

## THE CLINICAL ORAL EXAMINATION

### *PURPOSE AND PHILOSOPHY OF THE CLINICAL ORAL EXAM*

The Clinical Oral Examination in the Department of Clinical Psychology requires the Clinical Psychology candidate to demonstrate, both in written and oral form, the ability to assess, formulate, treat and evaluate his or her work on a clinical case. In most instances, a student will present an individual psychotherapy case for the Clinical Oral Examination. It is also acceptable to present a group, couple, family, or therapeutic classroom intervention as long as the write-up and oral defense illustrate the student's ability to conceptualize, plan, implement, monitor and discuss the therapeutic intervention and its underlying theoretical principles. Because the Clinical Oral Examination is a formal process, and an individual work sample, the Clinical Oral Examination differs in significant ways from the more informal and collaborative style of many class projects. It asks that the student take on the role of a professional presenting to other professionals, prepared to succinctly present the essentials of a case and to defend a point of view.

The Clinical Oral Examination must be passed by June 1<sup>st</sup> of the year that a student plans to apply for internship. This means that most students will take the exam during their third or fourth year of the program, or when they, their advisor and their clinical supervisors feel the student is ready to apply for internship. It is recommended that students choose a relatively recent case for the Clinical Oral Examination that best represents their clinical work. Students should be aware that the Clinical Oral Examination committee may ask the student to remediate the Oral Examination and that such remediation needs to be completed by June 1<sup>st</sup> of the year that a student plans to apply for internship. Thus, students are advised to schedule the initial Clinical Oral Examination by May 1<sup>st</sup> so there is time to complete any needed remediation.

### *PROCEDURES FOR THE CLINICAL ORAL EXAM*

1. The student will choose a theoretical orientation and the department administrative assistant, in consultation with the department chair, will assign an Oral Examination Committee to examine the student. The Committee will be comprised of two clinical psychology faculty members who did not supervise the case, who are not serving on the student's dissertation committee (if known), and who are of the theoretical orientation(s) requested by the student.
2. Students should contact their Oral Examination Committee immediately after the committee is assigned and schedule their examination date well in advance – 3 months prior to the projected exam date is prudent. Students are also responsible for reserving a room and any audiovisual or computer equipment necessary for presenting the case.
3. The student is **required** to present as part of the Clinical Oral Examination an audio or video recording of a therapy session with the target client(s). Students are therefore advised during their casework at GSAPP to acquire audio or video recordings of as many therapy clients as possible, to ensure choice of cases to present for clinical orals. In addition, students are advised to negotiate in advance with their practicum supervisors so they can record a session for the purposes of the Clinical Oral Examination. Except in exceptional circumstances, the recording will show the client presented in the case write-up. Any exemption from this

requirement must be approved by the committee. In the case of such an exemption, the committee will request one of the following: 1) an audio or video recording of a similar client utilizing the same theoretical orientation, or 2) a verbatim transcription of a session from the target client in instances where a practicum permits audio or video recording but does not permit the recordings to leave the site. Examiners differ in their preferred methods of using the recorded material, so students should check with members of the Oral Examination Committee about their preferences in this regard when the Clinical Oral Examination is scheduled. It is often recommended that the student be prepared to start the playback of the recording at a crucial or relevant juncture in the session that shows an example of the student's intervention and the client's response to the intervention. However, the committee is entitled to review any segment of the session it wishes.

4. At least two weeks before the Clinical Oral Examination, the student will provide the Oral Examination Committee with a well-organized, cohesive and defensible write-up of a clinical case. The student should be careful to remove information (name, place of residence, employer and other unique identifiers) that could be used to identify the case, in a manner consistent with HIPAA regulations.
5. Guidelines for Case Write-Up: The write-up should be between 15 to 20 double-spaced pages, not including references. The case must be written up in APA format, must include citations to the scientific literature that contributed to conceptualizing the case (including cultural factors), and should include the following information (specified in the Guidelines for the Psychiatric Evaluation of Adults [APA, 2006]), most of which should be familiar to the student from prior coursework. The written portion of the oral exam should be an independent product and therefore the student should not ask supervisors or advisors to edit or comment on their write-up.

#### **I. BRIEF OVERVIEW OF CLIENT**

- a. Case context (e.g., treatment setting)
- b. Brief demographics
- c. Presenting problems
- d. Reason for referral

#### **II. ASSESSMENT**

- a. History of the present illness
- b. Psychosocial developmental and family history
- c. Mental status examination
- d. Description of systematic assessment which can include: structured interviews, questionnaires, observation etc.
- e. DSM-V diagnosis

#### **III. FORMULATION AND TREATMENT PLAN**

- a. Guiding theory
- b. Case formulation
- c. Treatment plan

#### **IV. COURSE OF TREATMENT**

NOTE: Faculty prefer more pages on treatment course and examples of your clinical decision making and application of therapy strategies and fewer pages on client

overview, assessment, and formulation and treatment plan. Please include details and illustrative examples of your specific interventions that match theory and case conceptualization. This could include session-by-session description of treatment interventions or processes or by highlighting examples of interventions that change over different phases of treatment. It will be important for the student to provide specific examples that illustrate, (a) the therapy context that prompted an intervention, (b) the therapist's choice of a strategy/technique to address the issue, (c) a description of the implementation of that strategy/technique, and (d) the effectiveness of that strategy/technique. The goal is to demonstrate the therapist's decision-making process, how one implements therapy interventions (or specific technique/strategies), and one's ability to monitor efficacy of one's interventions.

## **V. THERAPY MONITORING**

NOTE: The importance of using systematic assessment to quantify client progress and outcome is increasingly viewed as necessary to good practice. Systematic assessment permits the clinician to monitor clinical progress and institute "mid-course" corrections in the target case. It is therefore a requirement for all Clinical Oral Examinations to describe and justify how ongoing progress was regularly assessed using systematic observation and/or measures and how this information was used to modify the case formulation, treatment plan, strategies/techniques used, etc. as therapy proceeded. Systematic observation could include structured interviews, questionnaires, observation, description of therapy processes, idiographic target goals or change indices, etc.

## **VI. EVALUATION AND DISCUSSION**

- a. Evaluation of case outcomes based on systematic assessment (note which qualitative and quantitative evaluations were involved)
- b. Challenges encountered in working with the case
- c. Diversity issues raised by the case and differences between you and the client, including but not limited to race/ethnicity, religious or spiritual orientation, gender-related issues, cognitive or physical challenges, and socio-economic levels
- d. Ethical issues raised by this case
- e. Description of supervision process and any supervisory issues that arose during treatment; discussion should reference readings or discussions about supervision covered in relevant courses (e.g., "Supervision & Professional Development")
- f. Description of knowledge and experience gained by the student through his/her treatment of the case
- g. Description of areas for possible future growth

## **VII. REFERENCES**

- a. Citations are to be cited in the style of the latest APA Publication Manual

## **VIII. TABLES AND FIGURES (Optional)**

NOTE: Tables summarizing all the quantitative data collected and figures should be placed at the end of the report

6. Guidelines for Oral Defense: Ordinarily, the clinical oral examination will last between 60 and 90 minutes, so the student and the committee should set aside 90 minutes for the exam. The student should be prepared to offer a brief (5 to 15 minute) grand rounds style case summation, that includes identifying information, the presenting problem, diagnosis and impairment, brief history of the problem and past treatment, conceptualization, and a broad overview of your treatment approach, so as to orient everyone to the case. Brevity is important because one of the skills assessed by the Clinical Oral Examination is the ability to succinctly present to colleagues the essentials of a case. This should all be done in a brief “nutshell summary.” Some examiners will ask questions and have you elaborate on aspects of the case after that, and some examiners may waive this presentation. Although students should write up their case within a particular theoretical framework, they should also be prepared to discuss the case in such a way that a faculty member with a different orientation can discuss with them key aspects of the case. Accordingly, the student should be prepared to demonstrate an understanding of the theoretical framework used in the case, and should be prepared as well to articulate an understanding of the case from an alternative theoretical perspective.

Forms for the oral specialty can be obtained at our website:

<http://gsappweb.rutgers.edu/forms/forms.htm> by clicking on the link Clinical Dept. Policy and Procedure for Clinical Orals, and Forms.

#### *GRADING FOR THE CLINICAL ORAL EXAM*

Passing the Clinical Oral Exam involves the Oral Examination Committee’s judgment that both the clinical write-up of the case and the student's performance in the oral exam are acceptable.

Conditional passing of the Clinical Oral Exam involves the Oral Examination Committee’s judgment that a section of the Clinical Oral Exam should be revised. This revision may include a subsequent oral examination, a revised case write-up, or a combination of an oral examination and a revised report. These revisions need to be completed within 12 months of the original examination in order for the Clinical Orals to be passed and by June 1<sup>st</sup> in order for a student to be considered eligible to apply for internship in that year. Students are encouraged to schedule the Clinical Orals by May 1<sup>st</sup> at the latest so there is time to complete these revisions before the June 1<sup>st</sup> deadline. Such revisions are not considered a retake of the Clinical Oral Exam if satisfactorily completed within the 12 month period. Failure to complete these revisions within this time frame or producing a revision that the Committee judges to be unacceptable will be considered a failure. This will necessitate that the student retake the Clinical Oral Exam at a later date.

Failure of the Clinical Oral Exam involves the Oral Examination Committee’s judgment that the student has not demonstrated adequate competency in the Clinical Oral Exam. In this case, students need to retake the Clinical Oral Exam. In the case of a failure, the Oral Examination Committee will provide a written summary of the reasons for this decision and will outline the deficiencies that need to be addressed in the second administration of the Clinical Oral Examination. Students should note that the second administration of the Clinical Oral Exam is

not limited to the areas itemized in the written summary. Rather this administration will evaluate all aspects of the student's clinical work, using the same standards set for all students.

The Oral Examination Committee, in consultation with the Program Chair, will decide whether a new case or a new committee is recommended for the second administration of the Clinical Oral Exam. A student can request in writing a new committee for the second administration of the Clinical Oral Exam and the faculty will vote on whether to assign a new committee.

Students are permitted two administrations of the Clinical Oral Exam (an initial examination and one retake). If a student does not successfully pass the Clinical Oral Exam in these two administrations, the faculty will vote on whether the student will be terminated from the program. If there are unforeseen, extenuating circumstances that can be documented and verified, the student may petition the Program Chair in writing to review his or her record. The Chair will then provide arbitration.

**CLINICAL DEPARTMENT POLICY AND PROCEDURES FOR  
ADMINISTERING ORAL COMPREHENSIVES (5/1/95)**

The policy established at the October 4, 1982 Clinical Department meeting was that students be given a choice in the theoretical composition of the Orals Committee. In line with this, the following procedures are to be employed to arrange Oral Committees:

1. All core and Visiting Faculty, together with selected Contributing and Joint Faculty will be placed in a faculty resource pool. Based upon their stated theoretical preference, each faculty member will be placed in the behavioral, psychodynamic or family systems group.
2. The faculty in each theoretical group will be placed on an ordered list. The order in the list will be determined randomly.
3. When planning for Orals, the student will first select a theoretical framework in which to present his/her case. The first member of the Orals Committee will be selected from this theoretical orientation. The student will then indicate one of two choices for the theoretical orientation of the second committee member: (a) same theoretical orientation as first member: or (b) different theoretical orientation from first member.
4. Faculty will be assigned to Orals Committees in the order in which their name is on the list mentioned in Step 2. The only exceptions of this are that a faculty member cannot participate in an Orals Committee if she/he has been involved in supervising the case being presented or is on the student's dissertation committee.
5. If, for the reasons given in Step 4, a faculty member is not chosen according to his/her order on the list (cf. Step 2) that faculty person is selected at the next possible time.
6. The procedure for selecting an Orals Committee will involve the student completing the form below and returning it to the department administrative assistant. The Chair will select the appropriate names from the faculty list. The student will be given the two names and will be responsible for arranging a time and place for the Oral Exam. If scheduling problems make it impossible to arrange the exam, the student should request new names from department administrative assistant, with an explanation of the scheduling problems encountered.
7. Students may take the exam anytime after they pass their comprehensive exams. (4/03)

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**STUDENT REQUEST FOR ORAL COMPREHENSIVE COMMITTEE**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Theoretical Orientation of Case:

\_\_\_\_\_ Cog. Behavioral \_\_\_\_\_ Psychodynamic \_\_\_\_\_ Family Systems

I prefer (check one):

\_\_\_\_\_ Second Committee member of the same orientation

\_\_\_\_\_ Second Committee member of a different orientation

Dissertation Committee: \_\_\_\_\_

Supervisor/s for case: \_\_\_\_\_

Rutgers – The State University of New Jersey  
Graduate School of Applied & Professional Psychology  
152 Frelinghuysen Road  
Piscataway, NJ 08854-8085

CLINICAL PSYCHOLOGY  
ORAL SPECIALTY EXAMINATION

STUDENT'S NAME \_\_\_\_\_

ORAL SPECIALTY COMMITTEE \_\_\_\_\_

\_\_\_\_\_  
(Committee consists of two faculty who did not supervise the student on the presented case and who are not on the student's dissertation committee)

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\_\_\_\_\_ **EXAMINATION WAS COMPLETED SATISFACTORILY.**

(Signature) \_\_\_\_\_

DATE \_\_\_\_\_

(Signature) \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE RETURN TO JULIE SKORNY ROOM A343 ONCE IT IS SIGNED.