The Vignette Procedure As An Instrument of Competency Measurement: Preliminary Results And Future Directions

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<tbody>
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Overview

- Background: Inadequate outcomes from current assessment practices.
- CYPRS: Update and recent changes
- The Vignette-Matching Procedure
- Development of vignettes
- Comparison of CYPRS vs. VMP
- Preliminary results
- Implications and conclusions

Are Supervisors’ Ratings Biased?

- Broad consensus from researchers across several health disciplines that their data suggest systematic biases affecting field supervisor ratings.
- Two prominent biases: leniency and halo.
- Several studies attest to a leniency bias
  - In social work: Bogo et al., 2002, 2004; Lazar & Mosek, 1993
  - In psychology (Borders & Fong, 1992; Gonsalvez & Freestone, 2007)
  - Similar trends from other disciplines
- Current paper focuses on psychology

The Leniency Bias in Psychology

- Largest study was conducted by Gonsalvez & Freestone (2007) at UoW.
- DATA: 291 end-placement reports by field supervisors over a 12 year period (1993-2004)
  - Placement grades: Above 80% of students received D or above
  - Coursework: 60% received Distinction grades or above
- Attempts made to correct for leniency bias by changing a 5-point scale (Fail/Pass/Credit/Distinction/High Distinction) to a 6-point scale (addition of Borderline Pass). No effect on leniency bias.
Are Supervisor Ratings Biased? Beliefs Among Supervisors

- Study by Robiner et al., 1987
- Sample: supervisors in APA-accredited clinical psychology in USA
- Examined
  - Acknowledgment of bias in own ratings
  - Beliefs that other supervisor ratings were biased
  - Beliefs about bias in letters of reference

Rating Bias By Supervisors

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes (%)</th>
<th>Not Sure (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belief that other supervisors are biased in rating interns</td>
<td>58%</td>
<td>31%</td>
<td>11%</td>
</tr>
<tr>
<td>Supervisors who believed that their own ratings of interns were biased</td>
<td>58%</td>
<td>32%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Robiner et al

Reasons for Leniency Bias

- Guilt/fear of damaging supervisee’s career (60%)
- Awareness of subjectivity inherent in evaluation (49%)
- Difficulty providing negative feedback (50%)
- Fear of potentially diminished rapport (48%)
- Personal identification with Se’s problems (32%)
- Legal and administrative issues (10%)

Being Lenient: An Attractive Option?

- Being altruistic, supportive, and reinforcing of positive behaviours are valued within the helping professions, “being judgmental” may be difficult
- If evaluations are negative and the recommendations is to fail a trainee, the supervisor may have to demonstrate
  - Fairness and impartiality
  - Diligence in following due process
  - Not just a “subjective” opinion
  - Potentially unpleasant confrontations with trainee

Are Supervisors’ Ratings Influenced by the Halo Effect?

- It could be argued that several contextual factors collude to prime and accentuate halo biases in practicum settings
- The quality of supervisory relationship affecting ratings is a type of halo effect
- Psychodynamic theory would predict halo-type effects as a consequence of parallel process involving play of trans & counter-trans.

Are Supervisors’ Ratings Influenced by the Halo Effect?

- Supervisors are trained to be “positive, facilitative, supportive, and constructive” in their feedback to supervisees BUT are required to deliver “objective” ratings at end-placement
- “all evaluations are made within the context of the supervisory relationship and cannot be separated out from this.” (Tweed et al., 2010)
Are Supervisors’ Ratings Influenced by the Halo Effect?

- Several researchers indicate the possibility of halo bias (e.g., Bogo et al., 2002; Borders & Fong, 1995; Dohrenbusch & Lipka, 2006).
- Halo-type bias is consistent with data from Gonsalvez and Freestone (2007)
  
  Strong, relationships observed among the 11 domains when rated by the same supervisor, AND
  
  Relatively weak between-supervisor agreement

Rating Bias: Implications

- “It may not be an exaggeration to consider the existence and extent of supervisory bias to be the most critical quality assurance issue confronting clinical psychology…” (Robiner et al., 1987, p 62)
- Inaccurate ratings may be a disservice to the training program, profession, public.
- Effect on Se: Leniency may foster inflated self perceptions? Prevents appropriate self-assessment and remediation strategies?

Summary

- Converging evidence from several studies within psychology and across disciplines
- In the case of supervisors’ assessment of students’ practicum competencies:

  WE HAVE A PROBLEM

Current Project: Three Main Objectives

1) Improve the current rating scale used
2) Design and standardise vignettes
3) Compare outcomes from the two assessment methods

- Collaboration by six NSW universities.
- Key assumption: The problem is the measurement instrument, not the raters.

Development of CΨPRS

The Clinical Psychology Practicum Competencies Rating Scale (CΨPRS)

- Developed over period of 4 years
- Collaboration of 6 University Clinic Directors
- Informed by extant literature
- Proposal received funding by ALTC in 2010.

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
Section A: Nine 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

The CYPRS: Section A

- 3-10 items per domain
- 60 items across 9 domains
  - Guided by international literature
  - Consensus among 6 NSW universities

The CYPRS: Recent Changes

- Adopted a developmental model of competency training
- Adopted a 4-stage model from Beginner (Stage 1) to Competent (Stage 4)
  - Stages 2 and 3: “not labelled”
- Replaced the “relative criterion” with an “absolute” reference point
  - 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”

Advantages of an absolute anchor

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

Instructions

- The set of clinical competencies is divided into 9 broad domains as indicated in the table below.
- For each domain, a developmental approach towards attainment of competence is adopted, and four stages from Beginner (Stage 1) to Competent (Stage 4) are identified. Your rating reflects your judgment of the stage that best matches the trainee’s current performance level (not at placement commencement or a month ago).
- DO NOT rate trainees in comparison with their peers, but in reference to a notional absolute standard of competent professional practice (Stage 4). Competence at Stage 4 is defined as comprising capabilities and skills on par with a clinical psychologist working in their first job following completion of their Masters degree.

The CYPRS: Recent Changes

- Use of a visual analogue scale for ratings
- Supervisors give an “Overall rating” for each domain before progressing to items within domain
- Differentiation between stages (milestones) and pace of progress (horse-power)
- Clearer instructions to supervisors designed to facilitate the use of lower end of the scale
Instructions

- It is anticipated that ratings across placements during Clinical Masters Years 1 & 2 should reflect progression towards competency and that most trainees will attain Stage 4 at course completion. Performance levels during earlier placements are likely to match Stages 1 and 2 and, as training progresses, move towards Stages 3 and 4.
- An important role of supervisors is to be gatekeepers of the profession. So you are strongly encouraged to mention any concerns you might have about the trainee’s suitability for clinical practice, slow progress, or specific needs. If you are uncertain about an issue, write it down and indicate that you are uncertain and require additional discussion/clarification about the issue.

Description of Stages

Stage 1 (Beginner)

- Knowledge and skills are at an early stage or yet to be developed. Inadequate knowledge and/or 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.

Description of Stages

To record your rating, move the slider to the point that represents the trainee’s current level of performance.

Rating competencies

The visual-analogue scale
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 CΨPRS: D1 Relational Skills

<table>
<thead>
<tr>
<th>Area</th>
<th>Overall Rating</th>
<th>Stage 1</th>
<th>Stage 2</th>
<th>Stage 3</th>
<th>Stage 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to form and communicate in empathic understanding to clients, caregivers, and significant others</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Ability to apply basic counselling techniques appropriately including clarification, paraphrase and summarisation responses</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Ability to use active and responsive listening skills.</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Ability to formulate client goals in a collaborative manner.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

The CΨPRS Section D. Progress Levels

<table>
<thead>
<tr>
<th>Progress</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<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>
</tr>
<tr>
<td>Slow progress</td>
<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>
</tr>
</tbody>
</table>
**The CΨPRS: Section D. Progress Levels**

<table>
<thead>
<tr>
<th>Progress Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inconsistent Progress</td>
<td>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.</td>
</tr>
<tr>
<td>Developing Well</td>
<td>Consistent and good progress has been achieved. The rate of progress matches expectations for trainees at this stage of training.</td>
</tr>
<tr>
<td>Excellent progress</td>
<td>The trainee has made accelerated progress during the placement, much above the rate expected at this stage of training.</td>
</tr>
</tbody>
</table>

**The CΨPRS: 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.

**The Vignette-Matching Procedure**

- Initial work conducted by Bogo and associates from the Uni of Toronto, working on social work competencies.
- Designed a catalogue of 20 vignettes representing competency profiles.
- Supervisors were asked to read all 20 and to pick out.
  - All vignettes that matched their trainee.
  - Narrow the choice to one or two that best fit trainee’s competencies.
- Preliminary evidence indicated better distribution across performance levels, reducing leniency bias.

**The Vignette-Matching Procedure: Issues of Concern**

- The “prototype” model (Bogo et al., 2002, 2004) for vignettes has several merits, but also potential demerits:
  - Independence of the domains not retained.
  - Likely to result in less-than adequate discrimination among trainees and competencies.
  - Limits the type of feedback that can be given to students.
The Vignette-Matching Procedure: Issues of Concern

- Illustration: Procedures that law-enforcement use to assist a witness identify an offender
  - Prototype model: Show the witness 20 photographs and ask which of these the offender most resembled
  - Current approach: Independent domains are identified (e.g., hair colour), and for each dimension, several vignettes that capture variations along the dimension (light to dark hair colour) are presented for matching judgments.

Current Study

- Adopted a more complex model
  - Empirical support in forensic applications
  - Employed 9 domains X 4 developmental stages from the CYPRS.
    - Allows independent grading on each domain
    - Overcomes several problems associated with prototype model

Disadvantages:

- More rigorous process involved in standardisation
- Larger number of vignettes needed to be crafted and standardised
- An additional step: calibration of vignettes appeared necessary

Development of Vignettes-V1

- V1-vignettes: A group of experts (University Clinic Directors) drafted vignettes for the 9 domains
  - Four developmental stages were identified for 8 domains
  - Five performance levels were identified for 1 domain (response to supervision and progress during placement)
  - Two sets of V1-vignettes were initially generated for each of 9 domains X 4 developmental stages. Total of 74 vignettes

Development of V2-Vignettes

- V1-vignettes (74) were peer reviewed either in:
  - Small panel of experts (3-4 members comprising clinic directors or reference group members), OR
  - Assigned to an expert in the specific domain (4 domains)

- From the two V1-vignettes, one V2-vignette was generated (N=37). Instructions to experts were to:
  - Capture key aspects of the specific domain within 100 words
  - Ensure that the vignettes within the domain differentiated developmental levels
  - Attempt to anchor the vignette within a specific range within a 10-point scale (e.g., vignette depicting competent performance was around 9-10)

Development of V3-Vignettes

- V2-vignettes were by calibrated anonymously and rated in terms of adequacy by all blinded peers, then reviewed and revised in a small group of experts (3-4 members comprising clinic directors or reference group members during a day-long workshop), OR
- Referred to a specially constituted, four-member subcommittee where vignettes were independently revised by two members using track-changes

- Comments and revisions of V2-vignettes were discussed by the principal investigator and one other expert before V3-vignettes were produced

Vignette Calibration

- V3-vignettes (n=37) were presented, in random sequence, online to a group of 12+ experts (almost all University Clinic Directors from Australia or NZ)
- Experts completed their task independently and anonymously
- Experts received entertainment/book vouchers as a token-compensation for time ($30)
Experts were asked to:
1. Identify domain represented by the vignette
2. Calibrate each vignette on a visual analogue scale ranging from Unskilled (0) to Competent (10)
3. Evaluate how effective the vignette would be for the study
4. Demonstration of procedure

Which domain does this vignette best represent?
- Relational skills
- Clinical assessment skills
- Formulation and Intervention skills
- Psychometric skills
- Scientist practitioner approach
- Personal capacities
- Ethical practice
- Professional skills
- Response to supervision and progress during placement

Vignettes had to satisfy the following criteria:
- The domain the vignette represented had to accurately identified
- Mean calibration scores were required to fall within a specified band
  - Unskilled, Stage 1 = 0 to 2; Stage 2 = 3 to 5; Stage 3 = 6 to 8; Stage 4 = 9 to 10
- SDs for each vignette had to be within 1.5 units
- Intervals between consecutive levels had to within 4.5 units

Instructions to Expert Judges

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 warm, respectful and confident demeanour due to a focus on self-performance or other factors. She/he demonstrates poor 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.
### Vignette Calibration Results - 4 level domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Performance Level - M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Skills</td>
<td>1.23 (1.05)</td>
</tr>
<tr>
<td>Clinical Assessment</td>
<td>3.29 (1.05)</td>
</tr>
<tr>
<td>Intervention Skills</td>
<td>6.46 (1.72)</td>
</tr>
<tr>
<td>CBT Intervention Skills</td>
<td>8.96 (0.93)</td>
</tr>
</tbody>
</table>

### Vignette Calibration Results - 5 level domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Performance Level - M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response to Supervision</td>
<td>1.04 (0.94)</td>
</tr>
</tbody>
</table>

### The Vignette-Matching Procedure

**How Is It Done?**
- Vignettes are presented domain-wise, with domain name identified.
- Within a domain, the 4-vignettes were presented either in ascending or descending order.
- **DEMO**

### Vignette Calibration: Results

- **Criterion:** Accurate identification of Domain: All vignettes were identified as representing their respective domain (95% or above).
- **Criterion:** Mean calibration scores had to fall within the bands specified: 34 of 37 vignettes satisfied this criterion.
- **Criterion:** SDs for each vignette had to be within 1.5 units. 30 of 37 vignettes satisfied this criterion.
- **Criterion:** Intervals between consecutive levels had to be within 4 units: 35 of 37 vignettes satisfied this criterion.
- **OVERALL:** 11 vignettes required revision.

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**The Vignette-Matching Procedure**

**How Is It Done?**

- Vignettes are presented domain-wise, with domain name identified.
- Within a domain, the 4-vignettes were presented either in ascending or descending order.
- **DEMO**

**1st Vignette within domain**

**A Domain - Counseling Skills (low to high)**

<table>
<thead>
<tr>
<th>Domain 1 - Counseling Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe each and present your stance and claim that the vignette contains a developmental stage that is higher, equal to or lower than the depicted in each vignette.</td>
</tr>
<tr>
<td>More forward to next Domain 2.</td>
</tr>
</tbody>
</table>

**2nd Vignette within domain**

**A Domain - Counseling Skills (low to high)**

<table>
<thead>
<tr>
<th>Domain 2 - Counseling Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please continue to assess and present your stance and claim that the vignette contains a developmental stage that is higher, equal to or lower than the depicted in each vignette.</td>
</tr>
<tr>
<td>More forward to next Domain 3.</td>
</tr>
</tbody>
</table>

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**Brief Introduction**

**INSTRUCTIONS:**

- The following task will take approximately 25 minutes. You will be presented with vignettes across 6 domains of clinical skills. Each domain includes a vignette and a question assessing the level of competence. There will be a scoring guide to help you complete the task.

- **Task:** You are a clinician working in a mental health setting.

- **Vignette:** Each vignette contains information about a client, including their background, current situation, and previous experiences. Your task is to assess the client's level of competence in a specific domain.

- **Instructions:**
  - For each vignette, rate the client's level of competence.
  - Use the scoring guide provided to help you make your assessment.
  - Your responses will be used to generate a report on your competence in each domain.

---

**1st Vignette:**

- **Domain:** Counseling Skills
- **Vignette:** A client presents with anxiety, seeking advice on stress management techniques.
- **Rating:** Level 2

**2nd Vignette:**

- **Domain:** Counseling Skills
- **Vignette:** A client seeks guidance on improving relationships.
- **Rating:** Level 3

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**3rd Vignette:**

- **Domain:** Counseling Skills
- **Vignette:** A client is referred for evaluation of mood disorders.
- **Rating:** Level 4

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**4th Vignette:**

- **Domain:** Counseling Skills
- **Vignette:** A client reports ongoing difficulties with anxiety.
- **Rating:** Level 5

---

**5th Vignette:**

- **Domain:** Counseling Skills
- **Vignette:** A client seeks advice on managing stress due to work pressure.
- **Rating:** Level 6
Standardisation of Vignettes

Field Trial: Study 1

- Pilot Study: Twenty field supervisors who had recently completed end-placement assessments were asked to complete the V-M procedure
- Mostly Year 1 students
- V-M procedure completed up to 30 days after CYPRS was completed
**CYPRS vs. V-M Procedure Summary**

<table>
<thead>
<tr>
<th></th>
<th>Stage 1 (%)</th>
<th>Stage 2 (%)</th>
<th>Stage 3 (%)</th>
<th>Stage 4 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYPRS¹</td>
<td>0</td>
<td>0.6</td>
<td>47.0</td>
<td>52.4</td>
</tr>
<tr>
<td>V-M²</td>
<td>2.0</td>
<td>23.4</td>
<td>48.6</td>
<td>25.0</td>
</tr>
</tbody>
</table>

¹End placement ratings from 148 students (Yr 1 and 2) across 5 universities in NSW, based on the conventional rating scale, CYPRS
²End-placement ratings from 20 students (most from Year 1) rated by the V-M procedure during pilot

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**Standardisation of Vignettes Field Trial: Study 2**

- Data from PGs who received CYPRS and vignette ratings from supervisors (n=28).
- Year 1 and 2 students
- V-M procedure was completed immediately after CYPRS was completed

**The V-M Procedure: Preliminary Results**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Stage 4</th>
<th>Stage 3</th>
<th>Stage 2</th>
<th>Stage 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 1</td>
<td>41.38%</td>
<td>48.83%</td>
<td>6.90%</td>
<td>6.90%</td>
</tr>
<tr>
<td>Domain 2</td>
<td>68.97%</td>
<td>24.10%</td>
<td>6.90%</td>
<td>1.45%</td>
</tr>
<tr>
<td>Domain 3</td>
<td>48.14%</td>
<td>48.11%</td>
<td>3.70%</td>
<td></td>
</tr>
<tr>
<td>Domain 4</td>
<td>26.00%</td>
<td>65.22%</td>
<td>8.70%</td>
<td></td>
</tr>
<tr>
<td>Domain 5</td>
<td>78.57%</td>
<td>14.28%</td>
<td>3.57%</td>
<td>3.57%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain</th>
<th>Excellent progress</th>
<th>Good progress</th>
<th>Satisfactory progress</th>
<th>Inconsistent progress</th>
<th>Poor progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress during placement</td>
<td>54.17%</td>
<td>8.33%</td>
<td>29.17%</td>
<td>4.17%</td>
<td>4.17%</td>
</tr>
</tbody>
</table>

* Domain 6 has five vignettes that capture different rates of progress during placement

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**Vignette Matching Procedure Subjective Experience Results**

<table>
<thead>
<tr>
<th>More Time Consuming</th>
<th>Better Captures Trainee Performance</th>
<th>Harder to Use</th>
<th>More Valid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Strongly Agree</td>
<td>Neutral</td>
<td>Agree</td>
</tr>
</tbody>
</table>

**CYPRS: Discussion**

- Attempts made to help alter the distribution were unsuccessful
- Do we need so many items?
- Would ratings of overall items do?

**CURRENTLY**

- Presented electronically
- Facility for immediate supervisor reports
- Facility for data storage, retrieval and analyses
- Plan: Additional improvements – next funding cycle
Standardisation of Vignettes

Discussion & Conclusions

- Development of vignettes
  - More difficult than anticipated
  - More variability among experts than originally anticipated.
- Assignment of calibration scores by experts vary in terms of
  - Leniency vs. stringency biases
  - Rather than basing judgments on a continuum, using absence/presence of a key criterion to generate a dichotomous distributions. For example, if key/signature criterion was met (e.g., 3 vignettes) the vignettes obtained similarly high scores, if not (1 vig) it received a low score.

References