

## **An examination of the practical learning experiences of first year Clinical Psychology master's level students: a qualitative study**

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The aim of this study was to examine the expectations and actual experiences of first year Clinical Psychology master's students at the University of the West Indies Mona Campus before and after clerking. Participants included nine first year students between the ages of 19 and 21. Participants were required to take part in a semi-structured interview as well as participate in two focused interviews. The results indicated that the majority of the participants (7) reported that their expectations did not match their experiences before clerking; however, all participants reported congruency post clerking. Recommendations and limitations are discussed.

**Key words:** practicum, clinical psychology, ward round, clerking

### **Introduction**

As stated by Hatcher and Lassiter (2007, p. 49), the practicum in clinical psychology is “the first step on the path of professional development toward independent professional competencies in psychology. The practicum comprises supervised training experiences... [and] ...introduces students to the core competencies of the discipline, bringing classroom education to life in practice settings, and laying the groundwork for further training in internship and beyond.” Most Clinical Psychology master's programmes, both locally and internationally, require students to complete a specified number of practicum hours. The Clinical Psychology programme at The University of the West Indies, Mona Campus, similarly requires 730 hours of practical learning experiences encompassing four practicums; two during the first year and two during the second year. The two practicums during the first year are internal placements and are completed at The University Hospital of the West Indies' Psychiatric Ward - Ward 21. Requiring students to complete their initial practicums at the University is in accordance with international and ethical standards (UOW Clinical Handbook, 2012) and allows for maximum supervision and preparation of students before external placements. Since the inception of the master's programme in 2001, the students' involvement in these practicums has been limited and entails listening to reports on patients given by the psychiatric consultants and residents. When the master's programme was developed the vision was to produce students with the theoretical ability and practical skills to work in

a variety of roles and settings within the Caribbean. Specifically, the programme aims to graduate students who can theoretically analyse/assess and implement treatment from a conceptual approach (The University of the West Indies, Clinical Psychology Programme Brochure, 2005). It is the belief of this author that this vision is not being realised as students' limited contact with patients during their first year makes them ill-prepared to understand how patients seen on the ward, and in general, are more than the diagnosis with which they are labelled.

Further to this, the students in the Clinical Psychology programme often complained of feeling as if they were not a part of the psychiatric community and questioned the role of the psychologist in ward rounds. In the beginning the role of the psychologist in ward rounds was practically non-existent, as there was only one psychologist who was expected to attend ward rounds, conduct groups and address the individual psychological needs of the patients. The students in the first two cohorts of the programme interfaced primarily with psychiatrists and other members of the psychiatric team with little to no input from the psychologist. Realising that the lack of representation of psychologists at ward rounds would adversely affect the vision of the programme and the overall training of the students, psychologists joined all teams (known as firms) on the ward in 2003. Although this change was seen as a necessity for the training of the psychology students, the transition was not flawless. Traditionally ward rounds are managed by psychiatrist; therefore, the psychologist's role was constantly in question.

In trying to identify the role(s) which the psychologist could assume it is first necessary to understand their competencies. One of the many competencies of a psychologist is that of assessment and psychological testing, hence, it is evident that the psychologist could make a contribution to solidifying the diagnostic process of the patients seen on Ward 21. This process is important because the diagnostic labelling will have implications on the way in which patients are viewed by others. In the role of psychodiagnostician the psychologist would help to "diagnose the total personality of the patient by integrating his/her findings with the case history and the medical, psychiatric and neurological data" (Kutash, 2006, p. 324); thus the patient is seen and treated as a whole person through the use of a conceptual approach. Another competence is that of analysing and theorizing, thus the psychologist could emphasise the psychosocial aspect of the patient's diagnoses paying special attention to family and developmental history, as well as bringing a theoretical understanding to the current diagnoses.

With psychologists on all firms of ward round and a clearer understanding of the possible roles and competencies of the psychologist, the expectation was the formulation of a multidisciplinary team and enhanced training opportunity for both the medical and psychology students. However, the reality was that the psychologist participated minimally and the psychology students played the role of observer.

It is common knowledge that "conducting a ward round is a complex task that involves both patient management and team working skills" (Norrsgard, Ringsted & Dolmans, 2004; Wray, Friedland, Ashton, Scheurich & Zollow, 1986,

cited in Fiddler *et al.* 2010, p. 119); and that, successful ward round provides an opportunity for multidisciplinary working (Fiddler, Borglin, Galloway, Jackson, McGowan & Lovell, 2010). Thus the task set forward was to find a way to incorporate psychology in order to achieve the goals of the programme and ward round.

### **Aim**

The aim of the study was to assess the students' perspective of their practicum experience as it relates to their contact with patients, level of involvement and feelings of preparedness for future practicums. The study also re-assessed the students on the same (above mentioned) variables after they clerked patients on the ward.

### **Method**

During the 2005-2006 academic year all ten first year students of cohort five were approached to participate in the study; one student deferred acceptance mid-way in the semester, therefore, nine students participated. Participants were all females and between the ages of 19 and 21; eight participants were Jamaican and one was Barbadian. A semi-structured interview was developed by the author; this interview was developed based on the author's interaction with students and understanding of the students' experiences and needs. The interview comprised of five open-ended questions targeted at gathering information on students' experiences of ward rounds before and after the implementation of clerking. During the first semester of the 2005-2006 academic year all students attended both firms of ward rounds and participated minimally. For the second semester the students were divided and assigned to one of the two available firms on the ward. Students liaised with the psychiatric nurse on the ward who identified the patients according to their assigned firm. After training students were required to clerk patients obtaining information regarding reason(s) for hospitalisation and psychosocial history. Students then presented the patient(s) at ward round paying special attention to the theoretical underpinnings of the patient's current diagnosis. It should be noted that at this point in their training students were not prepared to provide treatment, therefore, they referred all arising issues to the psychiatric nurse or consultant.

### **Focused interview**

The author met with the participants two times over two semesters of one academic year. The first meeting took place at the end of the first semester, while the second interview occurred at the end of semester two. After completing the interview, on both occasions, the students were allowed to expound on the questions and discuss additional concerns. During the first meeting the students spoke mainly about their experiences, specifically those that were different from their expectations and made suggestion for possible changes. During the second interview the students compared their experiences from semesters one and two. Responses were both audio taped and recorded in writing. The interviews were then transcribed and

responses to open-ended questions were analysed using content analysis (Day, 1993; Weber, 1990 cited in Wagstaff & Solts, 2003) with emergent themes being identified.

### **Ethical considerations**

Ethical approval was obtained from the Faculty of Medical Science's (The University Hospital of the West Indies) ethics committee. After this approval was ascertained, an initial interview was conducted with all participants where they received minimal briefing on the purpose of the study. Participants were informed that all information shared with the research investigator would be confidential. Participants were informed that their participation is voluntary and that they were free to withdraw from the study at any time without any penalty. Informed consent forms were distributed at the initial interview session and obtained from all participants. All responses were coded using numbers, no names or other identifying information was used.

### **Results**

*Question #1: What was your expectation for this practicum experience?*

#### ***Pre-Test:***

Seven of the participants stated that they thought they would be working closely with patients through the process of clerking. Other responses included gaining an understanding of how psychiatric wards operate; observing how psychologists and psychiatrists interact with and interview patients; and increasing knowledge base regarding DSM IV classification of Mental Disorders.

#### ***Post-Test:***

Five participants stated that they expected to interact more with patients on the ward in order to learn about them. Another three stated that they expected to make presentations in ward rounds, thus increasing their participation. Other responses included broadening and better understanding the psychiatric experience; having more opportunities whereby their views and opinions would be welcomed by the psychiatrists; and working more than in previous semester.

*Question 2: Was your expectation met?*

#### ***Pre-Test:***

Six of the participants reported "partially"; while three said "no".

#### ***Post-Test:***

All participants stated that their expectations were met.

*Question 3: Describe your experiences of this practicum. What were the strengths/weaknesses?*

***Pre-Test:***

Strengths: Having psychologists present during the ward round was the dominant answer (3). Other responses included having an opportunity to learn new things; gaining first-hand experience of what psychiatry is about; and getting an introduction of different illnesses and presentations of symptoms from different patients.

Weaknesses: The dominant answer was not having more experience with patients (2). Other responses included needing a stronger psychological presence; being exposed mainly to patients with schizophrenia; and feeling like a guest observing rather than a student.

***Post-Test:***

Strengths: Interacting with the patients provided real life experiences of what the different mental illnesses are and their impact on the lives of people (3); another three stated that having a chance to exercise what they were taught, which provided a sense of fulfilment as information gained was more than what was in the patient's docket. The final three participants stated that a major strength was the presence of a psychologist in the room who actively participated. Other responses included being able to tour the ward and being trained on the process of clerking; being able to offer advice on patient care; and gaining practical, psychological and emotional experience, specifically, learning what the field is like and what is expected of them behaviourally.

Weaknesses: Participants stated that more organisation was needed in assigning students to patients, as patients became burdened by repeated interviews (4). Other responses included having insufficient resources to provide adequate care of patients; unwelcoming interactions with the nurses on the ward; and not consistently having a psychologist in all firms.

*Question #4: Do you feel prepared for future practicums?*

***Pre-Test:***

Five of the participants reported that they didn't feel fully prepared, but believed that they would be with more experience (this response represented the dominant response). The other four of the participants answered no.

***Post-Test:***

All participants stated that they felt prepared for future practicums.

*Question #5: Did you feel as if you were part of the psychiatric community? Did you feel that your feedback/comments were welcomed/regarded as competent/useful?*

***Pre-Test:***

Six reported that initially they felt unwelcomed and incompetent, but felt that things changed gradually. One participant stated “no” and the remaining two stated “yes” they felt welcomed and part of the psychiatric community.

***Post-Test:***

The dominant answer (8) was “yes”; while one participant reported that they felt “somewhat” welcome, competent and part of the psychiatric community.

## **Discussion**

The main objective of this study was to examine what students expected from their practicum training versus what they actually received in areas such as client contact, supervision/involvement and clinical preparedness/competence. Practicum is the clinical training provided before students have completed their academic requirements and is a crucial part of the training of students in clinical psychology. Practicum provides students with the opportunity to develop their basic clinical skills and to become familiar with working in a mental health setting; it also allows students to practice teamwork and interdisciplinary communication. Knowing how crucial the practical learning experience is to the overall development of the clinical psychology student, this author undertook this study to examine whether the students in the Clinical Psychology programme at The University of West Indies, Mona Campus were gaining the necessary skills towards becoming well-rounded practitioners. In doing so, the students were asked to give their perspective on their practical training by comparing their expectations with their actual experiences. Gross (2005, p. 299) speaks about the importance of such a study as “this aspect of the training is less studied”, even more so is the “student’s perspective which could benefit graduate programs in their efforts to provide the best training”.

### **Client contact**

Students limited exposure to patients and incongruous experiences and expectations were the major themes. The majority of the students stated that they thought that they would have had the opportunity to clerk patients and walk on the ward (meeting patients), instead their experiences included “sitting around listening to the reports” presented by the psychiatric members of the team (consultant, resident or medical student). It is this author’s belief that interacting with patients and being exposed to the operations of the ward is paramount in the training of Clinical Psychology students. However, in the endeavour to ensure the best training of the students while maintaining ethical and professional standards certain precautions

needed to be emplaced. Before beginning the process of clerking, students were required to observe ward rounds with minimum interaction with patients for the first six weeks of their practicum; during the seventh week, students were trained on the process of clerking and were given a tour of the ward, after which they began clerking and presenting patients during ward rounds. Students continued their clerkship into their second semester. Students were reminded that their role is one of interviewee and not therapist; therefore, all ensuing issues were to be brought to the attention of the consultant on call, the psychiatric nurse or the assigned psychologist.

The implementation of clerking met the needs of the students as well as enhanced the standards of the programme. This is noted as all of the participants reported that their expectations were met after they began their clerkship.

### **Supervision/Involvement**

When asked to describe the strengths and weaknesses of their practicum, the issue of supervision as it is related to the involvement of the psychologist was reiterated. Students identified the presence of psychologists in ward rounds as a major strength; however, having psychologists who participated minimally or attended inconsistently was seen as an area of weakness.

One of the key features of a “traditional psychiatric ward round is having a wide array of professionals being present to include psychiatrists, social workers, occupational therapists and nurses” (Fiddler *et al.* 2010, p. 120). No one can argue against the importance of having a multidisciplinary team to help with the treatment and management decisions of patients, however, the question of whether the psychologist should be a part of this team (as is seen in the omission of the psychologist in the above citation) as well as the role of the psychologist remains unanswered. In trying to answer this question, psychologists were added to all firms of Ward 21 in 2003; the expectation was that the psychologist would supervise the clinical psychology students and add to the multidisciplinary team in patient care. It is this author’s belief that the psychologists’ role is another area in which expectations and actual experiences are incongruent. This is seen throughout the participant’s responses as they cited the psychologists’ presence in ward rounds as both a strength and weakness. That is, having a psychologist present during rounds was noted as an obvious strength, but not feeling the psychologists’ presence was a weakness. Specifically, participants regarded a psychologist who participated minimally and attended inconsistently as a weakness.

This marginalisation of the psychologist also speaks directly to participants concerns of feeling unwelcomed; this was observed during pre and post-clerking as six of participants reported feeling “unwelcomed” prior to clerking and one reported still feeling “somewhat unwelcomed” post-clerking. Psychologists being marginalised in psychiatric wards is not a new phenomenon as traditionally psychiatric wards are headed by psychiatrists. One explanation for the lack of involvement may lie in the differences in how psychiatrists and psychologists

view their cases and pathology in general. Psychiatrists emphasise the medical model, which is a “biological disease model” (Kingsbury, 1987, p. 153); while the psychologists acknowledge the importance of the biological aspect of pathology, they also consider that understanding pathology requires the use of multiple perspectives. Psychologists emphasize the psycho-social aspects while incorporating the biological aspect, thus focusing on the bio-psycho-social disease model. This difference may lead to a breakdown in communication and eventual territorialism. For example, under the medical model diagnostic categorisations are seen as important and a necessary part of treatment, “while there are some camps within psychology that feel that diagnosis is unimportant and labelling persons only create stigma and minimizes the uniqueness of the individual” (Kingsbury, 1987, p. 153).

Attaining a “diagnosis is the focus in medical training because diagnosis implies cause which leads naturally to treatment” (Kingsbury, 1987, p. 154). As was cited from a medical textbook, “Once the diagnosis is made, the treatment often is rather apparent” (cited in Kingsbury, 1987, p. 154). Psychiatrists tend to believe that it is only through diagnosis that patients can be correctly treated. Psychologists, however, may consider that not all mental illnesses are biologically caused; that symptoms are varied and transient, therefore, assessment/diagnosis and treatment has to be as varied (and at times transient). Therefore, trying to adequately treat a patient based solely on diagnosis might be seen as flawed and might hinder the opportunity to holistically understand the individual. As a psychologist on a psychiatric ward I have seen psychiatrists begin to incorporate other models, such as the bio-psycho-social model, in their assessment of patients, however, I am still aware that even though “many Psychiatrist may acknowledge the inadequacies of the diagnostic system, diagnosis is still most central to the treatment process” (Kingsbury, 1987, p. 154).

So the eventuality of the multidisciplinary approach on Ward 21 is that the psychologists/psychology students participate minimally, are exposed to more medical than psychological jargon whilst the psychologists’ role remains questionable. Another consequence is that the psychology students continue to feel misplaced and unwelcomed.

### **Preparedness/Competence**

An interesting finding of the current study was the students’ belief that they were more prepared for future practicums after clerking, even though they felt somewhat unwelcomed and saw the psychologist being marginalised. This finding can be explained by the fact that being exposed to patients gave students the opportunity to integrate theory with practice. Although students were not allowed to implement therapy, their contact with patients exposed them to the psychosocial aspect of diagnosis and gave them a better understanding of the patient as an individual.

Participants reported that the strengths of clerking was interacting with patients which provided real life experiences of what different mental illnesses are

and its impact on the lives of people; having a chance to exercise what they were taught (i.e. interviewing skills, case conceptualisation); having a sense of fulfilment when they were able to gain more detailed information (from patient) than was provided in their docket, and being able to offer advice on patient care.

Participants' exposure, even though limited, erased the novelty of the ward and allayed the fear and anxiety that is an inevitable consequence of working with psychiatric patients; therefore participants will be better prepared and feel same.

### **Recommendation**

In order to continue to meet the needs of the students in the Clinical Psychology master's programme at The University of West Indies, Mona Campus, while actualising the vision of the programme it is recommended that students increase their face-to-face client contact by beginning their clerkship earlier in the programme. This will not only increase the students' level of competence, but it will also increase their practicum hours aligning them (and the programme) with international standards.

It is also recommended that psychologists conduct their own ward round. While the importance of a multidisciplinary team in patient care is advantageous and shouldn't be underestimated, it is this author's belief that students in the Clinical Psychology programme would benefit from an approach that incorporated both the medical and the psycho-social models. In doing this, students would continue to clerk patients on the ward and attend ward rounds (with the multidisciplinary team) on one of the two mandatory days. On the other day, students would attend rounds with the assigned psychologists; there they will receive supervision on patients seen, discuss issues related to assessment and diagnosis and present case conceptualisations using the bio-psycho-social model.

### **Limitation**

The limitation of the study was the fact that the author was also the coordinator of and lecturer in the Clinical Psychology programme being studied. The author was mindful of the possible effect that the dual roles could have on the students' participation and candidness. In trying to minimise these effects, the participants were given the option to withhold participation with the assurance that there would be no penalties, to include impact on their grades or relationship with the author. Also responses were coded with numbers, therefore participants' identities were never revealed.

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