Correlation of Measures of Psychotherapy Competency in Psychiatry Residents

Julia Matthews-Bellinger
University of Massachusetts Medical School, Julia.Matthews-Bellinger@umassmed.edu

Sheldon Benjamin
University of Massachusetts Medical School, sheldon.benjamin@umassmed.edu

Mohit Chauhan
Austin Medical Center

See next page for additional authors

Follow this and additional works at: http://escholarship.umassmed.edu/psych_pp

Part of the Psychiatry Commons

Repository Citation
Matthews-Bellinger, Julia; Benjamin, Sheldon; Chauhan, Mohit; and Zanetti, Mary L., "Correlation of Measures of Psychotherapy Competency in Psychiatry Residents" (2010). Psychiatry Publications and Presentations. 479.
http://escholarship.umassmed.edu/psych_pp/479

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Psychiatry Publications and Presentations by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
Correlation of Measures of Psychotherapy Competency in Psychiatry Residents

Authors
Julia Matthews-Bellinger, Sheldon Benjamin, Mohit Chauhan, and Mary L. Zanetti

This poster is available at eScholarship@UMMS: http://escholarship.umassmed.edu/psych_pp/479
Correlation of Measures of Psychotherapy Competency in Psychiatry Residents

Julia Matthews, PhD, MD; Sheldon Benjamin, MD; Mohit Chauhan, MD; Mary Zanetti, EdD
UMass Medical School, UMass Memorial Healthcare, Worcester, MA
*Austin Medical Center, Mayo Health System, Austin, MN

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 Competency Test [5]

Resident self-assessment such as the Counseling Self-Estimate 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 competency

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 Residents in Training Examination (PRITE) – Global Psychiatry score and Psychosocial Therapies subscore
2) Columbia Psychodynamic Psychotherapy Competency Test (CPOCT) - Scores (given as percentile rank among all examinees)
3) Counseling Self-Estimate 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 a sample of 24 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 9 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.

DATA COLLECTION:

- Supervisors: Psychiatrists as residents progress through training
- Training program: UMass Memorial Medical Center
- Trainees: Psychiatry residents PGY1-4

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 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.

CONCLUSIONS:

- The relative lack of correlations may mean measures assess different aspects of performance, lack validity, or merely reflect the small N in our study.

Global supervisor evaluations do not appear to reliably measure competence.

Standardized supervisor assessment instruments are needed.

Further work is needed to develop reliable, valid measures of competency.

REFERENCES:

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