*

WESTERN SYDNEY
UNIVERSITY

# CΨPRS-2 vs. CYPRS-2R

- Randomisation affected cluster membership at both macro and micro-levels

*At macro level,*

- *Several items from Counselling Skills* peeled off from Assessment and Intervention and congregated with Good-Practitioner Attributes

- Items within the Scientist Practitioner competency don't cluster as an independent domain

  - knowledge elements clustered with Assessment and Intervention

  - attitudinal elements "respect for scientific method" clustered with attributes cluster.

# CΨPRS – 2R (2013-2014)

**WESTERN SYDNEY**
UNIVERSITY

**At the micro-level**

- 10 domains collapse to 8
- Support for Reflective Practice as a competency (CYPRS-2 and CYPRS-2R)
- Socio-cultural competencies peel off from Assessment and Intervention to form a separate cluster
- Professionalism competencies separated into

  - Disciplined practice and organisational skills (e.g., timeliness)

  - Communication and collaboration (e.g., written and ppt skills)

# Clusters

**WESTERN SYDNEY UNIVERSITY**

| CΨPRS – 2b: Original Domains | CΨPRS – 2b: Clusters |
| --- | --- |
| 1.Ethical Practice | 1. Ethical Practice |
| 2.Personal Capacities and Attributes | 2. Professionalism: Communication and Collaboration |
| | 3. Professionalism: Discipline and Organisation |
| 3. Reflective Practice | 4. Reflective Practice |
| 4. Counselling skills | 5. Counselling skills |
| 5. Clinical Assessment | 6. Clin Assessment and Intervention |
| 6. Formulation | |
| 7. Intervention | |
| 8. Psychological Testing | 7. Psychological Testing |
| 9. Response to Supervision | |
| 10. Scientist-Practitioner Approach | 8. Multicultural competencies |

# Developmental Trajectory

- Do competencies develop in accordance with developmental theory?
  - Linear, step-wise?
  - Are trajectories different for different domains and clusters?
- We used placements as a proxy for developmental stages
- CYPRS-3 results are presented below
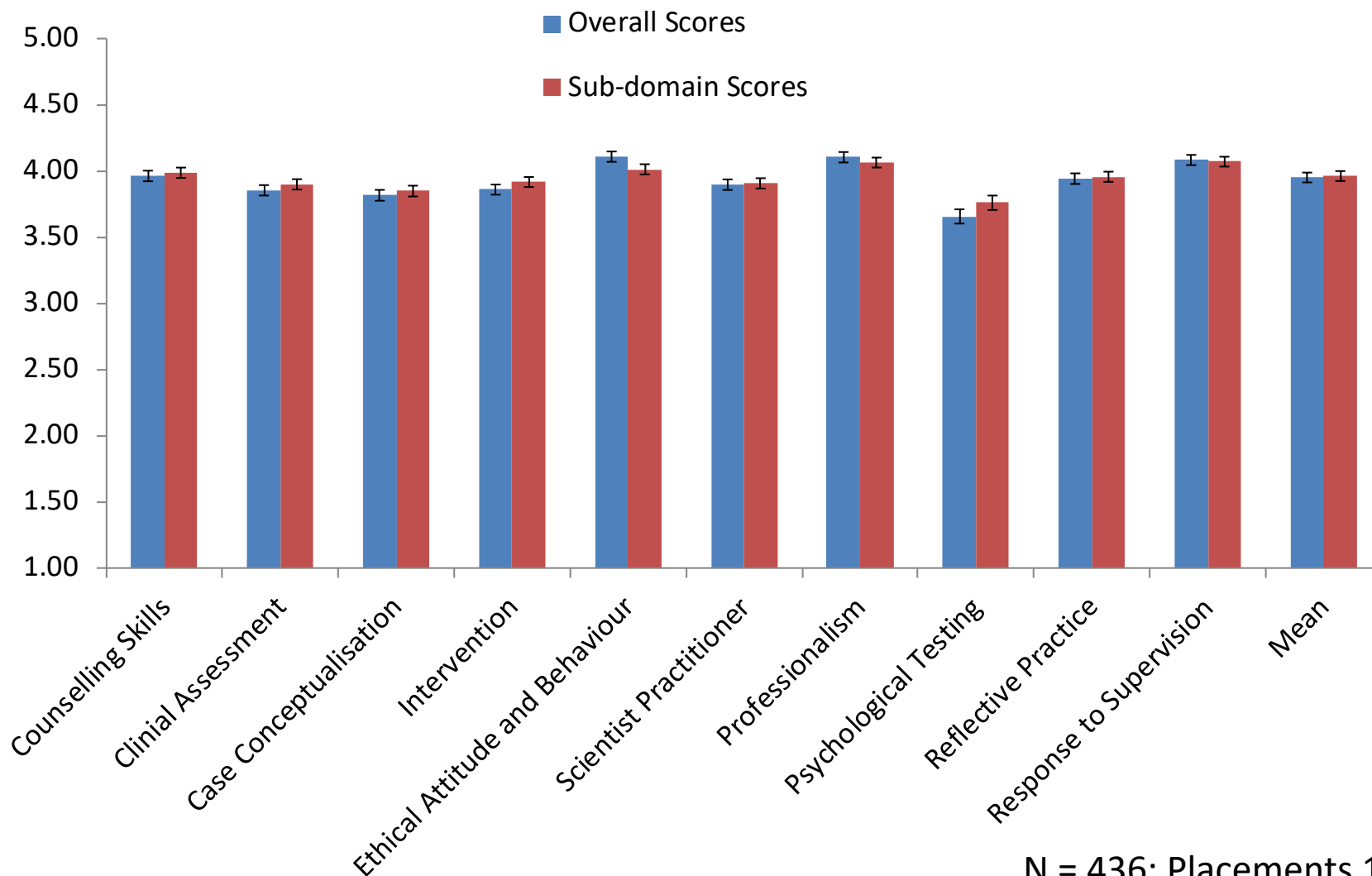  - Trends from CYPRS-2 and CYPRS-2R are close to identical

# CΨPRS – 3 (2015)

- Thorough revision
  - Revised description of stages, items, added 6 items
  - 10 Overall items, 50 items
  - Changed scale to a 4-stage model with maximum converted score /4.9
- Retained random administration
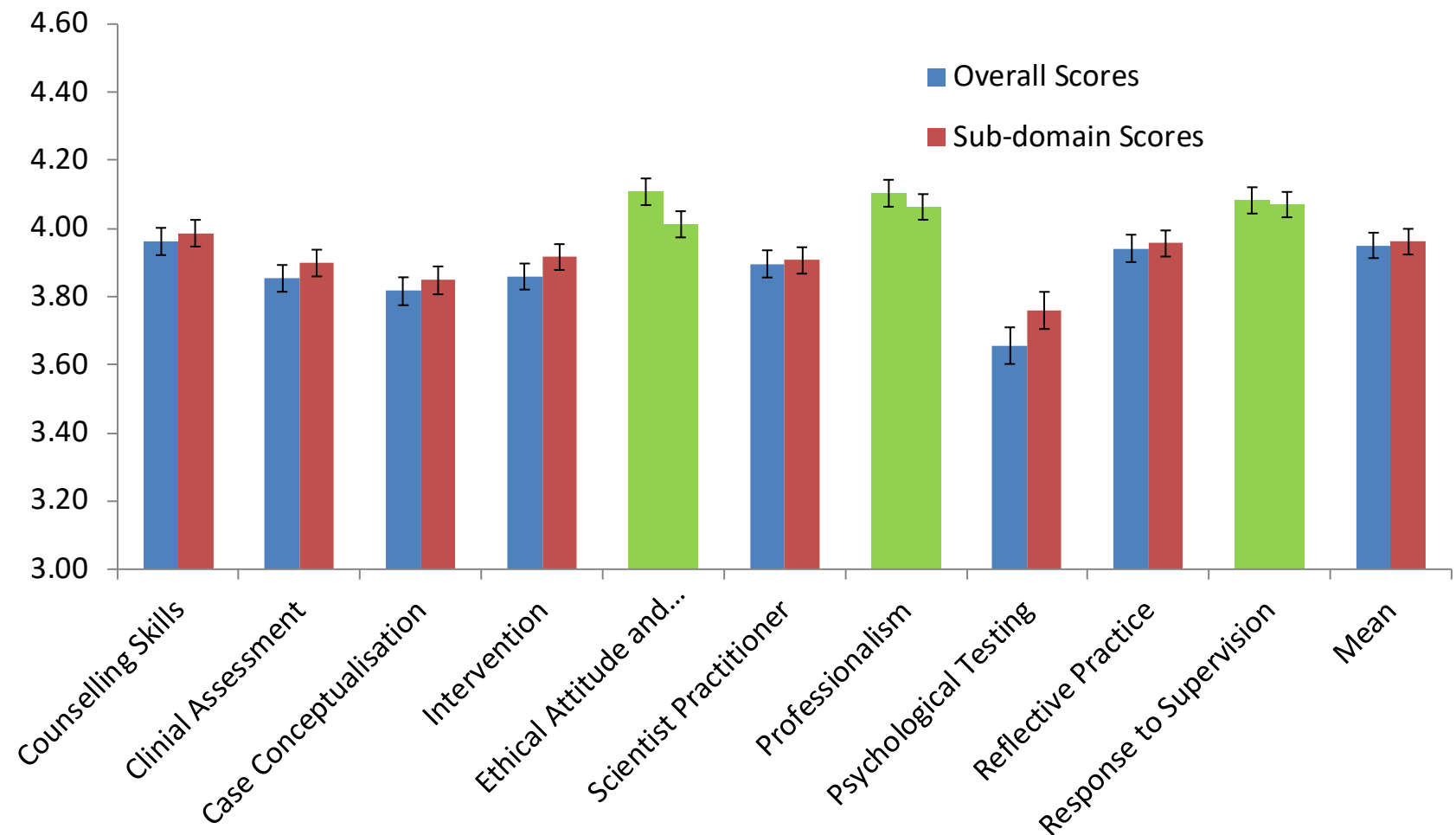- Brief online training

# CΨPRS – 3

# CΨPRS – 3

## Sub-domain scores

WESTERN SYDNEY UNIVERSITY

Legend:
- Counselling Skills
- Ethical Attitude and Behaviour
- Professionalism
- Response to Supervision
- Mean All
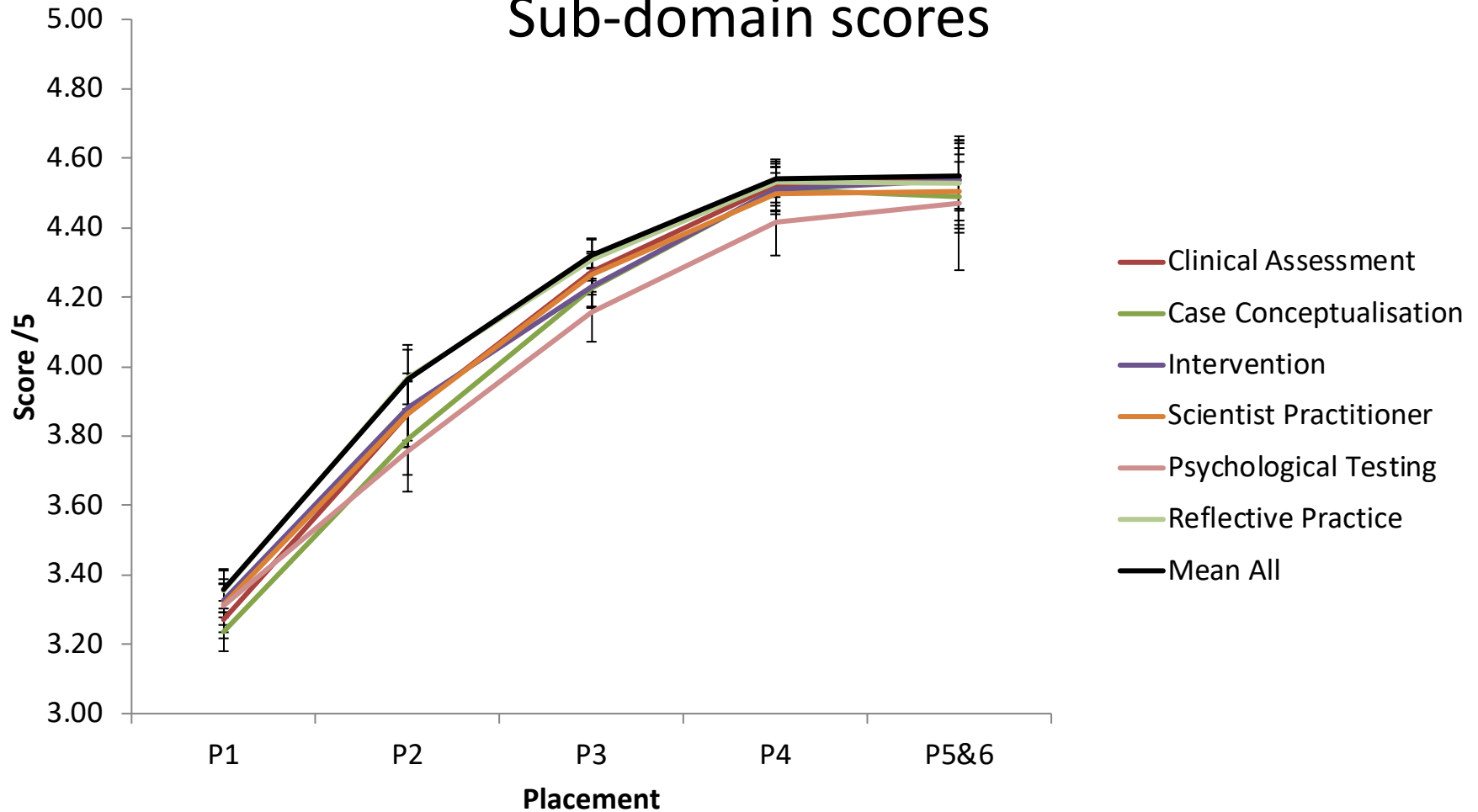
# Project Contributions: What to assess?

**At macro level:** Two mega-clusters in each of 3 independent data-sets:

- Assessment & Intervention, and
- Good practitioner attributes

**At micro level:** Theoretical grouping of competencies validated with some interesting exceptions

- Many competencies in assessment and intervention that we often consider independent, cluster together as a single entity
- Multicultural competencies are independent of Asst and Intervention – better assessed as an independent domain
- Validation of reflective-practitioner competencies as a domain
- At least two independent competencies under professionalism
- No support for scientist-practitioner approach as an independent competency domain

# Project Contributions: Developmental Trajectory

- Training at Uni Clinics as a first placement: Big Tick. High levels of competence achieved after Placement 1.
- Positive results in terms of effectiveness of training programmes (Large proportion of trainees meet competency bar at or before Placement 4)
- Good evidence for linear or stage-wise development of competence
- Developmental progress is  mediated by membership in the two mega-clusters
  - Lower than mean ratings for Asst and Intervention cluster
  - Higher initial ratings for Good Practitioner Attributes cluster

# Project Contributions

- ## Evidence of leniency bias
  - At end of Placement 1, most students are rated as being in Stage 3!
  - Very few failed placements

- ## Evidence of halo
  - Randomisation of items changed factor structure
  - Pattern of very high correlations between competencies could reflect halo effects

# Group Discussion

# OLT Project: Critical Issues and Implications

- All groups:
  - Results: Which results were expected? Were they any surprises?
- Odd numbered groups:
  - Implications: Do results have important implications for assessment of competencies at placements? What are they?
- Even numbered groups:
  - Implications: Possibility of supervisor ratings being affected by rater biases including halo, leniency. Is this a problem? Why? Solutions?

# Minimising leniency

## Brief online training prior to completing CΨPRS

Use standardised vignettes to calibrate supervisors' ratings to the skills and competency levels that are expected at particular developmental stages.

# **Minimising leniency with training**

- Part of current research project (CΨPRS-3)
- Supervisors opted to complete training
- Prior to CΨPRS - presented with five vignettes describing performance of a hypothetical trainee
- Vignettes calibrated/rated by group of expert supervisors

# Minimising leniency with training

- Each vignette represented performance at a particular developmental stage (*Beginner* through to *Competent*)
- Each covered one of five domains (*Counselling, Clinical Assessment, Cognitive-Behavioural Intervention, Ethical Attitude and Behaviour, Professionalism*)
- Supervisors used a visual analogue scale to indicate the developmental stage described in each vignette
- **Expert calibration score provided as feedback**
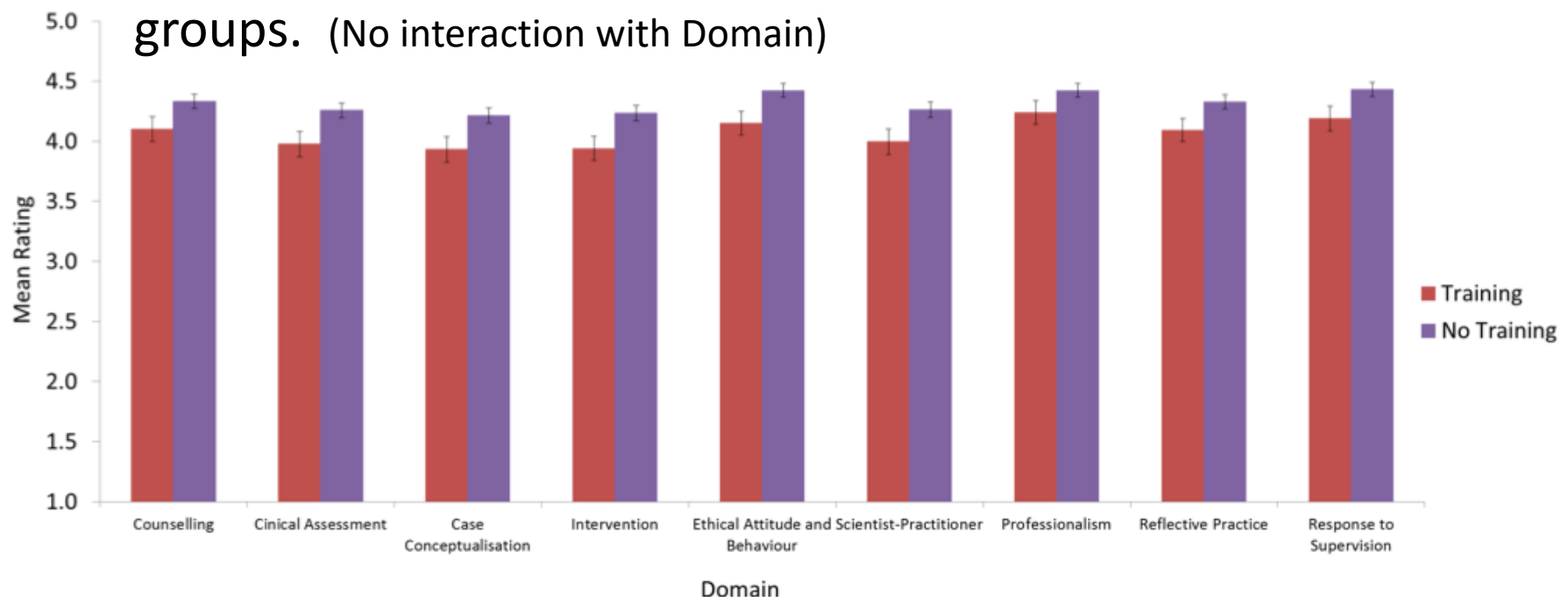
# Minimising leniency with training

Training vs. No Training: Compare CΨPRS scores

# Minimising leniency with training

- Mean of overall and sub-domain scores
- Sig. difference in ratings between Training and No Training groups. (No interaction with Domain)



Psychometric Testing not included as too few trainees rated on this domain

Training: N = 32; No Training: N = 138

# Minimising leniency with training

- Brief training
- Vignettes attuned supervisors to the skills and competency levels that are expected at particular developmental stages
- Training reduced biases = more accurate assessments of trainee performance

**Matching trainee with vignettes as possible assessment tool?**

# Small Group Discussion

## Best-Practice Guidelines

# **Small Group Discussion**

- What would you included in a list of best-practice guidelines for summative assessment?
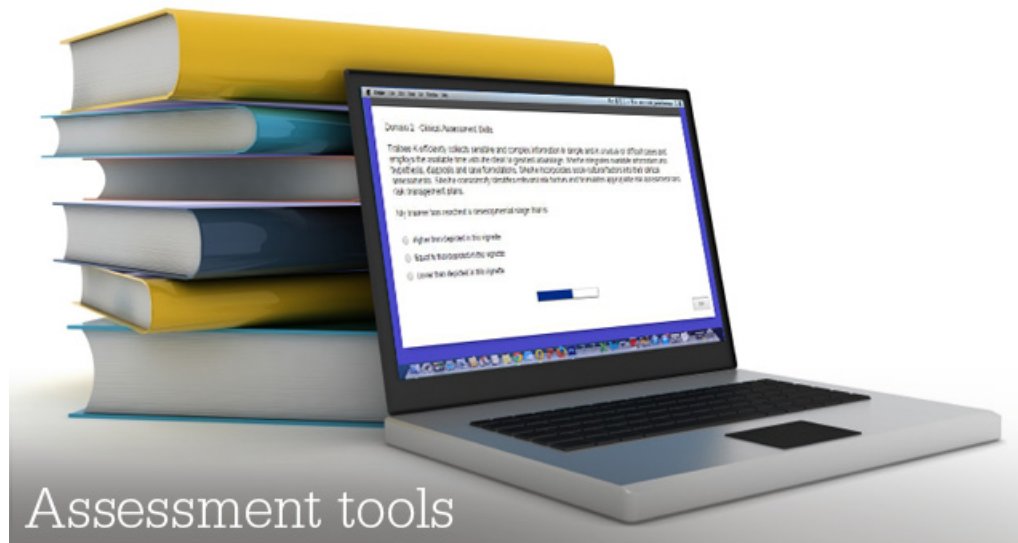
  – Consider what, who, when, and how

# Small Group Discussion

- Compare your list with the following list.
- Are there items you would like to add to the list or think should be deleted from the list?

# Vignette Matching Task (VMAT)



Assessment tools

# Vignette Matching Task (VMAT)

Could an alternative rating format mitigate the halo and leniency bias?

# Vignette Matching Procedure (VMAT)

- Catalogue of behaviourally descriptive vignettes
- Nine competency domains
  - Counselling
  - Clinical Assessment
  - Case Conceptualisation
  - Intervention (generic and CBT)
  - Ethical attitude and behaviour
  - Scientist-practitioner approach
  - Professionalism
  - Psychological Testing
  - Response to supervision

# Vignette Matching Procedure (VMAT)

- Four to five vignettes per domain, 1 for each stage of development (stages 1 – 4)

- Each vignette carefully crafted and revised

- Panel of experts calibrated vignettes by assigning them to developmental stages

# Vignette Matching Procedure (VMAT)

## Ethical Attitude and Behaviour

Please indicate whether at end-placement your trainee attained a developmental stage that is higher, equal to, or lower than that depicted in each vignette.

---

Trainee EH is aware of the need to observe relevant legal, professional and cultural ethical guidelines, but tends to see these guidelines as proscriptions of flagrant misconduct. Consequently, she/he has a less than clear recognition of how ethical principles translate to case scenarios and how they should inform their day-to-day clinical practice. Although the trainee may be relied on to not commit serious ethical violations, she/he is not consistently thoughtful, leading to conduct that occasionally falls short of professional standards (e.g., issues involving professional boundaries or confidentiality). The trainee requires more careful supervision because they may miss ethical nuances in complex cases and fail to raise these matters in supervision.

My trainee has reached a developmental stage that is:

○ Higher than depicted in this vignette

○ Equal to that depicted in this vignette

○ Lower than depicted in this vignette

# 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

# Vignette Matching Procedure (VMAT)
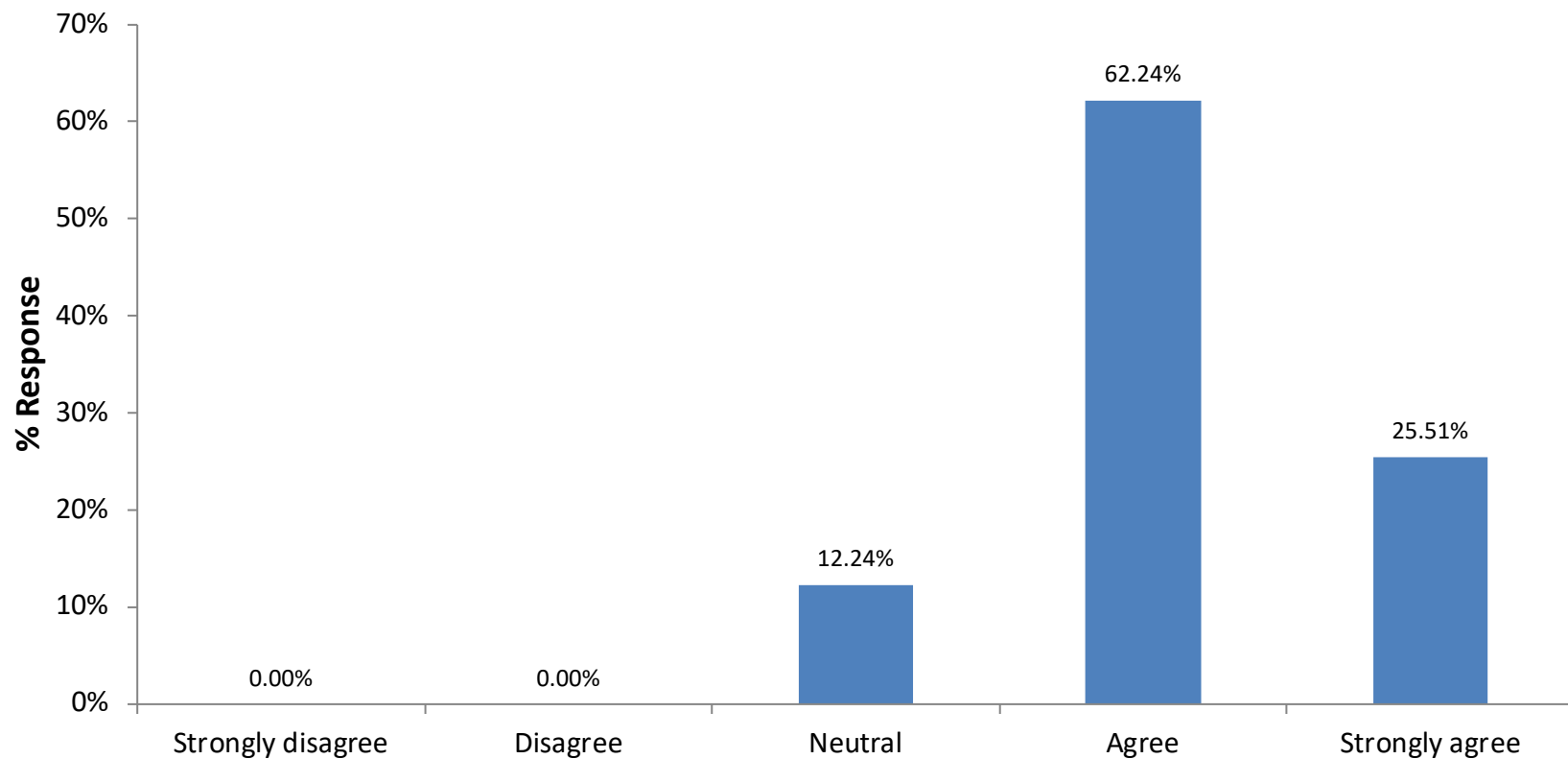
[Trial VMAT here](#)

# Vignette Matching Procedure (VMAT)

- Comprehensive study is ongoing

- Supervisors administer CYPRS and VMAT to the same student

- Supervisors the two instruments

- *Results pending BUT …*

Supervisor Perceptions of VMAT
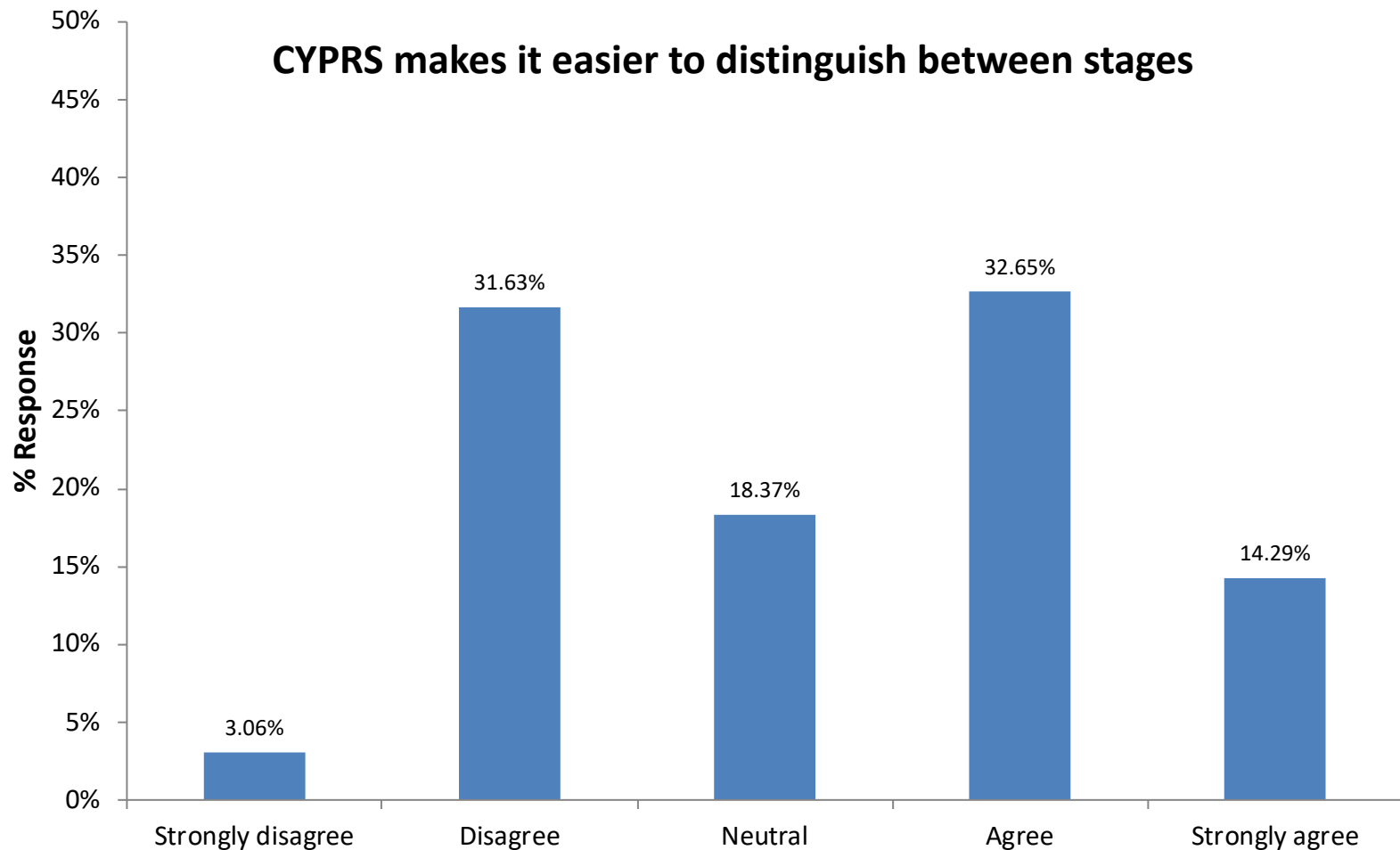
# Trainees with
## Professional Competence Problems (PCP)
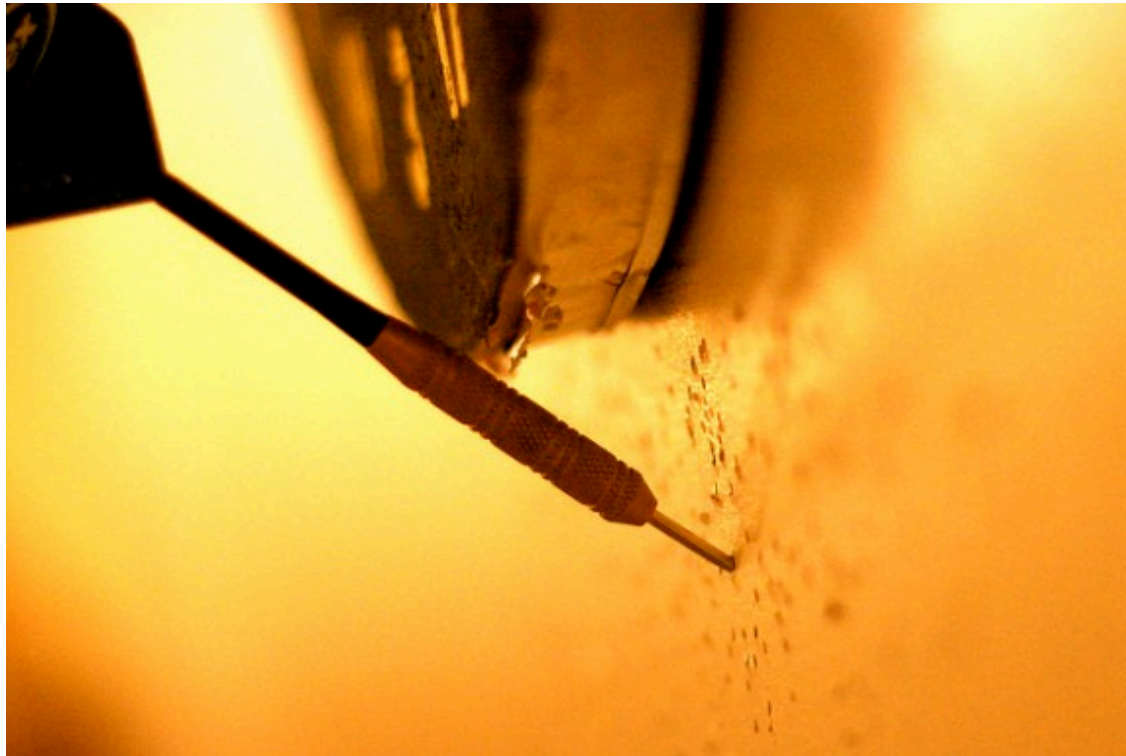
# Prevalence

- Low (1% to 4% in literature, mostly from USA)
  - depends on how "case" is defined and whether impairment is included
  - Oz and NZ Clinical Directors surveyed by our group. Completed survey from 22 institutions (18 Oz; 52% of institutions).
  - Within a 5-year period
    - At least 1 trainee with professional competence problems  in each institution (Mean = 3.2 cases)
    - Mean = 1.31 placements failed  (i.e., 1.6% of trainees fail a placement)

# **Trainees with PCP: Presentations**

- Disproportionate training time required

- Behaviour doesn't change despite time

- Quality of service is consistently negative

- Not restricted to one area (of practice)

- Potential for legal and ethical ramifications

- Negatively impacts PR of the agency (Lambe et al, 1991)

- "Impervious to Feedback" (Russell & Peterson, 2003)

- Provisional Psychologist does not understand or acknowledge the problem

- It is not simply a skills deficit rectifiable through academic training

Special thanks to Ros Knight (Clinic Director, Macquarie University)

# 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

# **Trainees with PCP**

Non-Disability Based Problems can be divided into four areas:

1. Behavioural Problems, e.g. substance use

2. Psychological Problems, e.g. boundary violations

3. Situational Problems, e.g. death in the Family

4. Developmental Problems, e.g. experience deficiencies

(Schwartz-Mette, 2011)

# Trainees with PCP

- 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.

Special thanks to Ros Knight (Clinic Director, Macquarie University)

# Remediation

- 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

# Remediation

- Regular trainee evaluation

- Procedures and plans

- Formal process for fair termination

- Notification of student rights

- Support structures for staff
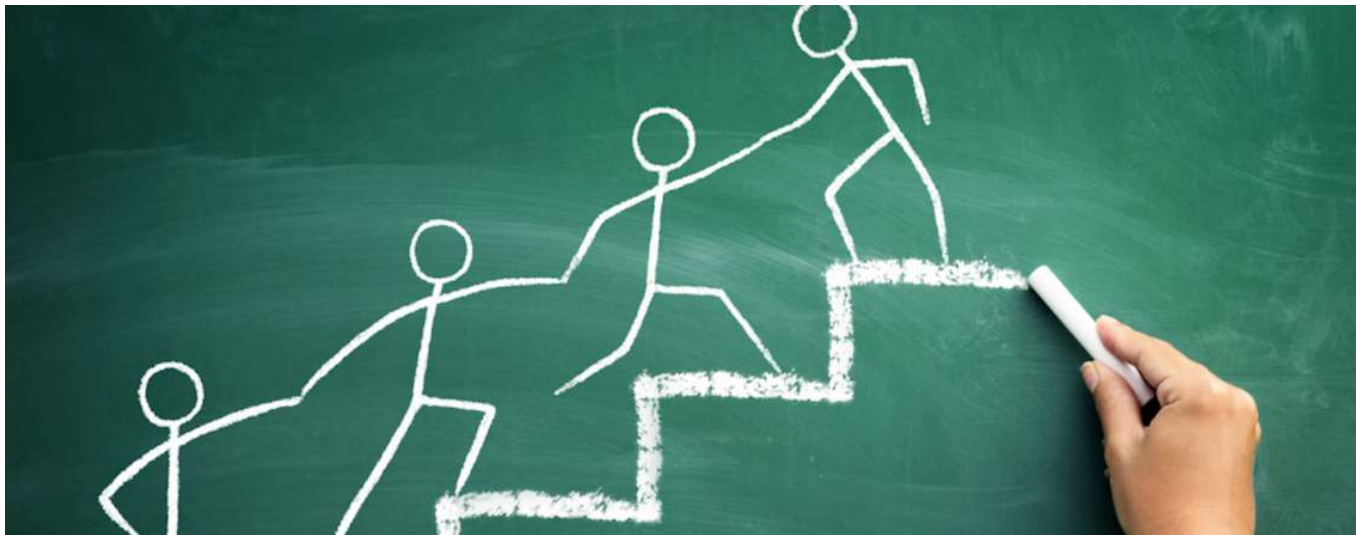
# Strategies

- Therapy

- Extra Supervision

- Leave of absence

- Repeating Coursework

- Additional Reading

- Reviewing Clinical tapes

- Role plays

# 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.)

# Small Group Discussion: Your Experience

# Small Group Discussions

**Case managed well**

1. Can you think of a trainee in your program who had a problem with professional competence in one or more areas, and where the problem was handled well

   - Essential case details
   - What made the problem more complex/difficult to handle?
   - What contributed to effective management of the problem?
   - Are there best practice principles that can be distilled from the case?

# **Small Group Discussions**

**Case not managed well**

2. Do you know of a trainee in your/other program who had a problem with professional competence in one or more areas, and where the problem was not handled well

- Essential case details

- What made the problem more complex/difficult to handle?

- What specific issues made the matter worse?

- What if any mistakes were made?

- Are there good-practice principles or strategies that can be learned from the case?

# Future Directions

- CYPRS-Online will be available to institutions
- Cost $1000 per year (IT support)
- Advantages:
  - Normative data now available (1000+ placement reports)
  - Access to latest revisions and improvements
  - Immediate reports to supervisor and Clin Director/Placement Coordinator
  - Easy administration, storage, archival (paper free)
  - Data sent to Site Directors every 6-months, so able to maintain and compare trends across cohorts and over time.

# Future Directions

- To foster reflective practice competencies
  - Self and supervisor assessment of competencies from 2017 onwards
- Hybrid models (combination of CYPRS and VMAT) are currently in development and will be used by some sites from 2017
- New customised modules for specific needs
  - Trainees with PCP (better discrimination among trainees with problems
  - Child assessment
  - Neuropsychological assessment

Thank you for your attention!

To learn more about the OLT project:
http://www.uws.edu.au/vmp/home

mdonovan@uow.edu.au