Assessing clinical competence using vignette matching procedures

GTCP Belfast | November 2014

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• Conventional clinical competency assessment
  – Clinical skill ratings across diverse professions (e.g. nursing, medicine, social work, psychology) commonly use numerical ratings to assess clinical practice behaviours
  – Likert or ordinal scale based ratings are commonly used, often anchored to abstracted standards (e.g. incompetent, proficient, expert)
• But…despite practical advantages, these methods are prone to bias and error

An Example of Our Current Metrics for Clinical Competence Ratings

ENGAGING CLIENTS
2.2
Communicates effectively with clients and develops effective therapeutic alliances (including engaging clients and maintaining rapport).

RATING:

Course 2: Foundation Clinical Practice 1
Please refer to the Placement Documentation Instructions for full guidance for supervisors on how to complete this form. Please circle the appropriate grade for each ILO according to the following definitions. Provide additional comments and feedback as desired.

CLINICAL SKILLS DEVELOPMENT
THE
2.1
Demonstrates basic knowledge of psychological theory and evidence underlying different psychological approaches and models of adult mental health disorders (e.g. cognitive behavioural, behavioural and psychodynamic frameworks).

RATING:

An Alternative - Vignette Matching

• Using behavioural descriptions of skills calibrated to levels of competence reduces halo biases and elicits more varied ratings of clinical skills

Assessment of Psychology Competence in Field Placements: Standardized Vignette Reduce Halo Bias

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Recognised Sources of Bias in Competency Ratings

1. Leniency
   - Reluctance by clinical supervisors to assign low and fail grades to trainees on placement

1. Halo
   - An overall positive (or negative) impression of the trainee reduces difference ratings between competency domains

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The Office of Learning & Teaching Project
A consortium of 12 university based clinical psychology training programmes – 10 in Australia, 1 in NZ, 1 UK

Two phases:
- 1. Calibrating 40-50 vignettes across 10 competence domains anchored to different skill development stages
- 2. Conduct field testing of the online VMAT with 500 Trainees and their respective supervisors (n=150-200)

Phase 1: Calibration

Sample Vignettes
Trainee P is mostly self-focused and so has difficulty relating within most client situations. She/he experiences difficulty in maintaining a comfortable, warm, respectful and confident demeanour and may appear overly rigid and/or inflexible. She/he appears to understand reflective listening skills including the use of appropriate validation responses, but he/she fails to translate these into practice in a reliable manner. She/he uses a method of guiding client focus that mostly lacks collaboration with the client.

Trainee O has demonstrated the ability to relate well to a range of clients. She/he has been able to maintain a good rapport with clients, has demonstrated empathic listening and reflective skills. She/he has been able to balance directing the session when necessary with a more collaborative style. When faced with more challenging presentations she has tended to revert to a more directive or passive style that has limited progress in therapy sessions. She/he is able to recognise this challenge and has actively taken steps to improve these skills.

Main Hypotheses
Hyp 1: Compared with conventional Likert ratings, the VMAT will produce a distribution of grades that is less influenced by rater biases including the leniency bias.
Hyp 2: Compared with conventional Likert ratings, the VMAT will produce a distribution of grades and a pattern of correlations across domains that demonstrates reduced halo biases.
Hyp 3: Compared to conventional Likert ratings, the VMAT will be more sensitive to competency differences between developmental stages.

Timescale
Commence – October 2014
Finish – December 2016