The Psychotherapy Case in the RANZCP 2012 competency based Fellowship Program

Assoc. Professor Beth Kotze
The 2012 Fellowship Program

- Philosophy: framework of medical competencies development
- Workplace and centrally administered assessments
- Combination of formative and summative: central assessments summative
- Trainee trajectory:
  - College provides baseline to ensure steady progression
  - To a large extent self-directed timing and planning
- Role of supervisor:
  - Critical to realistic appraisal of progress and readiness to progress
  - Critical conversations
CENTRALLY ADMINISTERED SUMMATIVE ASSESSMENTS

• Timing of attempting summative centrally administered assessments within the framework
  – Refer: Trainee Progress Trajectory
    • Timing varies from assessment to assessment
    • Psychotherapy case:
      – Can be submitted at any time
      – Expected completion Stage 3 60 months

• Completion of all tasks requires demonstration of standard expected at end of Stage 3
  – This was a decision of the former Board of Education and endorsed by the former General Council of the RANZCP
MILLER’S TRIANGLE: EXAMPLE OF APPLICATION

VALIDITY

- Does Performance Assessment
- Shows how Competence
- Knows how Competence
- Knows Knowledge

Psychotherapy Written Case

Miller 1990
MATCHING ASSESSMENT TASK TO SKILLS AND READINESS

• Requires careful unpicking of each assessment
  – Locating each assessment on Miller’s Prism of Clinical Competence
  – Factual knowledge: KNOWS
    • Most basic level of trainee competence focus on facts
    • Foundation for all levels of practice
    • Tested by MCQ
    • Standard expected at end of Stage 3 might be attained quite early in training
  – KNOWS HOW
    • Tested for example by Essay
  – SHOWS HOW
    • OSCE
  – DOES: knowledge APPLIED in realistic clinical settings and ACQUIRED SKILLS
    • Tested in structured clinical examination or written assessment
    • Standard expected at end of Stage 3
    • Psychotherapy case
MILLER’S TRIANGLE: EXAMPLE OF APPLICATION

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• Trainee and supervisor:
  – Carefully consider competency requirements of each assessment and trainee current level of skills and knowledge
  – Mapping how the different assessments complement and enhance each other

• Disadvantages to prematurely attempting
  • A recent cohort
    – Stage 1 and 2
    – 18 – 27.5 months of training
    – Most at around the 24 month mark
  • Trajectory suggests completion by 60 months
AT A GLANCE

- 3 stages over 5 years
  - Stage 1: BASIC: low level of independence; high level of supervision
  - Stage 2: PROFICIENT
  - Stage 3: ADVANCED – standard of junior consultant
    - High level independence
    - Low level of supervision
    - Completes complex tasks
• Refer: CBFP Developmental Descriptors include for example:
  – Detailed and comprehensive assessment
  – Sophisticated understanding, integration and formulation
  – Accuracy
  – Independent practice
  – Critical evaluation
  – Safely operates within required scope of practice
  – Develops supervisory skills

• Alignment with the Psychotherapy Written Case marking proforma
• By the end of stage 2:
  – Proficient standard: distant (reactive) supervision
  – Completion of 2 (of 3) EPAs:
    • Psychodynamically informed patient encounters and managing the therapeutic alliance;
    • Supportive psychotherapy; and
    • CBT for management of anxiety
  – The 3rd EPA is to be completed by the end of Stage 3 and this EPA is assessed at a proficient standard

• 3 formative psychotherapy case discussions required to be completed during the conduct of the psychotherapy case
  – Golden opportunity to gauge progress and readiness
The competence of the trainee as a therapist is not the major focus of the assessment.

Assessment including mental state examination and initial formulation:
- May have been completed at an early stage of training
- PROFICIENT STANDARD

Other criteria at standard expected at end of Stage 3: the trainee is expected to maturely reflect on all aspects of the therapy at junior consultant level in the written report.
• Requires:
  – Selection of patient and model of therapy:
    • Psychodynamic principles in psychological treatment
    • Complex meanings of symptoms, behaviours and motivations
    • Signposts in case discussion
  – Time
  – Breadth of reflection and experience
  – Close work with a supervisor
  – Maturity in the write-up, reflection on treatment process
  – Re-formulation at standard expected at end of Stage 3
  – Much closer to the apex of Miller’s triangle than the base
  – Drafting may be essential
    • Drafting at the time
    • Returning later
  – Calibration with other supervisors
THE ASSESSMENT

- Setting the standard
  - Expert judgement
  - Quality assurance processes: calibration, co-marking, moderation, training packs for examiners
  - Triple marking first round

- Face to face calibration meeting 4/12/2015
  - Specific focus on cases submitted under the 2012 program

- Calibration is a critical quality assurance process:
  - Annual face to face meeting
  - Orientation of new examiners
  - Ongoing within buddy teams

- Building up a bank of cases for examiner calibration
RESOURCES

• Supervisors:
  – Facilitating conversations about how much training and experience is likely to be needed to attain and demonstrate the required competencies
  – Accurate feedback on trainee ability to demonstrate the required standard expected at end of Stage 3

• Directors of Training

• Resources
  – Psychotherapy Written Case 2012 Fellowship Program Regulations, Policies and Procedures
  – Psychotherapy Written Case marking proforma 16/10/15
  – Guide to Psychotherapy training
  – Developmental Descriptors
  – Trainee Newsletter
  – Committee for Examinations members
  – Draft article for publication
  – Podcast
### PSYCHOTHERAPY WRITTEN CASE ASSESSMENT CRITERIA – PASS/FAIL RATE

<table>
<thead>
<tr>
<th>Domain</th>
<th>Satisfactory rate (%)</th>
<th>Unsatisfactory rate (%)</th>
</tr>
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<tbody>
<tr>
<td>Assessment (including Mental State Examination)</td>
<td>9</td>
<td>91</td>
</tr>
<tr>
<td>Formulation</td>
<td>36</td>
<td>64</td>
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<tr>
<td>Management Plan</td>
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<td>55</td>
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<tr>
<td>Clinical Progress</td>
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<tr>
<td>Supervision</td>
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<td>9</td>
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<td>Communication/liaison</td>
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<td>0</td>
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<tr>
<td>Discussion</td>
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<td>27</td>
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Total cohort (November 2014 to August 2015) 11
• Acknowledge work of Drs Warren Kealy-Bateman and Lisa Lampe
• Key messages:
  – The focus of the assessment is not the trainee’s competence as a therapist
  – If the therapy is conducted early in training it is acceptable that assessment including mental state and initial formulation may be at the PROFICIENT standard
  – All other components of the case report must demonstrate critical reflection, ability to apply knowledge and skill at level expected at end of Stage 3
  – The Psychotherapy Written Case marking proforma provides the specific marking criteria for each domain and the level expected.
  – Good quality guidance as to the standard expected at end of Stage 3 is available in RANZCP documentation.