

LEEDS DCLINPSYCH CLINICAL NEUROPSYCHOLOGY COMPETENCIES

Navigation bar with the following elements:

- Icons: Menu, PebblePad, Home, Refresh
- Buttons: Save, Preview, I want to...
- Dropdown menu: Contents, Introduction and Guidance, About You, Log of placement experience, Competencies, Log of Neuropsychology, Supervisor sign-off



Log of Neuropsychology Assessment

NEUROPSYCHOLOGY COMPETENCES

1. PRE-ASSESSMENT

To demonstrate the ability to plan appropriate neuropsychological assessment with a range of clients. To include in this:

Consideration of the rationale for assessment, based on the context and presentation

Informed consent to proceed with testing (written or verbal) obtained and documented

Gathers information, including clinical interview(s) to gather history, behavioural observations, and review of records

Generate initial hypothesis/preliminary formulation for the presenting difficulties

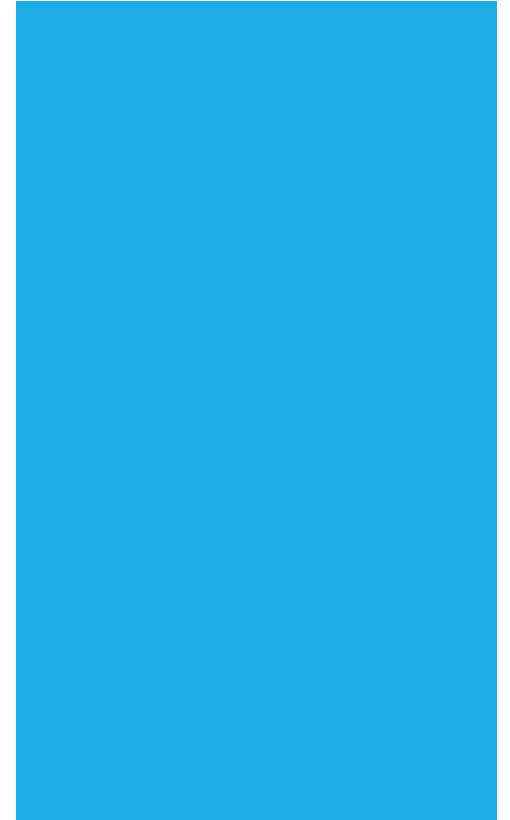
Identify the factors which may impact on the administration of testing (physical or sensory impairment, cultural factors)

2 SELECTION OF TESTS

An ability to draw on knowledge of assessment procedures to select those relevant to the assessment question

The ability to draw on knowledge of psychometric theory to select appropriate testing strategy, including instances where testing would not be appropriate

An ability to select and/or adapt tests in order to match them to the needs of clients with sensory difficulties or physical limitations



3 TEST ADMINISTRATION

An ability to provide a testing environment which promotes optimal performance from the client throughout the session including:

- Using appropriate language
- Supportive/friendly manner
- Reduce distraction
- Encouragement for participation (without disclosing performance levels)

Knowledge of the importance of performance validity in assessment and of methods to assess this.



4 TEST ADMINISTRATION

An ability to adhere to standardised testing structure and protocol, as described in the relevant manual: implementing any variations in “rules” in line with the procedures specified in the manual (e.g. the criteria for discontinuing a test, or for prompting the client)

- recording responses accurately
- following scoring procedures including applying the criteria for scoring to the responses made by the client in order that results remain relevant to norms and standardisation

An ability to identify where a client being assessed differs from the samples on which standardisation is based, and to interpret and report their results in relation to this limitation

Where it is not possible to follow the standardised testing procedure (e.g., because the client is uncooperative, or has profound/specific difficulties), an ability to adapt testing (and to record the adaptations that have been made):

An ability to recognise that while adapting tests has practical value (in terms of identifying the client’s strengths and weaknesses) the resulting scores will not be psychometrically sound

5 INTERPRETATION

Demonstrates ability to interpret assessment results, with formation of an integrated conceptualisation that draws from all relevant information sources (e.g., interview, test results, behavioural observations, and records), understanding the range of factors that could affect performance on neuropsychological tests.

Demonstrates understanding of how cultural, linguistic, disability, and other demographic/socioeconomic factors affect the process and outcomes of neuropsychological assessments and the application of normative data and interpretations in specific populations, test selection, normative data, and treatment planning

Demonstrate knowledge of the factors (including base rates) that affect interpretation of low test scores

6 REPORT WRITING/FEEDBACK

Ability to report on the assessment

Demonstrates good written communication skills through the ability to write adequate neuropsychological assessment reports for a range of audiences.

Demonstrates ability to communicate clearly and effectively, explaining neuropsychological concepts and interpretations and provide feedback, as relevant to the assessment context, to patients, families, caregivers or other professionals in a sensitive manner adapting style of communication to the needs of the specific audience.

CLINICAL NEUROPSYCHOLOGY ON LEEDS DCLINPSYCH - PLACEMENTS

Neuropsychological assessment requirement: To carry out, score, interpret and report at least cognitive assessment the course of training.

Ideally, you would get experience of assessment with both adults and children.

As a minimum, this should include at least one experience of administering WAIS or WISC and a selection of other assessments to assess other cognitive domains.

- ***Use WAIS-IV assessment and scoring competency framework under observation***
- ***Use WISC-V assessment and scoring competency framework under observation***

To pass the assignment all assessment criteria must be met at least at an adequate level.

Assessment criteria	Level of performance		
	Excellent/ good	Adequate	Not met
	STUDENT DEMONSTRATES BASIC COMPETENCY		STUDENT NOT COMPETENT
Test administration			
Follows test manual administration and instruction	All instructions in manual followed.	Occasional errors in testing but not sufficient to reduce the validity of the test	Significant errors in test administration which make this administration invalid
Organisation and familiarity with materials	Student is well organised during the testing and displays proficiency and confidence in handling test materials, application of discontinue rules, prompts etc. and manages use of record sheet smoothly	Student is moderately organised, shows some signs of hesitation or uncertainty in handling materials and administering items but this does not reduce the validity of the test	Student not appropriately prepared for administration of the test. Student is disorganised, confused or fails to respond appropriately to errors or misunderstandings made by 'client', or fails to seek additional information when required. Likely to make the administration invalid
Appropriate interpersonal interaction during testing	'Client' set at ease, manages a good pace in the assessment, speaks clearly, is pleasant and encouraging without violating administration rules	Student shows some nervousness in the interaction, make need to adjust the pace or volume of their speech a little or may make	Inappropriate feedback to 'client' about progress, speaks unclearly, (mumbles, too loud, too soft, too fast), shows own discomfort in situation. Likely to make the administration invalid

PSYCHOMETRICS ASSESSMENT

Observed administration of a WAIS-IV or WISC-IV on placement at some time over your three years.

1. Block Design

	Satisfactory/ correct	Unsatisfactory/ incorrect	Comments
From video			
1.Introduce blocks			
2.Demonstration item			
3.Lay-out of blocks			
4.Administration of Trial 2 (if necessary)			
5.Scrambling blocks between trials			
6.Timing			
7.Reverse rule (if necessary)			
8.Discontinuation rule			
From protocol			
9.Record completion time			

HELPFUL RESOURCES — AUDIT STANDARDS KING ET AL 2022

Tick list of audit standards (with source references) (King et al, 2022)

<u>1a. PROCESS STANDARDS (CORE)</u>	Yes	No
1. An initial clinical interview was completed <small>(Strauss, Sherman & Spreen, 2006; Lezak, Howieson & Loring, 2012; Watt & Crowe, 2018)</small>		
2. The purpose of the assessment and what to expect in the testing session was discussed with the patient, and documented <small>(Strauss et al, 2006; Board of Directors (AACN) 2007; NHS, England, 2017; British Psychological Society (BPS), 2019a)</small>		
3. Informed consent to proceed with testing (written or verbal) was obtained and documented, or where capacity to consent was lacking, a Best Interests decision was documented <small>(Mental Capacity Act, 2005; Strauss et al, 2006; Board of Directors (AACN), 2007); BPS, 2017, 2018)</small>		
4. Checks were made with the patient about usual visual/hearing aids, that they were used/worn used during the assessment OR commenting on potential effects of their absence <small>(Strauss et al, 2006; Lezak et al, 2012)</small>		
5. Testing was completed by appropriately qualified professionals and under appropriate clinical supervision in accordance with relevant guidance (in the UK, the BPS requires GBC (Graduate Basis for Chartered membership), and states 1-hour supervision per week for a full-time assistant psychologist) <small>(International Test Commission, 2001; Board of Directors (AACN), 2007; American Psych Assoc (APA), 2014; BPS, 2017a)</small>		
6. A face-to-face (or video-call) feedback session was		

NEUROPSYCHOLOGY LEARNING LOG

From this year (Year 1) be expected to submit a learning log of neuropsychology experiences over the course.

Knowledge of neuropsychology and its applications is relevant to all areas of clinical work where people might be showing some change in cognitive function

Therefore, a working knowledge of neuropsychology and the assessment and intervention for cognitive impairment may be necessary for deliver of competent clinical service even those who do not consider themselves neuropsychologists

Consideration of this may be facilitated by conversations with placement supervisors around relevant experiences.

Trainees will need to include some reflection of this in your learning log





DISCUSSION

Any concerns about how this would work on your placement?

What would be helpful in supporting this?

Any other ideas to increase knowledge and awareness of psychological issues?