

Managing Internship Rotations: Sequential, Cumulative, and Graded Complexity Training

David Mather, Ph.D., ABPP
Acting Director for Mental Health
Director of Psychology Training
Naval Medical Center San Diego, CA

Presentation Goals

- Identifying intern competencies with consistency across multiple rotations, tied to overarching goals of internship.
- Identifying competency benchmarks with faculty agreement and development of interrater reliability.
- Critical role of regular discussion by full faculty to ensure consistent increase in intern learning challenges and monitoring of intern growth in competence.
- Critical role of training director in oversight of multiple rotations, negotiating faculty difference.

Pertinent Accreditation Standard

- **DOMAIN B: PROGRAM PHILOSOPHY, OBJECTIVES, AND TRAINING PLAN**

B1. Program publicly states a philosophy and model of training consistent with the sponsoring institution's mission that emphasizes:

- Integration of science and practice
- *Training that is sequential, cumulative, and graded in complexity*

NMC San Diego Internship "Goals"

- 1. Train good early career psychologists.
- 2. Train good early career *Navy* psychologists.
 - #2 requires #1, plus a good deal of Navy-specific knowledge and skills.

NMC San Diego Internship Structure

- Five rotations, 10 weeks each, all interns do all rotations:
 1. Adult Outpatient Mental Health
 2. Health Psychology/Consult Liaison
 3. Inpatient Mental Health
 4. Navy Fleet Mental Health
 5. Marine Corps Recruit Center Mental Health

So why in the world would we saddle ourselves with something this complex?

Challenges with Multiple Rotations

- Rotations may differ greatly in details, yet each must build on prior learning for training to be *sequential & cumulative*.
- Must identify competencies defined as important across rotations, based on ties to overall internship philosophy & goals.
- Faculty must be more flexible with competency expectations and training at beginning of year than at end.
- Particularly true with high variability in pre-internship practicum training.
- Faculty must develop trust in assessments and recommendations of colleagues on preceding rotations in order for interns to build on prior learning.

Identifying Overarching Competencies

- Recommend that faculty develop, discuss, and concur on a framework of competencies impacting all rotations. *This can take a LOT of time.*
- Use these as a basis for intern performance evaluation on each rotation.
- Expect increasing competence over course of year; each rotation is NOT a “new start”.
- Each individual rotation will also likely have competencies specific only to that rotation – that’s fine, so long as overarching framework is in place.

Identifying Benchmarks for Competency

- For overarching competencies, faculty should also agree on benchmarks defining level of competence.
- Recommend use of clear behavioral anchors.
- Recommend at least 2 or 3 levels of “acceptable performance”, both to reflect variance between acceptable to great interns, and to allow room for growth over course of internship even for high performing interns.

Examples of Competencies, Benchmarks

Competency Ratings Descriptions

- P Professional Skill Level:**
Skill level comparable to autonomous, independent practice at an entry-level staff psychologist position. Aspirational goal for completion of internship training.
- H Highly Developed:**
Occasional supervision is needed. A frequent level of performance demonstrated at the completion of a rotation/internship. Competency attained in all but non-routine cases; supervisor provides overall management of intern's activities; depth of supervision varies as clinical needs warrant.
- I In Progress:**
Should remain a focus of supervision. Common skill level during the course of a rotation. Routine supervision of activities and responsibilities required.
- E Entry Level:**
Skill level expected at the commencement of internship or with specialty practice on a rotation. Continued intensive, close, ongoing, and regular supervision is needed.
- R Remedial Work Required:**
Requires remedial work of intern. Insufficient skill level and professionalism demonstrated. Not a passing rating for a rotation.
- N/A** Not applicable for this rotation/Not assessed during rotation.

Examples of Competencies, Benchmarks

- **PATIENT ASSESSMENT:** *Demonstrate skill in synthesizing a DSM-IV diagnosis based on relevant clinical, historical, and test data.*
- P** Demonstrates a thorough knowledge of mental health classification, including multi-axial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
- H** Has a good working knowledge of mental health diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
- I** Understands basic diagnostic nomenclature and is able to accurately diagnose many mental health problems. May miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
- E** Has a theoretical knowledge and understanding of basic diagnostic nomenclature, but lacks practical experience applying knowledge to actual cases. May miss relevant patient data when making a diagnosis. Requires supervisory input on most diagnostic decision-making.
- R** Has significant deficits in understanding of the mental health classification system and/or ability to use DSM-IV criteria to develop a diagnostic conceptualization.

N/A

Examples of Competencies, Benchmarks

- ***THERAPEUTIC INTERVENTIONS: Demonstrates appropriate use of empirical literature to support therapeutic interventions and treatment plans***
 - P Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources. Eager independent consumer of empirical research on clinical practice.
 - H Shows initiative, eager to learn, and beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
 - I Solid understanding and/or application of empirical literature. Relies on knowledge of supervisor to enhance new learning.
 - E Demonstrates superficial understanding of empirical literature and/or does not apply it consistently during development of treatment plan or therapeutic intervention.
 - R Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.
- N/A

Examples of Competencies, Benchmarks

- ***Demonstrates understanding of how demands of military service and military life impact patient's functioning, diagnoses, and treatment options.***
 - P Spontaneously and consistently identifies operational needs and military issues; addresses them proactively. Judgment is reliable about when consultation with supervisor is needed.
 - H Consistently recognizes operational issues and military demands, appropriately asks for supervisory input.
 - I Generally recognizes operational issues and military demands, is responsive to supervisory input.
 - E Often unaware of important military issues and demands present in the case.
 - R Disregards important operational considerations in diagnosis and recommendations.
- N/A

Faculty Challenges with Multiple Rotations

- “Can’t cover everything in a year.” How does each rotation contribute to internship’s overall goals and training philosophy? Does that require each rotation to “give something up”? What about when overarching sequential, cumulative goals change?
Example – Health Psychology/Consult Liaison
- Interrater reliability – faculty not only agreeing on benchmarks but applying them with good degree of consistency. *Example – “tough guys” vs. “nice guys”, or what we’ve learned about ourselves studying interrater reliability.*
- Trusting intern ratings by faculty on previous rotations, particularly when concerns identified on one rotation lead to changes in training plan on next rotation. *Examples – one we did well, one we did poorly (and how we fixed - sort of - the one we did poorly)*

Addressing Competency Issues Across Rotations

- Faculty must talk – LOTS! Discussions focused, organized.
- Regular faculty meetings, with regular focused review of interns’ progress, learning needs, strategies to meet needs.
- Formal “hand offs” between rotations. *Strengths, limitations, recommendations.* Full faculty discussion.
- For overarching competencies, new rotation picks up where previous left off; again, new rotation is not starting over!
Example - How we used to get this all wrong...
- Addressing significant competency deficits – extend one rotation (in essence, formal remediation) or modify training plan on next?

Training Director as “Air Traffic Controller”

- Face it – everyone looks to you as though you understand all this stuff, have all the answers, etc. You are the “Chief Cat Herder”!
- Negotiate differences between faculty members over goals, competencies, what’s important, etc.
- Make sure the perspective of the interns is fully represented and carefully considered. They are “almost” our colleagues – give them that respect.
- Step in when problems are not resolving at rotation level.
- Make decisions and implement – you are the CEO, not the group therapist.
- Keep the “30,000 foot” perspective.