



Saskatchewan College of Psychologists

*APE-Only Oral Examination Interview
Handbook
For Candidates and Examiners*

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Authorized Practice Endorsement (APE)
Oral Examination Interview

Purpose of the APE-Only Oral Examination Interview (APE-Only Examination):

Under the ***Psychologists Act 1997*** (Section 23), the communication of a diagnosis is a protected practice. The right to convey 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 upon which the oral examination is based, an additional examination process is necessary for the 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 the APE-Only Oral Examination Interview:

- A Provisional Practice member wishing to obtain the APE endorsement on their license can apply to the Registration Committee of the SCP 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 SCP from other jurisdictions who apply under the federal/provincial Agreement on Internal Trade (AIT) and have been recommended by their home jurisdiction as meeting the requirements for diagnostic competence may not be required to sit an oral examination for the APE. Determination of eligibility for APE will lie with the Registrar/Registration Committee. Non-AIT 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 and therefore must meet the qualification standards

outlined within the legislation (Section 23) and bylaws (Section 12), must make application and be approved as eligible, and must take the APE examination.

- All applications for APE examination must be reviewed and endorsed by the Registration Committee as eligible to sit the APE examination.

Content Areas for the APE-Only Oral Examination Interview:

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**

APE-Only Oral Examination Interview Panel:

All APE-Examination panel members 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 on their license. 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/intended area(s) of practice competency. 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. 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 the examinations where only diagnostic competence is to be assessed **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(s) of declared practice competency. 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.

Applicants from other jurisdictions who do not qualify for licensure under the AIT, must meet the qualification standards outlined within the legislation (Section 23) and bylaws (Section 12), must make application and be approved as eligible, and must take the APE examination.

Candidate's Responsibilities Prior to the APE-Only Oral Examination Interview:

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:** An electronic version 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:** An electronic version (signed by the supervisor and supervisee) of an assessment report which includes the following information:

- Non-identifying Demographic Information
- Presenting Problem
- Brief History
- Relevant Historical Information (e.g. developmental, medical, social, familial, mental health, cultural)
- Observations
- Other Sources of Information
- Assessment Procedure, Rationale & Results
- Clinical Impressions and Case Formulation
- Diagnosis (including a brief discussion of the assessment /diagnostic process engaged in to establish the diagnosis)
- Statement of Informed Consent

- Recommendations and Next Steps
 - Candidates are asked to add an Appendix to their reports which clearly outlines the raw scores and derived scores (i.e. scaled scores, percentiles, index scores etc.) for the psychometric measures referenced within the work sample report. The addition of the Appendix is for the purpose of the oral examination interview only and not for distribution with the report to the client/parents/stakeholders etc.
- c. Intervention Sample:** An electronic version (signed by the supervisor and supervisee), double-spaced, typewritten document which provides a summary of one intervention that the Candidate has conducted in his/her practice. The summary should include:
- Non-identifying Demographic Information
 - Presenting Problem
 - Diagnosis (including a brief discussion of the assessment /diagnostic process engaged in to establish the diagnosis)
 - Brief History
 - Observations
 - Other Sources of Information
 - Number & Nature of Sessions Including Rationale for Interventions Used
 - Statement of Informed Consent
 - Outcome and Evaluation of Intervention
 - Candidates are asked to add an Appendix to their reports which clearly outlines the raw scores and derived scores (i.e. scaled scores, percentiles, index scores etc.) for the psychometric measures referenced within the work sample report. The addition of the Appendix is for the purpose of the oral examination interview only and not for distribution with the report to the client/parents/stakeholders etc.

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. However, case samples must contain diagnoses that the Candidate has established.

The work samples should be chosen from work completed by the Candidate, must be current to within the 6 months prior to the submission deadline for oral examination samples, should reflect the best quality work of the Candidate, and should be for two separate clients/cases.

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

Diagnostics

- DSM-5
- ICD 10 classification system
- Other relevant diagnostic classification systems
- The differential diagnostic process
- The research supporting the diagnoses established in the samples

Oral Examination Committee (OEC) Responsibilities Prior to Examination:

- Establish a date and location for the examination.
- Establish examination panels based on the Candidate's claimed competencies.

** pre-screening of work samples by the OEC or the SCP office for sufficiency will not occur.

APE-Only Oral Examination 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 feed back the diagnostic criteria for any specific disorder or of any given diagnostic classification manual. The Candidate's capacity to gather accurate information from multiple sources, evaluate and synthesize that information, consider and accurately rule out competing diagnoses, provide useful feedback /consultation, and plan an effective intervention based on an accurate diagnosis etc. is of more 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 APE-Only Oral Examination Interview Panel (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, 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. 30 minutes prior to the APE examination, the panel will meet in person 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 “Above the Minimum”, “Meets the Minimum” and an “Unacceptable” response for each question prior to the examination.

APE-Only Oral Examination Interview Process:

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

The APE-Only examination process is generally expected to take 60 minutes; however, the time may be extended at the discretion of the panel. 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 the Oral Examination Interview	
Panel Meets and Organizes	30 min
Panel Greets Candidate Reviews Examination Process Begins Audio/videotape Review Professional Statement	10 min
Questions on Work Samples	25 min
Questions Related to the Vignettes	25 min
Panel Discussion and Recommendation	30 min

- 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 questions, 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 = Above the minimum standard expected for independent practice
 - 2 = Meets the minimum standard expected for independent practice
 - 1 = Unacceptable - Much below level expected for independent practice

Evaluation of the Candidate:

Each panel member will be responsible for 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 panel. The panel is expected to arrive at a consensus rating (Appendix D). Any ratings of "Meets the Minimum" 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 Above the Minimum Standard 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, approximately 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 consensus ratings within each MRA competency area or the majority vote in the case of a lack of consensus 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 “Above the Minimum” or “Meets the Minimum” (i.e., a score of 2-3 respectively) 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 “Above the Minimum” or at least “Meets the Minimum” in all MRA competency areas.

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. In the case of all failures of the APE portion of the examination, without the APE one cannot communicate a diagnosis without the direct supervision and co-signature of a Full Practice member of the College who shares the same practice competencies and has the APE on their license.

The Chair of the panel informs the Candidate of the results of the examination following the establishment of a decision by the panel as to the examination outcome. **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.**

Feedback will be provided to the Candidate’s supervisor(s) regarding concerns arising from the APE examination interview process. The results of the APE 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 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.
- Candidates 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.
- After the third failed result the candidate can file an appeal with the Executive Council based on a denial of the APE as opposed to the unsuccessful third oral examination interview result. Thus, the appeal would have to persuade the Executive Council that the APE should have been granted in spite of the unsuccessful oral examination interview results.

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 “Above the Minimum Standard” Response

Responses to questions are evaluated using the following categories (i.e., Above Minimum Standard, Meets Minimum Standard, 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 above minimum standard, meets minimum and unacceptable responses in the area of APE are as follows:

Above the Minimum Standard

- 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.

Meets the Minimum Standard

- 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 multi-axial 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 a diagnostic competence Above the Minimum Standard, Meets the Minimum Standard or is at Unacceptable level.

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

- 3 = Above the minimum standard expected for independent practice
- 2 = Meets the minimum standard 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	

Appendix D: Oral Examination Panel Consensus Evaluation

Candidate Name: _____ **Date:** _____

Record the Consensus scores on this evaluation sheet and record comments relevant to the decision-making process/and or the ultimate consensus score reached. This Form must be submitted to the Saskatchewan College of Psychologists.

Rate the Candidate within each area as:

- 3 = Above the minimum standard expected for independent practice
- 2 = Meets the minimum standard expected for independent practice
- 1 = Unacceptable - Much below level expected for independent practice
- (NA) Not Applicable

<i>Question Set</i>	<i>Consensus Score</i>	<i>Comments:</i>
<i>Assessment Sample</i>		
<i>Intervention Sample</i>		
<i>Clinical Vignette #1</i>		
<i>Clinical Vignette #2</i>		
<i>Overall Consensus Score</i>		

Candidate (circle decision):

- Passes APE
- Fails ___1st ___2nd ___3rd

Examining Panel:	
Chair:	_____
Print Name	Signature
Member:	_____
Print Name	Signature
Member:	_____
Print Name	Signature