Getting The Most Out of Consultation
Does Active Participation Produce Competent Clinicians?

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**Context**
In recent years, there has been an abundance of resources and surplus of effort devoted to developing evidence based-practices; however, little research has focused on the successful dissemination and implementation of these practices.

There is some evidence that supports skill building and training practices which include active participation by the trainee.

Due to the increased focus on the use of evidence-based practices and workforce development in the addiction field, there is a need to examine the role of active participation in consultation, training, and supervision.

**Sample Licensure Demographics**

**What is E-IMR?**

Integrated Dual Diagnosis Treatment (IDDT)  Illness Management and Recovery (IMR)

Cognitive Behavioral Skills  Motivational Skills  Educational Skills

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**Clinical Competency Scale**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>2</td>
<td>Needs improvement</td>
</tr>
<tr>
<td>3</td>
<td>Satisfactory</td>
</tr>
<tr>
<td>4</td>
<td>Very Good</td>
</tr>
<tr>
<td>5</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

**Active Score Key Words**

- Role play
- Case presentation
- Practiced
- Applied

**Engagement Score**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not at all</td>
</tr>
<tr>
<td>2</td>
<td>Somewhat</td>
</tr>
<tr>
<td>3</td>
<td>Moderately</td>
</tr>
<tr>
<td>4</td>
<td>Mostly</td>
</tr>
<tr>
<td>5</td>
<td>Completely</td>
</tr>
</tbody>
</table>

**Methods**

- Notes were recorded by consultants at each Enhanced Illness Management and Recovery (E-IMR) consultation and included: attendance, skill building, follow-up, and principles of COD.
- Attendance was tabulated for each practitioner.
- Clinical competency was scored at baseline and twelve-month evaluations.
- Competency change scores were calculated from baseline and twelve-month ratings.
- Consultation notes were coded and active scores were assessed.
- Engagement scores were assigned by consultants.

**Data Analysis**

Pearson correlation coefficients were obtained for:

- Attendance and active scores
- Attendance and engagement scores
- Attendance and change scores
- Active scores and change scores
- Engagement scores and change scores

**Results**

- Practitioner attendance was significantly positively correlated with their active score ($r = 0.85, p < 0.01$)
- Practitioner active and change scores were not significantly correlated ($r = 0.02, p > 0.05$), and engagement scores were not significantly correlated with active scores ($r = 0.19, p > 0.05$)
- Practitioner engagement scores were significantly positively correlated with clinical competency change scores ($r = 0.52, p < 0.01$), and attendance ($r = 0.30, p < 0.05$).

**Conclusions**

It is not enough for practitioners to be present at active consultation sessions. Clinicians who want to increase competency must seek active consultation and engage in that consultation.

**References**


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**Table**

<table>
<thead>
<tr>
<th>Sample Licensure Demographics</th>
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<tbody>
<tr>
<td>Social Work 15%</td>
</tr>
<tr>
<td>Psychology 4%</td>
</tr>
<tr>
<td>Nursing 19%</td>
</tr>
<tr>
<td>Addiction 13%</td>
</tr>
<tr>
<td>None 54%</td>
</tr>
</tbody>
</table>

**Graphs**

- Attendance vs. Active Score
- Attendance vs. Engagement Score
- Attendance vs. Change Score
- Active Score vs. Change Score
- Engagement Score vs. Change Score