

Using Dispositional Assessments to Promote Professional Competence Among Health Care Providers

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Keywords: Disposition, Dispositional competence, Health care provider.

Introduction

On the world stage, the past five decades have witnessed transformative changes in political and economic dynamics, social structures, values orientations, immigration patterns, technological innovations, human life spans and a host of other change points. These changes are unmatched in magnitude, pace, and power in transforming understandings of our world and ourselves. In response to such fundamental and rapid change, human beings have adapted with varying degrees of success by altering the ways we perceive, think, react, and behave. In doing so we have created a new consciousness and have rewritten many of the rules and values that formerly gave shape and meaning to our lives.

With all of their promise, these changes have come at great costs. On geopolitical and social levels, the dynamics that so profoundly reshaped our world, societies, and institutions can be measured in loss of human life, massive human displacement, the rise of terrorism, chronic states of war, a “profit over people” mentality, the spread of human trafficking, widespread substance abuse, and irreversible environmental destruction. On psychological and relational levels, the costs of swift and profound change have been perhaps even greater. We have opted or been compelled to adapt to a new social, political, and world reality by changing our beliefs, values, and ways of operating in both our personal and professional lives, often at great expense to our personal well-being and to that of others.

A basic purpose of this paper is to argue that the magnitude and rapidity of transformative change have overwhelmed human capacity for accommodation, resulting in widespread errors in thinking (irrational thought patterns), emotional processing (emotional reactivity), and behaviors (poor decision-making abilities). These erroneous patterns have affected all domains of human functioning on both personal and professional levels. For purposes of this manuscript, we suggest that a widespread adoption of irrational and emotionally reactive perspectives on standards for professional practice have led to an emerging new category of professional ineptitude: dispositional incompetence. Using healthcare providers as our target group, we argue that changes in perceptions of required professional conduct have resulted in increasing numbers of violations of professional practice and ethical standards resulting in subsequent increases in sanctions imposed by ethics boards, licensing bodies, and professional oversight committees. A review of these sanctions

reveals that the majority of violations are based on dispositional limitations rather than knowledge or skills deficits.

Working definitions of “dispositions” and “dispositional competence,” are presented to eliminate the ambiguity of the latent variables referenced in this work. Research findings provide strong evidence that dispositional competence is strongly associated with professional competence and that dispositional assessment is a critical aspect of both clinical training and professional practice evaluations. An argument is made for the development of a dispositional measure that: (a) produces reliable scores; (b) predicts professional performance in both pre-service and clinical practice settings (c) can be used by educators and clinical supervisors to make effective program admissions, retention, and dismissal decisions; and (d) demonstrates sufficient psychometric soundness to withstand court challenges by individuals contesting negative employment or licensing decisions based on the results of dispositional evaluations.

Definitions of Terms

In order to assure understanding of the terminology used in this manuscript, the following working definitions are provided:

Health Care Provider-Provider of services (as defined in section 1861(u) of the [Social Security] Act, 42 U.S.C. 1395x(u)), a provider of medical or health services (as defined in section 1861(s) of the Act, 42 U.S.C. 1395x(s)), and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business [1].

This definition is broad and holistic in scope, includes both medical and mental health providers, and is consistent with trends in the delivery of health care services. As such, health care providers include a wide range of professionals who provide ancillary services (e.g., physical therapy, nursing/psychiatric nursing, dietetics, social work psychological services, acupuncture).

We provide the following three definitions of dispositions in an attempt to create a comprehensive grasp of this ambiguous concept:

Disposition- “a prevailing tendency, mood, or inclination; temperamental makeup; the tendency of something to act in a certain manner under given circumstances” [2].

Although this definition is somewhat general, it provides a conceptual starting point to understand the meaning of the term.

Disposition- “Aspects of personal and professional functioning that subsume intellectual factors, personality characteristics, relational proficiencies, and values orientations accounted for by nine correlated, but independent, factors: cognitive; ethical/legal; interpersonal; personal wellness; personal/professional boundaries; professionalism; responsiveness; self-control; and suitability for the profession. Counselor dispositions influence and are influenced by cognitive, affective, and behavioral development in a manner consistent with the advancement of clinical proficiency. As such, dispositions are both critical prerequisites to and predictors of professional competence” [3].

The second definition is grounded in research by Miller, et al, (in press) [3] and is based on the results of a confirmatory factor analysis (CFA). The scale used in this research consisted of dispositional items drawn from the professional literature for the following mental health professions: psychology, school psychology, counseling, marriage and family therapy, and social work.

Disposition- “Personal qualities such as empathy, integrity, commitment to service.” [4]

This definition, drawn from the medical literature, is included to provide recommended areas for assessment in the Medical School Admission Process. Although the authors do not specifically label “personal qualities” as “dispositions,” these same qualities are defined elsewhere in the professional literature as such and are therefore included.

Dispositional Competence-Demonstration of high levels of intellectual functioning, emotional self-control, moral behavior, and a consistently high regard for the welfare of others, as well as the presentation of behaviors consistent with these qualities in compliance with ethical and legal mandates for the benefit of patients.

Relation of Dispositional Competence to Professional Competence

The role of dispositions/personal qualities as critical elements of professional competence has been recognized by mandates for dispositional development and evaluation in accreditation standards (AMA, 2013; APA, 2017; CACREP, 2016; CSWE, 2008; NASP, 2010 [5,6,7,8,9]), codes of professional ethics (ACA, 2014; AMA, 2016 [10,11]) and state licensing boards (OCSWMFT Board, 2016 [12]). Their importance is further supported by the conduct of studies that examine the role of professional dispositions and personal characteristics in clinical practice (Adam et al., 2012; Mearns & Allen, 1991; Redekop & Wlazelek, 2010 [13,14,15]) and that provide information regarding the development of instruments designed to measure dispositions (Garner, et al., 2016; Swank, et al., 2012 [16, 17]).

These mandates and research efforts have been spurred by an increasing number of sanctions imposed on health care providers by professional associations, ethics committees, and state licensing boards. An analysis of claims paid to counseling practitioners by a major professional liability insurance provider in the United States revealed an upward trend in payments over a period of 10 years (ending in 2012) [18]. Examinations of ethics and standards violations revealed that the majority can be classified as dispositional in nature. This professional report, jointly published by CNA and HPSO (2014) professional liability insurance providers in the United States, indicated that three allegations had the highest percentage of claims: (1) inappropriate sexual/romantic relationships with a client, a client's partner, or a client's family member; (2) failure to practice within expected boundaries of competence; and (3) sharing confidential/private client information without appropriate authorization. A cursory examination of these allegations reveals that numbers 1 and 3 are clearly related to dispositional incompetence, while the relationship of such incompetence to allegation number 2 is less clear.

The information reported in this section establishes the critical role of dispositional competence in the provision of competent health care services. It further suggests a strong relationship between dispositional and professional competence.

Need for Dispositional Assessment

The provision of competent and effective health care services is a complex process that requires mastery level performance in several domains of personal and professional functioning. With this understanding, administrators in health care preparation programs (e.g., medicine, nursing, psychology, physical therapy, acupuncture) have historically focused their training efforts on insuring that students acquire high levels of knowledge and technical skill in order to perform optimally. In order to increase the probability of admitting qualified students for training, health care preparation programs have relied heavily on the results of standardized aptitude and achievement tests designed primarily to measure students' capacities to learn, knowledge levels, and to some extent, requisite skills. Research on the use these traditional measures to predict professional competence has failed to produce strong relationships. Clearly, variables that do predict professional proficiency must be identified and incorporated in assessment and evaluation processes to insure the admission of high-quality applicants to health care training programs.

Although the vast majority of health care practitioners demonstrate adequate knowledge and technical skills to perform their professional duties, a significant percentage fail to demonstrate the constellation of abilities and personal qualities (i.e., dispositions) required to provide comprehensive and high-quality patient care. For example, many health care providers demonstrate high levels of intelligence, reasoning ability, diagnostic insight, and treatment skill, but are unable to demonstrate relational and communication skills required to create trusting relationships with their patients [19]. Others fail to demonstrate empathy for life circumstances that place patients at risk for disease or for the psychological and emotional impacts of a diagnosis of serious illness [20]. Some professionals demonstrate a basic disregard for their personal welfare (e.g., engage in substance abuse) [21] or the welfare of their patients (e.g., over-prescribe dangerous medications) [22, 23], while others simply treat patients with disrespect by requiring them to wait several hours

during a scheduled office visit. Still others treat patients as vehicles for personal gain, thereby diminishing opportunities to provide genuine care [24, 25, 26].

Although this list is not comprehensive, dispositional incompetence among health care providers is widespread and well-documented. It is noteworthy that findings of dispositional incompetence have been found across all health care professions. These findings reveal that a failure to include dispositional assessments and evaluations during admissions and clinical training processes may place some health care practitioners at risk of violating ethical and legal standards and put patients at risk for negligent care.

Need for a Dispositional Measure

Dispositional competence is a critical element of both professional competence and high-quality service delivery. Consequently, a measure of dispositional competence is crucial to evaluating applicants to health care training programs and monitoring dispositional performance throughout the training program and in clinical practice. In order to be useful, the dispositional measure must (a) demonstrate adequate psychometric rigor (validity and reliability); (b) predict clinical performance during training and in clinical practice; (c) be used consistently and conscientiously to make effective admissions, retention, and dismissal decisions; and (d) developed with sufficient psychometric precision and rigor to withstand court challenges brought by students and practitioners affected by negative decisions based on dispositions evaluations.

Conclusion

Dispositions have been shown to be effective predictors of clinical competence in the delivery of health care services. Although vaguely defined to date, research must continue with the goals of developing a comprehensive understanding of this concept and a useful measure for retaining the dispositionally competent while dismissing those who are not.

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