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Pediatric Psychology at Georgia State University: Evaluation of Training With the Society of Pediatric Psychology Competencies

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The Task Force on Competencies and Best Training Practices in Pediatric Psychology recently proposed pediatric psychology training competencies organized into 6 cluster areas and a cross-cutting group. This blueprint allows programs to evaluate their training models and identify areas for improvement. The Georgia State University (GSU) pediatric psychology program provides training at the university, 3 children's hospitals at Children's Health Care of Atlanta, and other pediatric sites. To evaluate our pediatric psychology training, we used the Society of Pediatric Psychology (SPP) Task Force competencies and focused this paper on how training aligned with the Professionalism cluster. The self-evaluation included subjective evaluation of whether training was tied to competencies, outcome data on competency ratings, and broad performance outcomes. The GSU pediatric psychology program generally mapped onto the SPP Task Force professionalism cluster. At closer inspection, some areas are particularly well covered and others could be targeted for improvement. The self-assessment suggests that the GSU pediatric psychology program is providing excellent training in pediatric psychology. Subjective and objective (e.g., publications, internship, and professional placement) indices support this evaluation.

Keywords: pediatric psychology training, competencies, predoctoral, graduate program

The SPP Task Force on Competencies and Best Training Practices in Pediatric Psychology recently proposed pediatric psychology training competencies within six cluster areas (science, professionalism, interpersonal, application, education, and systems) and one crosscutting knowledge cluster (Palermo et al., 2014). These competencies provide a blueprint for the development of training programs in pediatric psychology. In addition, established pediatric psychology training programs might use the competencies to evaluate current training practices.

In this study, we evaluated how well the pediatric psychology training at GSU aligns with the SPP competencies. Our pediatric psychology training is embedded within the clinical psychology program, which has been American Psychological Association (APA)-accredited since 1974. The majority of pediatric psychology applied research and clinical training targets populations at the three primary Atlanta children's hospitals at Chil-

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dren's Health Care of Atlanta (Children's), however, there are additional pediatric psychology projects at Children's satellite clinics and unaffiliated pediatric institutions. Starting in 2010, additional funding for our training was provided via Department of Health and Human Services, Health Resources and Services Administration, Graduate Psychology Education (HRSA GPE) grants (L. L. Cohen: PI). These grants provide $22,000 annual stipends for four to six predoctoral students to focus on pediatric psychology training within both GSU and the Children's settings. Although pediatric psychology training has remained relatively consistent at GSU since 2004, this assessment focuses on the prior 5 years (2010–2015) given there were some training changes as part of the HRSA GPE funding. Overall, our self-evaluation indicates that our training aligns well with all of the SPP Task Force competencies. However, rather than provide a cursory overview of our training linked to all of the competencies, we will focus on how our training specifically builds competencies within the four domains of the SPP Task Force professionalism cluster competency. Given the developmental nature of our training, our review highlights how training is tied to competencies during the first two and second two years of predoctoral training.

Domain A: Professional Values and Attitudes

Applied Competency 3.1.A. Exhibits Professionalism in Interactions With Patients, Research Participants, and Their Families

Years 1–2. In the first year of graduate study, students serve as an "apprentice" on therapy teams in the clinical program in-house university clinic and as a "junior" trainee in the three children's hospitals. Prior to initiating the hospital practicum, students complete didactic orientations and training on professional issues for a children's hospital setting, which highlight issues such as appropriate attire and respectful demeanor toward patients, families, and colleagues. In each of these predominately clinical roles, students also learn about professionalism with patients and their families via observing more senior students on the teams, attending didactics aimed at beginning students, and receiving direct supervision from faculty at GSU and Children's. These early professional skills focus on ethical issues (e.g., confidentiality), scheduling, time management, billing, and developing an understanding of self as a professional (Kaslow et al., 2009); this training is predominately focused on applied clinical work. In addition, training is provided via direct supervision around working in an interdisciplinary setting, and these skills are grounded in the guidelines on psychological practice in health care settings (APA, 2013).

The required master's theses as well as other research projects are typically applied studies involving pediatric participants at the Children's hospitals. The populations include pediatric patients with HIV/AIDS, sickle cell, inflammatory bowel disease, cancer, diabetes, and other conditions. In these studies, trainees are provided direct supervision and didactics around research professionalism in a medical setting (e.g., consenting participants, working in a busy hospital setting, collaborating on a multidisciplinary team).

Years 3–4. As students advance in training, they serve as primary therapists for patients in the university clinic and hospital settings. They continue to receive direct supervision on professionalism; however, there are greater expectations for consistently professional behavior. For example, students are responsible for maintaining timeliness for supervision, scheduling appointments, and participating respectfully and appropriately in interdisciplinary team meetings. Similar to the thesis projects, other research projects and the dissertation study are applied in nature and involve direct interactions with pediatric patients and their families. As with the clinical work, students take on a more central role in being responsible for the running of these multidisciplinary projects in the medical setting. Students are encouraged to recognize situations that challenge adherence to professional values and to bring those situations to supervisors for guidance and discussion.

Applied Competency 3.2.A. & Applied Competency 3.3.A. Provides Clinical Care to Children and Families, Implementing Appropriate Personal Boundaries. Works Effectively With Colleagues From Other Disciplines (e.g., Nursing, Pediatrics, Social Work) to Maintain a Climate of Mutual Respect and Shared Values

Years 1–2. Students complete assessment, therapy, and ethics courses in the first two years of training as well as specialized seminars in child clinical, pediatric psychology, or cognitive-behavioral therapy to gain a foundational clinical knowledge base. Students also attend biweekly seminars focused on training in general clinical skills (e.g., building rapport, conveying empathy). As students gradually establish a caseload, they are supervised on issues of professionalism, client-therapist relationships, and professional boundaries with clients. In the hospital environment, "junior" trainees shadow the advanced students and staff psychologists in various clinics, and they are given graduated responsibility over time and based on informal evaluations of readiness by supervisors.

Years 3–4. Throughout clinical training, students gain opportunities to develop and refine skills in delivering psychological interventions to children, adolescents, and families. Clinical practicum are primarily focused in pediatric subspecialties (e.g., hematology/oncology, solid organ transplant) in which students gain medical knowledge about specific patient populations to further inform the refinement of their intervention skills. Additionally, these patients often are critically ill and medically vulnerable, requiring students to develop both personal and professional boundaries under direct supervision when faced with patients' end-of-life concerns. Clinical training opportunities include assessment, intervention, and consultation services across pediatric subspecialties that are embedded within interdisciplinary teams. As such, students gain experience in collaborating with colleagues such as nurses, attending physicians, social workers, child life specialists, school teachers, music therapists, and chaplains in a professional manner. Trainees learn how to engage in interdisciplinary care by maintaining communication with other disciplines, sharing treatment recommendations with team members, and attending case conferences and interdisciplinary team meetings. By the end of graduate training, trainees have gained skills in identifying and utilizing the resources available by various health care professionals to enhance collaborative care.

Applied Competency 3.4.A. Utilizes Ongoing Education Opportunities That Are Provided (e.g., Seminars, Lectures, Grand Rounds, Workshops) to Gain Greater Knowledge Regarding the Professional Practice of Pediatric Psychology, and the Areas of Medicine Relevant to Pediatric Psychology

Years 1–2. In the first year of training, students attend multidisciplinary team meetings in the hospitals for the management of pediatric chronic conditions (e.g., sickle cell). Students also shadow health care professionals in different health care settings. On all research projects, trainees must collaborate within a multidisciplinary team. In addition to learning to work within a team, trainees learn about the specific medical aspects of the population. Within both the university and hospital settings, trainees attend seminars, grand rounds, guest lectures, and other didactic learning opportunities relevant to pediatric psychology and medicine. As an example, students are encouraged to attend regularly scheduled lectures as part of a multi-institutional (i.e., Children's, GSU, Emory University School of Medicine, Georgia Institute of Technology, Morehouse School of Medicine) initiative in Atlanta to expand and increase pediatric research at children's hospitals. These lectures bring in speakers from all over the nation from diverse fields to present on current issues and areas for development in pediatric research and clinical medical practice. At GSU and Children's, students attend specialized seminars on communication skills specific to working on medical teams. Students are given the opportunity to participate in cross training with other disciplines at Children's (e.g., medical and psychiatry residents, nursing students, child life specialist trainees), participate in patient and family educational conferences (e.g., Sickle Cell Education Day, Pain Education Day), and receive supervision around interdisciplinary skills by diverse professionals

in the health care setting (e.g., seminars on the use of play therapy, hypnosis).

Years 3–4. During practicum at Children's, trainees attend grand rounds on specific topic areas of medicine related to pediatric psychology, such as health-related quality of life in specific chronic illnesses. Additionally, monthly pediatric psychology seminars highlight cross-cutting clinical problems, such as pain management, sleep, and obesity. Trainees also participate in quarterly seminars and case presentations integrating psychiatry and psychology professionals and trainees (i.e., students, residents, fellows). As students advance in training, there are greater expectations for providing some leadership in knowledge dissemination around pediatric psychology. For example, advanced students have developed and presented a periodic seminar for health care professionals (e.g., physicians, nurses) on clinical competencies and issues when working with transgender pediatric patients.

Domain B: Individual and Cultural Diversity

Applied Competency 3.1.B. Works Effectively With Diverse Patients and Families, as Well as Diverse Professionals (e.g., Age, Gender, Race/Ethnicity, Socioeconomic Background) in Providing and Coordinating Care

Years 1–2. In the first year, students enroll in a diversity course in which they explore how individual and cultural diversity can affect the delivery and receipt of health care services, which is consistent with APA (2003) recommendations. They also engage in a semester-long immersion project with a marginalized community group (e.g., transgender youth, adolescents with HIV) that aims to challenge and acknowledge their own personal experiences, attitudes, and biases that may become important in their clinical service delivery. Students also attend lectures and seminars sponsored by the Psychology Department Diversity Committee that focus on cultural issues in the Atlanta area and implement strategies to improve the cultural awareness and competence of the on-site clinic and student services. In the hospital setting, students lead acceptance and mindfulness therapy groups for adolescents with sickle cell disease pain complications. As part of these clinical research groups, students learn and practice skills in engaging and retaining minority participants and their families in research and in conducting a clinical intervention study with cultural humility.

Years 3–4. As students advance in training, they rotate through clinics and hospital services for a range of diverse patients and families. For example, students are exposed to health disparities prevalent among patient populations, such as sickle cell disease, and are supervised to develop awareness and assess the potential impact that race, ethnicity, socioeconomic status, language barriers, sexual orientation, and access to care may have on the therapeutic relationship and the delivery and implementation of recommended interventions. Students also learn how to collaborate with interpreters when working with non-English speaking families. These experiences help trainees develop competence in working effectively with a range of diverse patients and families to provide optimal and coordinated care.

Domain C: Ethical, Legal Standards, and Policy

Applied Competency 3.1.C. & Applied Competency 3.2.C. Applies Professional Standards Associated With Practice in Pediatric Care Settings. Applies the Local Mental Health Laws and APA Guidelines Regarding the Rights of Children and Caregivers Especially Pertinent to Pediatric Psychology Practice

Years 1–2. In the first year, students complete an ethics course in which they become familiar with APA guidelines related to issues relevant to practicing clinical psychology. Pediatric psychology students are expected to explore and present on topics relevant to ethical decision-making and clinical practice in pediatric psychology. Students explore and discuss issues such as disclosure of child private health information and navigating complicated health care decisions when multiple family members and caregivers are involved. They also attend first-year seminars that provide an introduction to local mental health laws relevant to clinical

practice in pediatric psychology. For example, students learn specific guidelines for mandatory reporting of potential child abuse to the state child protective services organization. Students not only learn the logistics of filing a report, but also role-play with more experienced clinicians to develop skills in educating families about appropriate and effective discipline, including them in the disclosure of information to authorities, and maintaining rapport with families through the process. Before conducting clinical research or having patient contact in a pediatric medical setting, students must demonstrate knowledge of ethical practice specific to that setting. Students are required to complete Collaborative Institutional Training Initiative (CITI-training) modules through the pediatric medical center. CITI-training is an online training program that provides educational training content for health care professionals to promote ethics, integrity, and confidentiality in a health care setting. Students are required to complete the following CITI training modules: Good Clinical Practice, Human Subjects Research, Information Privacy and Security, and Responsible Conduct of Research. Prior to conducting clinical research in the pediatric medical center, students are expected to submit proposed clinical research projects to the institutional review board at the medical setting to ensure the rights of children and caregivers are protected.

Years 3–4. In their clinical practice with children and families, students are guided not only by local mental health laws and APA guidelines in clinical practice, but also by general ethical principles, such as doing no harm, establishing trust with patients, and maintaining integrity of clinical practice. Under direct supervision, students are trained to assess relevant risk factors, safety plan as appropriate, and collaborate with social workers to report concerns related to child abuse or negligence. Students learn to consider and value the rights of children and caregivers in medical decision-making while navigating the challenges of participating in interdisciplinary care for patients and families who may be reluctant to engage in psychology support and services. Throughout their clinical experiences, students actively discuss limits of confidentiality, protect private health information within the limits of confidentiality, and refine their skills in maintaining accurate records through clinical documentation.

Domain D: Reflective Practice/Self-Assessment/Self-Care

Applied Competency 3.1.D. & Applied Competency 3.2.D. Engages in Reflective Practice Conducted With Personal and Professional Self-Awareness, Including Attention to One's Health Behaviors and Reactions to Working With Children and Families Under Stress. Conducts Self-Assessments to Continuously Improve Services Offered

Years 1–4. At the beginning of each semester, trainees complete a self-assessment of their own baseline competencies and goals. This assessment is based on the APA competencies in professional practice (APA Presidential Task Force on Evidence-Based Practice, 2006), which maps on well to the SPP competencies. Specifically, trainees rate competencies within the following seven broad domains: (a) relationship/interpersonal skills with patients and colleagues, (b) application of research in clinical situations, (c) psychological assessment skills, (d) intervention skills, (e) consultation and interdisciplinary collaboration skills, (f) diversity sensitivity, and (g) ethical practice. The self-evaluations are reviewed with the clinical supervisors to set training goals for the semester.

Regarding personal health and well-being, all students meet as a group and also individually with the PI each week to discuss training goals. At the outset of every meeting, trainees discuss personal and professional stressors qualitatively as well as provide a quantitative rating of global "morale." Trainees are encouraged to engage in self-care behavior (e.g., exercise, social activities). The 4- to 6-student training group, along with their supervisors, also provides a support network for one another. For example, the group engages in regular social activities, including gatherings for monthly potluck dinners at the home of the PI. These activities provide support and balance to offset the intensive and at times stressful training to achieve competencies to become a pediatric psychologist.

Within the context of clinical supervision, students are encouraged to gain awareness and openly discuss with their supervisors the impact that competing demands and stressors play on their interactions with patients. Managing com-

plex and challenging cases, including end-of-life issues, are an inevitable component of providing care to medically vulnerable patients. As such, supervision encourages ongoing discussions and models the management of reacting and providing appropriate support to families under high stress.

Conclusions

GSU provides pediatric psychology training that is closely tied to the SPP Task Force Training Competencies. In this paper, our qualitative self-assessment suggests that the program targets all of the competencies within the professionalism cluster. Beyond our self-assessment, evaluation of our program can be extrapolated via rating of trainee performance. Supervisors at GSU and Children's complete ratings of trainees at the end of each semester using a competency checklist, which mirrors the seven competencies detailed in the trainee self-assessment (see Domain D above). Although an indirect measure of training, at a broad level these ratings have consistently suggested that the students are attaining the specified competencies.

Based on this self-assessment of competencies in the professionalism cluster, we have discovered that our training program could improve in helping trainees meet competencies in various areas. As one example, we could improve training in reflective practice and self-care (Domain D). Although reflective practice and self-care are informally discussed by internal and external supervisors, there is little formal structure to encourage and develop self-reflective practice to acknowledge personal experiences and attitudes. It is essential to cultivate students' ability to evaluate the impact their own attitudes and behaviors may have on clinical care, such as case conceptualization and identifying treatment priorities. Amid the rigorous training requirements for specializing in pediatric psychology, self-reflection and self-care should be monitored and nurtured more regularly to ensure alignment and achievement of both personal and professional development goals.

In terms of general program outcomes, some data are available that suggest students are achieving select pediatric psychology competencies. Specifically, in 2010–2015, the nine pediatric psychology students who have completed training (preinternship) published, on average, 5.11 peer-reviewed articles (range: 1–11), .78 of which were first-authored (range: 0–3). Students published, on average, 1.78 book chapters (range: 0–4), 0.44 of which were first-authored (range: 0–4). Trainees conducted an average of 16.89 oral or poster presentations at regional, national, and international conferences (range: 7–29), and received an average of 6.89 grants or awards from national organizations (range: 2–11). In addition, the trainees have logged approximately 312.25 child/family clinical intervention hours, with a majority involving pediatric populations (range: 160–379). These experiences have provided all of our graduates with the training and competencies to secure internships focused in pediatric psychology, obtain postdoctoral fellowships with further specialization in pediatric psychology training, or successfully gain licensure to pursue professional positions at institutions providing pediatric psychology services.

This self-evaluation also revealed that our assessment process is predominately conducted via subjective methodology. In order to continue strengthening our training program, we recognize the need to integrate more formal and objective goals to evaluate students' competencies and outcomes (Kaslow, 2004). We are exploring more objective competency evaluation methods. For example, video recording of trainee therapy sessions might be coded to quantify attainment of competencies. Experts in pediatric psychology could review the supervisor rating forms to provide further validation that the ratings target both APA and SPP competencies, and ultimately promote the use of a standardized evaluation form applicable for pediatric psychology training programs. In addition, multiple supervisors' ratings of a given trainee might be compared to evaluate interrater agreement. More formal program evaluation methods might include identifying specific goals and outcomes that should be achieved as training progresses, establishing standardized assessments of competencies, implementing systematic monitoring of progress and outcomes, and gathering qualitative and quantitative feedback to promote continued program improvements (Posovac, 2011). These challenges likely are not unique to our training program alone (Cohen, 2014); however, the process of self-evaluation as described here is

an essential first step in identifying areas of strength and success and challenges to overcome in order to guide the refinement of training recommendations in pediatric psychology.

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