The Vignette Project: An Innovative Method To Assess Practicum Competencies

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<thead>
<tr>
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<tbody>
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Citation for this presentation


Three Main Objectives

- Improve the current rating scale used
- Design and standardise vignettes
- Compare outcomes from the two assessment methods

Key assumption: The problem is the measurement instrument not the raters.

Problems With Previous Scales

- Supervisors rate students relative to performance of peers, but have no normative reference point.
- Use of relative “anchor” has other disadvantages
- Allows for an individual to be rated as adequate even if no progress is achieved (e.g., slow progress of group)
- Precludes efforts to benchmark training
- Difficult to track an individual’s developmental progress
- Difficult to examine differential trajectories among competencies
**Development of CΨPRS**

The Clinical Psychology Practicum Competencies Rating Scale (CΨPRS)

- Presentation at a Clinic Directors conference
- Recognition that we had a problem
- Solution required collaboration (n=6) across programs
- Reviewed literature
- Several meetings over 2 years, decisions through discussion and consensus
- Proposal received funding by ALTC in 2010.

**The CΨPRS**

- Adopted a developmental model of competency training
- Discarded the “relative criterion” as anchor for scaling
- Adopted the “ready-to-practice” benchmark as a reference point. Specifically, competence was defined as “abilities and skills demonstrated by a clinical psychologist working in their first job upon qualification.” Field supervisors would better understand this anchor.

**Advantages of an absolute anchor**

- Consistent with competency-based models
- Provide “objective” benchmarks
- Potential for norms once standardised
- Track and plot stages of development for the various competencies for groups and for individual trainees

**The CΨPRS**

- Adopted a 4-stage model from Beginner (Stage 1) to Competent (Stage 4)
- Stages 2 and 3: “not labelled”
- Supervisors observed to use stage achieved and rate of progress to help determine their ratings, so we differentiated these factors:
  - Stage achieved (milestone reached) and
  - Pace of progress (horse-power)

**The CΨPRS: Section A**

- Nine competency domains
- 3-10 items per domain
- 60 items across 9 domains
- Guided by international literature
  - Consensus among 6 NSW universities
- Identification and definition of 4 stages of development
- Use of a visual analogue scale for ratings

**The CΨPRS**

- Section A: Competency domains and items
- Section B: Self-evaluation by trainees
- Section C: Qualitative comments by supervisor
- Section D: Overall rate of progress
- Section E: Supervisor’s overall recommendation (e.g., pass, fail – repeat placement, partial remediation, further assessment)
Competency Domains

1. Relational skills
2. Clinical assessment skills
3. Formulation and Intervention skills
4. Psychometric skills
5. Scientist practitioner approach
6. Personal capacities
7. Ethical practice
8. Professional skills
9. Response to supervision

Description of Stages

Stage 1 (Beginner)
- Knowledge and skills are at an early stage or yet to be developed. Inadequate knowledge and difficulty applying knowledge to practice. Several problems or inadequacies occur during sessions. There may be an absence of key features, inability to prioritise issues or to make appropriate judgements. Little awareness of process issues. On par with trainees commencing training without any practicum experience. Regular and intensive supervision required.

Stage 2
- Some basic competencies in assessment and intervention, manages narrow range of clients with low levels of severity, using structured therapeutic activities. Performance is variable; major problems may occur occasionally; regular supervision required.

Stage 3
- Moderate repertoire of basic competencies in both assessment and intervention leading to management of a wider range of clients. Demonstrates understanding of underlying principles and a moderate ability to generalise these to new cases/situations. Performance can be improved in minor ways; less frequent supervision required.

Stage 4 (competent)
- Large repertoire of basic to advanced competencies in both assessment and intervention, applied across range of clients and severity levels. Performance has reached competency levels on a par with a clinical psychologist working in their first job upon qualification.

Rating Competencies
- Ratings are made in reference to a notional absolute standard of competent professional practice (Stage 4).
- Supervisors are instructed that ratings across placements should reflect progression towards competency and that performance levels during earlier placements are likely to match Stages 1 and 2 and, as training progresses, move towards Stages 3 and 4.
- Srs are encouraged to mention concerns and to mention uncertainties if applicable
- Pace of progress is rated on a separate scale
Rating competencies
The visual-analogue scale
To record your rating, move the slider to the point that
represents the trainee’s current level of performance

Stage 1 Stage 2 Stage 3 Stage 4
Beginner Competent

Competency Domains
1. Relational skills
Includes ability for empathic understanding, application
of basic counselling techniques, and collaborative goal
formulation with clients. Relational Skills.

3. Formulation and Intervention Skills
Ability to appropriately conceptualise and formulate
cases, generate realistic treatment plans and monitor
treatment progress and outcomes. Knowledge and skills
required to conduct a range of empirically supported
treatment interventions.

4. Psychometric Skills
Ability to apply knowledge to correctly select,
administer, score and interpret relevant psychometric
tests. Good reporting skills. Knowledge of
psychometric issues and testing theory.

5. Scientist Practitioner Approach
Knowledge of theoretical and research evidence related to
diagnosis, assessment and intervention. Respect for scientific
methods and empirical evidence and commitment to their
application to clinical practice

6. Personal Capacities
Cognitive (e.g., problem solving, logical analysis), affective (e.g.,
tolerance of affect/ambiguity), motivational (values), and reflective
skills conducive to professional psychology. Ability to
appropriately conceptualise and formulate cases, generate realistic
treatment plans and monitor treatment progress and outcomes.
Knowledge and skills required to conduct a range of empirically
supported treatment interventions.

7. Ethical Practice
Knowledge of and commitment to ethical professional
codes, standards and guidelines, and recognition of
applicable circumstances. Maintains appropriate and
respectful boundaries and seeks consultation on ethical
issues. Ability to apply knowledge to correctly select,
administer, score and interpret relevant psychometric
tests. Good reporting skills. Knowledge of
psychometric issues and testing theory.

The ΨPRS: D1 Relational Skills

- Ability to form and communicate
  empathic understanding to clients,
  carers, and significant others
- Ability to apply basic counselling
  techniques appropriately including
  clarification, paraphrasing and
  summarisation responses
- Ability to use active and responsive
  listening skills
- Ability to formulate client goals in a
  collaborative manner

Comments (optional):
### The CYPRS Section D. Progress Levels

<table>
<thead>
<tr>
<th>Unsatisfactory Progress</th>
<th>Inconsistent Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Progress has been inconsistent or patchy across time and/or domains with satisfactory progress achieved some of the time/in some areas but not all the time/across all domains.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slow progress</th>
<th>Developing Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Consistent and good progress has been achieved. The rate of progress matches expectations for trainees at this stage of training.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Excellent progress</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The trainee has made accelerated progress during the placement, much above the rate expected at this stage of training.</td>
<td></td>
</tr>
</tbody>
</table>

### The CYPRS: SECTION E SUPERVISOR’S OVERALL EVALUATION

**Unsatisfactory:** Serious concerns about intern’s competencies and/or rate of progress. Among other possibilities, further actions could be recommendations for remedial action that includes repetition of part or full placement

**Uncertain or partially satisfactory**
- Some concerns about intern’s competencies or variable/inconsistent performance/behaviour by intern.
- Recommendations could include brief and specific remedial assistance for intern, or further assessment to be organised by the training program

**Satisfactory (Pass)**
- Intern has demonstrated competencies at or exceeding expected standards at this stage of training

### Will Changes to the CYPRS Fix the Rating Problem?
- Answer: We don’t know.
- Word of caution from Regeh et al, 2007. Can we build a better mouse-trap?

> “Based on a several-year program of research... finally believe the growing body of evidence which would seem to indicate that trying to improve field evaluation scales may be the academic equivalent of rearranging the deck chairs on the Titanic. We now believe that the problem is not with the particular manifestations of the scales, but with the existence of the scales themselves.” (Regeh et al., p 338)

### The CYPRS: As Resource

- No commercialisation or financial incentives
- Thus far, used by several training programs within Australia
- Flexibility for individual programs
  - Core items + option for additional items
- Web-based administration and scoring
  - Automated reports
  - Secure data collection and storage
  - Privacy of institutions protected
The Vignette-Matching Procedure

- Pioneered by Marion Bogo and her colleagues (social work)
- Designed a catalogue of 20 vignettes representing competency profiles
- Supervisors were asked to read all 20 and to pick out the vignettes that best matched their trainee
- Then narrowed to one or two that best fit trainee
- Preliminary evidence indicated better results with the vignette procedure
- Less prone to rating biases

The Vignette-Matching Procedure: Problems

- Bogo used a prototype model for vignettes
- Trainee was forced into one/two of 20 moulds
- Inadequate discrimination among trainees and competencies (e.g., application to forensic identification of an offender)

Current Approach

- Used 9 domains X 4 developmental stages from CYPRS. Allows independent scores on each domain
- Adopted a more complex model that better simulates better identification of persons of forensic interest
- Derived a calibration score for vignettes
- More rigorous standardisation process

Standardisation of Vignettes

- More difficult than anticipated
- Vig for 9 domains x 4 levels
- V1: 6 Clinic Directors drafted vignettes; at least 2 sets of vignettes for each domain
- V2: Final draft of vignettes by subcommittee
- Blinded peer review; discussion within a subcommittee

Standardization of Vignettes

- Calibration exercise => revised
- V3: Pilot tested by field supervisors (n=22)
  - Good results for 50% of vignettes
  - Modest results for 50% of vignettes
- Main study (just commenced)
Suggestions for vignette development

- Implications of developmental model
- Relevant questions:
  - Are there clear and identifiable stages to the development of competence within each of the domains (e.g., Counselling skills, Ethical Practice, professional skills)? At what stage is the trainee at end-placement?
    - Has the trainee demonstrating adequate progress during the placement within the stage/has moved from a lower to a higher stage?
  - “Needs development” and “Developing well” become qualifiers of progress that can apply to any stage. They are not themselves stages!

Clinical Assessment Skills
Domain 2, Stage 2

- Trainee C has early skills in the collection and management of sensitive and complex information during the assessment interview. The trainee demonstrates the ability to control the session and to maintain a structured format with some but not with other clients. She/he may adhere to a rigid set of pre-prepared questions. The trainee makes appropriate judgements about diagnosis and differential diagnoses in some but not all cases, and needs supervisory assistance for case formulation even in commonly encountered clinical cases. She/he is inconsistent in incorporating socio-cultural factors into clinical assessments and is unreliable in conducting adequate risk assessments and/or devising risk management plans. (103 words).

Response to Supervision
Calibration Score = 9.8

- Trainee A has a mature, open, and positive attitude towards supervision, perceiving it as an opportunity to acquire new ideas, to consolidate learning, to discuss one’s approach to clients, and one’s positive and negative feelings and reactions to the placement. She/he has a high level of motivation and prepares well for supervision and other practicum activities. The trainee is reflective and self-aware, and has a relatively accurate appraisal of one’s capabilities. Supervisory sessions are pleasant, collaborative, professional, and effective. Overall, the trainee has made accelerated progress during the placement, much above the rate of progress expected of peers at a similar stage of training.

Counselling Skills
(Calibration Score = 47)

- Trainee O relates to clients effectively in most simple client situations but experiences difficulties in more complex cases. She/he experiences difficulty in maintaining a comfortable, warm, respectful and confident demeanour due to a focus on self-performance or other factors. She/he demonstrates genuine reflective listening skills and makes appropriate emotional and meaningful responses in some cases. However she/he may sometimes reinforce poor coping strategies by confusing empathy with sympathy. She/he may have difficulties in appropriately directing and guiding client focus.

CBT Skills
(Calibration score = 8)

- Trainee XB demonstrates a good knowledge of rationales for and good skills to conduct a fairly large range of CBT techniques. She/he efficiently identifies unhelpful cognitions and beliefs, and poses relevant socratic questions after appropriate preparation. A collaborative style ensures that modest gains within and across sessions are typically achieved. When this does not occur it is because of client resistance or because an implicit or more subtle belief was not targeted for change. Despite demonstrating good CBT skills, aspects that could improve include fluency, timing, and improved consolidation of high impact moments during sessions.

Would Vignettes Work For You?
Pilot Data from Vignette Project

<table>
<thead>
<tr>
<th>Domains</th>
<th>N</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1</td>
<td>20</td>
<td>5%</td>
<td>20%</td>
<td>55%</td>
<td>20%</td>
</tr>
<tr>
<td>D2</td>
<td>20</td>
<td>5%</td>
<td>15%</td>
<td>60%</td>
<td>20%</td>
</tr>
<tr>
<td>D3</td>
<td>19</td>
<td>0</td>
<td>32%</td>
<td>58%</td>
<td>10%</td>
</tr>
<tr>
<td>D4</td>
<td>20</td>
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<td>35%</td>
<td>45%</td>
<td>20%</td>
</tr>
<tr>
<td>D5</td>
<td>20</td>
<td>0</td>
<td>15%</td>
<td>25%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Pilot Data from D6

<table>
<thead>
<tr>
<th>Trainees N=20</th>
<th>Rate of Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>5%</td>
<td>Unsatisfactory Progress</td>
</tr>
<tr>
<td>5%</td>
<td>Slow Progress</td>
</tr>
<tr>
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<tr>
<td>65%</td>
<td>Developing Well</td>
</tr>
<tr>
<td>20%</td>
<td>Excellent Progress</td>
</tr>
</tbody>
</table>

Targets: Next 12 months

- N~200 placement assessments using both CYPRS and vignettes across 6 universities
- N~300 placements assessed using CYPRS across 6 universities
- Mid- and end-placement data for large number of trainees
  - Factor structure
  - Examine effectiveness of briefer versions

Goals: Next 12 months

- Compare results from the CYPERS and the Vignette-Matching Procedure
- Within-trainee data across several placements: Chart developmental trajectory over time for group
- Compare domains and competencies
- Between supervisor data for some placements: Inter-rater agreement for CYPERS and the V-Procedure
- Plan to continue research next year, with or without funding

Other Developments

- Competency Benchmarks document (Fouad et al, 2009)
- Clinical Proficiency Progress Review (CPPR; Petti, 2008)

Competency Benchmarks

- Assessment of Competency Benchmarks Work Group, APA Board of Educational Affairs project from 2005
- 15 core competency areas identified
- At 3 developmental levels of education and training
  - Readiness for practicum
  - Readiness for internship
  - Readiness for entry to practice
- Identifies essential components and behavioural indicators for each of these levels
Clinical Proficiency Progress Review (CPPR)

- Use oral and written examination; “includes a structured assessment instrument” (Petti, 2008)
- Written case presentation, followed by oral examination (60 mins)
- Panel of examiners; some training
- Six domains assessed (4-5 items each): assessment, formulation, intervention, relationship, self-examination, professional communication skills.
- Data for 911 students, 52 examiners over 10 years (inter-rater reliabilities not assessed; 14% students failed)

Summary

- Measuring trainee learning outcomes, articulated as competencies, as a primary focus of the education and training process is a major pedagogical shift (Nelson, 2007)
- Recent work on definition, classification and benchmarking of competencies... “potential to shift professional psychology to the center of the comp movement.” (Donovan & Ponce, 2009, S46)

Summary: Outcomes

- Results from several studies from psychology and other disciplines have been disappointing
- At least we are confronting key questions that we chose to ignore in the past.
- An awareness that assessments in clinical psychology training are less reliable and valid than we assumed is progress

References
Thank You
The End
COMBINED REFERENCES FOR MORNING AND AFTERNOON SESSIONS


40) Roth, A D & Pilling S (Sept 2007). The competences required to deliver effective cognitive and behavioural therapy for people with depression and with anxiety disorders. Department of Health: Improving Access to Psychological Therapies. See http:\www.ucl.ac.uk/CORE