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Correlation of Measures of Psychotherapy Competency in Psychiatry Residents

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INTRODUCTION: The ACGME Residency Review Committee in Psychiatry has stipulated that general psychiatry trainees develop ‘competency in applying supportive, psychodynamic, and cognitive-behavioral psychotherapies to both brief and long-term individual practice’ [1]. Residency programs are required to demonstrate and faculty are required to verify that trainees have attained the required competencies. Yet no generally accepted reliable and valid measure of psychotherapy competency has yet been developed.

Several measures are widely used to assess resident competence in psychotherapy [2,7].

• Evaluation by individual psychotherapy supervisors [3,4]
• Rating of resident’s conduct of psychotherapy in live, recorded, or transcribed performance
• Training portfolios
• Performance on a multiple choice examination such as The Columbia Psychodynamic Psychotherapy Competence Test [5]

Resident self-assessment such as the Counseling Self-Evaluation Inventory (COSE), a self-report instrument designed to assess confidence and self-efficacy [6]

There have been few studies examining the reliability and validity of available competency assessment measures, and little empirical research examining the success of training programs in developing trainee competence in psychotherapy.

The current study had two goals:

1. To examine the changes in various performance measures as residents progress through training
2. To explore correlations among various measures of psychotherapy competence

METHODS: We conducted a retrospective analysis of all available data for residents in our program from July 2000 through July 2009 (63 residents, including:

1) Psychiatry Resident in Training Examination (PRITE) – Global Psychiatry score and Psychosocial Therapies subscore
2) Columbia Psychodynamic Psychotherapy Competence Test (CPPCT) - Scores (given as percentile rank among all examinees)
3) Counseling Self-Evaluation Inventory (COSE) – Scores on the COSE were collected for all PGY1 or PGY2 residents; however, COSE assessments were not routinely collected for PGY3 and PGY4 residents in the early years of this study. Our analysis used 64 of 34 COSE items on the COSE due to inadvertent omission on some forms.
4) Supervisor ratings - Averaged global supervisor ratings of resident performance (5 point scale) in the following areas: formulation skills; psychotherapeutic interventions; tolerance of uncertainty; transference, countertransference, boundaries; ability to utilize different conceptual models; humanistic qualities; practice-based learning (self evaluation, integration of feedback into practice); communication and interpersonal skills; working with difficult patients.

Statistical analyses were performed with the Statistical Package for Social Sciences, SPSS. Analyses comparing performance in different training years were done using unpaired t-tests (two tail) on pooled data for each training year. Correlations were done using paired data for individual residents to derive Pearson two-tailed correlation coefficients. Due to missing data, the N for correlations was often less than the total N.

RESULTS: Figure 1-3 show changes in COSE, PRITE, and CPPCT by training year.

• Performance measures collected at different times during training years
• Retrospective analysis of data not systematically collected for research

DISCUSSION: Resident confidence increases with first experiences conducting supervised psychodynamic psychotherapy, paralleled by significant improvement in PRITE psychosocial subscores.
• The early COSE-late CPPCT score correlation may suggest that greater psychotherapy interest or experience on entry predicts greater learning.
• The negative correlation between supervisor rating and COSE scores suggests a possible supervisory reaction to overconfidence and/or inflation of ratings to boost confidence.
• Uniformly above average supervisor scores that do not change year to year may reflect reluctance to give lower ratings, rating by PGY-expectation rather than competence, or lack of dependability of supervisor ratings.
• The relative lack of correlations may mean measures differ significantly from PGY 2 & PGY 4 (either group means or paired analyses).

Correlated Measures
• Individual resident’s scores on COSE throughout training year
• Individual resident’s scores on PRITE in PGY 2 & PGY 3
• Individual resident’s scores on PRITE & CPPCT in PGY 2
• Total PGY-1 & 2 COSE score (before psychotherapy experience) with CPPCT score

Non-Correlated Measures
• COSE score with overall PRITE psychiatry score or PRITE psychosocial subscore
• COSE score with CPPCT in same training year
• PGY-2 supervisor rating with PGY-2 COSE score
• PGY-3 supervisor rating with PRITE psychiatry or psychosocial score or CPPCT score

Negatively Correlated Measures
• PGY-2 & 3 COSE scores with PGY-3 psychotherapy supervisor rating

STUDY LIMITATIONS
• Small N (6 residents/yr max) and incomplete data
• Supervisor evaluations non-standardized & without measures of validity or reliability

REFERENCES:
1. ACGME Program Requirements for Graduate Medical Education in Psychiatry (Effective: July 1, 2007)