VOL 2, ISSUE 2, 2007 http://emedia.rmit.edu.au/ed/Issue/2007b/Assess/article1_pg1.html

RMIT University Learning and Teaching Journal

Enhancing clinical competence: The development of an assessment instrument and multimedia instructional package

Negri, L.M., Smith, D.S., Hempenstall, K., Schuster, S., Little, E., & Wilks, R. (2007). Enhancing clinical competence: The development of an assessment instrument and multimedia instructional package. *Ed Magazine, 2*(2), RMIT University. Retrieved October 10, 2007, from

This article is an edited version of the full ARTL 2006 report.

Overview

Forty-three probationary psychologists on placement at the RMIT University Psychology Clinic and six clinical supervisors were involved in the development of the RMIT University Clinical Competency Assessment Tool. Supervisors rated the clinical competencies of each supervisee, and supervisees rated their competence and confidence in their clinical skills at pre-training (beginning of the academic semester) using the assessment tool and again at the end of the13 week semester. A blind rater was used to provide a measure of inter-rater reliability for the supervisor ratings. A multimedia online facility was developed to allow supervisees to further develop competencies in core areas that they were found to require further development.

It was found that supervisor ratings of competency were consistent with profession expectations. Surprisingly, supervisees rated their competence as significantly greater than the supervisors and also rated their confidence in line with perceived competence. The online training facility did not produce significant improvements in clinical competencies but there was a trend in the expected direction. Implications for these findings are discussed.

Background

Consensus exists that psychologists in training should be assessed against the following foundation or core competencies:

1. Engagement in empirically-based practice, entailing the ability to access and apply current scientific knowledge; contribute to knowledge; critically evaluate interventions and their outcomes; practice vigilance about how socio-cultural variables influence scientific practice; and routinely subject one's work to the scrutiny of colleagues, stakeholders, and the public (Bieschke, Fouad, Collins & Halonen, 2004; Urquhart, Smith, & Lancaster, 2000);

2. Competence in psychological assessment and diagnosis encompassing areas such as psychometric theory; sound knowledge of scientific, theoretical, empirical, and contextual bases of psychological assessment; as well as knowledge, skill, and techniques to assess the cognitive, affective, behavioural, and personality dimensions of human experience with reference to individuals and systems (Krishnamurthy et al., 2004; Urquhart, et al., 2000);

3. Competence in intervention incorporating planning, implementation, evaluation of appropriate 'best-practice', treatment protocols, and practice management (Spruill et al., 2004; Urquhart, et al., 2000);

4. Competence in consultation and inter-professional collaboration requiring knowledge of and experience within different professional settings, laws and legislation; ethical standards and guidelines; assessment of consumer needs for services; and business practices (Arredondo, Shealy, Neale, & Winfrey, 2004);

5. Competence in interpersonal communication (Urquhart, et al., 2000); and

6. Skill in providing supervision as a core competency (Falender et al., 2004).

However, while there is general agreement about the need to produce graduates with developed competency in the above domains, and of a standard that is consistent across institutions, there is currently no generally accepted tool by which to assess either the progress of acquisition of these professional skills or the final level of competency attained by graduates.

There is a clear need for the development of a valid and reliable assessment measure that can be employed to track skill acquisition and that can be used across professional psychology training institutions in Australia. This project aimed to develop such an assessment tool and to develop multimedia training modules to address learning needs identified through the competency assessment.

Method

A total of 43 probationary psychologists ('supervisees') from the Master of Psychology programs (both the Clinical and Educational/Developmental streams) and Doctor of Psychology program (Clinical and Educational/Developmental streams) at RMIT University, Melbourne, participated in this project.

All supervisees were supervised by experienced psychologists who were registered supervisors with the Psychologists' Registration Board.

Phase 1: Development of Assessment Tool Items (Focus groups)

Extensive focus groups of clinical supervisors and supervisees were held to ascertain supervisor and supervisee opinions about appropriate forms of assessment and feedback regarding core competencies and to generate items for inclusion in the assessment instrument. These focus groups were conducted collaboratively (supervisors and supervisees) so that both supervisors and supervisees played an active role in item development and inclusion. Third year Doctoral students and second year Masters students were included in the focus groups.

The assessment instrument for evaluating clinical competency was based on the items generated through the focus groups and the recommendations from the literature regarding the core competencies required. Items fell into nine broad Core Competencies. These were:

PEP Professional and Ethical Practice

IIS Interpersonal and Interaction Skills

OS Organisational Skills

CS Communication Skills

KB Knowledge Base

AF Assessment and Clinical Formulation

IE Intervention and Evaluation

RW Report Writing

SUP Use of Supervision

Each Core Competency was measured using the following rating scale:

3 = Demonstrated competence at a level that would be expected of a fully qualified psychologist.

2 = At the expected level of competence at this stage of the supervisee's training

1 = Some improvement required.

0 = No opportunity to demonstrate the skill.

Phase 2: Use of the competency instrument

Students who undertake clinical casework in the RMIT Psychology Clinic under supervision were assessed using the new competency instrument that informed them of their current skill level in core competencies and areas in need of improvement. Additionally, the instrument formed the basis for developing additional training modules to assist supervisees to further develop core competencies.

As part of routine clinical practice in the RMIT University Psychology Clinic, supervisees videotape their clinical work with clients. Supervisees were requested to submit a videotape of a clinical session that was cued at a point that they believed best demonstrated their clinical competence. Tapes were de-identified to protect client privacy. A blind rater who was a registered clinical psychologist working in a private practice in the central business district of Melbourne rated each supervisee on the core competencies based on15 minutes of the video sample.

Supervisees were given feedback about their assessment from supervisors and allowed an opportunity to discuss discrepancies in perception of skill level. Supervisees were then guided to specific training modules (multimedia and text) designed to address their learning needs. These modules were provided online as well as materials placed on closed reserve in the library for supervisees to access at their convenience.

Supervisor teams and supervisees conducted a post-training measure of clinical competence at the end of the academic semester. Again, the measure results were used to guide teaching and training decisions and feedback to students.

Phase 3: Development of multimedia instructional package

Multimedia training modules were developed. Some multimedia were commercially available, while other media demonstrating specific competency skills were filmed at the RMIT University Psychology Clinic. Resources were placed on the intranet (DLS) for supervisees to access from their desktop (either at University or remotely). Modules were developed for each of the nine core competencies measured by the Clinical Competency Assessment Tool.

Discussion

Assessment of clinical competence is a fundamental component of clinical training. The present study has revealed that a reliable and valid assessment of core competency areas is possible and is useful in

providing feedback to supervisees regarding skills that require further development and also may inform teaching modules and approaches to training.

The finding that supervisees rated themselves more competent at post-training than the supervisors and blind rater believed them to be was consistent with anecdotal experiences of supervisors. It has long been recognized by supervisors that trainees overestimate their competence and this leads to problems with supervisees accessing adequate supervision.

Although improvement in professional competence is expected across time, it was surprising that supervisees with only 6 months training in clinical skills rated their competence in line with a fully registered psychologist. This has major implications for the way in which feedback is provided to supervisees, as any suggestion that their skills require further development is unable to be integrated with the cognitive schema they have developed about their skill level and incongruent with the consequent improvement in confidence levels they have enjoyed.

This study has highlighted these differences in assessment and confirms that supervisor assessments are in line with profession expectations. The results of this study can be used to clarify student expectations about skill level and to highlight what is meant by ‘competence’ by the profession itself.

This study also highlighted that it may be possible to improve clinical competence with the addition of online multimedia training modules that supervisees can access at their convenience. Although the findings comparing competency of those supervisees who accessed the site compared to those who did not were not significant, there was a slight trend in the expected direction with supervisees who accessed the online modules demonstrating somewhat improved competency skills in comparison to their peers who failed to access the site.

Further exploration of this hypothesis will be possible with a replication of the current study with longer self-training time and a greater sample size.