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The Viva Voce as an Authentic Assessment for Clinical Psychology Students

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AUTHORS' NOTES

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Abstract

Mental health consumers in Australia have a basic right of access to high quality mental health assessment and treatment. Given that universities are the entry point to the training process, they have a responsibility to train high quality clinicians. Clinical psychology is the sub-discipline of psychology with specialist training in mental health assessment, diagnosis, and treatment. There has been a call for clinical psychology programs to move training and assessment away from purely a theoretical base to one that integrates theory with practice. In 2008, the University of Southern Queensland developed a viva voce for a course on adult psychopathology. The viva voce is an Objective Structured Clinical Examination, modeled closely on the one used by the Royal College of Australian and New Zealand Psychiatrists. This paper outlines the development of this innovation to assessment and gives directions for future research and evaluation.

Keywords: Objective Structured Clinical Examination, OSCE, Work Integrated Learning, Viva Voce

Mental health consumer rights are guided by the *National Mental Health Workforce Standards (NMHWS)* (Commonwealth Department of Health and Ageing, 2002). These Standards have been adopted for both providers of mental health services (e.g., State Government Health Departments) and the accreditation bodies of the targeted professions such as the Australian Psychology Accreditation Council (APAC; Australian Psychology Accreditation Council, 2010). Therefore these Standards are expected to translate directly into graduate outcomes and professional competencies. This paper describes a model of learning and teaching that develops professional competence and professional identity, the *viva voce* (hereafter referred to as *viva*).

Standard 7 of the NMHWS maintains that mental health professionals provide consumers with high-quality and evidence-based assessment and treatment. More specifically, mental health professionals should have knowledge and skills in the development of empathic working relationship, the local systems of service delivery, taking a full clinical history, mental status assessment, risk assessment, formulation of diagnoses, and treatment planning. In addition, it is expected that mental health practitioners can work within a recovery model which identifies and works with the consumers' strengths and their existing support systems (Commonwealth of Australia, 2010). Although the NMHWS clearly states that newly graduated practitioners will take time to develop these skills, the university sector has clear responsibilities to create a skilled workforce (Bradley, Noonan, Nugent, & Scales, 2008).

Many psychologists work within mental health settings, however, the sub-discipline *clinical psychology* is the accepted specialist title designated to psychologists who undertake advanced postgraduate training in mental health assessment and treatment within the profession of psychology. Clinical psychologists are expected to have met advanced competencies in mental health assessment, diagnoses and treatment; especially for complex clinical presentations (Australian Psychological Society, 2013).

In view of their extended training, endorsed clinical psychologists receive a higher Medicare rebate compared to their non-clinical endorsed colleagues. They also have been given a greater freedom to choose the type of treatment necessary for their clients (Carey, Rickwood, & Baker, 2010). The merits of the higher Medicare rebate is out of scope of this paper, and the debate about the differences in rebate has been discussed elsewhere (Hickie, Rosenberg, & Davenport, 2011; Jorm, 2011). The underlying position taken in this paper is that in order for clinical psychologists maintain credibility as experts in mental health assessment and treatment, education and training of clinical psychologists should directly assess expertise at an appropriate level. Pachana, Sofronoff, Scott, & Helmes (2011) called for clinical psychology training to include more live demonstration of clinical skills and interactive

workshops. In terms of assessment, Pachana, et al. recommended that direct assessment of skills through viva demonstration was the best way to assess clinical competencies. Despite this call, direct assessment through viva demonstration has been one of the least used methods of assessment in clinical psychology programs across Australian Universities. To date, many clinical psychology degree programs have chosen to assess competencies through essays and written examinations as opposed to live demonstrations. Unfortunately this type of assessment does not assess the complex array of skills required by a clinical psychologist in the professional setting. It also does not prepare the budding clinical psychologist for future practice or the work-setting, nor does this type of assessment assess the student's fitness to practice (Sofronoff, Helmes, & Pachana, 2011). On the other hand, applied learning opportunities through live demonstrations of clinical case presentations will equip the trainee clinical psychologist with not only the skills but also the confidence to perform this in clinical practice. The trainee clinical psychologist has the opportunity to integrate their theoretical knowledge with practical skills in a scaffolded way. This learning approach is consistent with the Social Cognitive Career Theory (Lent, 2013), because the training clinician develops a sense of self-efficacy with presenting clinical information in a clear and structured manner. Work Integrated Learning has been defined as "learning which is embedded in the experience of work" (Smith et al., 2009, p8). Work Integrated Learning can enhance the employability skills of a student and also enhance a student's knowledge and engagement with a chosen career path (McIlveen et al., 2011). It can take the form of placement within an organization either paid or unpaid; it can also take the form of a simulated learning environment. Most of the work performed by clinical psychologists is behind closed doors in a confidential environment, making their work difficult to monitor when they are in the workplace. In addition many consumers of clinical psychological services may be distressed and are potentially vulnerable. Given the potential "veil of secrecy" in which clinical psychologists operate, it is critical that their competencies are assessed in a rigorous yet safe manner. The simulated environment may be preferable in early learning experiences and/or where there are potential risks for the community, and viva is a form of assessment that is appropriate to type of work integrated learning.

Viva for Clinical Psychology

What follows is a model of viva assessment used at the University of Southern Queensland (USQ) Clinical Psychology Program for students at the end of their first semester of the postgraduate program. The viva examination uses a two-part simulated clinical exercise where clinical psychology students interview an actor who presents with a moderate to severe mental health diagnosis (or multiple diagnoses). Immediately upon completing the interview, the student is required to present the case history, mental status examination, risk assessment, provisional diagnosis, and

treatment plan to a panel of clinical psychologists within a set timeframe. This assessment occurs before the student embarks on an externship and in many cases prior to internship. Below I will outline the development and refinement of the viva over the last 6 years and discuss how students are prepared for this examination. It will be argued that this assessment provides an assessment of mental health competencies, in a safe way that provides maximum protection to the public.

The viva used at the USQ is an Objective Structured Clinical Examination (OSCE). This assessment is based on the assessment used by the Royal Australian and New Zealand College of Psychiatrists (RANZCP) final examination (Malhi & McKay, 2003) where trained actors are used in simulated clinical scenarios. OSCE's have been used in the university setting for a number of health fields including medicine (Martin & Jolly, 2002), dietetics (Hawker, Walker, Barrington, & Andrianopoulos, 2010), and nursing (Koop & Borbasi, 1994). A recent study with medical students has found that use of OSCE examinations in first year was predictive of performance in later training (Martin & Jolly, 2002).

The use of OSCE's is a relatively new assessment modality used in Australian clinical psychology. Viva entails use of trained actors who simulate different diagnosable clinical scenarios and conditions. A viva was trialed within the Monash University Clinical Psychology Program, where actors were interviewed by the student for a period between nine and 18 minutes see (Yap, Bearman, Thomas, & Hay, 2012). Although this assessment was perceived as stressful by the students it was also perceived as a valuable learning experience.

Preparation for Viva

The viva at USQ involves extensive preparation throughout the first semester of the clinical psychology program where students learn about diagnostic criteria and typical presentation of major mental health disorders, and the professional language used in mental health setting. Students also have extensive practice in clinical interviewing and it is expected that each student attempts to give a full clinical presentation in front of their peers.

There are six full day workshops provided to students where they are taught the major characteristics of common mental health disorders. During these workshops students are shown video clips of typical presenting symptoms. It is critical that students can see what is meant by common mental health terms. It is one thing to read about derailment in speech, automatic movements, and blunted affect; however, students need see what it looks like to understand it. Students are also assigned a third year psychology student to practice their clinical interviewing; the third year student receives course credit for their efforts. During workshops I give demonstrations of clinical interviews (with student volunteers) and the simulated ward round presentations delivered according to the marking criteria in the viva. In the final two workshops students give their practice presentations. During the semester

students are encouraged to be collegial, and anecdotally it is not surprising to find that students who practiced within study groups performed well in the viva.

While the clinical psychology students are preparing for the viva, I am also involved in the training of the actors used in the final examination. The actors used are final year USQ theatre students. Throughout the semester I provide the actors with roles, I also provide education about the disorders and how they will be interviewed by the clinical psychology student. In all I provide four to six hours of training to the actors. They are also mentored by their course examiner. The actors assign themselves to the timeslots I cannot match clinical scenarios with the clinical psychology students.

The Format of the Viva

The learning objectives are integrated with other first semester units in the Clinical Psychology Program. There are two parts of the viva that are examinable: the clinical interview and the simulated ward round presentation. Students are required to complete the clinical interview and prepare for the ward round presentation in 65 minutes. The clinical interview is examined part of the unit Issues and Skills in Professional Practice (IASIPP). In this part of the assessment students are examined on micro-counselling skills, and adherence to ethics such as introduction, informed consent, and termination. The ward round component is examinable for the course (unit) Adult Psychopathology. In this part, students have 15 minutes to give a full clinical presentation of information collected in the clinical interview, including, presenting problems, problem history, critical personal history (including medical, drug, forensic, family, and developmental history), mental status examination, risk assessment, provisional diagnosis, and provisional treatment plan. Students are also expected to operate within the recovery model. Both the clinical interview and simulated ward round are videotaped.

Findings

The viva has had a number of iterations since its inception in 2008. Initially the clinical interview was not examinable, however, after reviewing the clinical interviews in the first two years it was noted that students would take a checklist approach with the consumer at the expense of good micro-counselling skills. It was also noted that some students who performed well in the simulated ward round did not always practice high quality micro-counselling skills. In 2010 the clinical interview component became examinable as part of IASIPP. This ensured higher quality of clinical practice and greater integration of foundation courses in the clinical psychology program. Overall feedback from the students has been extremely positive. While many have reported that this examination has been stressful, they have also seen the viva as a rite of passage within the clinical psychology program. They also have reported the learning experience has prepared them well for their subsequent internships and externships, with both confidence and skills (Lent, 2013)

Conclusion

At this stage, data collected for the viva has largely been anecdotal and in the form of students' course evaluations. Course evaluations have been extremely positive about the viva and students have reported that they have been prepared for their future practice. Many have reported that the viva has been the most useful assessment they have ever experienced because it provides an authentic insight into work activities of their chosen profession. Thus, the viva is doubly serving a method of assessment and as a way of facilitating students learning about their profession.

Future research into the utility of viva should address key indicators such as counselling self-efficacy, performance anxiety, employability, and career satisfaction, and source data from external supervisor ratings. In conclusion, the viva is one answer to the call for more relevant assessment in clinical psychology programs to ensure that the clinicians of the future can deliver high quality services to mental health consumers.

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