

MEETING MINUTES

Examination Program Review Committee May 4, 2009

Wyndham San Jose Hotel
1350 North First Street
San Jose CA 95112

Committee Members Present:

Elise Froistad, MFT Member, Chair
Joan Walmsley, LCSW Member

Staff Present:

Paul Riches, Executive Officer
Kim Madsen, Assistant Executive Officer
Paula Gershon, Program Manager
Sandra Wright, Examination Analyst

Committee Members Absent:

None

Guest List:

Dr. Tracy Montez , Applied Measurement Services, LLC
Guest list on file

Elise Froistad, Committee Chair, called the meeting to order at approximately 9:04 a.m. Kim Madsen called roll, and a quorum was established.

I. **Introductions**

Introductions took place after the presentation of item IV. Audience members, Board staff, and the Committee introduced themselves.

II. **Purpose of the Committee**

Ms. Froistad referred to the Purpose of the Committee provided in the meeting materials.

III. **Review and Approval of Meeting Minutes**

December 8, 2008 Minutes

Joan Walmsley moved to approve the December 8, 2008 meeting minutes. Elise Froistad seconded. The Committee voted unanimously to approve the minutes.

February 2, 2009 Minutes

Joan Walmsley moved to approve the February 2, 2009 meeting minutes. Elise Froistad seconded. The Committee voted unanimously to approve the minutes.

March 23, 2009 Meeting Update

Mr. Riches noted that Kim Madsen should be stricken from “Staff Present” on page one.

Joan Walmsley moved to approve the March 23, 2009 meeting update as amended. Elise Froistad seconded. The Committee voted unanimously to approve the meeting update.

V. Presentation of Item Review by Dr. Tracy Montez

Ms. Froistad took item V out of order to allow the presenter of item IV time to arrive.

Dr. Montez focused on examination development for the clinical vignette exam. She began by explaining that the clinical vignette exam “describes clinical cases reflective of the types of clients and presenting problems consistent with entry-level practice. Clinical vignettes provide candidates with the opportunity to demonstrate their ability to integrate and apply professional knowledge and clinical skills.”

Dr. Montez provided a description of the clinical vignette items, stating that “all of the scoreable items in the Written Clinical Vignette examination have been written and reviewed by practitioners, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, and have been evaluated to ensure statistical performance standards are met.”

The purpose of the clinical vignette is to “provide opportunity for candidates to demonstrate ability to: 1) Integrate details of a clinical case to formulate a diagnostic impression, prioritize issues, and develop a treatment plan; and 2) Describe strategies and a course of action for addressing issues associated with case management, and ethical, legal, and diversity concerns.” The clinical vignette also provides opportunity for the Board to “evaluate the candidate’s higher-order thinking skills.”

The format of clinical vignettes contains 5 main principles: 1) Case presentation with five to six multiple choice questions; 2) Complexity of the presenting problem is consistent with minimum competence; 3) Overall presentation of clinical situations and issues consistent with mainstream practice; 4) Fits constraints of written examination; and 5) Permits formulation of key and three distracters.”

Dr. Montez provided examples of topics that Subject Matter Experts (SME) should think about when creating clinical vignettes: clients, referral source, presenting problem, contributing factors, diversity, ethical issues, and legal issues.

When conceptualizing the item, the SME: 1) Uses “Questions for Clinical Vignette Items” handout to derive the “stem” (questions portion) of the item; (2) Determines if the concept has one correct answer and enough material to develop three distracters; 3) Develops option responses using information in case presentation; 4) Develops key, or correct, responses; 4) Develops distracters, or incorrect responses; and 5) Uses Item Options factoring Examples handout to factor parts in the distracters.

Dr. Montez provided an overview of the process for reviewing clinical vignette, which includes steps in reviewing clinical case scenario and reviewing each content area question.

Dr. Montez will talk about exam construction and passing score at the next Committee meeting.

Ms. Froistad asked if the clinical vignette is more difficult for the SMEs to construct than the written exam. Dr. Montez responded that in her experience the clinical vignette is more difficult, and there is a struggle.

IV. Presentation of Marital and Family Therapy National Examination by Lois Paff-Bergen, Executive Director Association of Marital and Family Therapy Regulatory Boards

Lois Paff-Bergen from the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) explained that the AMFTRB is a body of the states that regulate marriage and family therapists. Although California is a member of AMFTRB, it is the only state that does not use the examination that AMFTRB produces. Ms. Paff-Bergen gave an overview of AMFTRB's history. In 1989, the first national exam was developed.

The AMFTRB completed its last role delineation study in 2004-2005. As part of this process, AMFTRB established the practice domains. There are five practice domains, or test specifications, on which the exams are constructed: 1) The practice of marital and family therapy (22.5%, 45 items); 2) Assessing, hypothesizing, and diagnosing (22.5%, 45 items); 3) Designing and conducting treatment (32.5%, 65 items); 4) Evaluating ongoing process and terminating treatment (7.5%, 15 items); and 5) Maintaining ethical, legal, and professional standards (15%, 30 items). Each domain has a task statement and pertinent knowledge statements.

AMFTRB looked at how the models have changed. Over the history of marriage and family therapy development, there were many schools with specific models. In 2005, AMFTRB listed the models and theories that were most used among practitioners. In that survey, AMFTRB included both Canadian and U.S. marriage and family therapists.

California content experts have been incorporated in item writing. California practitioners have been incorporated in surveys that have been conducted by AMFTRB. It is important for AMFTRB to include people representative of California because marriage and family therapists are very well known in California and represent a great number compared to all of the marriage and family therapists in the country.

Some states accept the California exam as equivalent, some states do not. California does not accept the national exam as equivalent to the California exam. Portability issues have come up over the years. At the moment, there is no clear answer to those concerns.

AMFTRB holds one exam development workshop each year. Ten to fifteen item writers submit 20 items prior to the workshop. AMFTRB maintains a bank of items at all times and conducts workshops to maintain and review the items. AMFTRB will be holding a meeting to address issues and trends regarding the passing score.

AMFTRB does not conduct oral exams. Several states conduct their own oral exams.

There are three forms of the exam each year, and they are administered in three windows. The test is administered in a 4 hour block, and there are 200 items on the exam.

Mr. Riches asked if AMFTRB's scenario-based questions are similar to the Board's clinical vignette. Ms. Paff-Bergen responded that they are very similar, and the items are very

difficult to write. It is difficult to write five items that don't hinge on each other or cue each other. The scenario-based questions are spread out through the course of the exam.

Mr. Riches asked in what proportion is AMFTRB using the scenario-based item versus traditional, multiple choice questions. Ms. Paff-Bergen responded that the scenario-based items are multiple choice items, and the proportion is about 50%. A single-response item can still be based on a scenario. There may be multiple items from one scenario. Mr. Riches asked about the candidates' responses to those items. Ms. Paff-Bergen responded that the candidates are discriminating well; the rate of difficulty varies throughout the exam. The goal is to put more case material in each domain.

Mr. Riches asked if AMFTRB pre-tests items. Ms. Paff-Bergen responded that they do not. AMFTRB's Exam Construction Committee is discussing whether items should be pre-tested. Item analyses are performed and statistics exist on the 200 items used on the exam.

Mr. Riches asked how AMFTRB's practice exam is developed. Ms. Paff-Bergen explained that retired items that had good statistics are put in their practice exam. There are two practice exams with 100 items on AMFTRB's website. No pass/fail results are provided. The cost is \$60 and the practice test is not time-limited. The practice test can be taken by anyone.

VI. Group Participation – Discussion of Item Review

Some sample items were provided to the group to identify strengths and weaknesses and alternate formats. The group discussed the items.

VII. Discussion of Concerns Relating to all Standard Written and Clinical Vignette Examinations

a. Legal Questions – Do candidates need additional information or background in the question for clarity?

Dr. Montez responded that the exam item should have enough information in the stem to be able to answer the question and to determine if it is a legal or ethical question.

b. Crossover Questions – Do some questions appear to cross over between categories such as law and ethics?

Dr. Montez responded that sometimes a subject matter expert will use an ethical question with an ethical key; they will use legal distracters and vice versa. At first glance it may appear confusing, but with enough information in the stem of the question, a competent person should be able to distinguish between the ethical response and the legal response.

c. How is new science integrated into the exam?

Dr. Montez responded that new science can be integrated into the exam, if the subject matter experts can link it to the tasks and knowledge statement. Can they develop enough material for that question? Can they agree that it is mainstream? Is it considered something that an entry level candidate is expected to know?

d. Does the Clinical Vignette appear to test logical thinking as opposed to clinical skills?

Dr. Montez explained that the intent of the Clinical Vignette is to measure clinical skills, not logic or comprehension skills. Existing statistics reflect that candidates are struggling; this is one of the reasons the current exam program is being reviewed.

e. Does the Clinical Vignette measure reading and comprehension skills rather than the cognitive skill set?

This question was answered in the previous question, item VII. D.

VIII. Future Meeting Dates

The next Committee meeting is scheduled on June 29, 2009 in the Long Beach area or La Mirada area.

IX. Suggestions for Future Agenda Items

There were no suggestions for future agenda items.

X. Public Comments for Items Not on the Agenda

There were no public comments.