

Establishing an evidence-based evaluation for supervisor competency

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Abstract* Introduction: Psychology training programs strive to cultivate competent trainees ready to pursue clinical and research independence. Achieving this aim requires the provision of training by competent supervisors. The American Psychological Association (APA) has specified competency domains for clinical psychology supervisors; however, no evidence-based measure exists to evaluate supervisor competency, representing a gap for program evaluation and competency assessment. We developed the Psychology Trainee Evaluation of Supervision Competencies (PTESC) to assess the provision of high-quality supervision. The PTESC aligns with APA's 2014 Guidelines for Clinical Supervision in Health Service Psychology and Falender and colleagues' 2004 consensus statement for defining competencies in psychology supervision. However, this measure has not been implemented or validated. Thus, this study aimed to (1) pilot the feasibility of implementing the PTESC in an academic medical center clinical psychology training program, and (2) validate its use among trainees. Methods: Clinical psychology interns and externs were invited to participate in a study to validate the PTESC. The PTESC evaluates supervisor competency across seven Competency Domains, with 1-2 Goals and an average of 11 Objectives per Goal specified for each Competency Domain. Respondents are prompted to rate each Objective and provide a separate, overall Goal rating for each Competency Domain. Ratings are made across five evaluation levels ranging from "1=poor; behavior never displayed/observed" to "5=excellent, behavior (almost) always displayed," with a "not applicable" option provided. Results: Following the first academic quarter, 23 trainees completed 43 evaluations on 15 supervisors. Results showed the following Goal scores: Supervisor Competence [Competent supervision of services (88% = score 5; score range: 4-5; 5% N/A); Competent Provision of Supervision (91% = score 5; score range: 2-5)]; Diversity (74% = score 5; score range: 4-5; 2% N/A); Supervisory Relationship (86% = score 5; score range: 3-5; 2% N/A); Professionalism (91% = score 5; score range: 3-5); Assessment, Evaluation, and Feedback (84% = score 5; score range: 2-5; 2% N/A); Trainee Remediation and Managing Professional Competence Problems (70% = score 5; score range: 2-5; 21% N/A); and Ethics, Legal, and Regulatory Considerations (100% = score 5). Within each Goal, the mean \pm SD Objectives ratings were: Supervisor Competence: 4.42 ± 0.64 ; Competent Provision of Supervision: 4.72 ± 0.69 ; Diversity: 4.77 ± 0.36 ; Supervisory Relationship: 4.65 ± 0.50 ; Professionalism: 4.79 ± 0.43 ; Assessment, Evaluation, and Feedback: $4.67 \pm$

0.50; Trainee Remediation and Managing Professional Competence Problems: 4.75 ± 0.44 ; and Ethics, Legal, and Regulatory Considerations: 4.87 ± 0.40 . Data collected during quarters 2 and 3 will be presented. Conclusion: Standardized tools for measuring supervisor competency are necessary for evaluating achievement of APA training goals. Results lend preliminary support for the feasibility of implementing the PTESC in an academic medical center clinical psychology training program. The range of scores suggests that trainees are critically evaluating supervision sessions and the supervisory relationship, as well as indicating areas for supervisor development over the year. Future research to evaluate this tool across a broader range of programs is warranted, to inform widespread implementation of the PTESC across multiple levels of training.

Learning Objectives:

- #1* Identify the evidence-based competencies relevant to supervision
- #2* Recognize and describe barriers to evidence-based evaluation of supervision.
- #3* Discuss future next steps for establishing an evidence-based assessment tool for measuring supervisor competency.

References:

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