



The Royal
Australian &
New Zealand
College of
Psychiatrists

The Psychotherapy Case in the RANZCP 2012 competency based Fellowship Program

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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**

Psychotherapy Written Case

**Shows how
Competence**

**Knows how
Competence**

**Knows
Knowledge**

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

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MATCHING ASSESSMENT TASK TO SKILLS AND READINESS

- 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

- 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

THE PSYCHOTHERAPY EXPERIENCE IN GENERAL



- 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

REQUIREMENTS.....

- 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

- 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



Domain	Satisfactory rate (%)	Unsatisfactory rate (%)
Assessment (including Mental State Examination)	9	91
Formulation	36	64
Management Plan	45	55
Clinical Progress	55	45
Supervision	91	9
Communication/liaison	100	0
Discussion	73	27

Total cohort (November 2014 to August 2015)

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ACKNOWLEDGEMENTS, KEY MESSAGES AND QUESTIONS



- 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.