Correlation of Measures of Psychotherapy Competency in Psychiatry Residents

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*Et al.*
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.” Residency programs are required to document and facilitate training. Yet, no generally accepted reliable and valid measure of psychotherapy competency has 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-Esteem 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 Competency Test (CPPCT) - Scores (given as percentile rank among all examinees)
3) Counseling Self-Esteem 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 the raw score of 34 of 37 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.

Performance measures collected at different times during training years.

- Objective tests.

CONCLUSIONS: Resident self-assessment does not appear to reflect competence as assessed by supervisors, or knowledge as assessed by objective tests.

Global supervisor evaluations do not appear to reliably measure competence.

Performance measures 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)

Table 1: Number of Residents with Available Data

<table>
<thead>
<tr>
<th>PRITE</th>
<th>COSE</th>
<th>Supervisor Rating</th>
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Table 2: Correlations Among Measures of Competence

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<th>PGY-3</th>
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<tr>
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<tr>
<td>Supervisor Rating</td>
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Changes in Performance Measures during Residency

- PRITE: Global Psychiatry scores changed significantly from PGY-2 to PGY-4. Psychosocial Therapies subscore did not change significantly from PGY-1 to PGY-2, but increased significantly in PGY-3 & PGY-4.
- COSE (resident confidence): COSE score unchanged (both total score & all individual COSE items) between PGY-1 and PGY-2. COSE increased dramatically by early PGY-3 after one year of classes and conducting supervised psychotherapy with 2 patients (24 of 34 COSE items showed significant change at p < 0.05 level or greater). COSE increased further in PGY-4 (COSE for PGY-4 too small for meaningful analysis). COSE item score range is 1-7.

**CONCLUSIONS:**

- 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 assess different aspects of performance, lack validity, or merely reflect the small N in our study.

**REFERENCES:**

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