Disclaimer

Not speaking on behalf of VA or OAA.

Nor will I try to speak Texan.
VAPTC Executive Committee

- John Beauvais, Ph.D. - Chair
- R. Keith Shaw, Ph.D. - Past Chair
- Loretta Braxton, Ph.D. - Chair-Elect
- Allison Aosved, Ph.D. - Secretary/Treasurer
- Kellie Rollins, Psy.D. - Member-at-Large
- Evelyn Sandeen, Ph.D., ABPP - Clinical Advisory Committee Chair & Member-at-Large
- Jody Rubensteins, Ph.D. - Administrative Committee Chair & Member-at-Large
Significant Events & Issues for VAPTC in 2013 - 2014

- Wayne Siegel, Ph.D. led a guidance session for newly funded programs.

- APPIC Postdoctoral Development Workgroup (Co-chaired by Wayne Siegel and Marla Eby) is studying and developing recommendations re: APPIC’s roles with postdoctoral training programs. The current VAPTC representative is Allison Aosved.

- Technology group continues to provide extraction software for the AAPI portal

- Dr. Wayne Siegel recipient of the 2013 Antonette and Robert Zeiss Award for Distinguished Contributions to VA Training!!
Upcoming Events & Issues for VAPTC in 2014

CoA’s Standards of Accreditation

- VAPTC EC is preparing a response to the proposed revisions in the Standards of Accreditation (SoA) in Health Service Psychology. Due July 7, 2014

- Standards will outline the requirements for the accreditation of psychology training programs. They will articulate a common core of profession-wide competencies; programs may also specify their own program specific competencies that students/trainees must achieve.
VAPTC Missions

Mission 1

• Facilitate sharing of information and resources among VA psychology training programs.
Mission #1 Accomplishments

- Ongoing development of the VAPTC SharePoint with many training resources; new format being developed.

- [http://vaww.infoshare.va.gov/sites/PsychologyTrainingCouncil/default.aspx](http://vaww.infoshare.va.gov/sites/PsychologyTrainingCouncil/default.aspx)
Resources for VA Psychology Training Program Administrator


Training Forms & Documents

Self Study Exemplars

APPIC Match Resources

Do You Know?

New Additions to Our Site!
Mission #1 Accomplishments

• Continuing expansion of materials to identify and disseminate best practices by VAPTC’s committees, selected highlights include modules on:

  **Model Curriculum Committee:**
  Mentoring, DSM-V, History of Psychology in the VA, Clinical Video Telehealth, Assessment, Professionalism, VA research careers, Suicide Risk Assessment and Documentation

  **Multicultural And Diversity Committee:**
  Best Practices Document
Mission #1 Accomplishments, cont’d.

- Facilitated sharing of information and documents through the VA Training Director e-mail groups
- Regularly updating and seeking input at AVAPL/Dvision 18 meeting; and, when feasible, at APA Convention (ACES?) 😊
- VAPTC Annual Business Meeting, which will be a virtual VANTS/LiveMeeting/Lync in August, 2014
Mission 2

• Solicit ideas for advancements in the evolution of psychology training programs.
Mission #2 Accomplishments

- Executive Committee has regularly encouraged the membership to share their ideas and concerns through email, through other organizations (e.g., APPIC, APA/CoA) involvement and national meetings.

- Clinical Advisory Committee completed an initial training need assessment project that was presented at APPIC

# The Training Needs Assessment: Creating a Culture of Competency through Proactive Competency Assessment

**Kristin Rodzinka, Ph.D., ABPP**; **Evelyn Sandeen, Ph.D., ABPP**

*Dayton VA Medical Center; **New Mexico VA Healthcare System and University of New Mexico*

**Kristin.Rodzinka@va.gov** or **Evelyn.Sandeen@va.gov**

## Problem

While most internship and residency programs are in individual agreement with the competency movement within professional psychology (e.g., Fouad et al., 2000), most programs are also struggling with the practical aspects of how to implement this movement within their own programs. One of the most important practical issues is how to measure competency at the beginning of a training sequence in order to measure growth and to design training to meet individual trainee needs. This is essential if we want to identify and have meaningful discussions about competency deficits with trainees early in the training year. Strategies for developing competency based assessment have been well outlined (Kahlow et al., 2000) and non-practical tools are needed. This paper is designed to address the lack of available concrete resources as well as Training Director concerns about how trainees would respond to strategies offered.

## Initial Competency Assessment Tools (ICAT)

The ICAT has created a flexible menu of Initial Competency Assessment Tools, employing multiple modalities, which Training Directors can use to design a program specific Training Needs Assessment (TNA). The ICAT will be available to all VA Training Directors prior to the beginning of the 2014-2015 training year through a Share Point site which facilitates collaboration and shared use of resources between VA Training Directors.

**Benefits of performing a Training Needs Assessment include:**

1. creating a culture of competency through:
   a) early introduction of the competencies
   b) portion of training by demonstrating emphasis on critical competencies for your program
   c) setting the stage for thoughtful work by both trainees and supervisors by providing evaluative feedback to both
   d) emphasizing self-awareness within critical domains

2. identifying deficits early in the training sequence so that training plans can be altered forward with remediation or accelerated advancement; and

3. facilitating advanced, competency based supervision.

A matrix was developed to easily identify tools developed by modality and competency to be evaluated. Competency most amenable to early evaluation are indicated in the current matrix. Teaching, Supervision, Interdisciplinary Systems/Management/Administration, and Advocacy may also be developed in the future.

## Survey Results

As the ICAT developed resources, many were piloted in Summer and Fall of 2013. To gauge intern responses to participation we conducted a survey. In particular we wished to determine whether the process was unnecessarily stressful and how helpful it was in meeting our goals.

Modalities employed included: written vignettes, video based vignettes, content outs, group discussion with Training Director, standardized patients, and case presentations.

Comprehensiveness, targeted individual, ethical, professionalism, differential diagnosis, treatment planning, relationships, cultural diversity, assessment, report writing, self-awareness, and evidence based practice.

Feedback was provided to trainees regarding both strengths and areas for growth.

Training Director comments:

- “The trainees were initially anxious but they appeared to relax and enjoy the modules.”
- “We found the assessment to be very helpful. Based on this, we changed some of our trainees to help us highlight some areas where interns were having difficulty. We also were able to integrate this more into our supervision and rotation assignments.”
- “The process of the Simulation Potrait was particularly helpful in highlighting interns’ relative strengths and weaknesses, which we then could pass on to their supervisors to provide them with extra attention. Our supervisors felt that they got information about their interns earlier than they normally did.”

Trainee comments:

- “It helped ensure that supervisors/train- ing directors and interns were all on the same page regarding our specific training needs.”
- “The process was actually pretty fun and confidence building.”
- “It might be helpful to revisit the results of the competency assessment more often during the year and discuss progress and suppl- emental goals.”
- “I feel more confident in the training plan developed for the program directors because I know they have taken my clinical skills and knowledge intoaction.”

Survey results suggest that trainees are able to participate in meaningful initial assessment of competencies without it generating an unreasonable amount of stress. Many offered feedback regarding the benefits of the process. 100% of the sample reported that participants in the assessment identified areas for growth. Additionally supervisors who were involved in the Simulation Portrait patients, either as actors or as observers, found it “fun and informative.”

## Challenges

- There are still an inadequate number of resources available for effective competency assessment in all relevant domains;
- Each individual program will need to evaluate which ICAT tool best represents the competencies they wish to measure as a part of their Training Needs Assessment;
- Some tools will require nothing to produce a good fit between program and competency measured;
- Many tools will need to be updated to reflect developments and changes within the field (i.e., new versions of assessment measures and diagnostic nomenclature);
- Some tools require time and resources that are unattainable to all Training Directors.

## Future Directions

- Develop more resources;
- Develop mechanisms for sharing tools and information to include more crowdsourced resources;
- Develop guidelines for selection of tools;
- Develop guidelines for administration;
- Develop a variety of strategies and modalities;
- Work toward a more seamless transition from initial assessment of competencies to ongoing competency feedback and summative evaluations;
- Incorporate tools or benchmarks to reflect multiple levels of training.

## References

Preliminary results from VAPTC survey \( N=47 \)

When asked, How many psychology trainees (on average) do you have - within each level -- annually?

<table>
<thead>
<tr>
<th>Level</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practicum (graduate students)</td>
<td>5</td>
</tr>
<tr>
<td>Internship</td>
<td>5</td>
</tr>
<tr>
<td>Postdoctoral Residency</td>
<td>4</td>
</tr>
</tbody>
</table>

Total Respondents: 42
Preliminary results from VAPTC survey N=47

Supervisor Eligibility: Expectations for Supervisors: Please select all of the following, which are relevant to your training program(s) standards:

<table>
<thead>
<tr>
<th>Duties / responsibilities</th>
<th>90.00%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance / participation at Training Committee or supervisor meetings</td>
<td>82.50%</td>
</tr>
<tr>
<td>Continuing education related to supervision</td>
<td>22.50%</td>
</tr>
<tr>
<td>Feedback on performance (e.g., evals of trainees)</td>
<td>92.50%</td>
</tr>
<tr>
<td>Procedures for dealing with performance problems/concerns</td>
<td>80.00%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Supervision training</th>
<th>1 Not at all important</th>
<th>2</th>
<th>3 Somewhat important</th>
<th>4</th>
<th>5 Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supershine training</td>
<td>2.38%</td>
<td>1</td>
<td>2.38%</td>
<td>1</td>
<td>9.52%</td>
</tr>
</tbody>
</table>
Preliminary results from VAPTC survey $N=47$

Paper vs. Electronic records for your training program:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>We keep our training records in paper files</td>
<td>57.14%</td>
</tr>
<tr>
<td>We keep our training records in electronic files</td>
<td>33.33%</td>
</tr>
<tr>
<td>We are working to transition from paper to electronic files</td>
<td>9.52%</td>
</tr>
<tr>
<td>We plan to use both paper and electronic files (no plan to discontinue use of both paper and electronic)</td>
<td>59.52%</td>
</tr>
<tr>
<td>We have found the following benefits or problems with electronic files (please comment).</td>
<td>7.14%</td>
</tr>
</tbody>
</table>
Preliminary results from VAPTC survey  N=47

From your perspective, what are your program’s strengths in terms of multicultural and diversity training?

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existence of a diversity trainer, task force, and/or committee</td>
<td>43.90%</td>
</tr>
<tr>
<td>Recruitment of diverse staff and trainees</td>
<td>60.98%</td>
</tr>
<tr>
<td>Multicultural/Diversity didactics</td>
<td>90.24%</td>
</tr>
<tr>
<td>Multicultural/Diversity journal clubs</td>
<td>34.15%</td>
</tr>
<tr>
<td>Multicultural/Diversity issues emphasized in supervision</td>
<td>51.22%</td>
</tr>
<tr>
<td>Planned initiatives for diversity training (please describe, below)</td>
<td>19.51%</td>
</tr>
<tr>
<td>Other (please describe, below)</td>
<td>12.20%</td>
</tr>
</tbody>
</table>
Mission 3

- Promote the development of procedures and programs that facilitate program accreditation at the internship and postdoctoral levels.

- Again, VAPTC EC is preparing a response to the proposed revisions in the Standards of Accreditation (SoA) in Health Service Psychology. Due July 7, 2014
Mission 4

• Facilitate the professional development and mentoring of training directors.

Mentorship program going strong under the leadership of Bernadette Lauber, Ph.D.

All newly funded program TDs have been paired with a seasoned mentor.
Mission 5

- Facilitate the awareness and promotion of VA psychology training programs among eligible, accredited doctoral academic psychology programs.

Mission 6

- Promote the views of VA psychology training to groups and organizations whose functions and objectives affect psychology training within the VA.
VAPTC’s National Voice

- Represents VA at twice-yearly meetings of Council of Chairs of Training Councils (CCTC) and APA Board of Educational Affairs (BEA)

- Encouraged candidacies of VAPTC members and supported VA candidates in national elections of other psychology organizations, such as APPIC

- Sharing VAPTC training resource (SharePoint) materials with APPIC has been approved - and have been available for the past few months.
Mission 7

- Provide guidance to the Office of Academic Affiliations and the Office of Mental Health Services regarding needs for training in Psychology.
Mission #7 Accomplishments

- Ongoing monthly conference calls of the VAPTC Executive Committee include our VACO Liaisons Dr. Ken Jones (OAA); Dr. David Carroll (Mental Health Services), Dr. Stacy Pollack (Mental Health Services); and, Dr. Lisa Kearney (Mental Health Operations) and Dr. Robert Zeiss.

- Provided input and assistance to OAA in the allocation of new training positions
Upcoming Projects

- Sharepoint resource group for practicum training
- Electronic competency evaluation (APPIC or VINCI)
- Technology Workgroup: FAQ project
- MDC project: help programs to effectively address Domain D (Cultural Diversity) in the APA accreditation package
- MCC project with Dr. Antonette Zeiss; Modular training on Interprofessional Practice and training.
- And many more!
Invitation: Roles for TDs and other Psychologists

- **Need for APA Site Visitors**: This conference is a good example!

- Call or e-mail any Executive Committee members to provide feedback or ask for consultation on any training-related matters

- Both new and established VAPTC Committees and Workgroups; roles for TDs and other psychologists

- Raise new issues for the EC to consider