

*Saskatchewan College of Psychologists*

*APE Examination Handbook  
For Candidates and Examiners*

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## EXAMINATION FOR AUTHORIZED PRACTICE ENDORSEMENT (APE)

### **Purpose:**

Under the *Psychologists Act 1997* (Section 23), the communication of a diagnosis is a protected practice. The right to issue diagnoses is an endorsement awarded by the Saskatchewan College of Psychologists (SCP) to qualified applicants that is separate and distinct from the Full-Practice license endorsement. This endorsement is referred to as the Authorized Practice Endorsement (APE). A distinction is made during the oral examination process between the knowledge necessary to obtain the APE and the knowledge necessary to meet the general competency requirement for Full-Practice licensure. While the knowledge necessary for the APE is in part subsumed under the Mutual Recognition Agreement (MRA) competencies, an additional examination process is necessary for APE to reflect its distinct identity within the *Psychologist's Act 1997*. This process allows for a broader and more thorough examination of the knowledge, skills and abilities necessary to competently and independently diagnose in a general psychological practice.

The content area to be examined, therefore, is designed to assess the Candidate's ability to use assessment and evaluation to apply a diagnosis and to utilize relevant data to reach differential diagnoses. The Candidate should have a thorough understanding of classification systems. Individuals must be assessed to be competent to diagnose in general and not just within a particular area. The examination is geared to evaluate and establish **a minimum standard of competence** in the area of diagnostics.

### **Eligibility for Examination:**

- A Provisional-Practice member wishing to obtain the APE endorsement on their license can apply to sit the examination for the APE as part of their oral examination for Full-Practice licensure or apply for the endorsement following their admittance to the Full-Practice Register. In the latter case an examination is still necessary, although the procedure for examination may vary depending on the point they are at in their career path.
- Applicants for licensure with Saskatchewan College of Psychologists from other jurisdictions who have been recommended by their home jurisdiction as MRA compliant may not have to sit an oral examination for the APE. Determination of eligibility for APE will lie with the Registrar/Registration Committee.
- Non-MRA compliant applicants from other jurisdictions applying for licensure and wanting to be awarded the APE designation on their license will be treated as a new Candidate for APE.
- All applications for APE examination must be reviewed and endorsed by the Registration Committee as eligible to sit the examination.

### **Content Areas for the APE Examination:**

Consistent with the comprehensive portion of the SCP oral examination, the APE examination is MRA compliant. The examination while primarily focused on one's ability to diagnose, and one's understanding of diagnostics, will also require that the Candidate be prepared to discuss diagnostics within the context of the MRA competency categories. Thus one could reasonably argue that to competently diagnose a practitioner must be able to establish a good therapeutic relationship, be able to conduct an accurate assessment and evaluation, be able to draw on relevant research, be aware of ethics and standards of practice, be able to provide sound consultation/feedback, and to plan effective treatment plans based on the diagnoses arrived at.

The MRA Competency areas are as follows:

- **Interpersonal Relationships**
- **Assessment & Evaluation**
- **Intervention & Consultation**
- **Research**
- **Ethics, Standards & Law**

### **Examination Panel:**

Examination panels for Provisional Practice Candidates being examined for both the APE and the general competency portion of the oral examination will have **at least two members who have the APE endorsement. All panel members must have practiced as Full Practice members of SCP for a minimum of one year.** In addition, every attempt will be made to ensure that at least one member of the panel claims expertise in the Candidate's declared area of specialized practice. If it is not possible to find a panel member who shares the Candidate's declared area of practice competency, panel members will be chosen based on their prior knowledge, training and experience in the Candidate's declared areas. A candidate has the right to refuse a panel based on an inability to find panel members who share the Candidate's declared practice competency areas. However, it is important to note that if a panel is refused it may result in the Candidate's examination being delayed as a new panel is convened.

In the case of APE only examinations or re-sits of failed APE examinations **all panel members must have the APE and have practiced as Full Practice members of SCP for a minimum of one year.** Every attempt will be made to ensure that at least one member of the panel claims expertise in the Candidate's declared area of specialized practice. If it is not possible to find a panel member who shares the Candidate's declared area of practice competency, panel members will be chosen based on their prior knowledge, training and experience in the Candidate's declared areas. A candidate has the right to refuse a panel based on an inability to find panel members who share the Candidate's declared practice competency areas. However, it is important to note that if a panel is refused it may result in the Candidate's examination being delayed as a new panel is convened.

For MRA compliant applicants from another jurisdiction, their APE application and suitability will be reviewed by the Registration Committee for a decision. Examination for the APE may be required at the discretion of the Registration Committee.

**Candidate's Responsibilities Prior to Examination:**

1. Candidates will be asked to submit the following for the Panel's review prior to the examination (the deadline for the submission of the documentation will be established by the SCP office) :

- a. Professional Statement:** Five copies of a brief 1-3 page double-spaced, typewritten document outlining the Candidate's:
- professional training;
  - clinical experience;
  - current employment activities;
  - area(s) of specialization and any limitations to his/her scope of practice;
  - theoretical orientation that guides his/her professional work.

This document will serve as a basis for discussion and evaluation throughout the oral examination.

- b. Assessment Sample:** Five copies of an assessment report which includes the following information:
- Non-identifying Descriptive Information
  - Presenting Problem
  - Brief History
  - Assessment Procedure, Rationale & Results
  - Clinical Impressions and Case Formulation
  - Diagnosis
  - Recommendations and Next Steps
- c. Intervention Sample:** Five copies of a 5 to 8 page, double-spaced, typewritten document which provides a summary of one intervention that the Candidate has conducted in his/her clinical practice. The summary should include:
- Non-identifying Descriptive Information
  - Presenting Problem
  - Diagnosis
  - Brief History
  - Number & Nature of Sessions Including Rationale for Interventions Used
  - Outcome and Evaluation of Intervention

**Please note – Candidates who are being examined for the APE as part of their oral examination for Full-Practice licensure do not need to submit separate work samples and a separate professional statement for each of the comprehensive portion and APE portions of the examination.**

**The work samples should be chosen from work completed by the Candidate within the last six months prior to examination, and should reflect the best quality work of the Candidate. Samples must be cosigned by the supervisor.**

2. In preparation for the examination, Candidates should be **familiar** with the following:

**Diagnostics**

- DSM-IV - TR
- DSM-IV Made Easy, Morrison, 1995
- DSM-IV-TR Handbook of Differential Diagnosis, First et al., 2002
- Study Guide to DSM-IV, Fauman, 2002

**Oral Examination Committee Responsibilities Prior to Examination:**

- Establish a date and location for the examination.
- Establish examination panels based on the Candidate's claimed competencies.
- Pre-screen work samples submitted. Any concerns will be raised with the Candidates in writing via the Registrar. Any re-submitted or revised work will be screened by the Registrar or designate, and if necessary a request for further revision will be made.

**Panel Responsibilities Prior to Examination:**

**It is important to note that the APE examination should focus on the Candidate's understanding of the issues important in diagnostics, and not an examination of the Candidate's ability to memorize and feedback the diagnostic criteria of any specific disorder or of any given diagnostic classification manual.** The Candidate's capacity to gather accurate information from multiple sources, evaluate that information, consider and accurately rule out competing diagnoses, provide useful feedback/consultation, and plan effective intervention based on an accurate diagnoses etc, would seem of more utility and importance to the licensure process and the protection of the Public. A consideration for ethical practice is a theme that should be evident throughout the examination.

A Chair for each examination panel will be chosen by the Oral Examination Committee (OEC). The Chair will determine the format for the development of questions and will notify the panel members of their responsibilities with regard to question development. Prior to the scheduled examination, the Examination Panel will be expected to:

- a. Review the Candidate's professional statement and work samples prepare two vignettes, accompanying questions and expected answers, which will permit the Candidate to demonstrate their competence in diagnostics (Appendix A). One vignette should be written with the Candidate's intended area(s) of practice in mind, but does not have to be limited to problem areas that the Candidate has had experience with.
- b. Prepare questions pertaining to the APE within the context of the MRA Competencies (Appendix B).

- c. Copies of the questions to be asked, without the accompanying answer guide, should be made available for the candidate during the examination. If the questions are provided to the candidate during the examination, they should be retrieved at the end by the panel.
- d. Each member of the Examination Panel will be required to meet, in person, with all other members of the panel 30 minutes prior to the scheduled examination to review work sample questions/answers, vignette questions/answers, and the standardized ethics questions.
- e. Panel members must be in agreement regarding what constitutes an “Acceptable” versus “Marginal” versus “Unacceptable” response for each question prior to the examination.

**Examination Process:**

Panel members should allow for 30 minutes both prior to and following the examination for discussion.

The APE examination process is expected to take no more than 60 minutes (\*\* **please note that it is at the discretion of the Chair of the Panel to extend the examination if deemed necessary**). Panel members should attempt to follow the pace and sequence of topics proposed below in order to ensure Candidates do not receive differential treatment.

Summary Schedule for Examination	
Panel Meets and Organizes	30
Panel Greets Candidate Reviews Examination Process Begins Audio/videotape Review Professional Statement	10
Questions on Work Samples	25
Questions Related to the Vignettes	25**
Panel Discussion and Recommendation	30

- 1) At the discretion of the Chair, the Candidate may be allowed to take a short break during the examination to use the washroom, get a drink of water, etc.
- 2) Candidates are not allowed to bring any materials to the examination. Any materials needed (i.e., written vignettes, copies of work samples) should be provided during the examination. All written material should be collected from the Candidate at the end of the examination.

- 3) In order to control for bias, the use of prompts and/or follow-up questions should be limited during the examination.
- 4) Candidate's questions during the examination should be limited to ensure that responses are indicative of the Candidate's current level of competence and to prevent Candidates from using information obtained in questioning to formulate a response.
- 5) Panel members should take turns asking questions in a sequence determined during the meeting prior to the examination.
- 6) Panel members should be very familiar with the rating system. After each question, examiners should independently evaluate the Candidate's demonstrated competency in APE and the standardized APE questions. The Candidate's overall response in each question set should be rated as either:
  - 3 = Acceptable Response/ Meets level expected for independent practice
  - 2 = Marginal Response/ Somewhat below level expected for independent practice
  - 1 = Unacceptable Response/Much below level expected for independent practice

**Evaluation of the Candidate:**

Each panel member will be responsible for independently rating the Candidate's performance during the examination (Appendix C). At the end of the examination, the Candidate's performance in the area of APE will be discussed and reviewed by the entire panel. The panel is expected to arrive at a consensus rating (Appendix D). Any ratings of "Marginal" and "Unacceptable" assigned to responses to question sets during the examination should be carefully reviewed.

When Candidates produce an unacceptable response to any question set, a decision must be made if the unacceptable response is such that it should ultimately result in a failure. For example, although a Candidate may produce an acceptable response in terms of a diagnosis, if they use unethical practices to come to that conclusion this would be unacceptable (e.g., seeks information through sources not consented to by the client/guardian) it may be given greater weight.

When there is a lack of unanimity, a maximum of 30 minutes will be allowed for reaching a consensus, failing which, a decision will be made by a majority vote.

The Chair of the panel records the final consensus ratings within each question set on an evaluation form to be submitted to the Saskatchewan College of Psychologists.

- A **PASS** is given if a Candidate receives a consensus rating of "Acceptable" (i.e., a score of 2-3) in all of the question sets (assessment questions, intervention questions, vignettes)
- A **FAIL** is given when an examination panel gives a consensus rating of "unacceptable" (i.e., a score of 1) in one or more of the question sets.

- APE is given if the Candidate passes the examination, and receives a consensus rating of “acceptable”.

**Note in the case of Provisional Practice candidates taking both the comprehensive and APE portions of the examination, that they can pass the competencies and receive a Full Practice license, but not obtain the APE, meaning they can not communicate a diagnosis.**

The Chair of the examination panel informs the Candidate of the results of the examination immediately following panel deliberation. It must be made clear to the Candidate that the result must be endorsed by the Registration Committee, and they must wait to receive written confirmation of the result before they may make any title changes or diagnose without the co-signature of a supervisor. Permission should/may be sought from the Candidate to share any concerns arising from the examination process with the Candidate’s supervisor.

The results of the examination along with any comments relevant to the decision-making process and/or the ultimate consensus score reached must be recorded and submitted to the College. In addition, a copy of the specific questions asked of the Candidate and the audio or videotaped recording of the examination must be forwarded to the College following the examination.

**Failures:**

- As of July 15, 2006 APE failures receive an automatic review by a review panel of 3 members established by the Registration Committee of the SCP. The review panel may uphold the recommended failure, overturn the failure, or set aside the failure in favor of a re-examination.
- Applicants who fail the APE examination will have two further opportunities to be examined. The first re-examination cannot be prior to the passage of 6 months time.
- When the candidate wishes to be re-examined for APE they must notify the College in writing, and must have a statement of support from their supervisor in APE attesting to their readiness for examination.
- Following two unsuccessful re-examinations for APE, a candidate cannot reapply for the APE for a period of three years. After that time the candidate can reapply but must resubmit all information as if it is a new application.
- A failed result can be appealed to Council and requires a written statement of why the result was not valid. Council as a matter of policy gives only one hearing to each issue.
- Procedures to be followed are available from the Saskatchewan College of Psychologists. Panel members should be familiar with this policy prior to the oral examination.

## **APPENDIX A: GUIDELINES FOR PREPARING A CLINICAL VIGNETTE**

The Examination Panel is asked to prepare **two** clinical vignettes and related questions to assess APE competence within the context of the MRA competencies.

The following guidelines are based on information published by the Association of State and Provincial Psychology Boards (ASPPB) and related research on improving the validity and reliability of the interview process presented in *Oral Interview: Review and Recommendations* prepared for the Saskatchewan College of Psychologists by Joanne Shymkiw.

- Questions/vignettes should be written with the **minimally competent** practitioner in mind.
- Questions should include scenarios/dilemmas encountered by the “typical” practitioner and be within the Examinee’s area of intended practice.
- Vignettes should not prompt the Candidate to express personal opinions and/or address controversial issues.
- Vignettes should not introduce extraneous distracting information.
- Questions should elicit a description of a “process” rather than textbook responses.
- A vignette should include:
  - 1) name(s) of the client(s)
  - 2) demographic information (e.g., age, sex, occupation, education, marital status, family configuration)
  - 3) referral source
  - 4) presenting problem(s) -descriptive features of the client’s presenting problem should be sufficient for a novice practitioner to form and impression of the problem and/or differentially diagnose (e.g., depression, anxiety, adjustment disorders, etc.)
  - 5) relevant history (e.g., social, developmental, medical, family, career, educational)
  - 6) relationships with significant others;
  - 7) details about a clinical issue, crisis, legal or ethical issue can be added once the Candidate has established an understanding of the basic details of the scenario
- The writing style should be consistent for all questions including:
  - 1) standard grammar: (e.g., “Dr. Lang states”, as opposed to “Dr Lang tells you”)
  - 2) third person descriptions of clients: (e.g., “John, a 35-year old First Nations male, is self-referred” rather than “John, a 35-year old First Nations man comes to see you”)
  - 3) nouns, languages and nationalities should be capitalized: (e.g., Attention Deficit Disorder, Romanian, Mental Health Clinic).
  - 4) consistent use of numbers: (e.g., “A 40 year old Caucasian female...”, “The couple has two children: Colin, age 2, Steven, age 5...”)
  - 5) limited use of abbreviations: (e.g., ADD, HIV positive)
  - 6) limited use of specific terms and concepts: (e.g., “Department of Community Resources and Employment” rather than DCRE)

Sample Vignette:

*Deborah is a 34-year old woman who self-referred for counseling/therapy. Deborah was divorced three years ago and has custody of her two children, a girl (age 8), and a boy (age 6). She came in because she has been having difficulty sleeping, feels exhausted, and is unable to control feelings of sadness and tearfulness. She reported that last week she burst into tears when her supervisor at work criticized her for misplacing a message. She has not worked since this episode. She has been short-tempered with her children and fears that she may be hurting them with her anger. Deborah feels that her life is miserable and empty. She cannot remember the last time she had fun. She reported feeling embarrassed about the incident at work, and that her children are a burden. She also reported she feels like running away.*

**APPENDIX B: GUIDELINES FOR CONSTRUCTING AN “ACCEPTABLE” RESPONSE**

Responses to questions are evaluated using the following categories (i.e., Acceptable, Marginal, and Unacceptable). As previously indicated, all Examiners are expected to construct a response to each question representative of a **minimally competent** Candidate. Ideas for what is expected of acceptable, marginal and unacceptable responses in the area of APE are as follows:

*Acceptable*

- Clearly, concisely, and comprehensively develops and articulates possible diagnoses
- Demonstrates comprehensive knowledge of diagnostic systems and criteria
- Presents an understanding of biological, psychological, social, and cultural factors when providing a diagnosis
- Clearly integrates a variety of relevant data in reaching empirically based and theoretically consistent differential diagnoses
- Supports and/or rules out one or more diagnoses by integrating data from multiple sources with other information into a coherent whole, e.g., genetic factors, physical symptoms, demographic distribution, and comorbidity
- Provides a theoretical base that incorporates information, e.g., clinical, medical, social, educational, familial, etc., to support the diagnoses and rule out alternative diagnoses
- Some integration of human diversity factors into diagnoses, if appropriate.

*Marginal*

- Fails to describe rationale for inclusion and exclusion of possible diagnoses
- Questionable ability to identify presenting problems
- Little or no integration of human diversity factors in developing diagnoses
- Overlooks factors in diagnosis
- Recognizes potential for misdiagnosis by relying on current diagnostic trends but does not clearly relate this to the case
- Presents diagnostic options but does not clearly relate them to the case
- States how diagnosis can be supported by symptomatology but incompletely incorporates relevant data
- Demonstrates questionable ability to identify or overlooks key presenting problems
- Deals with relevant theoretical framework in a questionable manner

*Unacceptable*

- Diagnostic skills inadequate to lead to differential diagnoses
- Is not familiar with diagnostic categories or primary diagnostic criteria
- Shows limited ability to rule out competing diagnoses
- Considers only a single diagnostic possibility when others are clearly relevant
- Identifies probable diagnoses without linking to supporting data
- Failure to consider human diversity factors, when appropriate
- Focuses on irrelevant data
- Demonstrates skills which are inadequate to lead to differential diagnoses
- Misdiagnoses based on a misinterpretation of DSM-IV multiaxial classification system

- Fails to notice or evaluate psychological problems
- Fails to focus on the key presenting symptoms or issues
- Fails to make differential diagnoses or note possibilities
- Diagnoses psychological symptoms without considering potential medical explanations
- Diagnoses inconsistent with available data or seriously misdiagnoses the problem(s)
- Prejudges the case
- Presents a significant danger to client in terms of erroneous diagnosis
- Stereotypical prejudicial use of human diversity factors in making diagnoses

**APPENDIX C: ORAL EXAMINER’S SCORING SHEET – WORK SAMPLES AND CLINICAL VIGNETTE(S)**

**Candidate Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Examiner Name:** \_\_\_\_\_

*Based on the questions the panel has identified regarding the APE within each core competency area, consider whether the Candidate’s responses demonstrate an acceptable, marginal or unacceptable level of knowledge.*

*The Candidate’s overall responses within each question set should be rated according to the following scale:*

- (3) Acceptable/ Meets level expected for independent practice
- (2) Marginal /Some what below level expected for independent practice
- (1) Unacceptable /Much below level expected for independent practice
- (NA) Not Applicable

SCORES				Examiner Notes
Assessment Sample	Intervention Sample	Clinical Vignette 1	Clinical Vignette 2	

