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Taking clinical psychology postgraduate training into the next decade: Aligning competencies to the curriculum

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Taking clinical psychology postgraduate training into the next decade: Aligning competencies to the curriculum

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Executive Summary

In Australia, there are currently 36 accredited postgraduate clinical psychology training programmes (Australian Psychology Accreditation Council, 2011), a number that has grown moderately in the last decade, with an increase in the past few years in the number of new psychology registrants, a growth of about 9% a year (Grenyer et al.,2010). However, in the past decade the mean number of effective full-time equivalent students in clinical psychology postgraduate training courses at each university offering such a program has not increased substantially, remaining at between 9 and 12 (Voudouris & Mrowinski, 2010). A national survey of workforce issues and training revealed that there were approximately 700 postgraduate clinical psychology training places a year offered across 34 university postgraduate training programmes (Grenyer et al., 2010). However, the authors of this study also point out that in 2008 half of psychologists undertaking training did not undertake postgraduate training at a university, but instead undertook four years of university psychology followed by a 2 year apprenticeship programme. Grenyer et al. have reported growth in the practicing psychology workforce, allowing for retirements, to be at 6.24% per year, and that in the coming decade approximately another 1,200 training places will be required to match current estimates of growth in demand. This would equate to each university roughly doubling the number of places offered, and this also assumes that the apprenticeship pathway to university training ratio remains at 50:50. Now that the apprenticeship model is being gradually phased out in the wake of changes brought about by the establishment of a national psychology registration board, questions arise as to how clinical training might rise to meet the challenges of the next decade. Certainly training costs are an issue; between costs associated with running university-based training clinics and the costs associated with intensive training of relatively small cohorts of students, clinical psychology training is expensive. It is a daunting task to balance quality of training, financial and supervision constraints, and imperatives of maintaining quality while striving to meet demands for increasing numbers of graduates.

Discussions of clinical psychology training can be placed within broader discussions of the best ways to train health professionals more broadly. At issue is how to improve the ability of new graduates operating within the health system of Australia to respond to the changes in a dynamic health care environment, bringing to bear a high level of competency to their work that has its basis in high quality, cost-effective and innovative university training programmes.

The Australian Learning and Teaching Council (ALTC) is a national organisation aiming to improve the student learning experience in Australia by supporting quality teaching and practice. One way it does so is through large-scale competitive grants scheme to support innovative work in teaching and learning. The ALTC priority project grant described here was awarded in 2008 to a consortium of universities across Australia and led by The University of Queensland. The project aims to re-imagine the curriculum for professional postgraduate clinical psychology training in Australia.

Clinical psychology in Australia has moved through many new developments in the last decade. Significantly, psychologists now are able to bill under Medicare nationwide within a two-tiered framework where clients can access higher rebates for specialist mental health services of clinical psychologists relative to other psychologists. The Australian Medicare system provides Commonwealth support for a range of public health services, including funding for a public hospital system and subsidized support for health care providers such as general practitioners and other selected health care professions. This recent change has resulted in a pressing

need (strongly endorsed by the Commonwealth Government) for increasing the size of the overall cohort of clinical psychology graduates trained to meet an increasing community need for their services (Australian Health Ministers' Conference, 2004). Moreover, varying state-based registration requirements across states and territories have been streamlined into a single set of registration requirements through the introduction of a national registration board for psychology as well as other health care professions, including medicine, nursing, and physiotherapy. Finally, the profession itself is changing, most notably in its move away from a deficits-based to a strengths-based model for practice, and from a more hours-based to a competency-based strategy to gauge training outcomes. As with many professions, training often lags behind cutting edge content (e.g. best practice in clinical intervention) as well as pedagogical theory (e.g. competency-based assessment).

The aim of this project is to better align competencies and the curriculum in clinical psychology with best practice for new postgraduates, so that they are prepared to function in the current and future health service climate. We are developing and where feasible, trialing training innovations to both extend the evidence base for best practice in clinical psychology training. These revisions to the curriculum are designed to be flexible and responsive to new initiatives, such as the continuing changes to Medicare access for psychological treatment. This challenge can only be met through a national cooperative effort involving key stakeholders: the national registration board, professional peak bodies, and major university training programmes.

Key Conclusions Flowing from the Project

This project is ambitious in the breadth of aspects of training tackled, from supervision and assessment of competencies through to issues of how to cope with students' failure to meet a standard of fitness to practice while enrolled in such a programme. These are issues that are faced by clinical programmes internationally, involving again a balance between pressures to satisfy the demands of a number of stakeholders: student and academic staff aspirations, accreditation guidelines, university practices and employer preferences. Fortunately the empirical data base with which to successfully negotiate these challenges while still providing high quality training experiences is expanding. This database is more robust for some areas (e.g. supervision, fitness to practice, problem based learning (PBL)), and rapidly expanding in other areas (e.g. rural training concerns, ehealth and telemedicine approaches in training). Sophisticated models of conceptualising and operationalising core clinical competencies in clinical psychology are available; they need to find a greater place within the day-to-day functioning of clinical training programmes.

It is important that the course individual institutions set out upon when making training decisions is based upon this international empirical literature, as well as upon local data gleaned from all of these aforementioned stakeholders. The value of interpreting such local data within the broader empirical literature, as well as a willingness to invest in innovation and to support the key individuals and institutions responsible for implementing innovative clinical training experiences are the major overarching recommendations from this project.

Acknowledgements

We would like to publicly acknowledge and thank each of our home institutions for their strong support of this project. We would like to thank the many directors of clinical training programs, as well as the students in those training programs, who participated in our research surveys. We were lucky enough to have a broad reference panel for our project that included a number of talented and engaged individuals, located within Australia as well as beyond our borders. During the course of the grant we came to greatly enjoy our meetings, took numerous and unexpected opportunities to expand and disseminate our findings, and hope to come together on future projects regarding clinical training. Lastly, we could not have accomplished all that we did without the support and work of our study coordinator Theresa Scott. Her hard work and insightful contributions have made our outputs stronger and more cogent.

Summary of acronyms

ALTC	Australian Learning and Teaching Council
APAC	Australian Psychology Accreditation Council
APA	American Psychological Association
APS	Australian Psychology Society
DoHA	Department of Health and Ageing
PBL	Problem-based learning
FTP	Fitness to practice
NeTC	National eTherapy Centre
PDAC	Professional Development and Accreditation Committee
UG	undergraduate
VOIP	Voice Over Internet Protocol

Background and information

Issues for Clinical Psychology Curriculum and Pedagogy

Designing an effective sequence of study in any field is difficult, but is perhaps especially so with respect to designing and implementing curricula in the professional applied disciplines. One reason for this is the range of internal drivers and extrinsic influences on such curricula. For example, in clinical psychology such external agencies as registration boards, peak bodies and the government itself may act as explicit external drivers of training demands, whereas external factors such as community health needs may be influential in other ways. Factors internal to training programmes such as traditions and widely-held beliefs also influence training (Helmes & Pachana, 2006), as do particular national practices that remain highly influential, such as implicit models of training (Helmes & Wilmoth, 2002).

The pitfalls of such pressures on professional curricula include the production of a piecemeal approach to training. Educators (Reardon & Ramaley, 1996) speak of a "junkyard curriculum", which is "littered with reforms… and assorted legacies" but lacks cohesion. Students often pay a heavy price for operating in such an environment, and are described by Reardon as having to "scrounge around the yard… picking and choosing from among the rubble in accordance with minimal house rules" (pg. 517). This again emphasises the need for change to occur in the curriculum within a framework that explicitly recognises both external and internal drivers and adopts a comprehensive perspective.

We use the term 'curriculum re-imagining' to refer to a process of disciplinary inquiry and subject matter development in which the subject matter specialists are at the centre of the curriculum renewal process (Cousin, 2008; O'Brien, 2008, in press). This approach builds upon generalised theoretical principles for curriculum development in higher education that emphasise a whole-of-programme orientation (Addis & Jacob, 2000), the articulation to and mapping of performative qualities of disciplinary knowledge and practice (Barnett, Parry & Coates, 2001; Short, 2002) within an integrative and aligned sequence of study (Biggs, 2003; Saroyan & Amundsen, 2004). However, despite the fact that curriculum renewal as a research-led, disciplinary-oriented activity has not been well developed at a theoretical level theorised within higher education (D'Agostino & O'Brien, 2007; Healey, 2005; Hicks, 2007), recent innovations documented in the higher education literature have implications for curriculum renewal practice. These include the potential in the context of a whole-of-discipline curriculum inquiry (D'Agostino & O'Brien, 2007), in the identification of disciplinary-specific threshold concepts and pedagogical models (O'Brien, 2008) as a method for reframing and aligning curriculum with disciplinary ways of thinking and practice (Entwistle, 2005). There is also an emerging emphasis on the need for curriculum renewal processes to facilitate deeper connections between curriculum, teaching, assessment and learning (Cousin, 2008; Nygaard, Hojlt, & Hermansen, 2008), learning innovations (Goodyear, 2004), discipline-relevant graduate attributes (Star & Hammer. 2007), and socio-cultural agendas (Bok, 2006) for enhancement and assurance purposes (Biggs, 2001).

A curriculum renewal methodology that takes account of these priorities and processes has been developed and piloted within the Closing the Gap in Curriculum Leadership at UQ Project (D'Agostino & O'Brien, 2007). This methodology informed the design of the present project, and in turn will further consolidate and embed this methodology as practice, thereby contributing to a trans-disciplinary research-based process for curriculum renewal within higher education.

Challenges from the Field and Profession

Given the increasing profile of psychology as a profession, and the expansion of the potential roles that professional psychologists can play in health-care settings, questions about how best to train psychologists to take up those roles have become increasingly pressing (Helmes & Pachana, 2006). The current model of training of psychologists in Australia is instantiated through Australian Psychology Accreditation Council (APAC) accreditation guidelines, and includes policies for both masters and professional doctorate level qualifications. The requirements of these postgraduate qualifications are at odds currently with minimum national registration requirements of an accredited four-year Honours degree in psychology, and the situation is further complicated by competing pressures from the Commonwealth to increase the numbers of professionals trained. Given the complexities of the current health-care environment, difficulties with expanding current training programmes (e.g. shortages of appropriate placements and qualified supervisors), and the evolving relationship between peak bodies (e.g. the APAC) and the government, discussions around training and especially clinical competencies are urgently needed. In addition, recent political moves to enter into international free trade agreements suggest that Australian psychologists can no longer afford to be indifferent to the training models used in other countries (Helmes & Pachana, 2006). There is a need on several fronts to examine how Australian programmes can benchmark themselves against international training programmes (Helmes & Pachana, 2005a; Pachana, Laidlaw, Collerson, & Merrick, 2008) and could perhaps incorporate training innovations developed overseas (e.g., Laidlaw & O'Shea, 2004). The varying and inconsistent ways in which Australian universities have constructed the curricular requirements of just a single degree, namely the professional doctorate in clinical psychology, underscores the fragmented nature of curricular development in this country, which is at odds with other nations, including the USA, the UK and New Zealand (e.g. Helmes & Pachana, 2005b). There is a need for more effective communication between existing clinical training programmes, because the many state and regional variations impact directly on professional training in clinical psychology (Helmes & Pachana, 2006; Pachana, O'Donovan, & Helmes, 2006).

Clinical psychology as a discipline is evolving rapidly due to methodological advances (e.g. evidence-based methodologies based on randomised controlled trial methods), technological advances (e.g. advances in neuroscience and web-based assessment and interventions), and innovations in practice (e.g. electronic data-gathering to monitor patient progress, tele-health initiatives). Changes in Australian demographics (e.g. the increasing proportion of older adults in the population and declining proportion of children) as well as the increasing desire to address rural and remote community mental health needs highlight specific populations that are currently underserved by psychology in Australia. In addition, the practice of the profession has moved away from an exclusive focus on individual and small group interventions, to a more balanced strategic approach to address health problems at a population level through prevention, education and early intervention. These are topics which have been traditionally viewed as outside the remit of clinical psychology training.

In Australia, clinical training models have been subject to multiple influences. Peak bodies such as registration boards, differing university degree structures, and multiple implicit or explicit health care provider models have led to multiple forms of degree structures with differing standards for completion depending on location and

point in history rather than well-integrated and systematic models. This has a deleterious effect on the work environment, in terms of the level of financial remuneration of practitioners as well as the professional standing of clinical psychologists. Moreover, this variability in training models creates dissension within the profession and has an effect on the perception and standing of the profession in the eyes of the public (Jones, 2008).

Training literature in clinical psychology in brief

Training in clinical psychology in Australia has traditionally followed the "Boulder model" of a scientist-practitioner approach. In recent years this training model has been criticised as failing to embrace new directions of research and practice within the field. For example, Snyder and Elliot (Snyder & Elliot, 2005) introduced their influential four-level "Matrix model" of clinical psychology training, which incorporates aspects of positive psychology into the curriculum by emphasizing both the strengths and weaknesses of clients, and embraces a more community-based, preventive model of intervention. One of the strengths of the model is its capacity to address the role of the psychologist-in-training with respect to the individual, as well as the role of the trainee in a broader institutional and society-community context. This model also actively embraces populations often neglected in the training context, including older adults, the developmentally disabled, and those in rural and remote areas.

Guidelines, both for training and for competencies, are well established overseas, even for specialist areas of practice such as geropsychology (e.g. Pinquart, Fernandez-Ballestros, & Torpdahl, 2007). While such guidelines are beginning to appear in Australia (e.g., Pachana, Helmes. & Koder, 2006), overall guidelines to achieve key competencies, which are based on well-articulated theories and models of training in clinical psychology, have been largely absent in Australia.

Rationale and Structural Components for the Current Project

In order to move the clinical psychology training curriculum forward, it needs to be re-examined from a broad, national perspective, with reference to national and international standards. The existing curricula in clinical psychology need to be aligned with best-practice standards in terms of discipline content as well as best-practice in teaching and learning strategies. This project addresses curriculum design and development at a whole-of-programme level and aims to take leadership in the development of a national curriculum; while teaching and learning strategies are integral to the project, they are only one aspect of a broader perspective. By engaging universities across Australia, this project facilitates a comprehensive curriculum renewal process, drawing from the breadth of expertise available nationally to respond to contemporary training issues. The project is oriented towards the renewal of clinical psychology postgraduate education in alignment with both contemporary and future imperatives in the field (Addis & Jacob, 2000; Entwistle, 2005).

Partner universities, a reference group of key national stakeholders and an international advisory panel have been key to moving the project forward (see Table 1). Partner universities have enabled a strong and vigorous dialogue concerning training issues, as well as providing a fertile arena for the generation of innovative strategies for better aligning teaching and learning with acquiring clinical competencies. Key national stakeholders provide broad national scope for the project, with the inclusion of peak bodies and registration boards on our reference group ensuring good communication lines for feedback and potential uptake of

recommendations and innovations. Links to existing teaching and learning initiatives, including links via our reference group to an ALTC-funded undergraduate psychology curriculum grant has built synergies and opportunities for dissemination. The international advisory panel has been particularly productive, with both consultative as well as written output from these partners strengthening and expanding our initiatives. To ensure that the project progressed in a timely fashion, a steering committee formed by the core partners and facilitated by a study coordinator was essential. Teleconference and face-to-face meetings at regularly scheduled intervals allowed the schedule of milestones to be met in a timely fashion.

Key facilitative and dissemination events have been supported by the project, including presentations and symposia presented at the International Conference on Psychology Education (Sydney, 2010), the International Congress of Applied Psychology (Melbourne, 2010), and the European Association of Cognitive Behavioural Therapy (Training Stream, under consideration for 2011). A brainstorming workshop for all reference members was held early in the project, with international members participating via video-link. A summative national conference showcasing outcomes and participatory workshops was held in May 2011 in Brisbane. A special issue of the *Australian Psychologist*, the flagship applied journal of the APS, devoted to papers describing critical reviews of topics as well as survey data results from this project is in press.

Core Issues in Curriculum Revitalisation Tackled in the Project

The role of competencies and competence in training

Increasingly, regulatory bodies are stressing competencies for independent practice at the point of completion of training (Helmes & Pachana, 2006). While more generic competencies are often offered in professional psychology (as it is a profession encompassing many subspecialties such as organizational psychology), discipline-specific competencies are gaining increasing currency in the teaching and learning literature (Barnett, 2005, 2006; Barrie, 2006; Entwistle, 2005; Hicks, 2007). It has been argued that the only viable common core of competencies lies in the domain of professional practice, pointing to specific skills such as being sensitive to the client's context and situation (Elman, Illfelder-Kaye, & Robiner, 2005).

Others (e.g. Roberts, Borden, Christiansen, & Lopez, 2005) note competence is generally conceived of as a broad characteristic, while individual competencies form only one aspect of what is generally a career-long endeavour. Generally, regulatory bodies would like to ensure a base level of "overall competence" before an individual is deemed fit to practice. However, training has been hampered by vaguely defined competencies, and absence of a clear vision of how competencies can be successfully incorporated into the curriculum and assessed. Unfortunately, there has been a prevailing climate in which clinical competencies are operationalised in terms of amount of study or hours of client contact rather than by actual measures of performance. Currently the registration boards and the APS colleges provide outlines of competencies that must be achieved. It is, however, number of hours of client contact that is submitted as proof of "competency" to both the APS and to the national registration board.

Problem-based learning (PBL)

PBL provides one way to encourage students to integrate their learning around clinical examples and reduces the "junkyard curriculum" aspect of clinical training.

While debate continues about cost-effectiveness in implementation in medical training, there is evidence that the approach is superior with respect to student evaluation and clinical performance (Vernon & Blake, 1993). There is also evidence (Stedmon, Wood, Curle, & Haslam, 2005) that it aids integration of otherwise disparate information and that it produces better outcomes when student capacity for analysis and synthesis is measured rather than simple knowledge content (Gijbels, Dochy, Van den Bosshe, & Segers, 2005). This proposal considers PBL in a specific area of the clinical psychology curriculum, namely psychopathology and adult interventions, which typically builds upon otherwise disparate information and professional experience and thus is ripe for a circumscribed PBL trial. Without explicitly addressing techniques to integrate practice information, clinical psychology trainees are left to use ad hoc strategies to do so when they begin to assess and treat their own patients after graduation. PBL methods achieve more integrative learning earlier and in a more reflective and considered way – a considerable advance upon current training models in the Australian context.

Fitness to Practice Protocols (FTP)

The concept of a formal FTP in clinical psychology training programmes that evaluates students on attributes that are non-academic in nature is relatively new in Australia. From the 35 postgraduate programmes surveyed as part of the study, only three have a formal policy in place. The exercise of raising discussion on this topic is valuable since it has been found that when a student is deemed unsuitable for the profession, it is most frequently through issues that are not academic, such as deficits in interpersonal skills, supervision difficulties, unprofessional demeanour, emotional problems, or problems caused by stress, addiction and responses to other events (Oliver, Bemstein, Anderson, Blashfield, & Roberts, 2004; Vacha-Haase, 1996).

The impact of such problems is felt throughout a programme with students reporting a sense of confusion, resentment and disillusionment if they perceive that such students are allowed to continue (Oliver et al., 2004). The development of a formal FTP is not something to be undertaken lightly. It is necessary that such a document embodies natural justice for the student as well as for the faculty and that the process is transparent with adequate representation for the student. A policy suitable for adaptation to an individual university's circumstances and meshing with APAC professional and ethical standards in clinical psychology is presented in the study.

E-therapy Training Models

Information and communication technologies, particularly online facilities, are increasingly being used to remotely and effectively deliver psychological services (Klein, 2010), and the Australian Federal government has invested heavily in various online forms of service provision. This delivery method confers clear advantages to both client and therapist, including the accessibility of services for otherwise underserved populations and cost effective treatment (for a thorough review, see Bennett-Levy, Richards, Farrand, et al., 2010). However, the rapid proliferation of low intensity and, especially, online services have outstripped the development of all but the most rudimentary of regulatory frameworks, and not surprisingly online psychological interventions are yet to receive systematic attention from the bodies that accredit (and therefore largely determine the content of) postgraduate clinical psychology training in Australia. Clearly this is an urgent training issue, because without structured training in online service provision, clinical psychologists will be unable to participate intelligently or ethically in this burgeoning form of service

delivery.

As part of this project, we have collaborated with Anxiety Online ,<www.anxietyonline.org.au>, a federally-funded online service provider, which uniquely offers training opportunities to postgraduate psychology students under supervision. Anxiety Online is an online assessment/triage and treatment service provided by Swinburne University's National eTherapy Centre (NeTC). NeTC also provides a portal for clinicians wishing to access online therapeutic tools and psychoeducational materials. The experience of Anxiety Online has been distilled into a set of specific theoretical, training, ethical and accreditation issues that must urgently be addressed by accrediting bodies. Much work has already been done on these issues by the Anxiety Online group (particularly Associate Professors Britt Klein and David Austin) and subsequently by collaborators on the present project, who have stressed the utility of online therapy placements in, especially, the early stages of professional training. Online training modules for e-therapists and supervisors of e-therapists have already been developed, rolled-out and reviewed. Students currently undertake additional clinical work within an e-therapy context, undergoing training, placement hours and supervision above expected load. However, as we have argued elsewhere, the pressing issue is not how or when to train students in online service provision – the urgent need is for national discussion about guidelines for recognising this form of psychological work and integrating it in the postgraduate curriculum across all psychology specialisations.

Models of university-based clinic operation

Creating a model of university-based clinical psychology training clinics is essential; such clinics are a foundation component of professional training. Little is known about similarities and differences, strengths and weaknesses of these clinics across universities. There are currently no guidelines for minimum standards of operation, or models of how clinics can be optimally responsive to the contexts and communities in which they operate. The minimum requirements of a university clinic are considered in line with registration board and APAC guidelines, and also include various models for maximising clinical, training and financial outcomes in the post-Medicare environment. The template presented (see <www.psy.uq.edu.au/current-students/postgraduate/clin/altc/#>) builds on i) outcomes from the national Clinic Directors' Forum held at Swinburne in 2005 ii) Swinburne's considerable expertise in operating a large and successful university-based clinic and iii) the DoHA-funded National Centre for e-therapy based at Swinburne. The integration of such a clinic in the psychology-training curriculum, staffing needs and objectives, student and patient through-put, and other resourcing issues and solutions is highlighted.

Distance (especially rural) Training Concerns

The provision of health care services of all sorts is more difficult in regional areas than in capital cities, including those provided by clinical psychology. Changes to this situation are being promoted by the focus of the university upon health care training, including that in clinical psychology. The model of clinical training adopted by the programme at James Cook University provides one form of increased flexibility that may promote better services in the discipline of clinical psychology in the regions of Australia.

Contributions to the project include the provision of data on the distribution of students in regional and remote areas of Australia in comparison to those located in capital cities (see www.psy.uq.edu.au/current-students/postgraduate/clin/altc/#). Issues related to the provision of appropriate supervision at the levels that students

require for registration in addition to that mandated by the Australian Psychology Accreditation Council (APAC) are summarized, together with results of evaluation of the utility of telephone, video conference, and Voice Over Internet Protocol (VOIP) technology. Feedback from students will be used to determine any difficulties with dual reporting relationships over supervision. For details, refer to the project website held at The University of Queensland <www.psy.uq.edu.au/current-students/postgraduate/clin/altc/#>

Clinical Supervision Issues and Strategies

Supervision of professional practice is mandated in the training of clinical psychologists, and consensually agreed to be central in such training (O'Donovan, Halford, & Walters, in press). Supervision is intended to serve three related, but somewhat conflicting, functions: (Helmes & Pachana, 2006): normative functions of monitoring and ensuring client well being, and monitoring and evaluating supervisee competence; (Helmes & Wilmoth, 2002), restorative functions of supporting supervisee personal and professional well being; and formative functions of educating and guiding supervisee's professional practice (Reardon & Remaley, 1996). Research suggests supervision as currently practiced can achieve the restorative - and to some extent the formative - functions of supervision. However, current supervision practice has not been demonstrated to be effective in its normative functions.

Enhancing the benefits of supervision can be achieved by increasing the use of systematic data collection, both to assess clinical outcomes for supervisees' clients and to assess trainee competencies through direct observation of supervisee therapy by supervisors. These data should be reviewed regularly in supervision, and used to promote supervisee self-evaluation and supervisor-provided formative feedback. Positive supervisory processes should be promoted through supervisor training, use of supervisee feedback to guide supervisors, and external review of the supervisory processes. Finally, the normative function of evaluating the competence of trainees should not be the exclusive province of supervisors, but rather systematic assessment by clinical psychologists other than the supervisor should be part of the basis on which supervisees are judged clinically competent to practice.

Project Outcomes and Impacts and Dissemination

Scoping and mapping exercise

The scoping exercise examined current competencies as described in APAC national guidelines, as well as registration board criteria nationally and benchmarked these against international standards and empirically-based best practice both in delivery of clinical services as well as teaching and learning best practice for professional training. The curriculum mapping exercise, undertaken by each partner university, mapped their current postgraduate clinical training curriculum onto the complete set of clinical competencies that emerged from the scoping exercise. This resulted in the creation of educational templates and models, including:

a) A review of teaching methods including PBL that best map the curriculum to targeted competencies (Macquarie University);
b) Formative assessment of clinical competencies templates (UQ);
c) Flexible supervision strategies linked to health services (Griffith University);
d) Increasing access to professional training in rural and remote areas (James Cook University);
e) University-based training clinic models taking advantage of Medicare arrangements, and advances in e-therapies (Swinburne University); and
f) Fitness to Practice protocols (UQ).

The results of the scoping and mapping exercises, together with the results of the survey of Clinical Postgraduate students (below) were presented by the project collaborators, at a special invited symposium during the 27th International Congress of Applied Psychology (ICAP), held in Melbourne, on 11-16 July 2010, and can be accessed via the project website held at The University of Queensland <www.psy.uq.edu.au/current-students/postgraduate/clin/altc/#>

National survey of (first-year) postgraduate clinical psychology students

Survey instruments were compiled, and ethics approval obtained to survey the first-year Clinical Postgraduate student body across all Australian universities, to obtain data about students' experiences of the didactic and practical content within the current curriculum (across all the universities). This survey was conducted, data have been collated and analysed, and the results disseminated through journals (in-press) and at a special invited symposium during the 27th International Congress of Applied Psychology (ICAP), held in Melbourne, on 11-16 July 2010.

Summary of results

The partners to the project collaborated to develop the survey instrument following a six-month scoping of the clinical psychology literature. The survey was designed to capture student experiences of clinical postgraduate programmes across Australian universities. A total of 18 questions were included. The range of areas covered were: overall quality of the training programme, teaching and assessment methods and the respective effectiveness of these, clinical training, supervision of clinical practice, and programme workload. The results indicated that while many students were happy with the training received, there were also many areas open to significant improvement both in the teaching and assessment of clinical skills and course content more generally. Students overwhelmingly prefered practical, interactive, and competency-based teaching and assessment to didactic, written and exam-based alternatives that were still used in most programmes. Full details of the survey results can be accessed online at www.psy.uq.edu.au/current-students/postgraduate/clin/altc/# under 'Publications'.

Survey of directors of postgraduate clinical psychology training programmes

A survey instrument was developed by the project collaborators, following a six-month scoping of the clinical psychology literature to determine national and international trends in curriculum, supervision and practice delivery as well as synergies and constraints with respect to registration and accreditation. The questions covered problem-based learning, competency-based assessment, supervision, fitness to practice, university-based clinics, and regional and rural issues. The results were disseminated at a two-day conference held in May 2011, attended by reference group members, directors of clinical training and university clinic directors at all universities, and other interested groups. The results will also be disseminated through journal articles, notably in the *Australian Psychologist*, the flagship applied journal of the Australian Psychological Society, as a special issue on training which highlights all aspects of this ALTC project (currently in-press).

Summary of results

The surveys were conducted via telephone interview with a representative of the clinical postgraduate training programmes at each of the 35 universities contacted. The responses from programme Directors highlighted the concerns currently faced by clinical staff engaged in training programmes, with insufficient training places available in the community, fewer clients accessing training clinics, and concerns related to adequate supervision and the competency of students exited from programmes. The full details of the survey results can be accessed online at www.psy.uq.edu.au/current-students/postgraduate/clin/altc/#, under 'Publications'.

Clinical colleges exam

The project partners also worked with the College of Clinical Psychologists on their project to better assess training competencies at a national level. This examination is being rolled out by the College in the second half of 2012.

Presentation of materials at national and international conferences

An outcome of the project was the development of templates and instructional materials for curricular innovations (e.g. problem-based learning, competency assessment, fitness to practice protocols, distance (especially rural) supervision strategies, models of university-based clinic operation; presentation and trials of these learning tools were presented at a two-day conference in May 2011. Reference group members, directors of clinical training and clinic directors at all universities and other interested groups attended the conference.

Further national and international conference presentations were held to discuss project outcomes. A summary of the results of the project was presented at the International Conference on Psychology Education (ICOPE), held in Sydney, on 7-9 July 2010. An invited symposium by all core project members, including two international reference group members as discussants, was held during the International Congress of Applied Psychology Conference, held in Melbourne, on 11-16 July 2010.

Further national and international conference presentations are planned to discuss project outcomes, including a forum presentation to Networks Enhancing the Scholarship of Teaching (NEST), at Murdoch University, Perth, on 1 September 2011. This group was formed in 2008 to raise awareness of, and promote, the initiatives of the Australian Learning and Teaching Council (ALTC), and to support and mentor Murdoch academics to access ALTC grants, Fellowships, Awards and Citations. NEST's objectives also include the development of pedagogical, project management and evaluation skills, as well as providing a forum for the

dissemination of ALTC projects and Fellowships.

A conference presentation of project outcomes is planned for the International Congress of Psychology, in Cape Town, on 22-27 July, 2012.

Evaluation

A two-day conference was held in May, 2011 to present the outcomes of the project. Stakeholders in attendance included representatives from most of the accredited clinical psychology postgraduate training programs across Australia, an international representative (New Zealand), representatives from APAC and APS Clinical Colleges and other interested persons. An evaluation of this conference and the materials presented was conducted at the end of the conference. The feedback from participants is included in the Appendices.

References

Addis, M.E., & Jacob, K. (2000). On the process and outcome of graduate training in clinical psychology: Where do we want to go, how will we get there, and who will join us? *Clinical Psychology: Science and Practice, 7,* 364-367.

Australian Health Ministers' Conference (2004), *National Health Workforce Strategic Framework*. Sydney.

Australian Psychology Accreditation Council website (http://www.apac.psychology.org.au) accessed 6/1/2011.

Bahar-Ozvaris, S., Cetin, F.C., Turan, S., & Peters, A.S. (2006). Cooperative learning: A new application of PBL in mental health training. *Medical Teacher*, *28*(6), 553-557.

Barnett, R. (2005). *Reshaping the university: new relationships between research, scholarship and teaching.* London: Society for Research in Higher Education and Open University Press.

Barnett, R. (2006) 'Graduate attributes in an age uncertainty. In S. Holland and P. Hager (Eds.) *Graduate Attributes, Learning and Employability*. Netherlands: Springer.

Barnett, R., Parry, G., & Coates, K. (2001). Conceptualising curriculum change. Teaching in Higher Education, 6, 435-449.

Barrie, S. C. (2006). Understanding what we mean by the generic attributes of graduates. *Higher Education, 51*, 215-241.

Bennett-Levy, J., Richards, D., Farrand, P., Christensen, H., Griffiths, K., Kavanagh, D., Klein, B., Lau, M., Proudfoot, J., Ritterband, L., White, J. & Williams, C. (Editors) *Oxford Guide to Low Intensity Interventions*. Oxford University Press.

Biggs, J. (2001). The reflective institution: assuring and enhancing the quality of teaching and learning. *Higher Education, 41,* 221-238.

Biggs, J. (2003). *Teaching for quality learning at university.* Philadelphia: SRHE

Bok, D. C. (2006). *The seizing initiative for quality education.* Association of Governing Boards of Universities and Colleges: Washington, D.C.

Chalmers, D. & O'Brien, M. (2005) Education development units and the enhancement of university teaching. In Fraser, K. (Ed.) Teaching Development in Higher Education: context, structure, processes and strategies. London: Kogan Page.

Cousin, G. (2008). Threshold concepts: old wine in new bottles or new forms of transactional curriculum inquiry? In In R. Land, J.H.F. Meyer, and J. Smith (Eds.). *Threshold concepts within the disciplines.* The Netherlands: Sense Publishers.

D'Agostino, F., & O'Brien, M. (2007). Convening a university program or major: curriculum leadership or career suicide? *Enhancing Higher Education, Theory and Scholarship, Proceedings of the 30th HERDSA Annual Conference [CD-ROM]*, Adelaide, 8-11 July.

Elman, N. S., Illfelder-Kaye, J., & Robiner, W. N. (2005). Professional development: Training for professionalism as a foundation for competent practice in psychology. *Professional Psychology: Research and Practice, 36,* 367 – 375.

Entwistle, N. (2005). Learning outcomes and ways of thinking across contrasting disciplines and settings in higher education. *Curriculum Journal, 16*(1), 67-82.

Gijbels, J., Dochy, F., Van den Bosshe, P., & Segers, M. (2005). Effects of problem-based learning. *Review of Educational Research, 75,* 27-61.

Goodyear, P. (2004). Patterns, pattern languages and educational design. In R. Atkinson, C. McBeath, D. Jonas-Dwyer, and R. Phillips (Eds.) *Beyond the comfort zone: Proceedings of the 21st ASCILITE Conference* (pp. 339-347). Perth, 5-8 December. http://www.ascilite.org.au/conferences/perth04/procs/goodyear.html

Grenyer, B.F.S., Mathews, R., Stokes, D. & Crea, K. (2010). The Australian psychology workforce 2: A national profile of psychologists' education, training, specialist qualifications and continuous professional development. Astralian Psychologist, 45(3), 168-177.

Healey, M. (2005). Linking research and teaching: exploring the disciplinary spaces and the role of inquiry-based learning. In R. Barnett (Ed.), *Reshaping the university: new relationships between research, scholarship and teaching.* London: Society of Research in Higher Education and Open University Press.

Helmes, E. & Pachana, N.A. (2005a). Professional doctoral training in psychology: International comparison and commentary. *Australian Psychologist, 40,* 45-53.

Helmes, E. & Pachana, N.A. (2005b). Professional doctorates in psychology: Prospects for the future. In T.W. Maxwell, C. Hickey & T. Evans, *Working doctorates: the impact of Professional Doctorates in the workplace and professions*. Deakin University e-Press (http://www.deakin.edu.au/education/rads/conferences/publications/prodoc/doc/5Helmes&Pachana.pdf).

Helmes, E. & Pachana, N.A. (2005c). Move to required six year training for registered psychologists in New Zealand. *InPsych*, June, 2005.

Helmes, E. & Pachana, N.A. (2006) Issues in training in clinical psychology in Australasia. *Australian Psychologist, 41,* 104-111.

Helmes, E. & Wilmoth, D. (2002). Training in clinical psychology in Australia: A North American perspective. *Australian Psychologist, 37, 52*-55.

Hicks, G. (2007). Curriculum changes. *Enhancing Higher Education, Theory and Scholarship, Proceedings of the 30th HERDSA Annual Conference [CD-ROM]*, Adelaide, 8-11 July.

Hill, R.D. (2005). Positive Aging. New York: WW Norton & Company.

Hodgins, G., G. Murray, et al. (2004). Introducing a professional development program to a rural Area Mental Health Service: The importance of context. *Australasian Psychiatry, 12,* 153-160.

Jones, C. (2008). From novice to expert: Issues of concern in the training of psychologists. *Australian Psychologist, 43,* 38-54.

Judd, F., G. Murray, et al. (2002). The mental health of rural Australians - developing a framework for strategic research. *Australian Journal of Rural Health 10:* 296-301.

Kiropoulos, L., Klein, B., Austin, D.W., Gilson, K., Pier, C., Mitchell, J., & Ciechomski, L. (2008). Is internet-based CBT for panic disorder and agoraphobia as effective as face-to-face? *Journal of Anxiety Disorders*, 22, 1273-84.

Klein, B. (2010). e-Interventions and psychology: Time to log on! *InPsych, 32,* 20-22.

Koder, D., Helmes, E., & Pachana, N.A. (2007). Clinical psychologists meeting the needs of older adults in Australia. 29(5) *InPsych.22-23.*

Laidlaw, K. & O'Shea, C. (2004). Inspiring the next generation: Using online supportive learning environments to train clinical psychologists to work with older people. *Newsletter of The Psychologists Special Interest Group in the Elderly* (PSIGE). 87: 17-20.

Murray, G., G. Hodgins, et al. (2002). Introduction of a clinical psychology intern program to a rural mental health service. *Australian Psychologist 37(2): 129-134.*

Nygaard, C. Hojlt, T., and Hermansen, M. (2008). Learning-based curriculum development. *Higher Education, 55,* 33-50.

O'Brien, M. (2005) Articulating research-based teaching and learning in university curriculum. Paper presented at the Effective Teaching and Learning Conference:Higher Education, University of Queensland, St Lucia, November, 2005.

O'Brien, M. (2006). Threshold concepts for university teaching and learning. Refereed paper presented at the International Society for Scholarship in Teaching and Learning Annual International Symposium, Washington DC, 9-12 November, 2006.

O'Brien, M. (2008). Threshold concepts for university teaching and learning: a study of troublesome knowledge and transformative thinking in the teaching of threshold concepts. In J.H.J. Meyer, R. Land and J. Smith (Eds). Threshold concepts in the disciplines (pp.289-306). Netherlands: Sense Publishers.

O'Brien, M. (in press). Navigating the SoTL Landscape: a map, compass and some tools for getting started. *International Journal for Scholarship of Teaching* and Learning, July 2008.

O'Donovan, A., Halford, K., & Walters, B. (in press). Toward best practice supervision of clinical psychology trainees. *Australian Psychologist* .

Oliver, M.N., Bernstein, J.H., Anderson, K.G., Blashfield, R.K., & Roberts, M.C. (2004). An exploratory examination of student attitudes toward "impaired" peers in clinical psychology training programmes. *Professional Psychology: Research and Practice, 35(2),* 141-147.

Pachana, N.A., Helmes, E. & Koder, D. (2006) Guidelines for the provision of psychological services for older adults. *Australian Psychologist, 41,* 15-22.

Pachana, N.A., Laidlaw, K., Collerson, D. & Merrick, P. (2008). International comparisons of training in geropsychology. Symposium presented for the 2008 PSIGE Conference, York, UK, July.

Pachana, N.A., O'Donovan, A., & Helmes, E. (2006) Australian clinical psychology training program directors survey: The view in 2004. *Australian Psychologist, 41,* 180-191.

Pinquart, Fernandez-Ballestros & Torpdahl, (2007). Teaching, research and application of geropsychology in Europe. *European Psychologist, 12,* 229-233.

Reardon, M.F. & Ramaley, J.A. (1996). Building academic community while containing costs. In J.G. Gaff & J.L. Ratcliff (Eds.), *Handbook of the Undergraduate Curriculum*, 513-532. San Francisco: Jossey Bass.

Roberts, M. C., Borden, K. A., Christiansen, M. D., & Lopez, S. J. (2005). Fostering a culture shift: Assessment of competence in the education and careers of professional psychologists. *Professional Psychology: Research and Practice, 36,* 355 – 361.

Schwartz, S.& Griffin, T.(1986). *Medical thinking: The psychology of medical judgment and decision-making*. New York: Springer-Verlag.

Schwartz, S. (2004). Time to bid goodbye to the psychology lecture. *The Psychologist, 17,* 26-27.

Short, E.C. (2002). Knowledge and the educative functions of a university: Designing the curriculum of higher education. *Journal of Curriculum Studies,*

34, 139-148.
Snyder, C.R., & Elliot, T.R. (2005). Twenty-first century graduate education in clinical psychology: A four-level matrix model. *Journal of Clinical Psychology, 61,* 1033-1054.
Star, C. & Hammer, S. (2007). Teaching generic skills: eroding the higher purpose of universities or an opportunity for renewal? *Oxford Review of Education, 3*(2), 237-251.
Stedmon, J., Wood, J., Curle, C., & Haslam, C. (2005). Development of PBL in the training of clinical psychologists. *Psychology teaching and learning, 5*(1), 52-60.
Toohey, S. (1999). *Designing courses for higher education.* Buckingham: The Society for Research into Higher Education & Open University Press.
Vacha-Haase, T.R. (1996). Impaired graduate students in APA-accredited clinical. Counselling, and school psychology programs. *Dissertation Abstracts International Section A: Humanities and Social Sciences, 56(9-A),* 3477
Vernon, D.T., & Blake, R.L. (1993). Does problem-based learning work? A meta-analysis of evaluative research. *Academic Medicine, 68*, 550-563.
Voudouris, N. & Mrowinski, V. (2010). Alarming drop in availability of postgraduate psychology training. InPsych, 32(2), 20-23.

Appendices

1. **Reference group members**
2. **Conference feedback**
3. **Student survey**
4. **Clinical directors survey**

Reference Group Members

	Institution and Contacts	Location	Roles, expertise
1.	Australian Psychological Society (APS) Professor Lyn Littlefield, Prof Ian Montgomery and Dr. Nicholas Voudouris	National	Peak body representing the profession of psychology in Australia, particularly the Professional Development and Accreditation Committee (PDAC) within APS
2.	APS College of Clinical Psychologists Dr. Deborah Wilmoth, National Chairperson	National	Part of APS; responsible for accreditation of clinical psychology training programmes specifically
3.	Australian Psychology Accreditation Council Professor Trevor Waring Chairperson	National	The Australian Psychology Accreditation Council (APAC) sets the standards for accreditation of Australian psychology programmes.
4.	Carrick-funded Undergraduate Psychology Curriculum Renewal Group Dr. Jacquelyn Cranney, Project Leader (UNSW)	NSW	A related Carrick-funded project examining graduate attributes of the Australian UG psychology programmes is currently being led by Cranney who has agreed to be part of our reference group.
5.	University of Western Australia A/Prof Andrew Page	WA	Long history of close links with state health service; rural campus at Albany
6.	Flinders University A/Prof Tracey Wade	SA	Strong supervision consortium with local hospitals and government service providers
7.	University of Tasmania Professor Rapson Gomez	TAS	Regional university with experience with needs for rural and regional practitioners with experience with formal links to health department
8.	University of Utah Professor Robert Hill	USA	International expert in positive psychology, with experience in disciplinary curriculum innovation
9.	University of Edinburgh Dr. Ken Laidlaw	UK	Recognised driver of curriculum innovation in the UK, particularly with respect to practical placements linked to health services
10.	The University of Queensland Professor Emeritus Gina Geffen	QLD	Widely respected psychologist who has served on various registration boards and with the APS has helped negotiate Commonwealth strategies towards improving accreditation standards
11.	University of Ottawa Professor John Hunsley	Canada	Knowledgeable author of several articles examining training issues in North America.

Conference feedback

The outcomes of the project were presented at a National conference, held at The University of Queensland, 20 and 21 May 2011. Stakeholders in attendance included representatives from most of the accredited clinical psychology postgraduate training programmes across Australia, an international representative (New Zealand), representatives from APAC and APS Clinical Colleges, and other interested persons.

Conference attendees were asked to provide their critique of the conference proceedings. The following four questions were canvassed at the end of the two-day conference presentations and panel discussions: What was the most useful information you got from the sessions? What did we miss? What could we have covered better? What are the actionable items you will take back to your programme? The themes that emerged through qualitative/thematic analysis of the responses, and some example statements that illustrate these themes, are outlined in the table below.

Overwhelmingly, respondents felt that the conference and the presentations were very valuable; each individual presentation topic was specifically named as being part of the responses to "the most useful information" taken from the sessions, and respondents noted that they had been provided with specific ideas that they would take back and use in their programmes. Many noted that a similar regular event would be beneficial to professional training; or that they were in favour of bringing together educators of clinical psychology training programmes and sharing information in this way on a regular basis. This last issue will be addressed to some extent through the establishment of a website, based at The University of Queensland, where the information relating to the project outcomes, including audiovisual recordings of the conference presentations will be publicly accessible.

What was the most useful information you got from the sessions?	**What did we miss?**	**What could we have covered better?**	**What are the actionable items you will take back to your programme?**
Everything was useful. ("*I thought it was comprehensive and every presenter and topic had useful information with direct relevance").* Competencies: models of assessing: eg. MSAT demonstration. Potential uses of technologies. Selection of clinical students. New innovations, e.g. e-therapy.	Time. ("*More time to address challenges of placement"; "…time to workshop issues"*). Core competencies ("…*what should these be?"*). Managing roles: e.g. professional/academic roles & workload. Closer look at APAC guidelines.	Small group discussion: e.g. case-based issues. Nothing Information about International guidelines. More on clinic and externship experiences.	Assessment of competencies. Integrating procedural learning in programmes. Focus on self-reflection in supervision. Sharing e-therapy information in supervision practice. Discuss fitness to practice issues with colleagues. Multidisciplinary

What was the most useful information you got from the sessions?	What did we miss?	What could we have covered better?	What are the actionable items you will take back to your programme?
Supervision: evaluation of supervisee/client outcome measures. Fitness to practice. Supervisor rating system for students.			teams. Review of course assessment methods. Vivas, MSAT applied to broader course outcomes. OQ-45 in supervision. Evaluation of supervisors – feedback to clinical team. Selection of students (into programmes) and personality variables. Use of technology: teaching and assessment *"…. a refreshed mindset about investigating ways to improve clinical training".*

Survey of students' experiences of current curriculum practices within Australian Post-Graduate Clinical Training Programs

Australian Learning and Teaching Council funded project,
Taking clinical psychology postgraduate training into the next decade: Aligning competences to the curriculum

General information:

Is your university classed as *urban* *or* *regional/rural?*
(Please circle one)

Questions about your program (description):

1. What are the best features of your program? (Please list up to 3).

A. _____

B. _____

C. _____

2. What aspect of the program most influenced your decision to apply to it?

_____

_____

_____

_____

_____

3. What problems are there with your program, if any, that affect the quality of the training that you are receiving?

_____

_____

_____

_____

4 On a 1-10 scale (1 = inadequate, 10 = excellent), how would you rate the quality of training provided by your program? (Please circle one)

1……. 2 ……. 3 ……. 4 ……. 5……. 6 ……. 7 ……. 8……. 9 ……. 10

5(a). Please rate whether these teaching methods are being used, and if so, the effectiveness of these teaching methods for your learning:

	Being used: Yes/No (please circle)	**Effectiveness scale: 1=ineffective, 5=very effective (please circle)**
Didactic (lectures)	Yes No	1 2 3 4 5
Interactive workshops	Yes No	1 2 3 4 5
Role plays	Yes No	1 2 3 4 5
Demonstrations/modelling	Yes No	1 2 3 4 5
Educational videos	Yes No	1 2 3 4 5
Case examples	Yes No	1 2 3 4 5
Student case presentations	Yes No	1 2 3 4 5
Lecturer used their own work as an example	Yes No	1 2 3 4 5
Clinical supervision (individual)	Yes No	1 2 3 4 5
Clinical supervisions (group)	Yes No	1 2 3 4 5
Reading lists (textbooks/journals articles)	Yes No	1 2 3 4 5

5(b). Apart from the teaching methods listed in 5(a) above, are there any other teaching methods that you find particularly effective? (Please list up to 3)

A. _____

B. _____

C. _____

6. What *single* aspect of your training so far was most helpful as you began your clinical practice?

_____

_____

7. To what extent is your program focused on student needs? (Please circle on the scale below)

(1 = very little/not at all, 5 = very high focus on student needs)

1 ……. 2 ……. 3 ……. 4 ……. 5

8. What specific recommendations would you make to the program that would improve its overall quality?

_____

_____

_____

_____

9. To what extent do you feel your clinical competencies have been assessed?

_____

_____

_____

_____

10. The types of assessment the program sets can influence student learning. Based on your experience in the program, please rate whether the following assessment methods are being used, and if so, the effectiveness of these assessment methods for your learning:

	Being used: Yes/No (please circle)	**Effectiveness scale: 1=ineffective, 5=very effective (please circle)**
Student presentations	Yes No	1 2 3 4 5
Essays	Yes No	1 2 3 4 5
Written exams	Yes No	1 2 3 4 5
Case reports	Yes No	1 2 3 4 5
Portfolios of client work	Yes No	1 2 3 4 5
Case studies	Yes No	1 2 3 4 5
Live demonstration of clinical skills by student (viva)	Yes No	1 2 3 4 5
Audio/video direct observation of clinical practice	Yes No	1 2 3 4 5

11. We are interested in how your work with clients is monitored by your clinical supervisors. Please rate (according to following scale) how *often* your supervisors use the following methods to monitor your therapeutic work. (Please circle one):

1 = never/rarely, 2 = occasionally, 3 = regularly, 4 = frequently

Supervisee and supervisor co-therapy	1	2	3	4
Direct observation of the supervisee in sessions	1	2	3	4
Review of videotaped recordings of sessions	1	2	3	4
Review of audiotapes of sessions	1	2	3	4
Supervisee self-report of their behaviours	1	2	3	4
Supervisee self report of patient outcomes	1	2	3	4
Systematic assessment of client outcomes	1	2	3	4
Reports by others (e.g. co-therapists)	1	2	3	4

12. Most clinical academics undertake research. To what extent are you exposed to the clinical research that your lecturers undertake (e.g. through classroom discussions, participation in treatment studies):
In my training I am regularly exposed to staff clinical research: (Please circle one)

1 = never/rarely ……. 2 = occasionally ……. 3 = regularly ……. 4 = frequently

13. The number and range of clients that I have seen in the university clinic has been adequate for my training needs. (Please circle one)

Strongly Agree……. Agree ……. Neutral ……. Disagree ……. Strongly Disagree

14. The program has effective procedures to manage problematic students. (Please circle one)

Strongly Agree……. Agree ……. Neutral ……. Disagree ……. Strongly Disagree

15. I would be prepared to do a placement in a rural setting. (Please circle one)

Strongly Agree……. Agree ……. Neutral ……. Disagree ……. Strongly Disagree

16. The amount of clinical supervision I receive for my client work is: (Please indicate by circling a number on the scale below, where 1 = clearly insufficient, 3 = about right, 5 = excessive).

1 ……. 2 ……. 3 ……. 4 ……. 5

Questions about the workload

17. On a scale of 1-10 (where 10 = too much), please rate the overall work load of your program? (Please circle one)

1……. 2……. 3……. 4……. 5……. 6……. 7……. 8……. 9……. 10

18. On a scale of 1-10 scale (where 10 = the most stressed), please rate the extent to which you feel stressed by your program work load? (Please circle one)

1……. 2……. 3……. 4……. 5……. 6……. 7……. 8……. 9……. 10

Thank you very much for your participation.

Directors of postgraduate clinical psychology training programs survey

Survey of Directors of Clinical Programs: Current Curriculum Practices within Australian Post-Graduate Clinical Training Programs

Australian Learning and Teaching Council funded project Taking clinical psychology postgraduate training into the next decade: Aligning competences to the curriculum

I. PROBLEM BASED LEARNING

[constructivist learning / inquiry learning/ experiential learning
learning that is driven by students solving 'authentic' problems; using various methods of inquiry; gives students the opportunity to develop and practice skills such as critical thinking, evidence-based reasoning and decision making in solving problems]

1) Do you use problem-based learning in your clinical training program?

YES (move to next question, 1a.) **NO** (move to II. Competency Based Assessment)

a. If **yes**, approximately what percentage of coursework is delivered in this manner?

b. What main areas of content are covered in these courses in a PBL format?

c. (If use PBL) What advantages and disadvantages do you see to PBL teaching relative to traditional programs?

d. What do you see as the key elements or features of PBL in your program?

e. What additional teaching resources are used for PBL (eg rooms, time)

f. What are the benefits and disadvantages of PBL in your program?

II. COMPETENCY BASED ASSESSMENT

2) Do you use competency-based assessment in your clinical training program?

YES (move to next question, 2a.) **NO** (move to Question 3)

a. Can you describe the form of this competency-based assessment? (For example, are students observed doing therapy or assessment? Do students submit recordings of therapy work? Are there role-plays or simulations of therapy or assessment work?)

b. (If you use competency-based assessment), approximately what percentage of coursework is assessed in this manner?

c. What main areas of content are examined in this way?

3) To what extent are written examinations used for courses in your program?

III. SUPERVISION

4) What training and support do you provide to supervisors in your program?

5) How do supervisors evaluate the clinical work of your students? (For example, do they review recordings of therapy, use student self-report of sessions, review outcome data for clients seen by students?)

6) How do you evaluate the quality of supervision that students receive?

7) Please indicate approximately what percentage of the time your supervisors use the following methods to monitor the therapist behaviours of their supervisees.

Supervisee and supervisor co-therapy	
Direct observation of the supervisee in sessions	
Review of videotaped recordings of sessions	
Review of audiotapes of sessions	
Supervisee self-report of their behaviours	
Supervisee self report of patient outcomes	
Systematic assessment of client outcomes	
Reports by others (e.g., co-therapists)	

8) Currently the Australian Psychology Accreditation Council require Masters of Clinical Psychology student to complete at least 180 hours of supervision for the 400 hours of required clinical practice.

What is your opinion of the duration of required supervision within the overall balance of the clinical program?

1. Far too little	
2. Too little	
3. About right	
4. Too much	
5. Far too much	

9) Currently the Australian Psychology Accreditation Council requires Doctor of Clinical Psychology to complete at least 230 hours of supervision for the 600 hours of required clinical practice.

What is your opinion of the duration of required supervision within the overall balance of the clinical program?

1. Far too little	
2. Too little	
3. About right	
4. Too much	
5. Far too much	

a. Please explain your reason for your answers to the above ratings.

_____

_____

_____

10) Approximately what % of all students in your clinical psychology training have been failed by supervisors on their clinical practice in the last 5 years?

_____

11) What were the competency deficit(s) that resulted in failure?

_____

_____

_____

12) Do you believe any students have passed their clinical practice requirements in the last 5 years that should have been failed by their supervisor?

YES (move to next question) **NO** (move to Question 13)

a. If yes, what were the competency deficit(s) that you believe should have resulted in failure?

_____

_____

_____

b. What influences do you think led the supervisor to pass the students you believe should have failed?

_____

_____

_____

13) How do you evaluate the effectiveness of your supervisors?

14) Have you discontinued the invitation to supervise to particular supervisors in the last 5 years because of concerns about their supervision?

YES (move to next question) **NO** (move to Question/s IV Fitness to Practice)

a. If yes, what were the reason(s) that you decided to no longer invite that person or persons to supervise?

IV. FITNESS TO PRACTICE

15) Does your university have a Fitness to Practice policy, document, or guidelines?

YES (move to next question) **NO** (move to Question 16)

a. If YES, is it specific to Psychology or more generally applicable across disciplines?

YES (specific to Psychology) **NO** (more generally applicable …)

16) What capacity does your postgraduate clinical program currently have to exit a student who is considered to be unsuited to the profession?

_____

_____

_____

17) Is it possible for a student in your program to be exited from the program for non-academic reasons?

_____

_____

_____

V. UNIVERSITY-BASED CLINICS

18) Please describe to what extent the current number and mix of referrals to your university clinic meet the training needs of your clinical psychology students.

_____

_____

_____

19) Please describe what initiatives you take to influence the number and mix of referrals to your university clinic.

_____

_____

_____

20) Does your university clinic in any way offer Medicare reimbursable services? **If so**, how is this managed?

_____

_____

_____

If your clinical training program is classed as being in a *regional* or *rural area* (in other words, NOT in an urban area), please answer the questions below. If not, you are done with our survey and *we thank you*!

IV. REGIONAL AND RURAL ISSUES

21) What issues particularly affect recruiting, training, and retaining clinical psychologists in your region?

_____

_____

_____

22) What aspects of your program specifically target these issues?

_____

_____

_____

23) What approach do you take toward the provision of clinical supervision for students on placements?

_____

_____

_____

24) How many placements internal to the program (university) are there in your program?

_____

25) How many external placements in the community?

_____

26) How much distance supervision do you use? (i.e. supervision by program staff of students doing placements at a distance from campus)

_____

_____

27) What issues affect the completion of placements by students in your program?

_____

_____

_____

28) What technology do you use in providing supervision (viewing VHS tapes, DVDs; videoconferencing, teleconferencing, Skype and its competitors, web cams)?

_____

_____

_____

29) What are the essential characteristics of field supervisors for students in your program?

_____

_____

_____

_____

30) What are desirable characteristics?

_____

_____

_____

31) What comments do you have on the need to have students meet the requirements of both the State registration board and the APAC & APS College of Clinical Psychologists requirements?

_____

_____

_____

32) What other issues do you see as important for training and retaining clinical psychologists in regional Australia?

_____

_____

_____

_____

The end of the survey - thank you very much for your participation.

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