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Development of a Script Concordance Test for Behavioral Health

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DEVELOPMENT OF A SCRIPT CONCORDANCE TEST FOR BEHAVIORAL HEALTH
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BACKGROUND
Development of clinical reasoning is a crucial competency for clinical psychology interns to develop during their internship year. Understanding the clinical reasoning of interns will pave the way for considering innovative learning practices to facilitate the development of clinical reasoning skills. One approach to assessing clinical reasoning is the Script Concordance Test. A Script Concordance introduces ambiguous and realistic clinical vignettes and individuals are asked to make clinical decisions. There is a gap in research looking at both the development and use of Script Concordance Tests in the field of clinical psychology.

THEORETICAL MODEL
Script theory suggests that as providers move from trainee to expert over the course of their professional careers, they develop and utilize various “scripts” that have cognitively organized pieces of information for ease of access when making clinical decisions.

METHODS
Step 1: Write short case vignettes that are relevant to clinical situations interns and psychologists are likely to encounter in their day-to-day direct services. 30 case vignettes with 3 items/questions per vignette.
Step 2: The SCT will be entered into REDCap.
Step 3: Send out SCT via RedCap seeking 15 licensed psychologists to complete the SCT. In addition to completing the test, the psychologists will also be asked to identify most difficulty clinical diagnostic presentations they encounter in daily practice. Also they will complete a Script Concordance Test Item Quality to review the vignettes and item wording for clarity and relevancy. Participants will receive $25 gift cards.
Step 4: Test optimization per Fournier will occur with statistical analysis.

CURRENT PROGRESS
• Project IRB Approved
• 30 questions written
• SCT entered into REDCap
• SCT sent to 35 licensed psychologists
• 3 SCT’s completed thus far

REFERENCES
Charlin, et al. (2000)
Fournier, et al. (2008)
Schmidt, Norman, & Boshuizen (1990)

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SAMPLE QUESTION
A 13 year-old male presents with daydreaming, poor concentration, declining grades, and expression of worries that he won’t pass to the next grade.

<table>
<thead>
<tr>
<th>If you were thinking of:</th>
<th>And then you learned that:</th>
<th>This hypothesis would become:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A primary diagnosis of Attention Deficit/Hyperactivity-Impulsivity Disorder</td>
<td>He can also be sad at times and expresses loneliness</td>
<td>-2</td>
</tr>
<tr>
<td>A primary diagnosis of a Specific Learning Disorder</td>
<td>His reading is good and he is receiving passing grades</td>
<td>-1</td>
</tr>
<tr>
<td>A primary diagnosis of a Generalized Anxiety Disorder</td>
<td>His teachers told his parents about his academic problems</td>
<td>0</td>
</tr>
</tbody>
</table>

-2 Very Unlikely, -1 Unlikely, 0 Neither Likely or Unlikely, +1 More Likely, +2 Very Likely

Clinical Reasoning Key Steps
- Patient Cues (Verbal, Nonverbal)
- Script Activation
- Hypothesis Generation
- Data Collection
- Data Interpretation
- Hypothesis Evaluation (Accept, Reject)

Script Concordance Test Format
- Case Vignette
- Script Activation
- If you were thinking...
- And then you find...
- Data Interpretation
- This hypothesis becomes (-2, -1, 0, +1, +2)