# Education Unit After Action Review (AAR)

## Clinical Key Assessment Review Fall 2012

**Program:** Counselor Education  
**Action Item:** All CE Practicum Evaluation Data Fall 2012

**Meeting Date:** January 23, 2013  
**Participants:** Dr. Nitza, Dr. Fineran, Dr. Houltberg, Dr. Burg

<table>
<thead>
<tr>
<th>Data/Background Information</th>
<th>We reviewed all Fall semester practicum evaluations for all SC and MFT students. It is important to note that the same evaluation is used for both tracks; however, the items are heavily MFT related (only one item is an actual SC CACREP standard).</th>
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| Key Discussion Points      | - It is important to remember the developmental nature of this assessment. As 1st semester practicum, there is some validity to the intervention and theory based items being rated lower than basic skill based items.  
- Consider removing school counseling items that are not appropriate (such as diagnosis). Relatedly, what is the role of diagnosis and proper assessment for SC, and how do we train them in that effectively?  
- Consider running break-downs by instructor to do inter-rater reliabilities. |
| Key Decisions              | 1) We will adapt the practicum rubric to identify specific items that are “N/A”s for School Counseling students.  
2) Add a unit on treatment planning and diagnosis to the G562 course for school counselors. |
| Action Steps, Timeline, Responsibilities | Dr. Fineran will complete 1 and 2 above for Fall 2013. |
| Good Ideas to Remember     | - Have meetings to do sequencing as a follow up to curriculum mapping. (Like MFT sequence of 504, 567, etc). |
**Program**: Counselor Education  
**Action Item**: MFT Internship Evaluations Fall 2012  
**Meeting Date**: January 23, 2013  
**Participants**: Dr. Nitza, Dr. Fineran, Dr. Houltberg, Dr. Burg

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<tr>
<th>Data/Background Information</th>
<th>We reviewed current interns’ evaluation date from their site supervisors. The evaluations were completed at the end of the Fall semester. It is important to note that some students have both on-site and clinical supervisors, and/or supervisors at multiples sites. The data used for this review is from clinical supervisors only. We discussed which data should be entered into Taskstream in future semesters; it was noted that off-site clinical supervisors see different things and end up using the “N/A” category frequently on important site-related items.</th>
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| Key Discussion Points | 1. How to increase or address interrater reliability between university and clinical supervisors?  
2. It appears there is some anecdotal evidence of validity of the evaluation scale based on individual student performance.  
3. Which supervisors’ evaluations should be entered into Taskstream? We need to clearly distinguish CACREP-approved from State-approved supervisors because they have different requirements. CACREP requires 2 years with any clinical license. The State requires 5 years with an LMFT. |
| Key Decisions | 1. Starting with Fall 2013 CFC internship placements, all sites will have to have clinical supervisors on site that meet CACREP standards and are able to provide direct observation of students. Students may also need to have off-site clinical supervisors to meet State Licensing requirements.  
2. Starting with Fall 2013, site supervisors, the university supervisor, and the off-site supervisor, if applicable, will complete intern evaluations. The program clinical director will log all data, and the average of supervisors’ ratings will be entered into Taskstream. |
| Action Steps, Timeline, Responsibilities | • Dr. Houltberg will ensure that 1 & 2 above are implemented in Fall 2013.  
• Dr. Houltberg will add the missing CACREP standard item to the evaluation for the Spring 2013 evaluations. |
| Good Ideas to Remember | N/A |
**Program:** Counselor Education  
**Action Item:** SC Internship Evaluations Fall 2012  
**Meeting Date:** January 23, 2013  
**Participants:** Dr. Nitza, Dr. Fineran, Dr. Houltberg, Dr. Burg

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<tr>
<th>Data/Background Information</th>
<th>We reviewed current interns’ evaluation data from their site supervisors. The evaluations were completed at the end of the Fall semester. We noted that the data does not include students who have completed a Masters in MFT and are returning to complete the SC track.</th>
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| Key Discussion Points       | 1. There was not a great deal of differentiation – lots of “4”s  
                                  2. Do we want to consider developing a process for identifying themes through factor analysis?  
                                  3. Would it be beneficial to add a global rating to the end?  
                                  4. Some of the lower scoring categories or N/As are related to not having a chance to do these things when they are not full time. This may be related to the developmental nature of internship? Do we need different evaluation or different rating systems for fall and spring?  
                                  5. Other assessment issues to consider  
                                      • How to get increased reliability among supervisors?  
                                      • Should we consider other indicators of clinical performance?  
                                      • Should these items or the evaluation as a whole be Pass/Fail? |
| Key Decisions               | • We will re-examine this data in Spring along with the Spring data. In doing so, we will look over both semesters and see if we can see any developmental differences reflected in the evaluations. Then we will consider the other questions listed above. |
| Action Steps, Timeline, Responsibilities | • None at this time |
| Good Ideas to Remember      | • Consider a section on Taskstream for SC “certificate program” |