Inspiring success

Teesside University

DOCTORATE IN CLINICAL PSYCHOLOGY

CLINICAL PRACTICE HANDBOOK

September 2018

CONTENTS

APPENDICES

1 INTRODUCTION TO THE CLINICAL PRACTICE HANDBOOK

Welcome to the Teesside Doctorate in Clinical Psychology

The Teesside Doctorate of Clinical Psychology (DClinPsy) took its first cohort of trainees in 1996. Since its inception, the Course has continued to develop close working links with other DClinPsy Courses, both regionally and nationally, as well as Clinical Psychology Services in the wider northern region.

The Course aims to provide an innovative, creative and contemporary training Course to develop Clinical Psychologists who are able to contribute to and take leading roles in the provision of psychological health care throughout NHS Services.

1.2 The Clinical Practice Handbook

The purpose of the Handbook is to provide all stakeholders of Teesside University DClinPsy, and in particular trainees and supervisors, with an overview of the policies and procedures of the clinical practice component of the course; as well as an understanding of the requirements and objectives of Clinical Psychological training which stem from the University, HCPC, BPS and NHS contexts. The handbook is also designed to be a practical resource which will facilitate supervised practice.

1.3 Key Contacts

If you need any help or advice, here are the people to contact:

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If you have any queries about the course, or any issues you would like to discuss, please feel free to contact us.

1.4 How Local Clinicians Support the Course

Clinical Psychologists working locally provide an invaluable contribution to the Course by acting as placement supervisors for our trainees. There are also a number of other ways in which they can support the Course:

Lecturer

Much of our academic teaching is delivered by NHS employed staff, primarily Clinical Psychologists but also other Professionals where appropriate. The academic syllabus is organised into modules. Each module has a module leader, who will be a member of the Course team, as well as a field link co-ordinator, generally an NHS based psychologist.

Mentor

The purpose of the Mentor Scheme is to provide a confidential system of personal support for trainees throughout their three years of training. The Personal Mentor Scheme provides each trainee with a Mentor who usually remains that trainee's Mentor until they complete training. The Mentor's role is to provide support and guidance in a non-evaluative setting. The content of the Mentoring sessions, which would normally occur about twice a year, is negotiable and may cover personal, professional and academic aspects of the trainee's progress through the Course.

Working Group Member

The main governing body of the DClinPsy is the Course Board. In addition, there are several working groups who report to the Course Board. As well as University staff, the membership of the working groups includes NHS based psychologists.

If you would like any more information about these roles or groups, please contact the Course Director.

2 COURSE APPROVAL AND ACCREDITATION

2.1 Health and Care Professions Council Approval

From July 2009 the Health and Care Professions Council (HCPC) took responsibility for the statutory registration of Practitioner Psychologists, including Clinical Psychologists. In this capacity, the HCPC has also taken responsibility of approving Clinical Psychology Training Courses. In order to guide this process, the Council has published three documents entitled the **Standards of Education and Training**, the **Standards of Proficiency** and the **Standards of Conduct, Performance and Ethics**, which delineate the criteria according to which the training of all professional groups under HCPC regulation will be approved. Within this document, specific reference is made to the role of individual professional bodies in establishing detailed content of training courses.

The Doctoral Clinical Psychology Training Course at Teesside University adheres to the criteria established by the HCPC for professional training courses.

Standards of Education & Training can be found at:
http://www.hpc-uk.org/aboutregistration/standards/sets/

Standards of Proficiency for practitioner psychologists can be found at:
http://www.hpc-uk.org/publications/standards/index.asp?id=198

Standards of Conduct, Performance and Ethics can be found at:
http://www.hpc-uk.org/publications/standards/index.asp?id=38

2.2 British Psychological Society

The Course also meets the standards for Doctoral Courses in Clinical Psychology as detailed by the BPS in '*Standards for the accreditation of Doctoral courses in clinical psychology' (October 2016).*

http://www.bps.org.uk/system/files/Public%20files/PaCT/Clinical%20Accreditation%202016_WEB.pdf

3 SUPERVISED CLINICAL PRACTICE ON THE TEESSIDE COURSE

3.1 Introduction

The Clinical Practice component of the Teesside DClinPsy meets the standards and criteria required by the HCPC in conjunction with the British Psychological Society's Standards for Doctoral Courses in Clinical Psychology. The policies, structures and procedures on the Course which enable these criteria to be met are described below.

The Course aims to train Practitioner Clinical Psychologists who are both competent and capable in a number of roles, viewed as core to the practice of clinical psychology in the modern NHS (e.g. Therapist, Consultant, Teacher, Trainer, Clinical Supervisor, Researcher and Service Evaluator).

The aims of the supervised clinical practice are to ensure that trainees develop their core competencies through experiences with different client groups and have a full range of psychological work in health related settings. A fundamental principle of the Course is that trainees must work with clients across the lifespan with a wide breadth of presentations from acute to enduring and from mild to severe. Within this framework, trainees should see a range of clients whose difficulties are representative of problems across all stages of development and also clients reflecting the demographic characteristics of the population.

Competence as a practitioner must be based upon thorough knowledge of the research and theoretical literature as well as upon skills acquired whilst practising under supervision. The competence developed by trainees should encompass the broad range of interventions which are commensurate with the diverse roles practised by Clinical Psychologists in the modern Health Service.

The Course also recognises the importance of developing close involvement with Service users, self-help and advocacy groups for monitoring and aiding not only Course development but also individual trainee development. As such we advocate that trainees seek involvement and experience of working with such groups. This will help them develop a greater awareness and understanding of the pertinent issues and provide a wider depth of knowledge and experience. Such experiences are recommended within the Clinical Practice component of training, and are evidenced within a Placement Agreement and Evaluation Form. In addition, the Reflective Portfolios specifically encourage the documentation of, and reflection upon working with self-help, advocacy and Service-user groups.

3.2 Order and Structure of Clinical Practice

Clinical practice is cumulative, such that trainees add to and enhance their repertoire of skills and competencies as they progress through the Course.

During the first two years of the course, trainees will do three Life Span placements (child and adolescent; working age adults; older people) and a Special Needs placement (clients with a range of intellectual abilities). During the third year of training, trainees will choose a Specialist Psychological Therapy placement, which builds on / develops competence in a specialist psychological therapy. Trainees will also choose one Elective placement, which involves work with a client group or in a Service of the trainee's choosing, in order to revisit an area of work of particular interest or work in a specialist area not covered by previous placements.

3.3 Allocation to Placements

Planning of individual trainee training paths will take place in conjunction with Services in order to ensure that trainees have a balanced course of placements such that the content, range and type of clinical experience meets with the requirements of the BPS Accreditation Criteria for Clinical Psychology Courses. The particular training path of any individual trainee will be monitored by the Clinical Tutors, but trainees will be expected to take an active role in reviewing their individual plan. Whilst placements comprise discrete modules within themselves, it will be expected that there will be a developmental progression in the demonstration of competence in the areas required by the Course and as specified by the BPS Accreditation criteria, culminating in the demonstration of competence at a level commensurate with that expected of a newly qualified practitioner.

Whilst learning need is the primary principle behind placement allocation, attempts will also be made to provide placements within a coherent geographical context which meets the trainees' individual and personal needs. It is important to note, however, that limitations in placement availability will mean that appropriate placements will often need to be provided in locations across the region. Consequently, it is normal that trainees will have to travel to placements in various locations over the three years.

In allocating trainees to particular placements, the Clinical Tutors will take account of the following points:

- Local supervisors will be used as a priority over supervisors outside the Course's normal catchment area.
- Trainees will be allocated to particular practice settings and supervisors in order to maximise their clinical experience over the three years, make up for gaps in their experience and ensure, as far as possible, a balanced range of training opportunities.
- Normally, trainees will not be allocated to a supervisor who has previously supervised them as Assistant Psychologist or Research Assistant, or who has been involved in other significant roles with the trainee, such as Mentor.

- Exceptionally, account can be taken of particular trainee or service needs, if appropriate representation is made to the Clinical Tutors.

3.4 Guidelines for Supervised Practice

Supervised practice is provided in a developmental sequence to enable trainees to cumulatively acquire the skills for core roles through practice with different client groups, gradually experiencing a full range of clinical psychology work.

3.4.1 Observation and Recording on Placement (proposed for academic yr 2016/2017)

'Incorporating systematic approaches to in vivo assessment to further quality assure competence development' is a key features of the BPS accreditation Standards.

http://www.bps.org.uk/system/files/Public%20files/PaCT/clinical_accreditation_2015_web.pdf

In part fulfilment of this requirement the Course has developed minimum observation and recording guidance. It is a requirement that trainees' clinical work is directly observed by the supervisor on at least three different occasions for each placement. It is also course requirement that trainees observe supervisors early on in the placement on at least three different occasions for each placement.

Trainees are further expected to record (video, though audio will be accepted) TWO aspects of their work on every placement.

3.5 Documentation

3.5.1 E – Portfolio

E-Portfolio is a tool which enables trainees to record their personal and professional development during the course of the Course. E-portfolio is the media by which all placement documentation is completed and forms the basis of trainees' clinical practice submission.

3.5.2 Logbooks and Clinical Practice Summary* (*previously called clinical practice portfolio)

The BPS '*Standards for the accreditation of Doctoral courses in clinical psychology' (October 2016),* require that trainees keep a log of their clinical practice. <u>On the Teesside Course the logbook is in two parts</u>:

- A diary section in which all activity during practice is listed.
- A therapeutic competencies section where model specific skills are tracked cumulatively across placements.

Trainees should keep their logbooks up to date at least weekly and are responsible for taking them into a supervision session once a month for review and discussion with their supervisors.

The Clinical Practice Summary (previously called clinical practice portfolio) is a document which grows with the trainees over their three years of training and comprises a summary of the clinical work undertaken. The document is designed to conform to the categories of clinical experience specified as necessary to the BPS. In this way the document will enable the Course Team to monitor the range of experience being accrued by trainees such that the training pathway will not include any significant omissions or departures from the BPS criteria.

The Clinical Practice Summary should be reviewed by supervisors prior to the Mid-Placement, with the clinical tutor and End of Placement meetings, with the trainee.

3.6 Clinical Placements

3.6.1 Life Span Placements

The British Psychological Society's Standards for Doctoral courses in Clinical Psychology state that "a fundamental principle is that trainees work with clients across the lifespan, such that they see a range of service users whose difficulties are representative of problems across all stages of development. The three life span placements in the first twenty-four months are designed to meet these aims.

Placements will be provided in services which provide a coherent clinical context defined, as far as possible, by age. Each placement will aim to develop knowledge and understanding of the life stage tasks and transitions appropriate to the particular age group, the causes and presentations of the common psychological disorders encountered by people in that age group, and the range of Service settings and contexts provided for the age group.

The placements will also aim to develop competence in establishing effective working alliances, carrying out assessments relevant to the presenting problem, devising formulations based on theory and knowledge, designing and implementing interventions derived from theory based formulation, continuous evaluation of work and communicating effectively with all relevant stakeholders. The competencies developed will be both ones which are transferable across client groups as well as ones which reflect the needs of the particular client group.

The level of competence expected to be demonstrated by trainees will be such that clinical work will be expected to be carried out within a conceptual and theoretical framework in a way which consistently and accurately reflects that framework.

Trainees will also be expected to develop competence in managing a personal learning agenda and self-care which enables critical reflection and self-awareness in a way which facilitates personal and professional development and the transfer of knowledge and skills to new settings and problems. This will be facilitated by the compilation of a reflective portfolio, which will encompass a record of clinical work carried out as well as personal reflection upon it. Reflective skills are continually developed throughout the training course both in group and individual sessions within the University, as well as on practice through supervision.

3.6.2 Special Needs

The Special Needs placement normally takes place in the second year of training and will be provided in a Service setting which allows work with clients with a range of intellectual abilities. This will often be within a Learning Disability Service, but may also be in other Services in which clients may have a range of intellectual abilities, such as Neuro Rehabilitation or Specialist Forensic Learning Disability Services.

The placement will enable trainees to build upon the competencies developed during the life span placements, and will aim to develop further their competencies with respect to working with individuals with communication problems, training of staff groups, and consultative intervention.

3.6.3 Specialist Psychological Therapy Placements

The Specialist Psychological Therapy placement takes place in the third year and will facilitate the development of specialist therapeutic competencies such as Cognitive Analytic Therapy, Systemic Family Therapy and Psychodynamic Psychotherapy.

The aims of the Specialist Psychological Therapy Placement will be to build on the competencies already developed, as well as to develop specific therapeutic competence to meet requirements for trainees to demonstrate proficiency in two specific models of psychological therapy (one being cognitive behaviour therapy, which is required to be demonstrated during core placements). The specialist therapy competencies are benchmarked against recognised criteria.

3.6.4 Elective Placement

The Elective Placement also takes place in the third year and is aimed at enabling trainees to complete a personal training plan (see also below 3.6.5). Trainees, in negotiation with their Clinical Tutor, will choose a placement which will reflect their personal interest by revisiting an area of work, defined either by client group or model of intervention, or by working in an area not covered by previous placements.

The placement will aim to consolidate and enhance previously developed competencies as well as prepare trainees for post qualification work. Trainees

will also be expected to demonstrate knowledge and understanding of pertinent local and national Service and organisational issues.

3.6.4.1Arrangement of Elective / Specialist Therapy Placement

The responsibility for arranging the Elective / Specialist Psychological Therapy Placements, as with all clinical placements within the Course, lies solely with the Clinical Tutors. Trainees should not arrange their own placement. Trainees also need to be aware that the clinical practice requirements in the first two years of training take priority over Elective / Specialist Psychological Therapy Placements and, therefore, core clinical placements need to be given to Year 1 and 2 trainees before Elective / Specialist Psychological Therapy Placements can be allocated.

The Clinical Tutors will meet with trainees during the first six months of their second year to discuss Elective / Specialist Psychological Therapy Placements. Following a discussion of the process of choosing Elective / Specialist Psychological Therapy Placements, trainees can then informally approach clinicians to discuss their interests.

When trainees have decided on their preference, they should submit several choices (in order of preference). The Clinical Tutors will make every attempt to allocate trainees to their first preference of elective / Specialist Psychological Therapy Placements. However, trainees should be aware that within the resources available it is not always possible to get their first choice.

3.6.5 Organisational Placements

In the third year of training, there will also be an opportunity for trainees to have an organisational placement. This is taken as an option module so that trainees will select either an Organisational Placement or an Elective Placement. The Organisational Placement aims to enable clinical psychology trainees to develop the knowledge, skills and values to apply Psychological expertise to organisational issues, systems of care and to undertake research projects aimed at service improvement and audit of existing service arrangements

3.6.6 Single Long-term case

In the third year of training, there will be an option for trainees to gain experience of long-term case work by working half a day a week in a Specific Service. Where available, this will be in a model of the trainees' choosing to allow for deeper theoretical and clinical understanding of the chosen model and should be of a defined optimum length that would normally preclude this from being available within a core placement. In the half day, trainees will see a long term client or be involved in running a long term group, have one hour of supervision devoted to that case and complete all administration and reading associated with the work. The long-term case spans both of the third year placements.

In order for the work to be assessed, there is the expectation that the trainee will complete a 500 word reflective piece of work, which will be made available to the supervisor in order for the long-term case to be evaluated. A separate Agreement Form should be filled in for the long-term case. A separate mid-way meeting will also take place to monitor progress.

3.7 Placement Duration and Clinical Study

Normally throughout the three years of the Course clinical practice will occupy three days per week. Within the three days of clinical practice the equivalent of half a day clinical study time is to be taken. This will be for clinically related study, reading and reviewing test manuals and materials, and reviewing tapes of clinical sessions. Normally, study time will be taken on the placement site, although occasionally off site study may be required e.g. to review particular material in a library. In some circumstances it may be appropriate for study time to be taken away from the placement site on a regular basis. Such situations, however, will be the exception and the placement supervisor's agreement must be given before any arrangements are made about regular study away from placement.

3.8 Clinical Placement Procedure

3.8.1 Introduction to the Placement

Normally, a supervisor and trainee will meet informally prior to the commencement of placement to arrange starting procedures and discuss mutual expectations regarding the work to be carried out. If there are any concerns that either party has at this stage, they can be raised by the trainee or supervisor with the Clinical Tutor.

Each Service area should provide trainees with an appropriate induction, incorporating an introduction and orientation to the Service and information necessary to function effectively in that Service. This should include relevant policies and procedures, details of staff within the psychology and other Services, details of the resources available for each trainee, including departmental events such as meetings, interest groups, case discussion groups, learning resources such as bench books, Library facilities, and IT facilities.

3.8.2 Initial Placement Meeting (IPM) between Trainee and Supervisor

Additionally to scheduled supervision sessions, a formal Initial Placement Meeting (IPM) between the trainee and supervisor should be held within the first two weeks of the start of the placement. The trainee should bring to the IPM: his/her Logbook a Continuation Form from the previous placement detailing strengths and learning needs identified on the placement.

Trainees should also complete the Self-Assessment Schedule (Appendix 12) prior to the placement and as much information from this as the trainee is happy to divulge should also be shared with the supervisor.

The purposes of the IPM are:

- To discuss and agree the trainee's learning needs and how these might be met in the context of the forthcoming placement. This must include a specification of the competencies that are to be worked toward during the placement (see page 15 for a description of 'placement essential, competencies and 'course required' competencies.
- To clarify the expectations that each party has of the other in terms of responsibilities and requirements for professional behaviour.
- To agree the supervisory arrangements and clarify the expectations that each person has of supervision.
- To identify the mechanisms in which the supervisory relationship will be reviewed.
- To identify the processes by which feedback about trainee performance will be given.

On the basis of discussions in the IPM, the trainee should complete a 'Supervised Placement Agreement' form and show it to the supervisor for checking and validation.

It is the responsibility of the trainee to ensure that signed copies of the agreement are given to the supervisor and retained by the trainee for inclusion in their clinical practice submission.

3.8.3 Mid-Placement Meeting (MPM) between Trainee, Supervisor and Clinical Tutor

This meeting generally occurs around halfway through the practice. The meeting commences with individual meetings between the Clinical Tutor and both the trainee and supervisor. The aim of the individual meetings is to review the progress from the perspective of each person and to check for any areas of difficulty or concern. A three way meeting will then be held.

The aims of the three way meeting are:

- Review the goals set out at the IPM in order to check that these are being achieved.
- Agree any changes that need to be made to the agreement in the light of developments in the supervised practice.
- Review methods used in supervision and the supervisory alliance.
- Facilitate feedback between supervisor(s) and trainee and assist in the resolution of any difficulties, which may have developed between supervisor(s) and trainee.
- Provide formal feedback to the trainee about their performance to date on the placement.
- Identify and record areas of strength and weakness demonstrated by the trainee.

- Clarify whether there have been any substantial areas of concern in the trainee's performance to date and whether, on the basis of work carried out to date, there is a possibility of placement failure.

  The Clinical Tutor will make a written record of the main results of the meeting by completing the Mid-Placement Review Form. The Clinical Tutor will then be responsible for ensuring that each person has a signed copy of the form.

3.8.4 Final Placement Meeting (FPM) between Trainee and Supervisor

This will usually take place at some point during the last month between the trainee and supervisor. The supervisor and trainee should complete their respective evaluation forms prior to this Final Placement Meeting. Informal discussions of progress should be held throughout the practice to prevent any last minute 'surprises' on either side.

The FPM will have the following structure:

The trainee is asked to provide an overview of his/her supervised practice. Whilst not mandatory, the trainee is asked for specific details following the format of the trainee's Practice Assessment Form. If the trainee has any feedback that they feel unable to give at this meeting they must inform their Clinical Tutor before this final meeting takes place.

The supervisor is then asked to provide feedback on the trainee's performance following the format of the supervisor's Practice Assessment Form.

The supervisor is asked to comment on areas of strength, weakness, and omissions of significance in the trainee's performance and practice.

The Logbook is reviewed and signed by the named supervisor for the practice.

It is the responsibility of trainees to ensure that they are aware of Clinical Practice assignment deadlines and submit all required documentation on time. Failure to do so, in the absence of any prior agreement, will normally mean that the placement is graded as a non-submission.

3.8.5 Continuation Form

At the end of each placement a Continuation Form will be completed which the trainee will discuss with the next supervisor. The Continuation Form will encompass the strengths and development needs of the trainee as demonstrated on the placement.

The Continuation Form may be discussed with the Trainee in clinical tutorials between placements. The Clinical Tutor is entitled to make any additional comments to the form. If the Clinical Tutor does amend the form, however, he/she should discuss this with both Trainee and Supervisor.

3.9 Placement Audit

A formal audit of all placements used by the course is conducted on a regular basis.

In addition to the formal audit, the course has a number of systems in place to help monitor and evaluate placements. Part of the formal Mid-Placement Review meeting with the Clinical Tutor, supervisor, and trainee involves an evaluation of the placement to date, including an exploration of the induction procedures and a review of the progression of the set learning objectives and the quality of the learning experience.

At the end of each placement the trainee completes a placement evaluation form. This can be found using this link https://teessidepow.arcwebonline.com. The evaluation tool is the system for providing feedback regarding the placement area. Trainees are encouraged to give constructive feedback and suggestions about how things could be improved.

A 'Feedback on Learning Environment and Learning Experience' form is also made available to trainees to provide more detailed feedback to supervisors and can be passed on to clinical tutors, for reference.

Furthermore at the end of each placement trainees will be expected to attend group clinical tutorials, the aim of which being to provide a reflective forum in which trainees can explore their experiences on their placements. These are facilitated by the clinical tutors.

3.10 Assessment of Trainee Performance

Supervisors have the responsibility to recommend a pass or fail at the end of the placement. This recommendation is considered by the Assessment Board, which has the final authority for making the final decision with regards to passing or failing a placement.

Trainees are expected to demonstrate competency in 11 areas of professional practice by the end of the course. Six of these are deemed 'essential' and must be demonstrated on all six placements across the course while a further five are 'required' to be demonstrated on at least one or two placement during the course. Occasionally, competency 4 (Therapeutic Interventions) may not be appropriate for some forms of clinical placement e.g. neuropsychology. In such cases, with agreement from the Clinical Tutor, this competency will not be deemed 'essential' for that specific placement. Similarly, competency 4 is not 'essential' for those trainees undertaking the optional 'Organisational Placement' in Year 3. However, trainees on such placements **must** demonstrate competence in competency 11 on that placement, in addition to all the other 'essential' competencies.

Placement Essential Competencies (must be demonstrated on every placement)

1. Assessment
3. Formulation
4. Therapeutic Interventions (**not essential** for organisational placements)
7. Communication
9. Personal and Professional Standards
10. Reflective Practice

Course Required Competencies (must be demonstrated at least twice during the course)

2. Psychometric Testing*
6. Indirect Work
11. Service Improvement (**essential** for organisational placements)

* Trainees must be directly observed conducting a psychometric test battery

Course Required Competencies (must be demonstrated at least once during the course)

5. Teaching and Training
8. Research and Audit

The level of competence expected is defined as that appropriate to the stage of training, which by the end of the third year placements will mean the level which is equivalent to that expected from a newly qualified clinical psychologist. The competency gradings are as follows:

a Competency satisfactory.
b Competency not demonstrated due to lack of suitable opportunity.
c Mild cause for concern in demonstration of competency.
d Substantial cause for concern in demonstration of competency.

Each competency is defined in terms of a series of benchmarks, which are also graded according to the above classification.

Competencies are rated as a mild cause for concern if one of the constituent benchmarks is rated as a mild cause for concern. Competencies are rated as a major cause for concern if two or more of the constituent benchmarks are rated as minor cause for concern or one of the benchmarks is rated as a major cause for concern.

The fail grade on the placement is given where a substantial cause for concern (d grade) or two or more mild causes for concern (c grade) have been established in the competency assessments.

3.10.1 Minimum Requirements of Attendance on Placement

Course policy is that trainees must have spent a minimum of 56 Days on placement. This should also allow sufficient time for full evaluation of the competencies relating to assessment, formulation and intervention.

3.11 Submission of Portfolio of Clinical Documentation

In order to pass a placement, all fully completed clinical practice documentation, relating to your placement, must be electronically submitted by **4.p.m.** on the relevant submission deadline date (provided at the start of each academic year).

Failure to submit by the deadline date will mean that the module is graded a Non-Submission. It is possible to apply for a one-week extension by completing the appropriate form, downloaded from the Intranet, but Clinical Tutors are only able to grant extensions in exceptional circumstances. The turnaround time for External Examiners viewing this material and then preparing for the Assessment Board, is tight and, if extensions are given, problems can arise.

3.12 Service User Feedback – Session Rating Scale

Trainees may wish to use an appropriate Session Rating Scale routinely with appropriate clients during placements. The individual session scales should be kept with the patient record.

3.13 Progression and Potential Placement Failure

Any significant difficulties or concerns regarding trainee performance and/or professional or personal conduct should be communicated to the Clinical Tutor at the earliest opportunity. At the Mid-placement Meeting the Clinical Tutor will explicitly ask whether there have been any areas of concern arising from the work carried out to date and whether there is any possibility of placement failure indicated on the basis of work carried out to date. If an affirmative response is given to either of these questions, specific areas of concern or shortfall in competency should be clearly identified and recorded. A record of what is required of the trainee in order to successfully pass the placement should also be made. In such a situation, the Clinical Tutor will normally arrange to meet with the supervisor and trainee shortly before the end of placement to review the progress made with respect to the issues identified.

The supervisor should contact the Clinical Tutor at the earliest opportunity if, having not been identified at the Mid-placement Meeting, significant concerns subsequently arise. The Clinical Tutor will then normally convene an additional placement meeting, where details of the concerns and required remediation strategies will be recorded.

When major concerns or the possibility of a placement failure have been identified, the Clinical Tutor will convene a Peer Review meeting, comprising

the Clinical Tutor Team. The purpose of the Peer Review meeting will be to review the circumstances of the placement, the competency issues in question and the potential role of relationship difficulties within the placement that may be contributing to any perceived shortcomings on the part of the trainee.

If the issues of concern have not been successfully remediated by the end of the placement the supervisor will normally recommend a fail grade. Details of the specific criteria which would normally be required to constitute a fail grade are given on the Practice Assessment Form.

Assessment Boards are responsible for making decisions about trainees' progression from one placement to the next. This decision occurs at two boards during the academic year; firstly between each of the placements during the academic year and secondly at a board at the end of the academic year, which considers progression to the next year of study. The Assessment Board considers the recommendation by the supervisor and has the final responsibility of ratifying the pass or fail, which affects progression to the next placement.

If a fail grade is ratified by the Assessment Board, the Board will determine what steps are required for the trainee to successfully pass the placement. These steps will be regarded as a re-assessment, as defined by University regulations, and may involve several options, depending on the circumstances and the nature of the competencies which have been judged to have not been met. The principal options are:

- Where appropriate, an extended period on the original placement may be required in order to give the trainee the opportunity to successfully demonstrate the relevant competencies.
- Where the competencies in question are of a generic nature, the trainee may be required to draw up a learning agreement with the Clinical Tutor and subsequent supervisor in a way which enables the competencies in question to be demonstrated. In such a situation a clear time frame will be given by the Assessment Board for when the competencies in question will be assessed.
- In particular circumstances, the trainee may be required to do another placement of the same kind. This may require an extension of the period of training. The Clinical Tutor has the responsibility for bringing to the Board a recommendation, based on discussions with the supervisor and in the Peer Review meeting, for a preferred option. The Board will consider this recommended option in making its final decision about the nature of the re-assessment.

If the re-assessment via the required activities does not result in the competencies in question being successfully demonstrated, the placement would be deemed to have been failed. **A change in university regulations means that beginning with the 2015 intake of trainees, only one failure in practice placement will be allowed. Should a trainee fail a second placement, this will result in course failure.**

As previously stated, a minimum of 56 days attendance for each placement is normally required. If authorised absence from placement (annual leave, sick leave, special leave, or other authorised activities) takes the total placement days below 56, the placement may in exceptional circumstances be extended to meet the minimum requirement. However, where there have been long periods of leave (e.g. due to sickness), the University Progression Board will make the decision about how and in what circumstances a trainee can progress.

All planned absences from practice placement should be authorised in advance by the supervisor in relation to the demands of the service and trainees should expect that any reasonable request will be granted. However, unauthorised absence is a professional issue and any occurrence should be raised in the first instance with the trainee and if concerns remain, details should be communicated to the Clinical Tutor at the earliest opportunity.

4 INFORMED CONSENT

4.1 Introduction

The principles which determine the practice regarding informed consent on the Course are informed by guidelines from the British Psychological Society, Health and Care Professions Council, NHS policy, the legal framework regarding data collection and storage and access to privileged information, and University and School policy. The following documents provide information regarding key issues from these sources.

4.2 Health and Care Professions Council

Information regarding compliance with the HCPC standards for informed consent can be found at:
http://www.hpc-uk.org/publications/standards/index.asp?id=38

4.3 Obtaining Consent

Psychologists shall normally carry out investigations or interventions only with the valid consent of participants, having taken all reasonable steps to ensure that they have adequately understood the nature of the investigation or intervention and its anticipated consequences.

Specifically they shall:

- Always consult experienced professional colleagues when considering withholding information about an investigatory procedure, and withhold information only when it is necessary in the interests of the objectivity of the investigatory procedure or of future professional practice.
- Where it is necessary not to give full information in advance to those participating in an investigation, provide such full information retrospectively about the aims, rationale and outcomes of the procedure as far as it is consistent with a concern for the welfare of the participants.

- Refrain from making exaggerated, sensational and unjustifiable claims for the effectiveness of their methods and products, from advertising services or products in a way likely to encourage unrealistic expectations about the effectiveness of the services or products offered, or from misleading those to whom services are offered about the nature and likely consequences of any interventions to be undertaken.
- Normally obtain the consent of those to whom interventions are offered, taking all reasonable steps to ensure that the consent obtained is valid, except when the intervention is made compulsorily in accordance with the provisions and safeguards of the relevant legislation.
- Recognise and uphold the rights of those whose capacity to give valid consent to interventions may be diminished including the young, those with learning disabilities, the elderly, those in the care of an institution or detained under the provisions of the law.
- Where interventions are offered to those in no position to give valid consent, after consulting with experienced professional colleagues, establish who has legal authority to give consent and seek consent from that person or those persons.
- Recognise and uphold the rights of recipients of services to withdraw consent to interventions or other professional procedures after they have commenced and terminate or recommend alternative services when there is evidence that those in receipt of their services are deriving no benefit from them.

4.4 Confidentiality

Psychologists shall maintain adequate records, but they shall take all reasonable steps to preserve the confidentiality of information acquired through their professional practice or research and to protect the privacy of individuals or organisations about which information is collected or held. In general, and subject to the requirements of law, they shall take care to prevent the identity of individuals, organisations or participants in research being revealed, deliberately or inadvertently, without their expressed permission.

Specifically they shall:

- Endeavour to communicate information obtained through research or practice in ways which do not permit the identification of individuals or organisations.
- Convey personally identifiable information obtained in the course of professional work to others, only with the expressed permission of those who would be identified, (subject always to the best interests of recipients of services or participants in research and subject to the requirements of law and agreed working practices) except that when working in a team or with collaborators, they shall endeavour to make clear to recipients of services or participants in research, the extent to which personally identifiable information may be shared between colleagues or others within a group receiving the services.
- In exceptional circumstances, where there is sufficient evidence to raise serious concern about the safety or interests of recipients of services, or about others who may be threatened by the recipient’s behaviour, take such

steps as are judged necessary to inform appropriate third parties without prior consent after first consulting an experienced and disinterested colleague, unless the delay caused by seeking this advice would involve a significant risk to life or health.

- Take all reasonable steps to ensure that records over which they have control remain personally identifiable only as long as is necessary in the interests of those to whom they refer (or, exceptionally, to the general development and provision of psychological services), and to render anonymous any records under their control that no longer need to be personally identifiable for the above purposes.
- Only make audio, video, or photographic recordings of recipients of services or participants in research (with the exception of recordings of public behaviour) with the expressed agreement of those being recorded both to the recording being made and to the subsequent conditions of access to it.
- Take all reasonable steps to safeguard the security of any records they make, including those held on computer, and, where they have limited control over access to records they make, exercise discretion over the information entered on the records.
- Take all reasonable steps to ensure that colleagues, staff and trainees with whom they work understand and respect the need for confidentiality regarding any information obtained.

4.5 Guidance on Confidentiality and Informed Consent

The SCHOOL'S CONFIDENTIALITY AND INFORMED CONSENT GUIDELINES FOR STUDENTS (TRAINEES)

Confidentiality and Informed Consent is essential in the health and social care setting, as maintaining confidentiality and gaining consent, promotes trust and individual choice for each client/patient**.**

It is essential that as a trainee you abide by your respective professional code of conduct/codes of practice when gaining informed consent and maintaining confidentiality.

It is important that you are aware that any breach of confidentiality or failure to gain informed consent, in any setting, will be deemed to be unprofessional conduct and may result in the School's Fitness to Practise procedure being invoked.

Please note that if confidentiality is breached in any piece of summative assessment then that piece of work will be referred and will receive a mark of '0' (zero).

4.6 INFORMED CONSENT

The guiding principle when working with a patient/client is that they have a right to determine what happens to them, it is a fundamental part of good practice. Legally and ethically an individual should give valid consent before any intervention commences. In a health or social care context where a professional does not respect this principle they may be liable to legal action by the individual or action by their professional body.

For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question (this will be the patient or someone with parental responsibility for a patient under the age of 18, someone authorised to do so under a Lasting Power of Attorney (LPA) or someone who has the authority to make treatment decisions as a court appointed deputy). Acquiescence where the person does not know what the intervention entails is not 'consent'.
Department of Health (2009) Second edition p5 Reference guide to consent for examination or treatment.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103643 (accessed 11/09/2014)

As a trainee it is important that you inform the individual of your status and that permission is given for you to carry out any intervention. The individual must also be informed and consent given where the activity is not part of the individual's care but is for the purpose of furthering your education.

4.6.1 Gaining Informed Consent for Summative Assessments.

You must adhere to your respective professional guidelines for documenting informed consent. Evidence of this must be visible in any of your written work submitted if individual client/patient/carer/family information has been utilised in your assessed work.
Consent is <u>required</u> for:

i Case studies that contain specific client/patient/carer/user/family information i.e. problems, condition, demographic detail, unusual circumstances, employment.

ii Reflection that includes client/patient history or other significant information (as above).

iii Critical incidences that include client/patient history or other significant information (as above).

iv Information about colleagues.

Consent is not required for:

Critical incidences and generalised reflection, focusing on practice when discussing one's own feelings about a situation rather than the specific circumstances of the patient/client.

Please note that if informed consent has not been obtained for any piece of summative assessment that relates to a client/patient/user/carer/ colleague, then that piece of work will be referred and will receive a mark of '0' (zero).

To verify consent from patient/ client or carer please use an informed consent declaration form (Appendix 11). Your supervisor verifies that you gained consent from the individual(s) concerned.

4.7 Program Start Statement

At the start of your course, you will also be asked to sign a form stating that you understand and will abide by the principles of confidentiality and informed consent. If you are unsure of the principles and how they apply to your practice then it is your responsibility to seek further guidance.

4.8 Practice Regarding Informed Consent on the Teesside DClinPsy

The DClinPsy has developed the following practice with respect to Informed Consent:

In cases where the client has appropriate capacity, trainees should make a declaration at the commencement of contact regarding their training status. This declaration should cover the following points:

- The fact that the trainee is on a pre-registration training course in Clinical Psychology.

- The fact that the trainee will be supervised on a regular basis and the work with the client will be a part of this supervision.

- The fact that the University requires that a log of clinical work be kept and that this will involve a minimal data set of type of problem and demographic data, while excluding any information which could identify the individual.

- The fact that the declaration has been made should be entered in the case notes and also confirmed on the Trainee Declaration Form (Appendix 10) which should be handed in at the end of placement with the other placement documentation.

- In cases where the client does not have appropriate capacity, the procedures regarding informed consent applying in the particular Service should be followed. The fact that these have been implemented with respect to the training declaration should be entered in the case notes as

well as on the Mid-Placement Meeting Form and on the form attached to the Practice Assessment Form.

- Where case material is to be used for an assignment or other assessment required for the University, specific consent for this should be obtained. Specific forms for consent for audio/video recording, case studies and case presentations are supplied by the course (Appendices 7, 8 and 9). These should be completed and kept in the case notes. The trainee should also fill in the 'Informed Consent Declaration' Form (Appendix 11) with respect to such consent and submit this with the other documentation at the end of placement.

- In cases where the client does not have appropriate capacity, the procedures regarding informed consent applying in the particular Service should be followed. The fact that these have been implemented with respect to assignments should be entered in the case notes as well as on the School's form.

5 SUPERVISION

5.1 Supervisor requirements

Clinical Practice supervisors must be appropriately qualified, but may be registered in a different domain of psychology, or be a member of another profession: psychologists providing supervision to trainees on accredited courses must be registered with the Health and Care Professions Council; members of other professions who are providing supervision to trainees on accredited courses should be registered with an appropriate professional or statutory body.

Supervisors should ensure that they have attended appropriate and contemporary workshops as well as carrying out other CPD activity in order to ensure that their competence as supervisors is developing according to professional and service requirements.

As a minimum, it is expected that supervisors will have attended the Teesside University four day Accredited Supervisor Training Course, or its equivalent.

In addition, a course of Advanced Supervisor Training workshops will be developed which Supervisors are expected to incorporate into their annual CPD structure.

5.2 Supervision on Placement

Whilst on placements trainees should participate in supervision with an appropriately qualified supervisor. The nature of supervision provided will depend on the organisational context in which the placement takes place. All clinical supervisors must be fully aware of their responsibilities.

A variety of supervisory arrangements is acceptable. These include trainee to supervisor ratios of 1:1 and 2:1 and various forms of team supervision for groups of trainees. The trainee must have an appropriate amount of individual supervision in addition to any group supervision.

There must be a formal, scheduled supervision meeting each week that must be of at least an hour's duration. Longer supervision will sometimes be needed, especially where team or group supervision is used. In addition, supervisors should try to make themselves available for informal discussion of matters that arise between formal supervision sessions. The total contact between the trainee(s) and supervisor(s) must be at least three hours a week, and may need to be considerably longer than this at the beginning of training.

Adequate time for clinically relevant reading must be made available to the trainee on placement. In addition, supervisors have a crucial role in contributing to the integration of the academic and practical aspects of the Course. They should discuss literature relevant to the clinical work in hand and suggest suitable reading to the trainee. In general they should help trainees to develop a scholarly and critical approach to their clinical work.

It is essential that the trainees and supervisors have opportunities to observe each other at work: the trainee can learn much from this and it is essential in order for the supervisor to give the trainee accurate and constructive feedback.

5.3 Team Provision of Supervision

On occasions trainees will be supervised by different supervisors on different pieces of clinical work during one period of supervised practice. Where such team supervision takes place, one appropriately qualified supervisor will be identified as the Primary Supervisor. The Primary Supervisor will take responsibility for the work carried out by the trainee on practice.

All the supervisors who are involved in the supervision of a trainee during one period of supervised practice, should be present at the Initial, Mid and Final Placement Meetings. At the Initial Placement Meeting, agreement will be reached about the range of clinical activity to be supervised by each supervisor.

On occasions a recently qualified Clinical Psychologist, who is not eligible to supervise independently, will assist the Primary Supervisor in supervising a trainee. The same may be true of psychologists qualified in another branch of applied psychology / members of other professions. The mechanisms by which the Primary Supervisor will monitor the supervision provided will be clarified at the Initial Placement Meeting and their effectiveness monitored at the Mid and Final meetings.

Members of other professions who are providing supervision to trainees on accredited courses should be registered with an appropriate professional or statutory body.

APPENDICES

APPENDIX 1

TEESSIDE UNIVERSITY

DOCTORATE IN CLINICAL PSYCHOLOGY

SUPERVISION REFERENCES

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APPENDIX 2

E-Portfolio (Mea Vita)

Doctorate in Clinical Psychology

E-Portfolio Induction: Doctorate in Clinical Psychology

Activity Objectives

- Become familiar with the SOHSC E-Portfolio.
- Incorporate course specific forms into personal E-Portfolio.
- Send colleague requests and create private group to share your E-Portfolio with your Academic and Practice supervisors.
- Create and organise your E-Portfolio structure.

Introduction

'An E-Portfolio is a purposeful aggregation of digital items - ideas, evidence, reflections, feedback etc. which 'presents' a selected audience with evidence of a person's learning and/or ability'

Sutherland, S. and Powell, A. (2007)

The SOHSC E-Portfolio aims to add value to the student experience by developing transferable skills through engagement with personal development at the start of the academic journey.

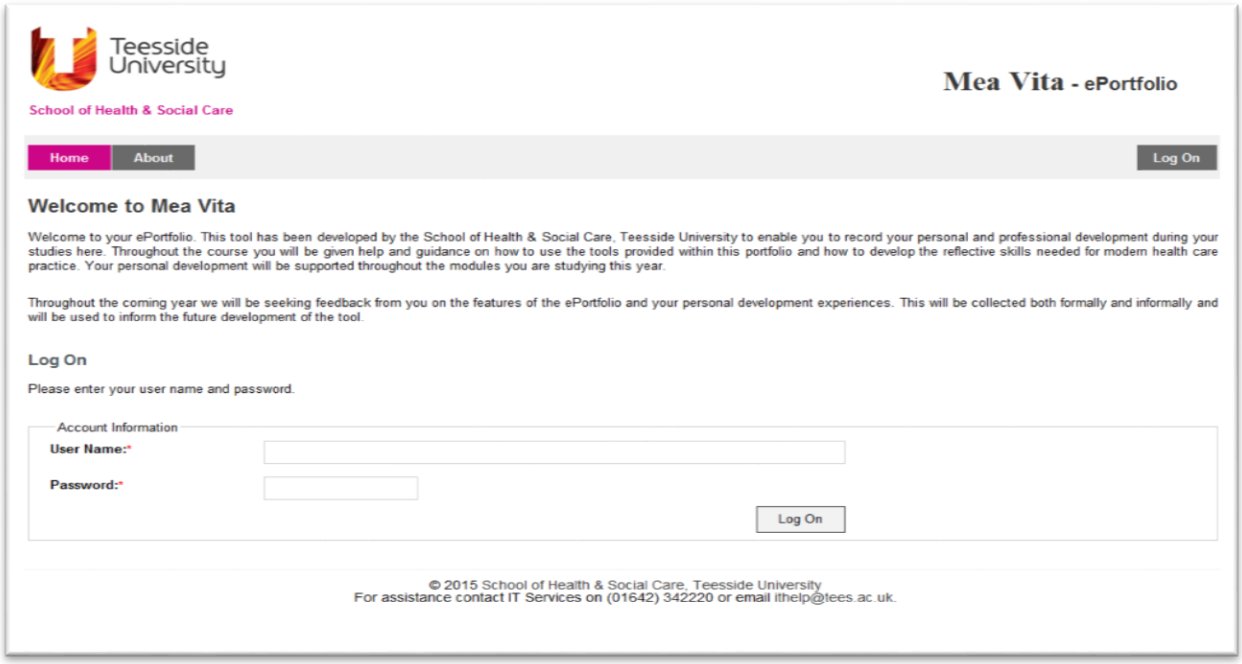
The tool is used to support the development of confident students whose digital literacy is enhanced, and who can articulate, in their E-Portfolio, how they are using their critical thinking skills in their academic and professional development as well dialogue their aspirations for the future.

Activity 1: Access E-Portfolio (MeaVita)

1.1. Log in

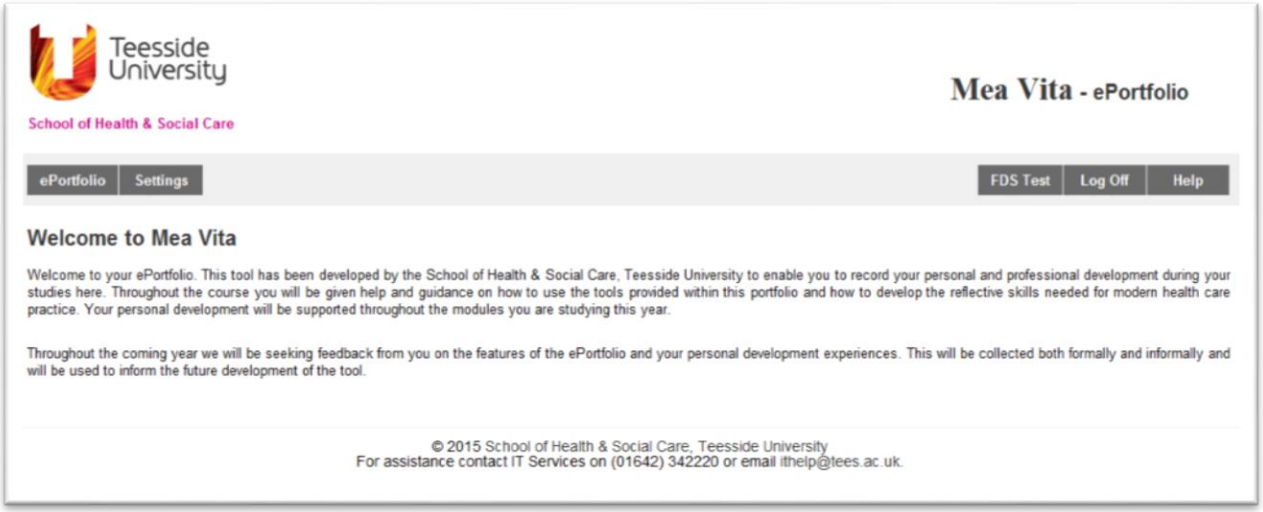
1. You can access E-Portfolio (MeaVita) website by entering the direct URL http://sohsc.tees.ac.uk/meavita/ into your web browser.

2. The MeaVita home page loads.

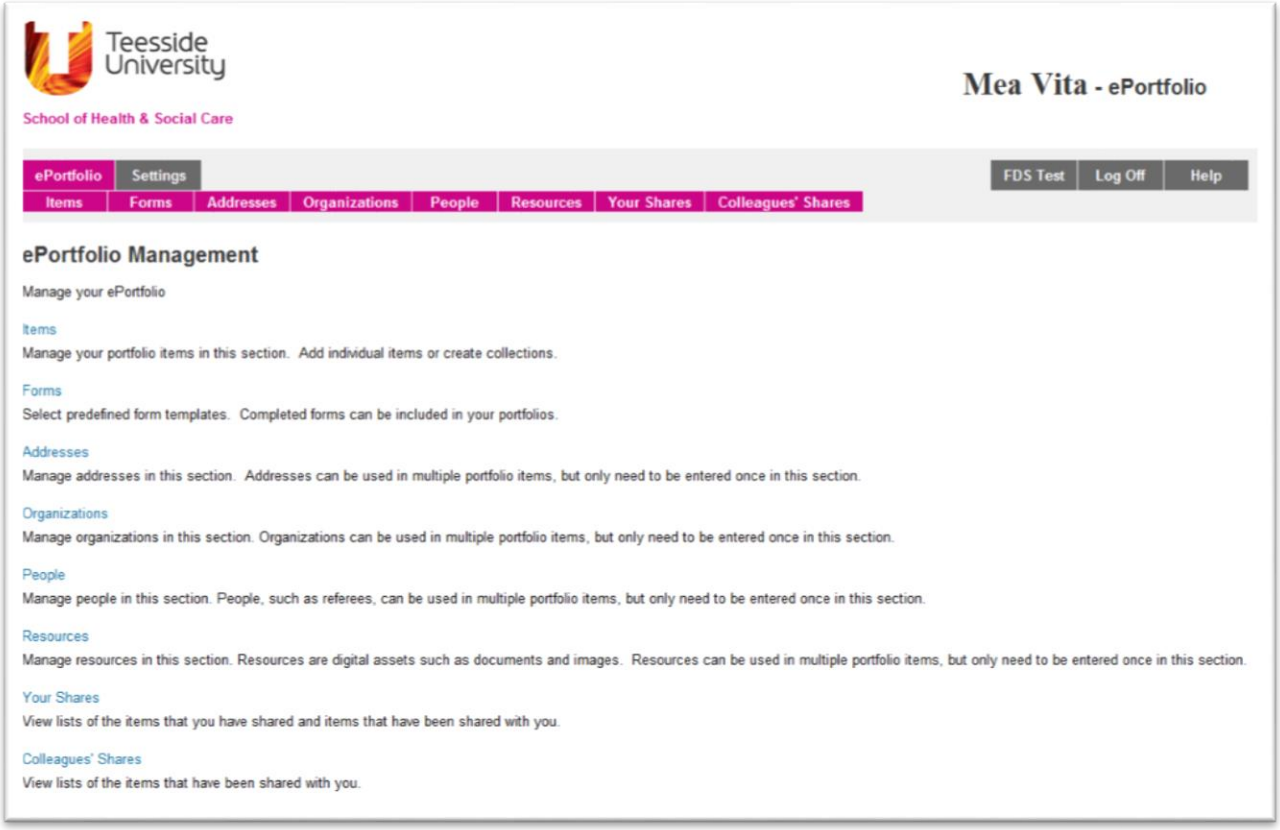


3. Locate the User Name: text box and enter your **University IT account** username i.e. G7139451 and password and click the **Log On** button.

4. The **MeaVita E-Portfolio Dashboard** page will load.



1.2. Overview of ePortfolio Interface



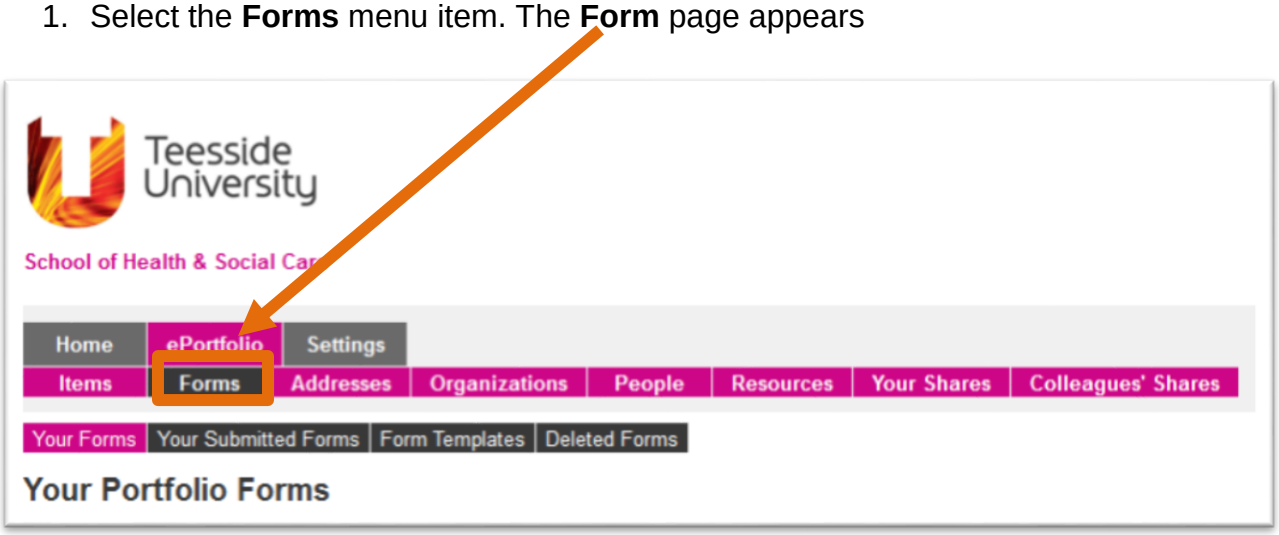
Main Menu

The following options are available from the main menu.

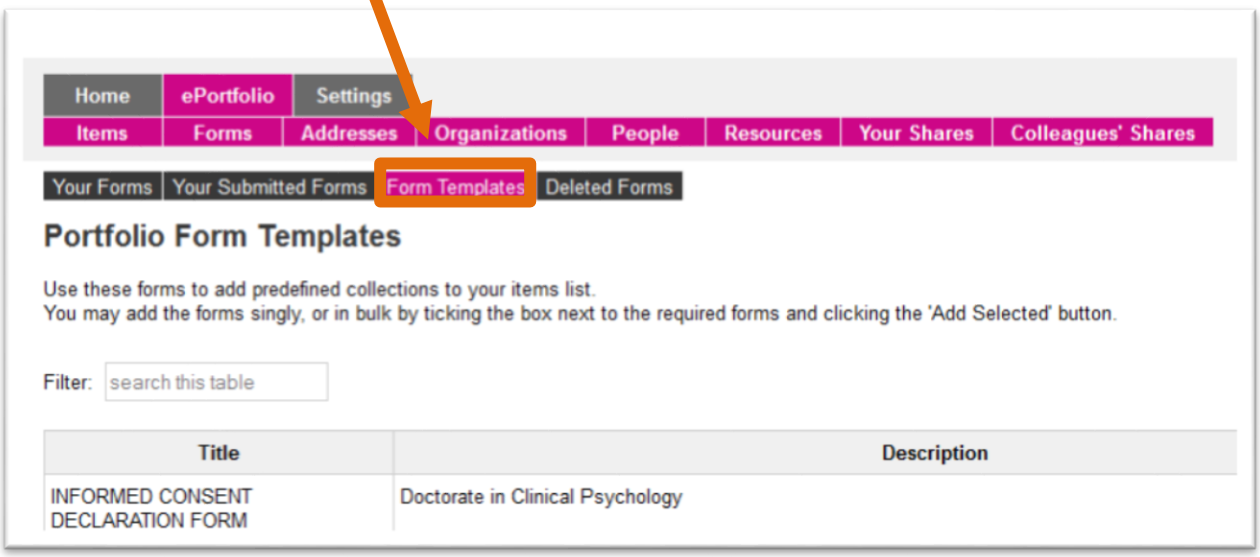
Items	You can manage your portfolio items from this menu as well as add individual items or create collections.
Shares	You can view lists of the items that you have shared and items that have been shared with you from this menu option.
Forms	You can view and create a copy of predefined form templates associated with your course of study. Completed forms can be included in your portfolio.
Addresses	You can manage addresses in this section. Addresses can be used in multiple portfolio items (for example CV's), but only need to be entered once in this section.
Organizations	You can manage organizations in this section. Organizations can be used in multiple portfolio items, but only need to be entered once in this section.
People	You can manage people in this section. People, such as referees, can be used in multiple portfolio items, but only need to be entered once in this section
Resources	You can manage your resources in this section. Resources are digital assets such as documents and images. Resources can be used in multiple portfolio items, but only need to be entered once in this section.

Activity 2: Create personal copies of you course specific forms

1. Select the **Forms** menu item. The **Form** page appears



2. Select the **Form Templates** menu item.



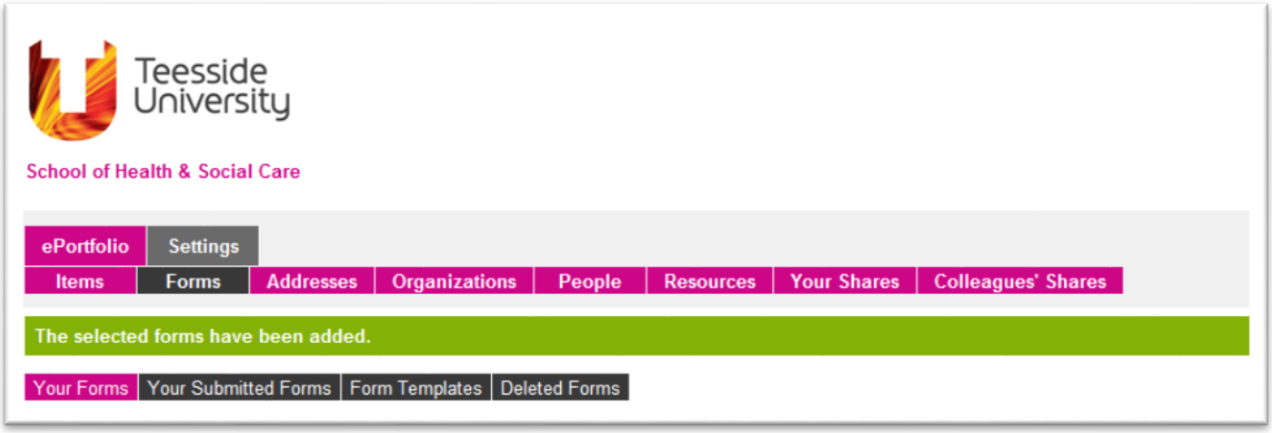
3. You need to ensure you have a copy of each the following forms in your personal E-Portfolio. Select the **checkbox** ☑ next to each of the form titles.

    1. INFORMED CONSENT DECLARATION FORM
    2. PLACEMENT CONTINUATION DOCUMENT
    3. Supervised Placement Agreement
    4. Supervisor Practice Assessment Form: Competency 1.
    5. Supervisor Practice Assessment Form: Competency 2.
    6. Supervisor Practice Assessment Form: Competency 3.
    7. Supervisor Practice Assessment Form: Competency 4.
    8. Supervisor Practice Assessment Form: Competency 5.
    9. Supervisor Practice Assessment Form: Competency 6.
    10. Supervisor Practice Assessment Form: Competency 7.
    11. Supervisor Practice Assessment Form: Competency 8.
    12. Supervisor Practice Assessment Form: Competency 9.

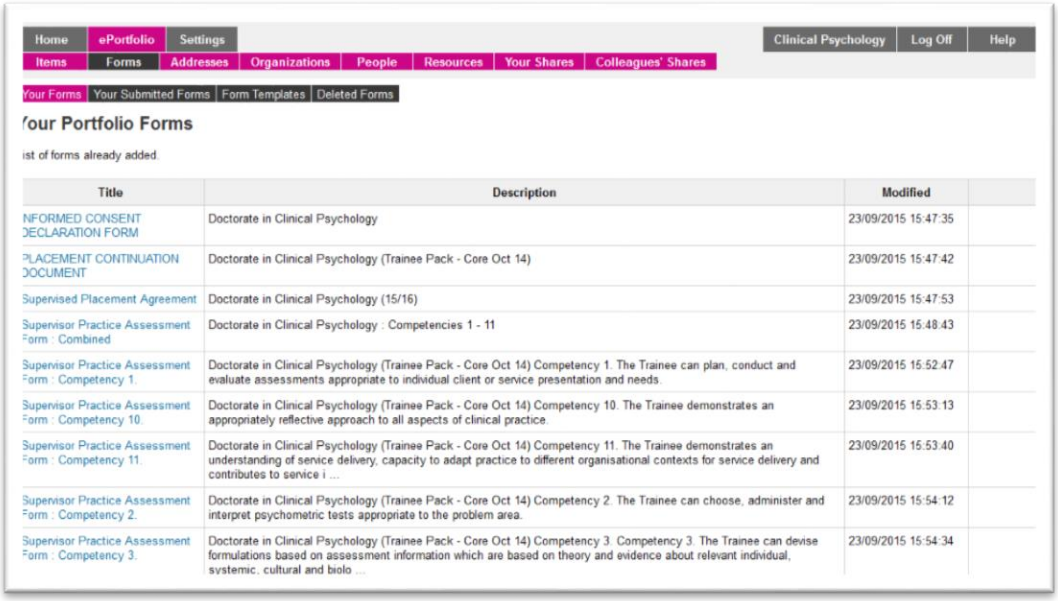
13. Supervisor Practice Assessment Form: Competency 10.
14. Supervisor Practice Assessment Form: Competency 11.
15. Supervisor Practice Assessment Form :OVERALL ASSESSMENT OF COMPETENCY

4. Click the **Add Selected** button located towards the bottom of the page/list.

5. Confirmation that the select forms have been saved successfully will be displayed underneath the main menu (green banner).



Once you have created copies of the forms you can view a full list of them by clicking on **Your Forms.** Your form list should look similar to the image below.



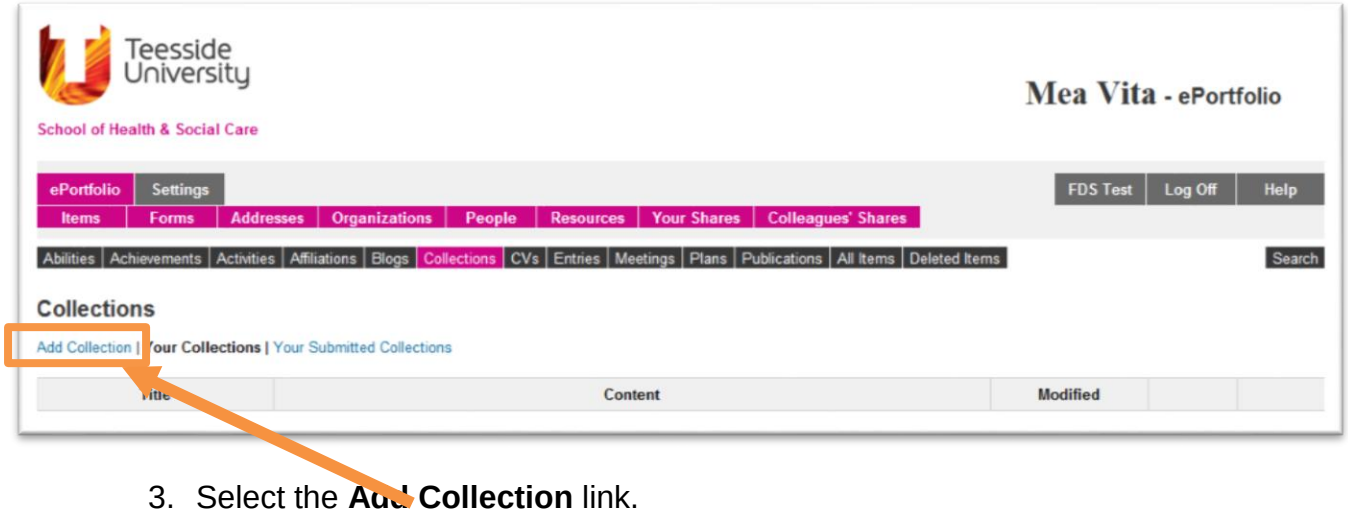
Activity 3: Structuring your e-Portfolio using Collections

Collections are used to aggregate and present content.

3.1. Creating a collection

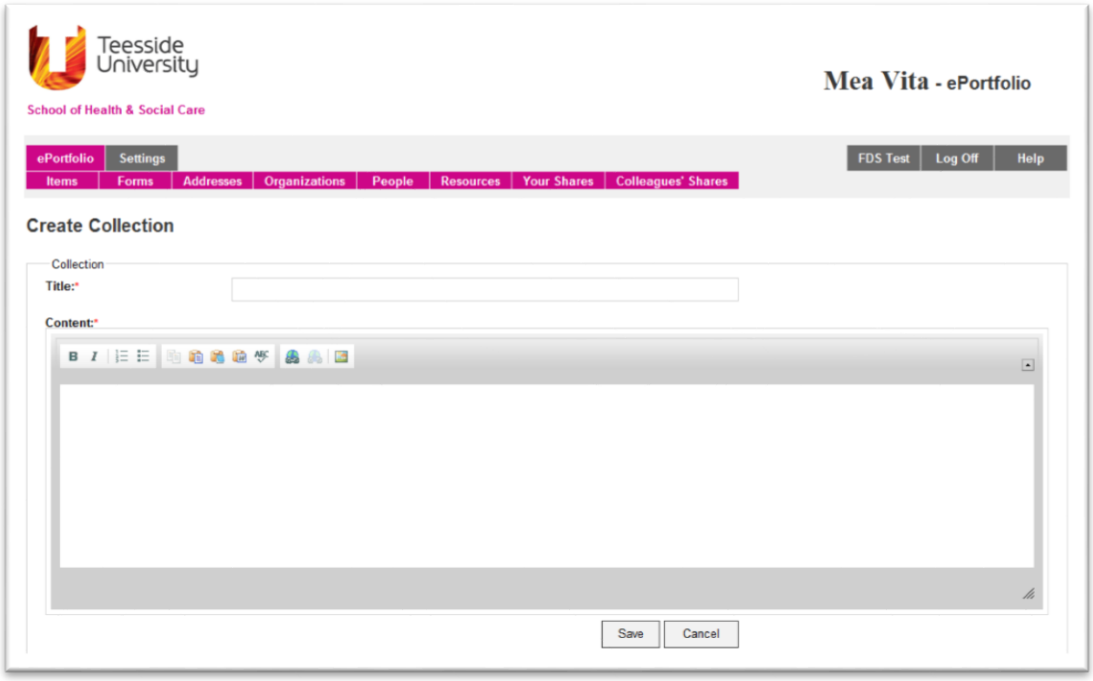
1. Select the **Items** menu option.

2. Select the **Collections** menu option.



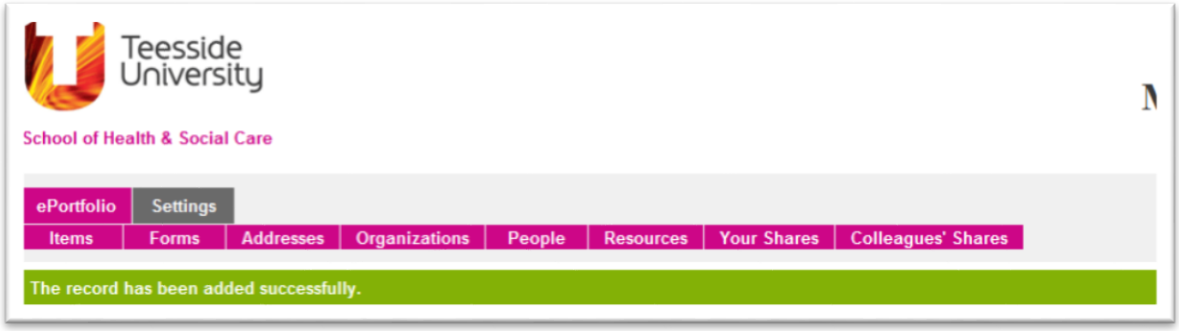
3. Select the **Add Collection** link.

4. Select the **Title** text box and enter a meaningful title i.e. ***'Doctorate in Clinical Psychology Portfolio Placement 1'***.



2. Select the **Content** text box and provide a description i.e. Portfolio of evidence for Doctorate in Clinical Psychology.

3. Click the '**Save'** button. Confirmation the collection has been successfully saved is show.



You also need to create additional collections to aggregate your essential evidence. Follow the process outlined above to create the following additional collections:

Collection Title	Suggested Content Description
Assessment Documents	Supervised Practice Assessment Competencies Form(s)
Start of Placement	Supervised Placement Agreement Form
Log Book and Portfolio	Log Book and Portfolio documentation and Informed Consent Declaration form
End of Placement	Placement Continuation Form

3.2. Organise collections

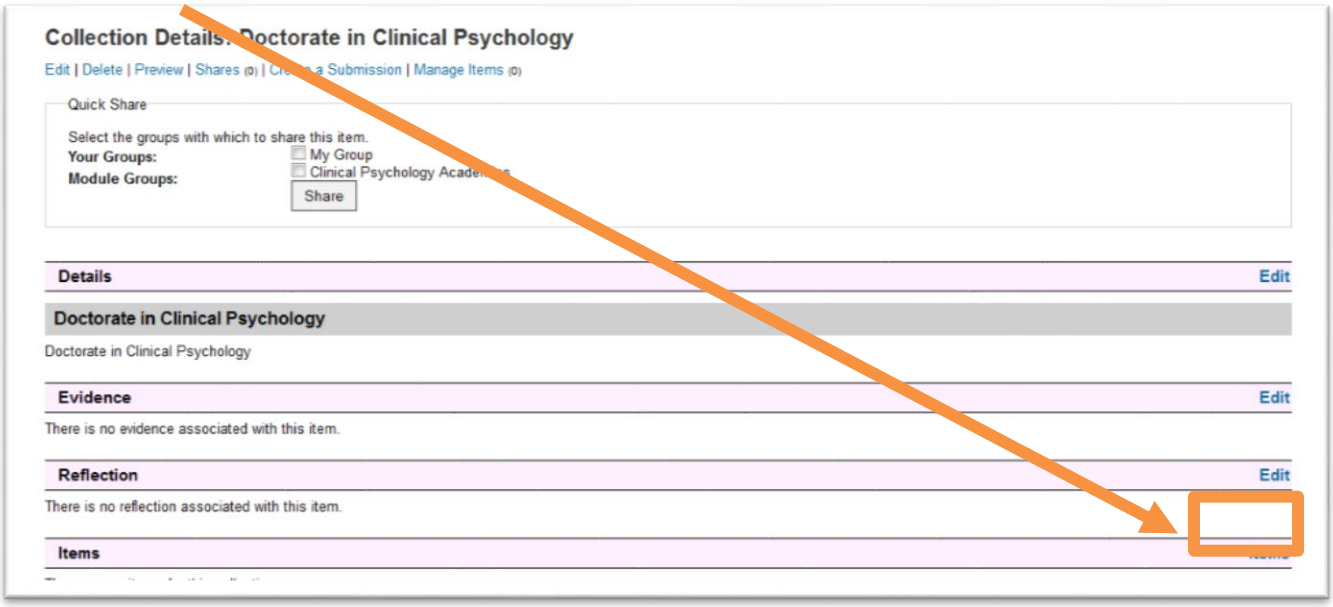
Once you have created your collections you need to ensure they are associated with the 'top level' collection. The guidance below demonstrates how to associate all the collections with the ***Doctorate in Clinical Psychology Placement 1 Portfolio*** collection.

1. From within **Collections.**

2. Select the ***Doctorate in Clinical Psychology Portfolio Placement 1*** collection which will be used to aggregate the other collections.

The **Collection Details** page will load.

Select the **Items** link.

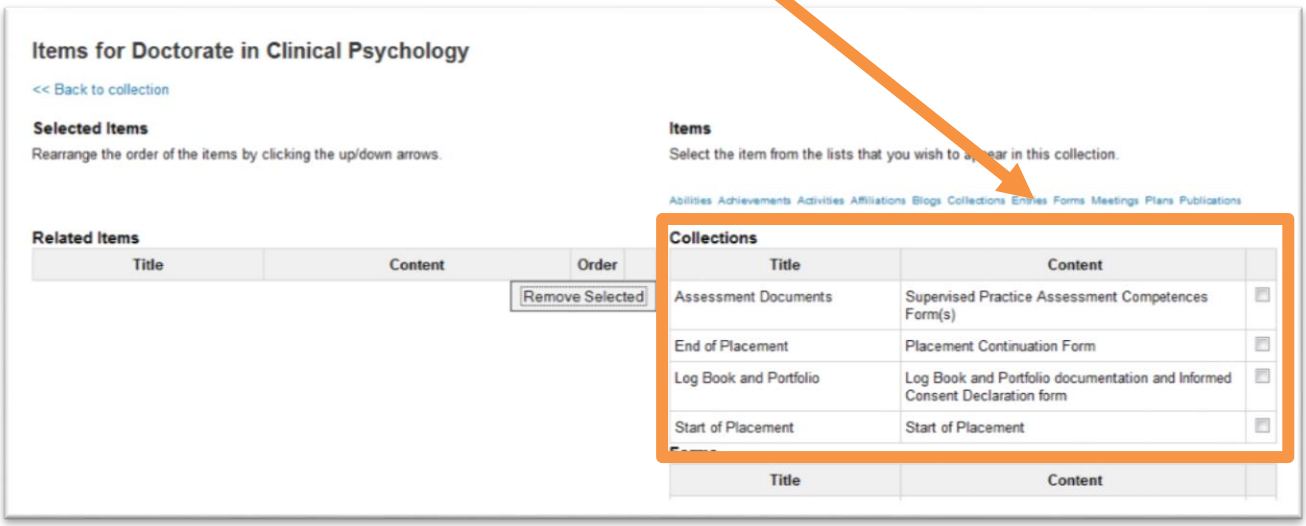


The **Items** page loads. Locate the list of available collections (right hand side of the page).

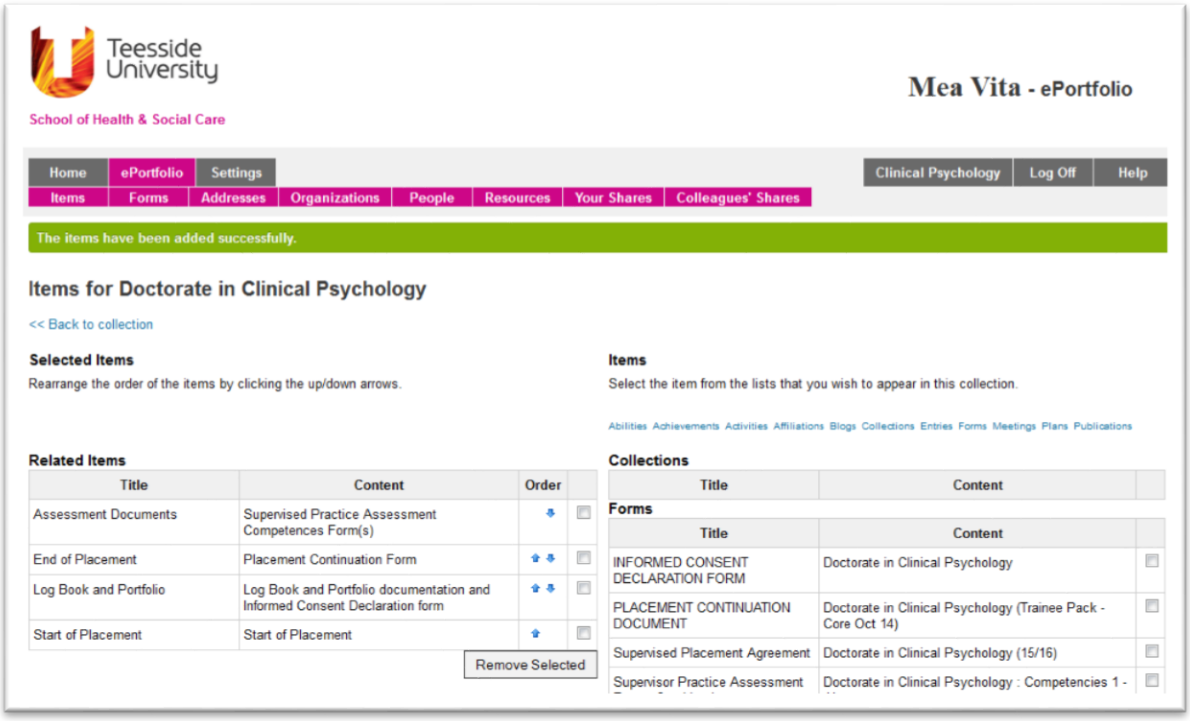
Select the checkbox's next to the collection the following collections

- Assessment Documents
- Start of Placement
- Log Book and Portfolio
- End of Placement

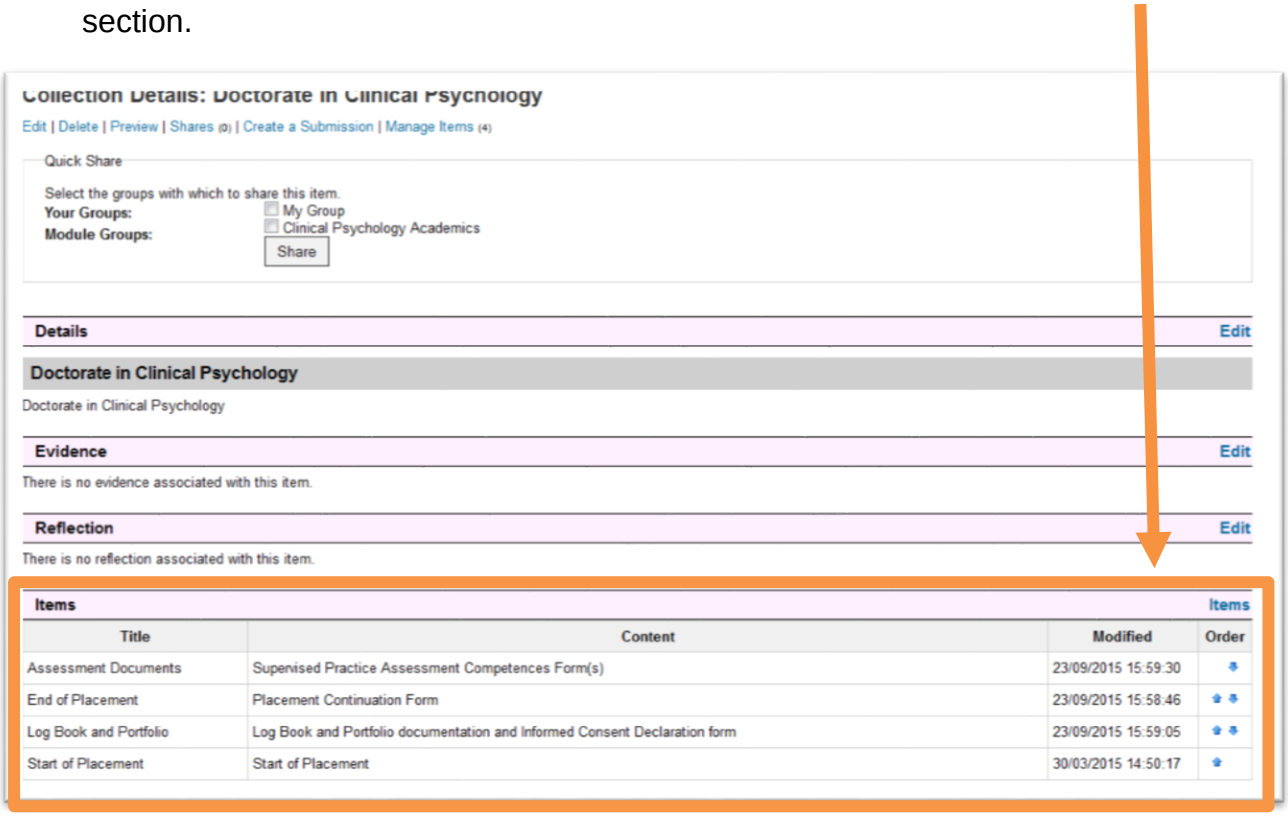
Then click the **Add Selected** button



Once you have added all of the collections this interface should be similar to the image below.



3. Select the **<< Back to Collection** link to be returned to the **Collection Details** page, the collection you have mapped will now show under the **Items** section.



4. Reorder the item list using the  Order arrows to reflect the following order:

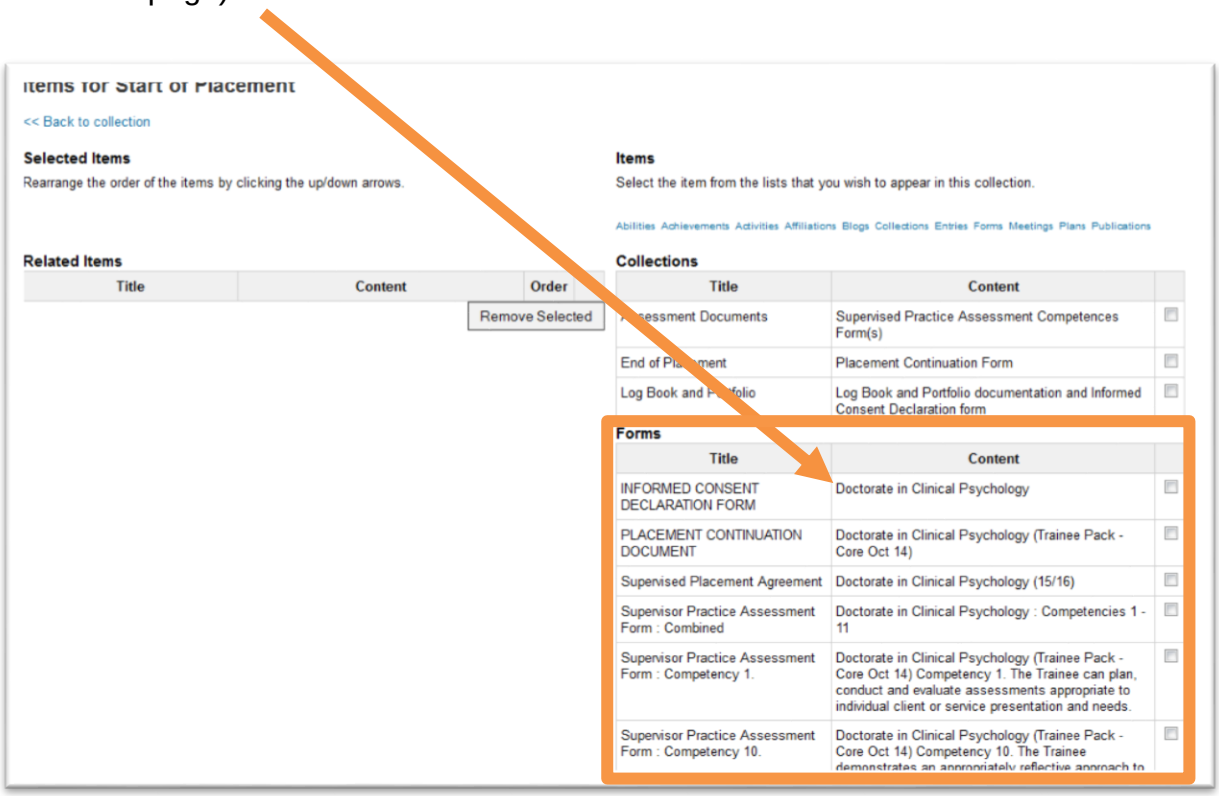
- Start of Placement
- Assessment Documents
- Log Book and Portfolio
- End of Placement

3.3. Associate forms with collections

Once you have your collection structure correct you need to associate your forms with your collections**.** For example associate the ***Supervised Placement Agreement*** with your ***Start of Placement*** collection.
Follow the guidance below:

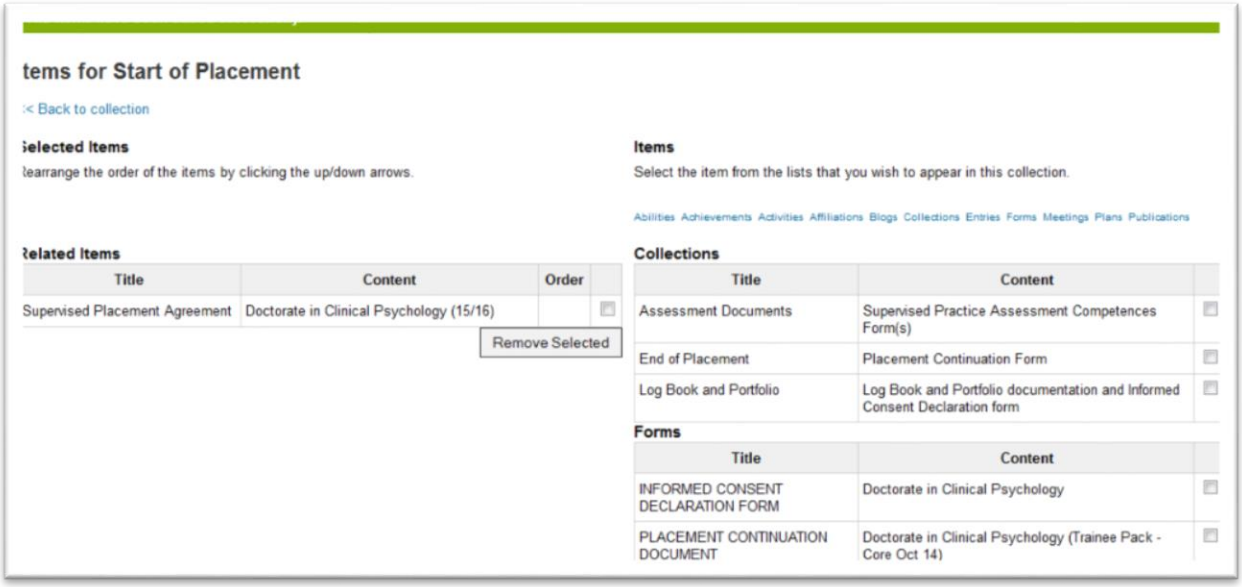
1. Locate and select the **Start of Placement** collection
2. Select the **Items** link

The **Items** interface loads. A list of available forms is displayed (on the right hand side of the page).

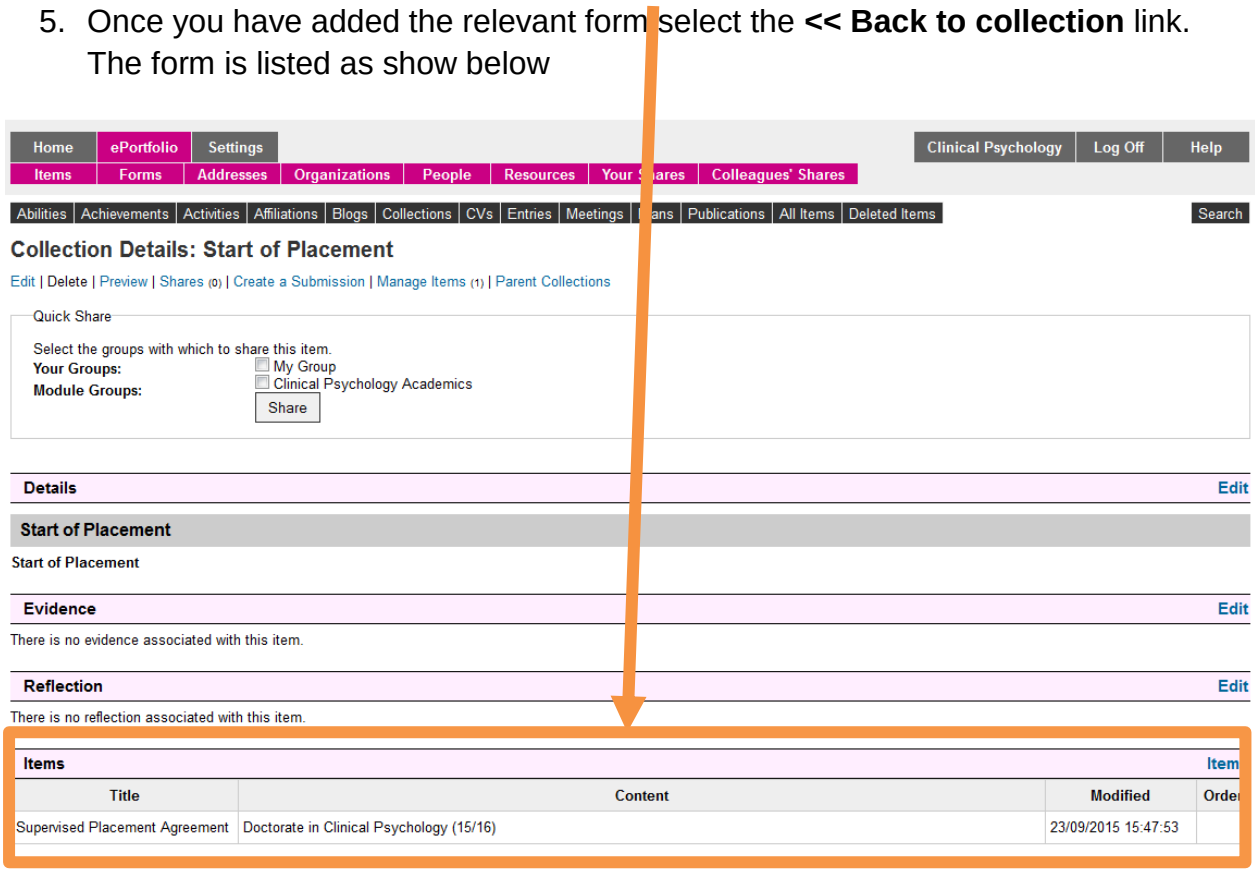


3. Select the check boxes for ***Supervised Placement Agreement*** form**.**
4. Click the **Add Selected** button.

The interface will be updated.



5. Once you have added the relevant form select the **<< Back to collection** link. The form is listed as show below



You need to **repeat** the process outlined above and add the following forms to their associated collections:

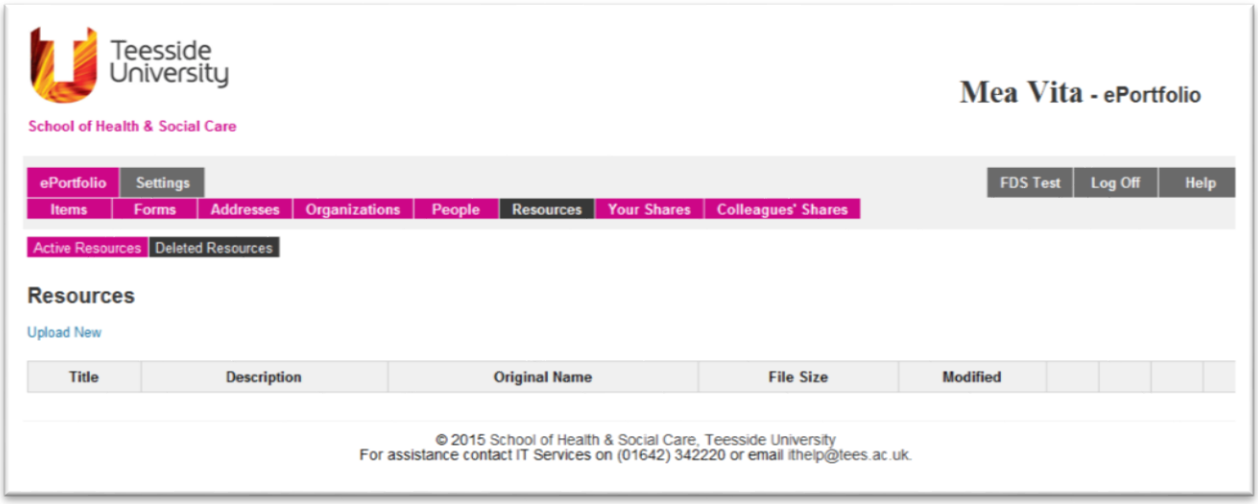
Collection Title	Suggested Content Description
Assessment Documents	Supervised Practice Assessment Competencies Form(s) • Supervisor Practice Assessment Form : Competency 1 • Supervisor Practice Assessment Form : Competency 2 • Supervisor Practice Assessment Form : Competency 3 • Supervisor Practice Assessment Form : Competency 4 • Supervisor Practice Assessment Form : Competency 5 • Supervisor Practice Assessment Form : Competency 6 • Supervisor Practice Assessment Form : Competency 7 • Supervisor Practice Assessment Form : Competency 8 • Supervisor Practice Assessment Form : Competency 9 • Supervisor Practice Assessment Form : Competency 10 • Supervisor Practice Assessment Form : Competency 11 • Supervisor Practice Assessment Form: Overall Assessment of Competency.
Log Book and Portfolio	Informed Consent Declaration form
End of Placement	Placement Continuation Form

Activity 4: Resources

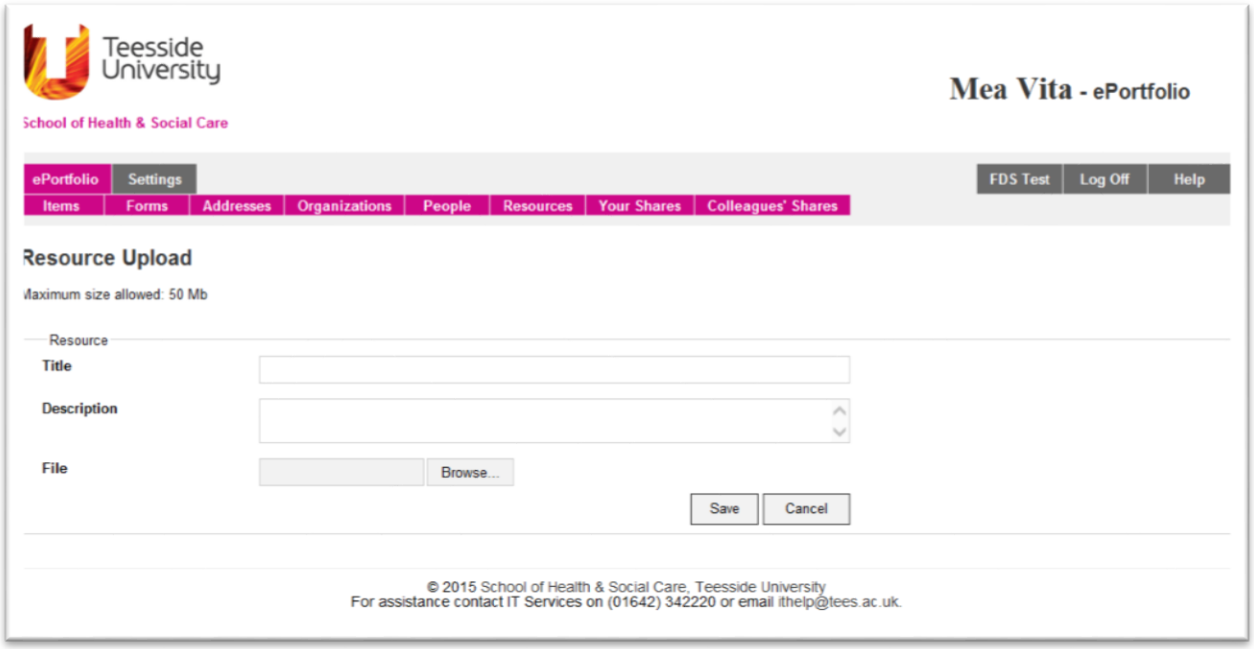
Resources are digital assets such as documents and images. Resources can be used in multiple portfolio items, but only need to be uploaded once into the resource section.

4.1. Uploading a resource

1. Select the **Resources** menu option.

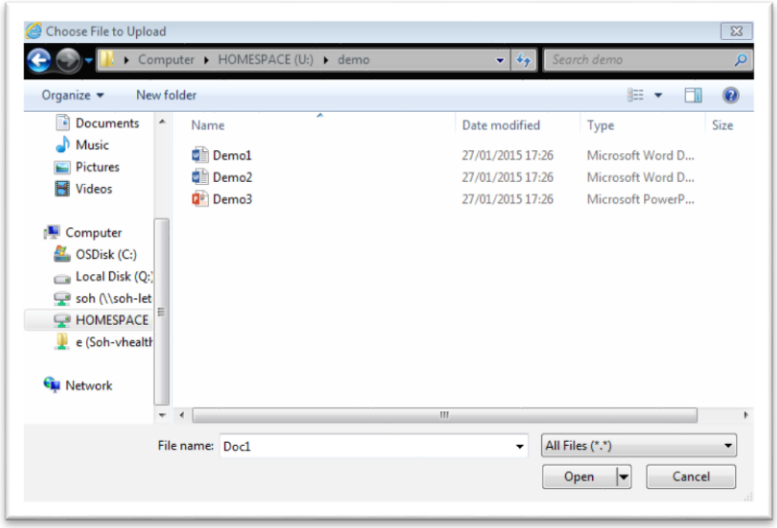


2. Select the **Upload New** link. Select the **Title** text box and enter a meaningful title for the resource.

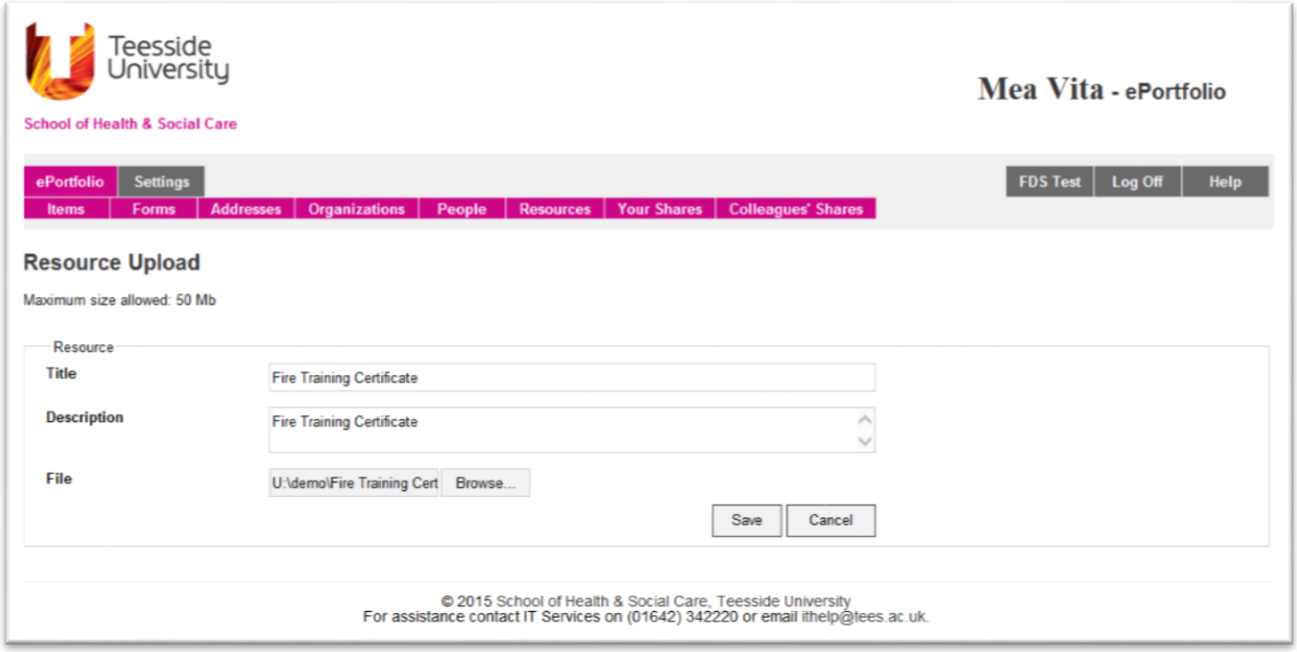


3. Select the **Description** text box and provide a description of the resource.

4. Click the **Browse...** button. The **Choose File to Upload** window opens.



5. Select the relevant file/digital asset and click the **Open** button.



6. Click the **Save** button.

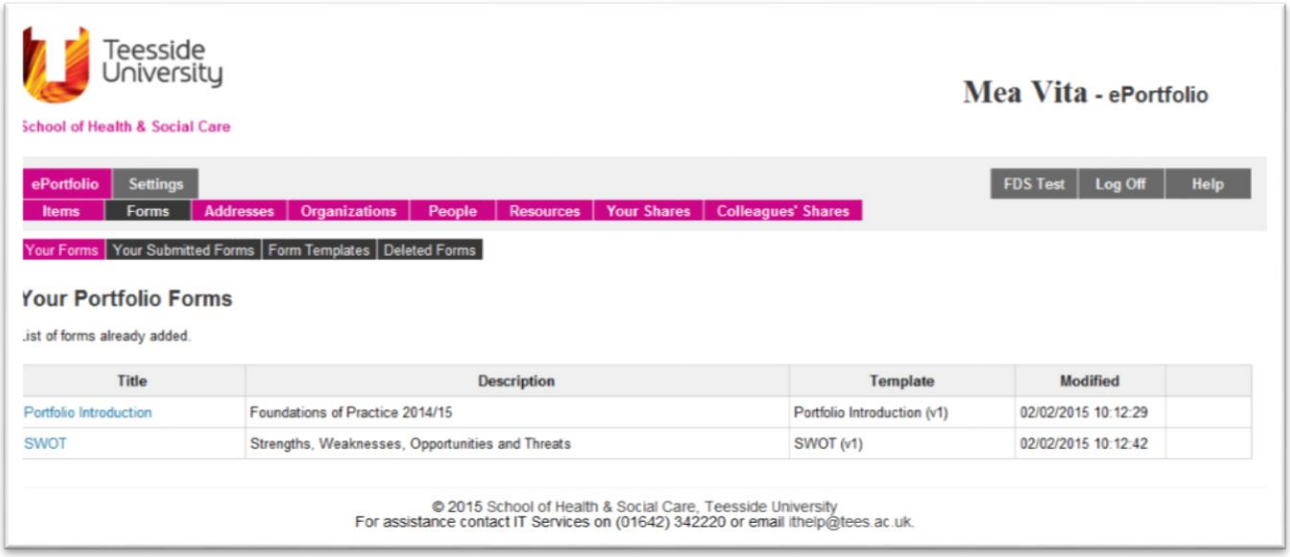
The list of resources available within your E-Portfolio will be displayed. The files will be available to associate with forms or collections as evidence.
Note: You will need to upload your log book documentation (usually a word document)

Activity 5: Using forms (editing)

You can edit a relevant portfolio forms using the **Edit** feature

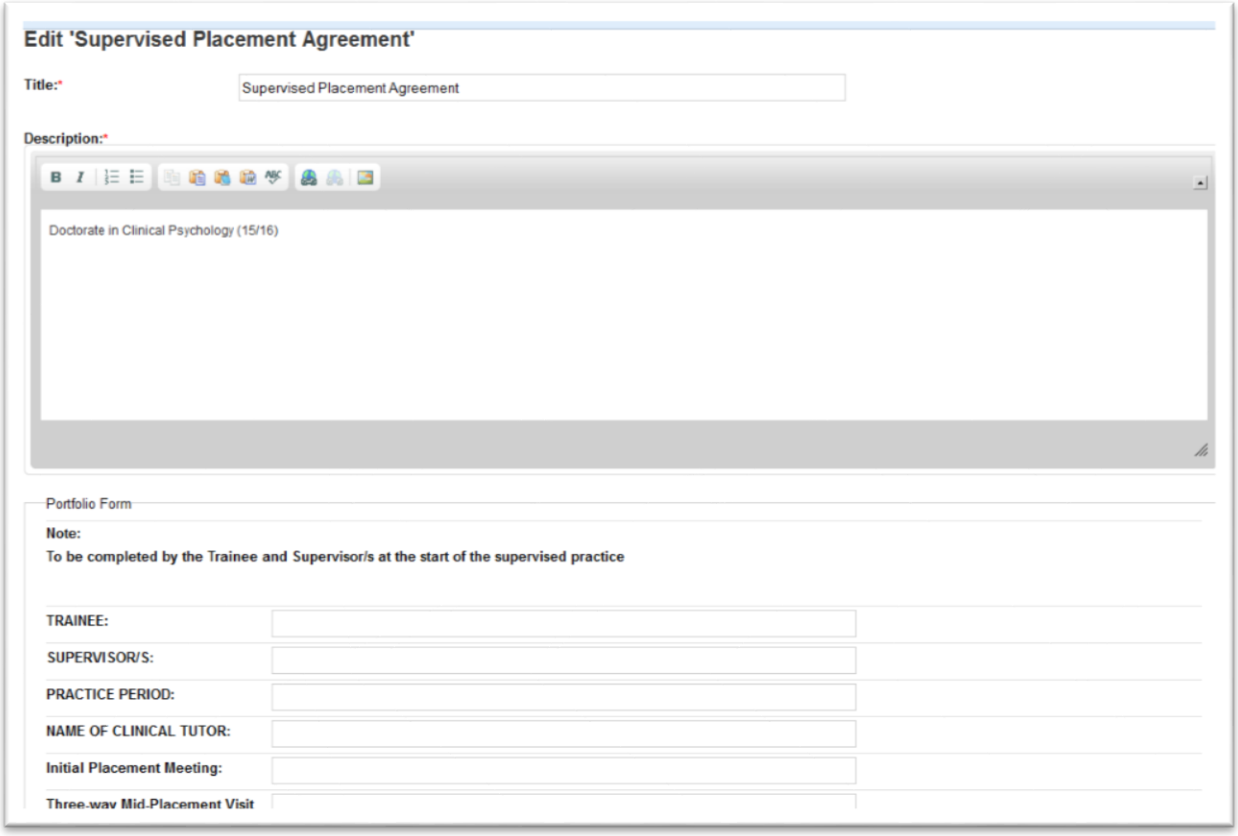
1. Select the **Forms** menu item.

2. The **Portfolio Forms** page appears.

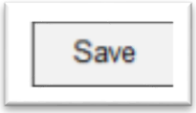


3. Select a form you would like to edit by clicking on the form name for the **Supervised Placement Agreement**.

4. The **Form Details** page will load. Click the **Edit** link to update the content of the form.



5. Once you have finished editing a form scroll to the bottom of the form and click the **Save** button.



Note: Take time to familiarise yourself with the portfolio forms, you may be required to add content to a number of forms.

Activity 6: Granting external access to your E-Portfolio

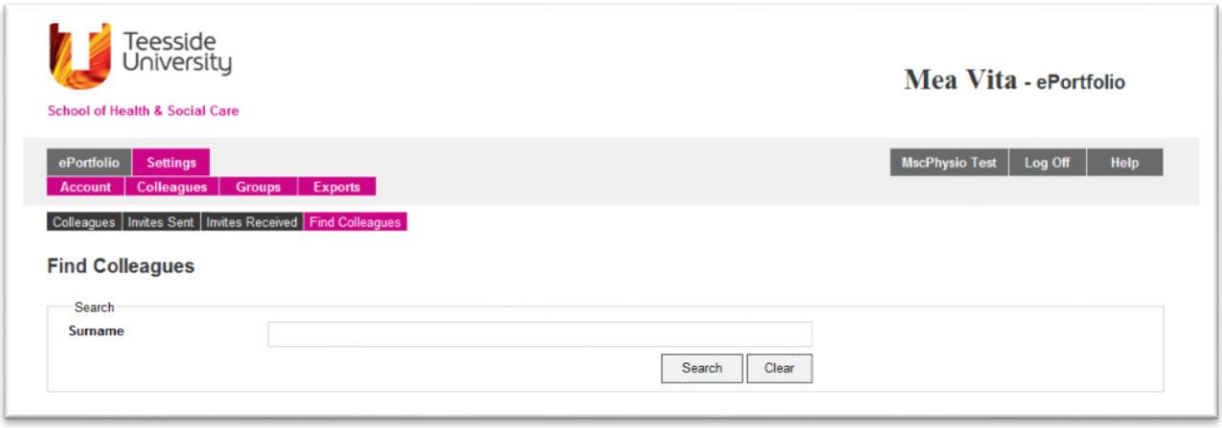
All aspects of your E-Portfolio are **private** and can only be viewed by someone if **you grant them access**.

You will be required to share selected aspects of your E-Portfolio throughout your course of study with academics and your placement supervisor(s).

7.1. Inviting colleagues

1. Select the **Settings** button from the main menu.
2. Select the **Colleagues** sub menu option.

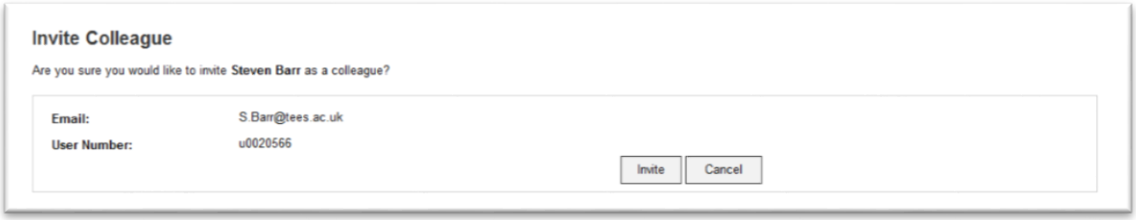
2. Select **Find Colleagues**.



3. Search for a colleague by typing in their surname and clicking the **Search** button. Locate Donna Hay (u0024488, d.hay@tees.ac.uk) for demonstration purposes and your supervisor if know.

Note :Your practice supervisor **must** be registered with the system before you can locate and invite them to the be your colleague.

4. Click the **Invite** option beside the colleague(s) you wish to grant access to your portfolio. You are required to confirm that you wish to send the invite.



Note: Your colleague (supervisor) will need to accept your invitation before they can access any resources/forms etc. you wish to share.

7.2. Creating a private group

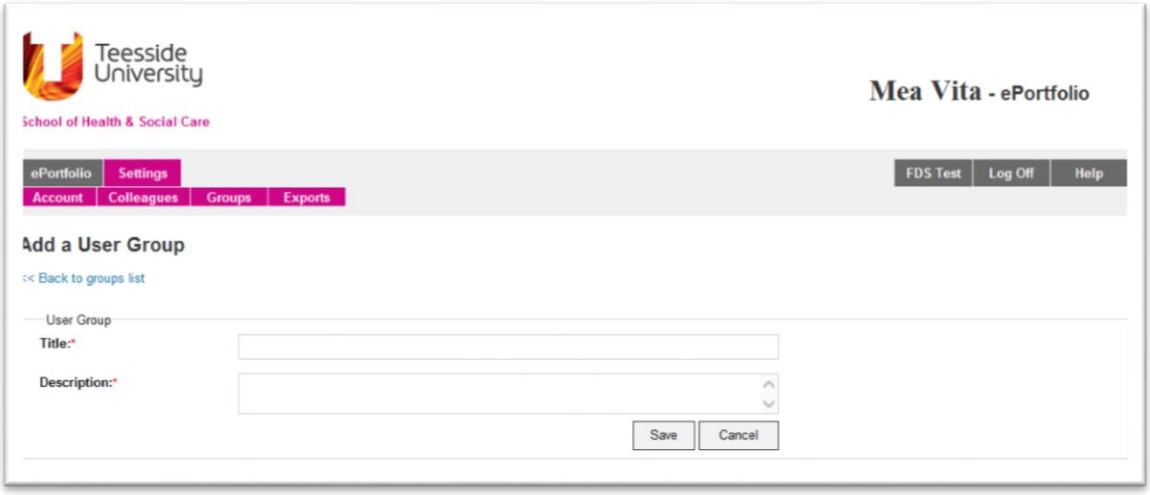
Private groups are used to share resource with more than one person at a time efficiently. You need to create a private group that consists of at least Donna Hay, and your placement supervisor (you may also wish to invite and add your personal tutor/module leader if appropriate). Follow the guidance below to create your private group.

1. Click the **Settings** menu option.

2. Select The **Groups** sub menu.

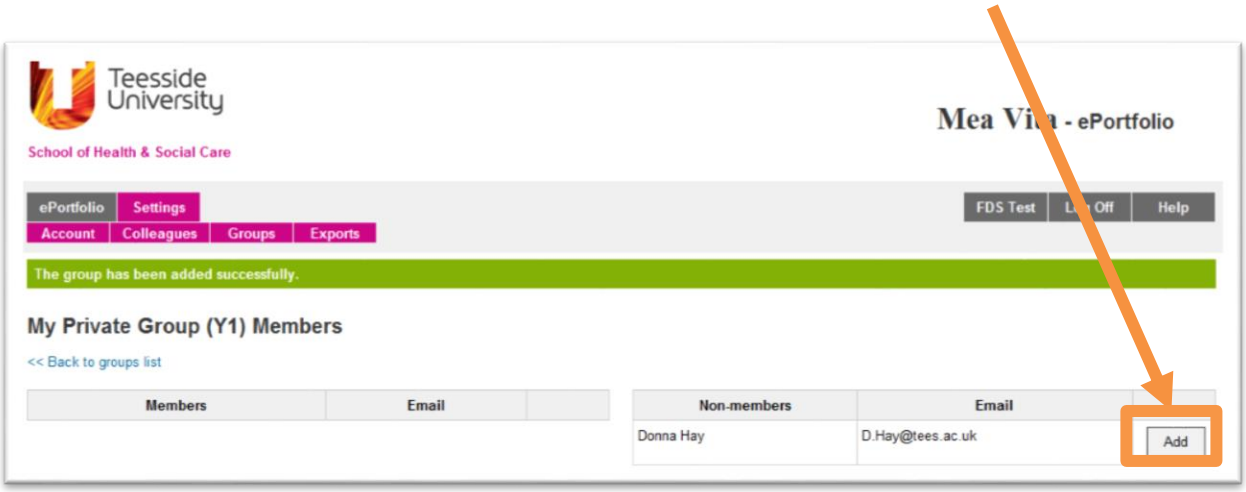
3. Select **Create New** link.

The Add a User Group page loads.



4. Provide a meaningful title and description for your private group (for example My Private Group) and click the **Save** button.

5. You need to add your colleagues to the group by clicking the **Add** button.



6. Once you have added all the relevant colleagues to the private group click the **<< Back to groups list** link.

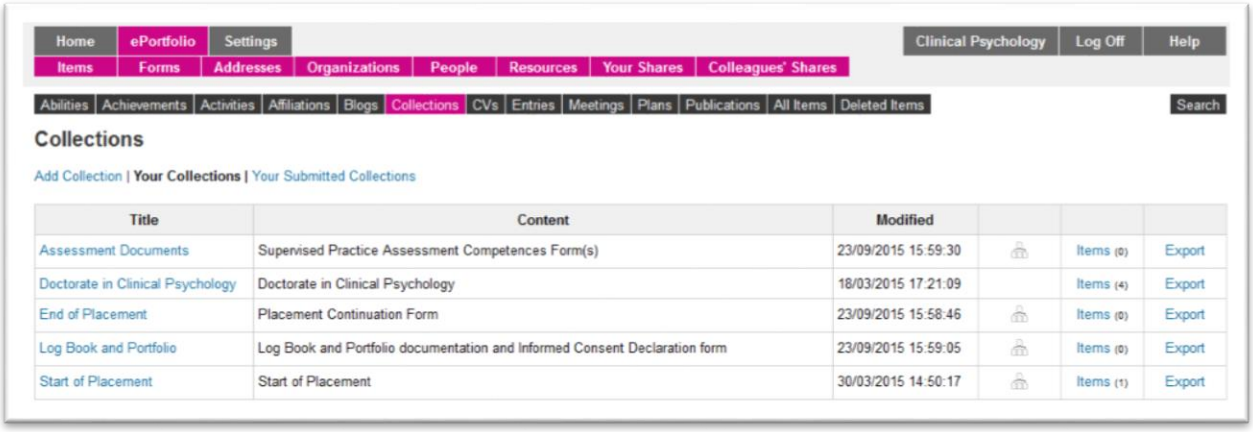
Activity 8: Sharing E-Portfolio content

8.1. Sharing a collection

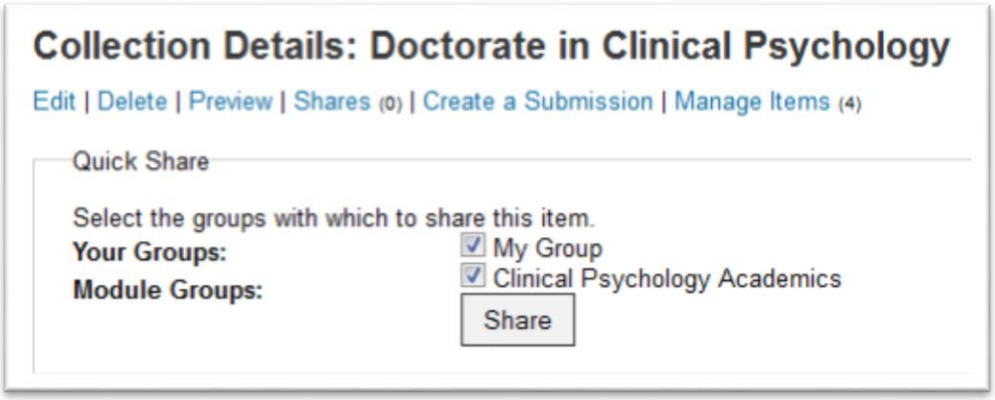
The guidance below will you show how to share a **Collection**. You should follow this process to ensure your academic and practice mentors can access your portfolio forms.

8.1. Select the **Items** menu then the **Collections** sub menu item.

8.2. The **Collections** page loads. Select a collection i.e. ***Doctorate in Clinical Psychology Portfolio Placement 1***



9. The **Collection Details** page loads. Select the check box next to your '**Private Group' i.e**. *My Group* and the check box next to the '*Clinical Psychology Academics*' module group.



10. Click the **Share** button.

The portfolio collection is now shared and can be viewed by the selected group(s).

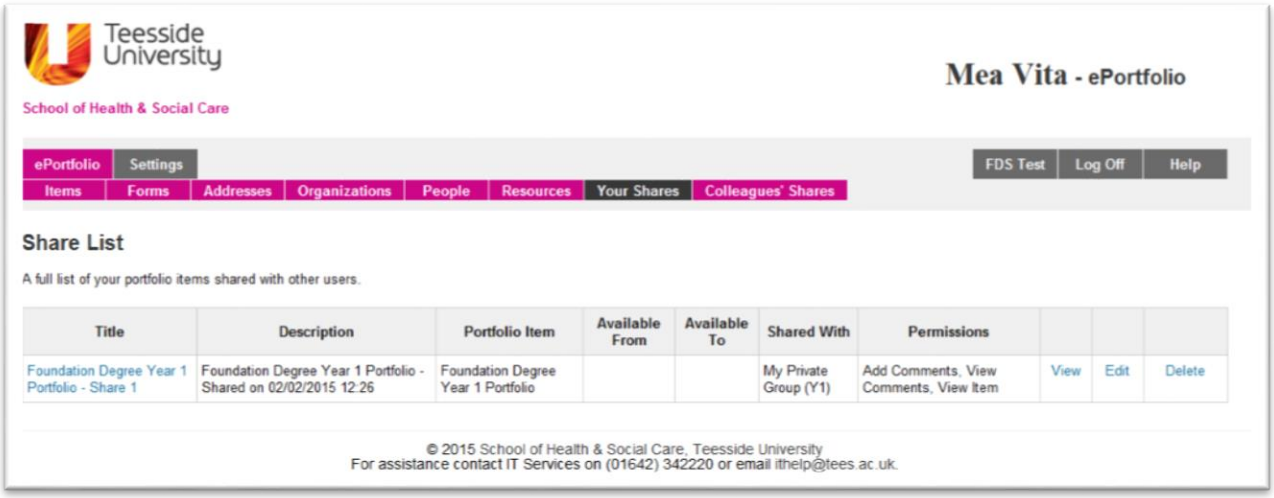
Note: This process will only share all of your portfolio providing you have followed guidance associated with the configuration of your portfolio.

8.2. Reviewing E-Portfolio shares

The guidance below will show you how to list all portfolio items that you have shared.

1. Select the **Your Shares** menu item from the main menu.

2. The **Share List** page appears.



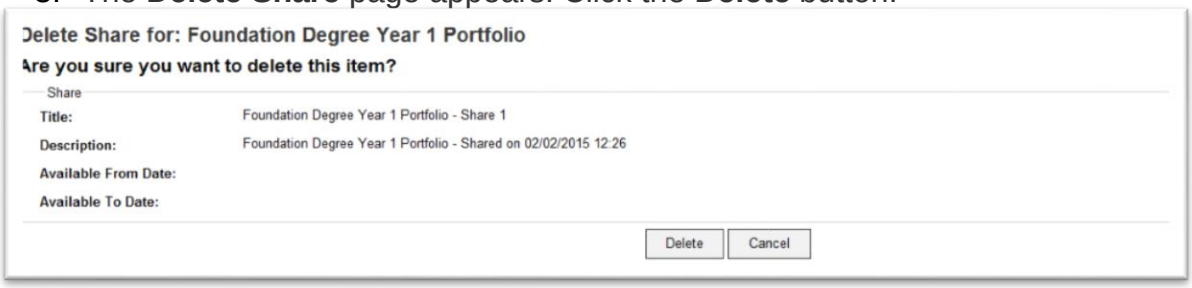
8.3. Revoke (delete) a share

You can to revoke access to an E-Portfolio item.

1. Follow the guidance above to access a list of shared portfolio items.

2. You can revoke access to an E-Portfolio item by selecting the associated **Delete** link.

3. The **Delete Share** page appears. Click the **Delete** button.



Note: Deleting a share **does not delete the item** (for example a form) from the E-Portfolio; it only prevents colleagues/members of your private group from viewing your item.

APPENDIX 3

Observation and Recording on Placement Requirements – proposed to apply from academic year 2016/2017

Observation of the trainee:
It is a requirement that trainees' clinical work is observed by the supervisor on AT LEAST THREE different occasions for each placement. Ideally, this should include:

- 1 assessment session
- 1 intervention session
- 1 other form of work (e.g. teaching, meetings, consultation).

The method of observation should be direct observation

Observation of the supervisor:
It is a course requirement that trainees observe supervisors early on in the placement on AT LEAST THREE different occasions for each placement. Ideally, this should include:

- 1 assessment session
- 1 intervention session
- 1 other form of work (e.g. teaching, meetings, consultation).

The method of observation should be direct observation

<u>*In addition to the above Trainees must be directly observed conducting a psychometric test battery</u>

Recordings on Placement
It is a requirement that trainees record (video, though audio will be accepted) TWO aspects of their work on EVERY PLACEMENT. This should comprise of the following:

- ✓ A recording on each placement which demonstrates clinical work with a service user.
- ✓ A recordings on each placement which demonstrates another other forms of work e.g. teaching / training, a supervision session, meeting, consultation etc.)
- ☒ If in exceptional circumstances recordings cannot be facilitated you must discuss this with your clinical tutor and supervisor to determine a suitable course of action.

APPENDIX 4

Inspiring success

Teesside University

DOCTORATE IN CLINICAL PSYCHOLOGY
SUPERVISED PLACEMENT AGREEMENT

To be completed by the Trainee and Supervisor/s at the start of the supervised practice

Name of Trainee: .....

Name of Practice Supervisor/s: .....

Name of Clinical Tutor: .....

Practice Base & Specialism: .....

Practice Period: …….....

Initial Placement Meeting **(Date .....)**

Three-way Mid-Placement Visit **(Date .....)**

End Practice Meeting **(Date .....)**

SECTION A: ADMINISTRATION

A1 OFFICE ACCOMMODATION:

A2 SECRETARIAL ASSISTANCE:

A3 INDUCTION PROCEDURES:

PLEASE ENSURE THE MAIN TRUST DOCUMENTS ASSOCIATED WITH POLICIES AND PROCEDURES ARE SHOWN TO THE TRAINEE, AS WELL AS ANY RELEVANT LEGAL DOCUMENTS THAT THEY MAY FIND INFORMATIVE (SUCH AS THE CHILDREN ACT, ETC.

Please specify relevant documents (please state)

A4 PLACEMENT RISK ASSESSMENT:
Please evaluate all potential aspects of risk which might occur on the placement (e.g. issues of lone working, domiciliary issues, challenging behaviour etc.) and specify how these are to managed).

SECTION B: SUPERVISION ARRANGEMENTS

B1 FREQUENCY/TIME:
(Please note the BPS requires a total contact of at least 3 hours per week. This comprises 1 hour formal supervision plus informal contact as appropriate to the placement)

B2 MODEL OF SUPERVISION USED:
Theory and models which inform supervisor's approach to supervision.

B3 PERIODS OF ANNUAL LEAVE AND ARRANGEMENTS FOR SUPERVISION IF SUPERVISOR IS NOT AVAILABLE:

SECTION C: SUPERVISORY RELATIONSHIP

C1 WHAT ARE THE EXPECTATIONS OF BOTH SUPERVISOR AND TRAINEE ABOUT SUPERVISION AND PRACTICAL ISSUES REGARDING THE PLACEMENT: e.g. service protocols and policies, dress code and level of autonomy. Please refer to the completion of the self assessment schedule and how this contributed to the discussion.

C2 PROCEDURES FOR MUTUAL FEEDBACK ON SUPERVISION: What procedures will there be for reviewing the supervisory relationship?

C3 SUPERVISORY BOUNDARIES: In what way will any personal issues or factors which impact on clinical work be included in supervision?

C4 OPPORTUNITIES FOR MUTUAL OBSERVATION / VIDEOTAPING / AUDIOTAPING: Trainee should be observed & at least one tape reviewed by MPM

SECTION D: CLINICAL PRACTICE

D1 DIRECT CLIENT

D1.1 CLINICAL ASSESSMENT:

SPECIFIC LEARNING OBJECTIVES RELATING TO CLINICAL ASSESSMENT
Specific learning objectives are to be based on the trainee's strengths and needs in order to establish an individualised learning experience in each area. They are intended to guide and give focus to important aspects of the learning experience and not to be used as part of the evaluation of the placement.

D1.2 A) PSYCHOMETRIC ASSESSMENTS B) OBJECTIVE MEASURES

SPECIFIC LEARNING OBJECTIVES RELATING TO PSYCHOMETRIC/ OBJECTIVE MEASURES

D1.3 THERAPY & THERAPEUTIC APPROACHES: (including case load)

SPECIFIC LEARNING OBJECTIVES RELATING TO THERAPEUTIC APPROACHES

D2 INDIRECT INTERVENTIONS

D2.1 INDIRECT THERAPY THROUGH OTHER PROFESSIONALS – In cases where trainee will be involved in assessing the Client:

SPECIFIC LEARNING OBJECTIVES RELATING TO INDIRECT THERAPY

D2.2 CONSULTATION:

SPECIFIC LEARNING OBJECTIVES RELATING TO CONSULTATION

D2.3 TEACHING/TRAINING:

SPECIFIC LEARNING OBJECTIVES RELATING TO TEACHING/TRAINING

D2.4 SERVICE PLANNING/DEVELOPMENT:

SPECIFIC LEARNING OBJECTIVES RELATING TO SERVICE PLANNING/DEVT

D3 SERVICE DELIVERY SYSTEMS

D3.1 INPATIENT/RESIDENTIAL FACILITIES
Including report outs / clinical meetings

D3.2 SECONDARY HEALTHCARE SETTINGS
Including multi-disciplinary teams

D3.3 PRIMARY CARE

SPECIFIC LEARNING OBJECTIVES RELATING TO SERVICE DELIVERY CONTEXT

SECTION E

E1 RESEARCH

SPECIFIC LEARNING OBJECTIVES RELATING TO RESEARCH

E2 CLINICALLY RELATED STUDY

To be taken on placement site covering literature to support clinical work and study of test information and manuals. Specify arrangements and mechanisms for reviewing and integrating study with clinical practice.

E3 OTHER OBJECTIVES

SIGNATURE

Trainee:

Date:

Supervisor/s:

Date:

Clinical Tutor:

Date:

APPENDIX 4a

Inspiring success

Teesside University

DOCTORATE IN CLINICAL PSYCHOLOGY
SUPERVISED PLACEMENT AGREEMENT – Organisational Placement

To be completed by the Trainee and Supervisor at the start of the supervised practice

Name of Trainee: .....

Name of Practice Supervisor/s: .....

Name of Clinical Tutor: .....

Practice Base & Specialism: .....

Practice Period: ….....

Initial Placement Meeting **(Date .....)**

Three-way Mid-Placement Visit **(Date .....)**

End Practice Meeting **(Date .....)**

SECTION A: ADMINISTRATION

A1 OFFICE ACCOMMODATION:

A2 SECRETARIAL ASSISTANCE:

A3 INDUCTION PROCEDURES:

PLEASE ENSURE THE MAIN TRUST DOCUMENTS ASSOCIATED WITH POLICIES AND PROCEDURES ARE SHOWN TO THE TRAINEE, AS WELL AS ANY RELEVANT LEGAL DOCUMENTS THAT THEY MAY FIND INFORMATIVE (SUCH AS THE CHILDREN ACT, ETC.

Please specify relevant documents (please state)

A4 PLACEMENT RISK ASSESSMENT:
Please evaluate all potential aspects of risk which might occur on the placement (e.g. issues of lone working, domiciliary issues, challenging behaviour etc.) and specify how these are to managed).

SECTION B: SUPERVISION ARRANGEMENTS

B1 FREQUENCY/TIME:
(Please note the BPS requires a total contact of at least 3 hours per week. This comprises 1 hour formal supervision plus informal contact as appropriate to the placement)

B2 MODEL OF SUPERVISION USED:
Theory and models which inform supervisor's approach to supervision.

B3 PERIODS OF ANNUAL LEAVE AND ARRANGEMENTS FOR SUPERVISION IF SUPERVISOR IS NOT AVAILABLE:

SECTION C: SUPERVISORY RELATIONSHIP

C1 WHAT ARE THE EXPECTATIONS OF BOTH SUPERVISOR AND TRAINEE ABOUT SUPERVISION AND PRACTICAL ISSUES REGARDING THE PLACEMENT: e.g. service protocols and policies, dress code and level of autonomy. Please refer to the completion of the self assessment schedule and how this contributed to the discussion.

C2 PROCEDURES FOR MUTUAL FEEDBACK ON SUPERVISION:
What procedures will there be for reviewing the supervisory relationship?

C3 SUPERVISORY BOUNDARIES:
In what way will any personal issues or factors which impact on clinical work be included in supervision?

C4 OPPORTUNITIES FOR MUTUAL OBSERVATION / VIDEOTAPING / AUDIOTAPING: Trainee should be observed & at least one tape reviewed by MPM

SECTION D: CLINICAL PRACTICE

D1 CLINICAL SKILLS IN PROJECT MANAGAMENT

D1.1 CLINICAL SKILLS AROUND PROJECT DEVELOPMENT

SPECIFIC LEARNING OBJECTIVES RELATING TO CLINICAL ASSESSMENT
Specific learning objectives are to be based on the trainee's strengths and needs in order to establish an individualised learning experience in each area. They are intended to guide and give focus to important aspects of the learning experience and not to be used as part of the evaluation of the placement.

D1.2 USE OF MEASURES TO AUDIT SUCCESS

SPECIFIC LEARNING OBJECTIVES RELATING TO MEASURES OF SUCCESS

D1.3 TRANSFERABLE PSYCHOLOGICAL APPROACHES/MODELS OF LEADERSHIP RELEVANT TO SERVICE CONTEXT

SPECIFIC LEARNING OBJECTIVES RELATING TO PSYCHOLOGICAL APPROACHES/LEADERSHIP MODELS

D2 DISSEMINATION AND COMMUNICATION

D2.1 INDIRECT IMPACT THROUGH OTHER PROFESSIONS (SELLING AND ENSURING CONITINUATION OF THE PROJECT)

SPECIFIC LEARNING OBJECTIVES RELATING TO INDIRECT IMPACT THROUGH OTHER PROFESSIONALS

D2.2 CONSULTATION

SPECIFIC LEARNING OBJECTIVES RELATING TO CONSULTATION

D2.3 TEACHING/TRAINING:

SPECIFIC LEARNING OBJECTIVES RELATING TO TEACHING/TRAINING

D2.4 SERVICE PLANNING/DEVELOPMENT:

SPECIFIC LEARNING OBJECTIVES RELATING TO SERVICE PLANNING/DEVT

D3 SYSTEMS RELATED TO SERVICE CONTEXT/PROJECT MANAGEMENT AND SUCCESS

D3.1 IMMEDIATE STAKEHOLDERS

D3.2 VOLUNTARY SECTOR

D3.3 SERVICE USERS

SPECIFIC LEARNING OBJECTIVES RELATING TO SERVICE CONTEXT/ PROJECT MANAGEMENT AND SUCCESS

SECTION E

E1 RESEARCH

SPECIFIC LEARNING OBJECTIVES RELATING TO RESEARCH

E2 CLINICALLY RELATED STUDY

To be taken on placement site covering literature to support clinical work and study of test information and manuals. Specify arrangements and mechanisms for reviewing and integrating study with clinical practice.

E3 OTHER OBJECTIVES

SIGNATURE

Trainee:

Date:

Supervisor/s:

Date:

Clinical Tutor:

Date:

APPENDIX 5

Inspiring success

Teesside University

DOCTORATE IN CLINICAL PSYCHOLOGY

MID PLACEMENT REVIEW MEETING – NOTES

TRAINEE:	
SUPERVISOR/S:	
DATE OF PLACEMENT REVIEW MEETING:	
NAME OF CLINICAL TUTOR:	

Planning and Preparation:

Tutor task: Review Contract

Supervisor / Trainee tasks:

Prior to meeting:

- review placement contract
- discuss progress so far, identifying goals achieved and areas still to cover
- review competency assessment form

1. Individual pre-meetings

a) Trainee:

How is it going on placement (and on the course generally)?
How did your last placement finish off?
Do you have any problems or concerns on this placement?
Are there any issues you'd particularly like to focus on in today's meeting?

b) Supervisor:

How is the placement going?
Do you have any problems or concerns about the placement?
Are there any issues you'd particularly like to focus on in today's meeting?

2. Three-way meeting

a) Orientation to placement

Please give a general outline of the placement; including brief description of the client group, areas of work covered, any other main activities on this placement etc.?

What has been the most challenging part of the placement?

Can you identify one or two key learning points?

Give an example of how your reading has informed your practice on this placement?

b) Learning from supervision

Have there been opportunities to observe each other's work? Describe how and frequency:

Observation of trainee:

Observation of supervisor:

Any recording opportunities identified?

What model or framework informs the supervision?

How is supervision reviewed (are you using any objective measures)?

What works well in supervision? How could you improve the supervisory process?

c) Paperwork.

Are reports, letters etc. satisfactory? Areas of strength / improvements needed?

d) Feedback.

Competency strengths demonstrated by trainee to date

In terms of progress to date have there been any areas of concern identified e.g. will any of the competencies be marked c or d?

Is there any possibility of placement failure?

Yes ☐ **No** ☐

From the trainee's perspective is this placement providing what was contracted?

e) Future Actions.

Summarise priorities and any actions agreed for second half of placement.

Do you have a date for the end of placement meeting to complete the assessment forms, prior to submission deadline (is supervisor aware of submission date?)

Any Other Business?

Agreed and Signed:

Trainee:

Date:

Supervisor/s:

Date:

Clinical Tutor:

Date:

APPENDIX 5a

Inspiring success

Teesside University

DOCTORATE IN CLINICAL PSYCHOLOGY

MID PLACEMENT REVIEW MEETING – NOTES
ORGANISATIONAL PLACEMENT

TRAINEE:	
SUPERVISOR:	
DATE OF PLACEMENT REVIEW MEETING:	
NAME OF CLINICAL TUTOR:	

Planning and Preparation:

Tutor task: Review Contract

Supervisor / Trainee tasks:

Prior to meeting:

- review placement contract
- discuss progress so far, identifying goals achieved and areas still to cover
- review competency assessment form

1. Individual pre-meetings

a) Trainee:

How is it going on placement (and on the course generally)?
Do you have any problems or concerns on this placement?
Are there any issues you'd particularly like to focus on in today's meeting?

b) Supervisor:

How is the placement going?
Do you have any problems or concerns about the placement?
Are there any issues you'd particularly like to focus on in today's meeting?

2. Three-way meeting

Overview of Project Undertaken/Focus of Placement

Transferable Skills Demonstrated

What has been the most challenging part of the placement?

Can you identify one or two key learning points?

Give an example of how your reading has informed your practice on this placement?

b) Learning from supervision

Have there been opportunities to observe each other's work? Describe how and frequency:

Observation of trainee:

Observation of supervisor:

What model or framework informs the supervision?

How is supervision reviewed (are you using any objective measures)?

What works well in supervision? How could you improve the supervisory process?

c) Paperwork.

Are reports / presentations etc. satisfactory? Areas of strength / improvements needed?

d) Feedback.

Competency strengths demonstrated by trainee to date

In terms of progress to date have there been any areas of concern identified e.g. will any of the competencies be marked c or d?

Is there any possibility of placement failure?

Yes ☐ **No** ☐

From the trainee's perspective is this placement providing what was contracted?

e) Future Actions.

Summarise priorities and any actions agreed for second half of placement.

Do you have a date for the end of placement meeting to complete the assessment forms, prior to submission deadline (is supervisor aware of submission date?)

Any Other Business?

Agreed and Signed:

Trainee:

Date:

Supervisor/s:

Date:

Clinical Tutor:

Date:

APPENDIX 6

Inspiring success

Teesside University

TEESSIDE UNIVERSITY – DOCTORATE IN CLINICAL PSYCHOLOGY

Supervisor Practice Assessment Form

TRAINEE:	
SUPERVISOR/S:	
PRACTICE BASE AND SPECIALISM:	
PRACTICE PERIOD:	

GUIDANCE FOR SUPERVISORS

The Supervisor Practice Assessment Form should be completed by the supervisor and discussed with the trainee in the Final Placement Meeting, which should be timed to comply with the submission deadline for the placement. The completed form should be submitted by the trainee as part of the placement portfolio by the submission date given to trainees at the beginning of the academic year.

This documentation is required for the University Assessment Board and any delay or failure to submit the documentation may adversely affect the progression of the trainee.

Assessment of Competence

A competency is a collection of work related characteristics, incorporating skills, knowledge and attitudes, that enables the successful carrying out of occupational tasks. Competence is, therefore, not assessed as a capacity within a person as performance may vary according to context. In addition as Clinical Psychology is derived from theory and research, competence should not be accredited in the absence of a demonstration of an acceptable grasp and application of relevant research and theory in the placement context.

Competency Requirements
Trainees are expected to demonstrate competency in 11 areas of professional practice by the end of the course. Six of these are deemed 'essential' and must be demonstrated on all six placements across the course while a further five 'require' to be demonstrated on at least one or two placements during the course.

Occasionally, competency 4 (therapeutic interventions) may not be appropriate for some forms of clinical placement e.g. neuropsychology. In such cases, with agreement from the Clinical Tutor, this competency will not be deemed 'essential' for that specific placement. Similarly, competency 4 is not 'essential' for those trainees undertaking the optional 'Organisational Placement' in Year Three. However, trainees on such placements **must** demonstrate competence in competency 11 on that placement, in addition to all the other 'essential' competencies.

Placement Essential Competencies (must be demonstrated on every placement)
1. Assessment
3. Formulation
4. Therapeutic Interventions (**not essential** for organisational placements)
7. Communication
9. Personal and Professional Standards
10. Reflective Practice

Course Required Competencies (must be demonstrated at least twice during the course)
2. Psychometric Testing
6. Indirect Work
11. Service Improvement (**essential** for organisational placements)

*In addition to the above Trainees must be directly observed conducting a psychometric test battery

Course Required Competencies (must be demonstrated at least once during the course)
5. Teaching and Training
8. Research and Audit

ASSESSMENT CRITERIA
Definition of Gradings
Both competencies and the benchmarks should be graded according to the following:

a Competency/benchmark **satisfactory**.

b Competency/benchmark **not demonstrated due to lack of suitable opportunity**.

c **Mild cause for concern** in demonstration of competency/benchmark.

d **Substantial cause for concern** in demonstration of competency/benchmark.

Threshold Achievement of Benchmarks
Sometimes there is not the opportunity available to demonstrate competence in enough of the benchmarks in a competency for that competency as a whole to be demonstrated. Therefore, where trainees are rated 'b' on **more than half** of the benchmarks within a specific competency, the competency as a whole is also rating 'b'.

'Cause for Concern' Grading for Benchmarks
A mild cause for concern (graded 'c') in a benchmark arises when the Trainee's performance in a particular area falls short of the level that would be expected for the stage of training, but does not have a serious impact on clinical effectiveness or safety, interpersonal relationships, professional standards or adherence to service guidelines and protocols.

A substantial cause for concern (graded 'd') in a benchmark arises when the Trainee's performance in a particular area falls short of the level that would be expected for the stage of training and has a serious impact on clinical effectiveness or safety, interpersonal relationships, professional standards or adherence to service guidelines and protocols.

'Cause for Concern' Grading for Competencies
A mild cause for concern in a competency arises when there is **one** mild cause for concern identified in the benchmarks for that competency.

A substantial cause for concern in the competency arises where there are **two or more** mild causes for concerns identified in the benchmarks **or** when there is a **substantial** cause for concern established in the benchmarks for that competency.

Supervisors should recommend a FAIL when:
A substantial cause for concern has been established in **one** (or more) of the competencies (i.e. one or more competencies assigned a 'd' grade)

or

Two or more mild causes for concern have been established in the competencies (i.e. two or more competencies assigned a 'c' grade)

In such a situation the Trainee will be required to do an extension/repetition of a period of relevant supervised practice at the discretion of the Assessment Board.

COMPETENCIES

Essential competency for all placements.	**Competency Rating**
Competency 1. The Trainee can plan, conduct and evaluate assessments appropriate to individual client or service presentation and needs.	Overall rating
Benchmarks:	Benchmark ratings ⋎
Demonstrates constructive interpersonal skills, including rapport building and empathy.	
Demonstrates effective systematic interviewing skills.	
Demonstrates evidence of understanding of process.	
Gathers information from the range of sources appropriate to the assessment area.	
Critically evaluates and integrates information from a variety of sources within a coherent theoretical framework.	
Selects, uses and interprets assessment methods appropriate to: the client / service delivery system and type of intervention likely to be required.	
Conducts appropriate risk assessment, in line with relevant legislation, policies and procedures and uses this to guide practice.	
Interprets all of the information available using a systematic process of reasoning and explains the outcomes to those concerned.	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Direct observation	
Video/Audio Recording	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Report writing	
Note keeping	
Service User Feedback	

Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

Competency required on at least **two** placements throughout training.	**Competency Rating**
Competency 2. The Trainee can choose, administer and interpret psychometric tests appropriate to the problem area.	Overall Rating
Benchmarks:	Benchmark ratings ⇓
Selects measures appropriate to the assessment of the clients presenting problem.	
Explains the use of the tests to clients in a way which is comprehensible and develops an appropriate working relationship.	
Administers tests in accordance with relevant rules and guidelines.	
Scores tests and uses norms correctly.	
Interprets test results appropriately within an established theoretical framework, in the context of the wider assessment.	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Direct observation	
Video/Audio Recording	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Report writing	
Note keeping	

Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

Essential competency for all placements.	**Competency Rating**
Competency 3. The Trainee can devise formulations based on assessment information which are based on theory and evidence about relevant individual, systemic, cultural and biological factors.	Overall Rating
Benchmarks:	Benchmark ratings ⇓
Makes explicit links between theory and clinical practice.	
Constructs formulations of presentations which may be informed by (but which are not premised on) formal diagnostic classification systems; developing formulation in an emergent transdiagnostic context	
Constructs formulations utilising theoretical frameworks with an integrative, multi-model, perspective as appropriate and adapted to circumstance and context.	
Collaboratively develops and shares formulations with clients or stakeholders using accessible language, cultural sensitivity and are non discriminatory e.g. age, gender, disability	
Uses formulations to guide appropriate intervention plans.	
Reflects and revises formulations in the light of, new information ongoing feedback and intervention.	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Direct observation	
Video/Audio Recording	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Report writing	
Note keeping	
Service User Feedback	

Please comment on the Trainees performance in this area:
Strengths: please state which theoretical models have been used to guide formulation
Current limitations and needs:

Essential competency for all placements (except organisational placements).	**Competency Rating**
Competency 4. The Trainee can implement psychological therapy or other interventions appropriate to the psychological and social circumstances of the client and do this in a collaborative manner.	Overall rating
Benchmarks:	Benchmark ratings ⇓
Understands therapeutic techniques and processes as applied when working with a range of different individuals in distress	
Ability to implement therapeutic interventions based on knowledge and practice in *at least two* evidence-based models of formal psychological interventions, of which one should be cognitive-behaviour therapy	
Negotiates therapeutic contracts effectively.	
Understands the roles of other professionals and carers, and communicates effectively with these.	
Model specific therapeutic skills are evidenced against the appropriate competence framework, though these may be adapted to account for specific ages and presentations	
Establishes appropriate boundaries and rapport.	
Demonstrates awareness of issues relating to breaks and termination of therapy.	
Recognises when (further) intervention is appropriate or unlikely to be helpful and communicating this sensitively to clients and carers.	
Monitors and evaluates interventions, taking appropriate action to address any issues or risks.	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Direct observation	
Video/Audio Recording	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Report writing	
Note keeping	
Service User Feedback	

Please comment on the Trainees performance in this area:
Strengths: Please state which theoretical models have been used to guide interventions
Current limitations and needs:

Competency required on at least one placement throughout training.	**Competency Rating**
Competency 5. The Trainee prepares and delivers effective teaching/training sessions which takes into account the needs and goals of the participants.	Overall Rating
Benchmarks:	Benchmark ratings ⇓
Negotiates and specifies clear teaching goals/learning outcomes, taking into account the needs of the participants	
Plans an appropriate format for the presentation.	
Uses effective presentation skills.	
Elicits and reflects on feedback on the outcome of the session(s).	
Supports the learning of others in the application of psychological skills, knowledge, practices and procedures.	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Direct observation	
Video/Audio Recording	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Feedback forms	

Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

Competency required on at least **Two** placements throughout training.	**Competency Rating**
Competency 6. The Trainee effectively provides psychological services indirectly, with or through other professional colleagues and carers.	Overall Rating
Benchmarks:	Benchmark ratings ⋎
Demonstrates understanding of the organisational structure affecting service delivery.	
Can implement interventions through, and with, other professions and/or with individuals who are formal carers for a client, or who care for a client by virtue of family or partnership arrangements.	
Works empathically and effectively with users and carers to facilitate their involvement in psychological interventions.	
Provides appropriate knowledge-based guidance to practitioners in a consultative format.	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Direct observation	
Video/Audio Recording	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Report writing	

Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

Essential competency for all placements.	**Competency Rating**
Competency 7. The Trainee provides clinical and non-clinical communication (verbal and written) effectively from a psychological perspective which is clear, well structured and in a style appropriate to a variety of different audiences (e.g. professional colleagues, services users, carers etc.)	Overall rating
Benchmarks:	Benchmark ratings ⋎
Demonstrates awareness of the timing and format of communication according to service criteria and protocols.	
Written communication has a clear sense of purpose and is made in a timely manner.	
Effective verbal communication with relevant others is established and maintained in a timely manner.	
Reports have a structure and content which reflects service and professional protocols.	
Adapts style of written and verbal communication to appropriately meet the needs of the audience.	
Maintains appropriate and professional paper and/ or electronic clinical records.	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Observation	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Review of written communications	
Review of case notes	

Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

Competency required on at least **one** placement throughout training.	**Competency Rating**
Competency 8. The Trainee can identify, plan, execute and disseminate information about research projects and audits relevant to clinical practice or service improvement.	Overall rating
Benchmarks:	Benchmark ratings ⇓
Identifies a clear and relevant research question.	
Chooses appropriate methods and analysis.	
Demonstrates an understanding of ethical issues	
Seeks and achieves the appropriate University, Trust and/or NHS approval – including ethical approval where appropriate.	
Gathers information from appropriate and valid sources respectfully and within the ethical frameworks of the BPS, HCPC, NHS trust and University	
Analyses, summarises and identifies appropriate pathways for dissemination.	
Utilises such research to influence and inform the practice of self and others.	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Direct observation	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Report Writing	

Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

Essential competency for all placements.	**Competency Rating**
Competency 9. The Trainee maintains appropriate personal and professional standards.	Overall rating
Benchmarks:	Benchmark ratings ⇓
Demonstrates reliability in time keeping and honouring commitments.	
Develops appropriate boundaries and relationships with others.	
Maintains appropriate confidentiality and safeguards the security of clinical records.	
Works effectively at an appropriate level of autonomy, with awareness of own competence limits and need to seek support where necessary.	
Demonstrates an understanding of ethical issues and applying these in complex clinical contexts, ensuring that informed consent underpins all contact with clients and research participants.	
Adheres to service and professional protocols regarding sickness and absence procedures.	
Works collaboratively and constructively with fellow psychologists and other colleagues and users of services, respecting diverse viewpoints	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Direct observation	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Report writing	
Note keeping	

Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

Essential competency for all placements.	**Competency Rating**
Competency 10. The Trainee demonstrates an appropriately reflective approach to all aspects of clinical practice.	Overall rating
Benchmarks:	Benchmark ratings ⇓
Manages own personal learning needs and developing strategies for meeting these. Using supervision to reflect on practice, and making appropriate use of feedback received.	
Understands the impact of differences, diversity and social inequalities on people's lives, and their implications for working practices	
Demonstrates awareness of the inherent power imbalance between practitioners and clients and how abuse of this can be minimised.	
Reflects constructively and understands the impact of own assumptions, values and judgements upon clinical practice	
Works effectively at an appropriate level of autonomy, with awareness of the limits of own competence and accepting accountability to relevant professional and service managers	
Uses supervision to openly reflect on practice and makes appropriate use of feedback received.	
Has developed strategies to handle the emotional and physical impact of practice and seeking appropriate support when necessary, with good awareness of boundary issues	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Direct observation	
Video/Audio Recording	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Report writing	
Note keeping	

Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

Competency required on at least **two** placements throughout training (**essential for organisational placements**).	**Competency Rating**
Competency 11. The Trainee demonstrates an understanding of service delivery, capacity to adapt practice to different organisational contexts for service delivery and contributes to service improvement	Overall rating
Benchmarks:	Benchmark ratings ⇓
Adapts own practice to a range of organisational contexts, bearing in mind pertinent organisational and cultural issues.	
Provides supervision at an appropriate level within own sphere of competence.	
Demonstrates an understanding of leadership theories and models, and their application to service development and delivery	
Demonstrating leadership qualities such as being aware of and working with interpersonal processes, proactivity, influencing the psychological mindedness of teams and organisations, contributing to and fostering collaborative working practices within teams	
Adheres to relevant local and national policies and legislation.	
Works directly or indirectly with users and carers to facilitate their involvement in service planning and delivery.	
Demonstrates an understanding of quality assurance principles and processes including informatics systems which may determine the relevance of clinical psychology work within healthcare systems.	
Indirectly influences service delivery through consultancy and working effectively in multidisciplinary and cross-professional teams. Bringing psychological influence to bear in the service delivery of others	

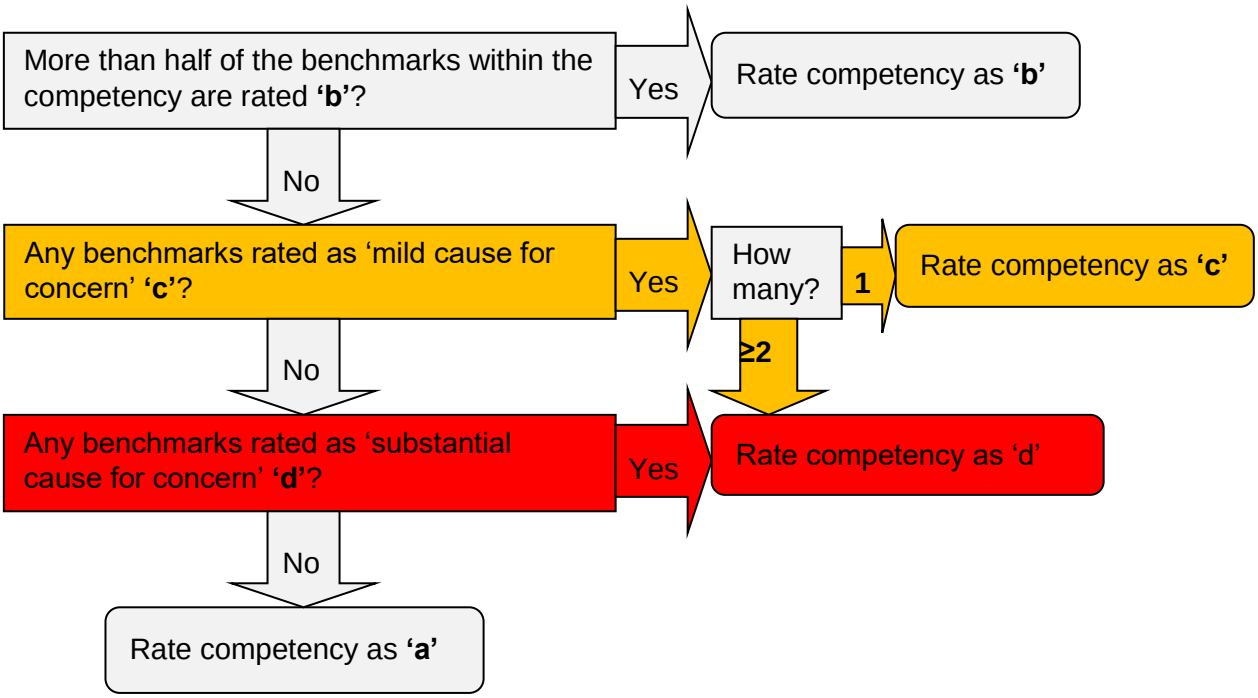
For organisational placements only:	
Demonstrates an awareness of the legislative and national planning contexts for service delivery and clinical practice	
Facilitates processes of change in service delivery systems	
Manages service development projects effectively	
Works effectively alongside corporate systems	

Sources of evidence:	**Evidence Source Y or N**
Direct	
Direct observation	
Video/Audio Recording	
Indirect	
Discussion in Supervision	
Feedback from other colleagues	
Report writing	
Note keeping	

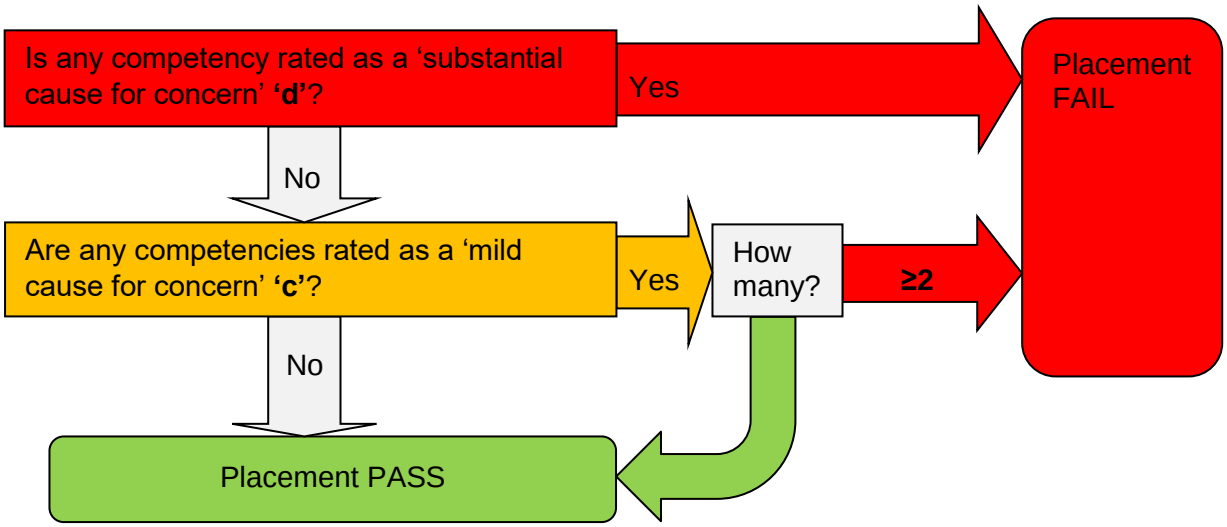
Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

DECISION TREES

Decisions about competencies ratings, based on benchmark ratings



Decisions about placement pass / fail, based on competency ratings



THE ASSESSMENT OF COMPETENCE TAKES PLACE IN CONJUNCTION WITH THE SCHOOL'S REGULATIONS RELATING TO FITNESS TO PRACTICE.

Trainee Name:

Pass ☐

Fail ☐

Agreed and Signed:

Supervisor/s:

Date:

Clinical Tutor:

Date:

Trainee:

Date:

APPENDIX 7

Inspiring success

Teesside University

DOCTORATE IN CLINICAL PSYCHOLOGY
FEEDBACK ON LEARNING ENVIRONMENT AND LEARNING EXPERIENCE

TRAINEE:	
SUPERVISOR/S:	
PRACTICE BASE AND SPECIALISM:	
PRACTICE PERIOD:	
NAME OF CLINICAL TUTOR:	

This form should be filled in by the trainee prior to the End of Practice Review meeting. The trainee should bring copies of the form to the meeting for discussion. Please give a copy to your Clinical Tutor at the end of your placement.

Comments on the working environment
What was it like to work here? How did the physical and psychological environment help or hinder your work? How did other people based here engage with you? Did they understand your role and support your work? Did you feel involved and accepted? What would you like to be different and how?

Comments on clinical work[1]

Was the case load appropriate and varied? Was there enough time to reflect and learn? Was there sufficient guidance on assessment, formulation and therapeutic interventions? How has your approach to clinical work changed as a result of this placement?

Indirect work, supervising staff, teaching, research, and service-related work

To what extent were these activities undertaken whilst on placement? Did you feel supported and encouraged to undertake indirect and non-clinical work?

Professional standards

[1] For organisational placements please comment on opportunities to learn and apply psychological and organisational models, reflections on projects undertaken and the process of change, how has you knowledge and practice changed as a consequence of this placement?

Were the expectations in terms of professional standards made clear to you? Did you receive helpful feedback on written and verbal communication?

Supervision

Was supervision regular, on-time, in a safe and private environment, with sufficient time to address concerns and/or learning? Were there opportunities to obtain guidance outside of supervision? Did your supervisor give you feedback on your work that was critical and constructive? In what ways were you challenged? How has your practice changed as a result? Were you allowed an appropriate level of autonomy? How did you give feedback to your supervisor?

Any other comments

APPENDIX 8

TEESSIDE UNIVERSITY
DOCTORATE IN CLINICAL PSYCHOLOGY

PLACEMENT CONTINUATION DOCUMENT

Continuation Sheet at End of Placement:
(number and type)

_____

Date: _____

Trainee: _____

Placement Supervisor: _____

Clinical Tutor: _____

Trainees Strengths (personal and clinical)

Areas for Development (personal and clinical) including any benchmarks outstanding from this placement

Which aspects of work have you not yet been able to experience (clinical setting, therapeutic orientation, types of intervention, neuro tests, report writing, teaching, research) that you would like to try and address on your next placement? As a basic answer, which competencies have you not been able to access, but also think about opportunities you would like to explore.

Are there any competencies that have been marked as c or d on this placement that will need addressing in the next placement?

If yes please give brief details of plan in place so far. An initial placement visit should also be arranged at this point for your next placement.

Supervisor/s:

Date:

Trainee:

Date:

APPENDIX 9

TEESSIDE UNIVERSITY – DOCTORATE IN CLINICAL PSYCHOLOGY

CONSENT TO AUDIO OR VIDEO TAPE RECORDING OF THERAPY SESSIONS AS PART OF STAFF TRAINING AND PROFESSIONAL DEVELOPMENT

It is valuable for staff to record some of the therapy/supervision/consultation sessions they are involved in to help them to develop their practice. Please read the following statements to help you decide whether you are happy for a session or sessions between you and your therapist to be recorded.

It is very important that you only agree to being recorded if you are comfortable with this being done. It will make no difference to your treatment if you decide that this does not feel right for you.

The recording will only be heard/seen by your therapist and their supervisor.

Each recording will be erased at the end of your contact with your therapist, or earlier if not needed.

Until it has been erased, it will be stored in a locked filing cabinet.

Your therapist will stop the recording at any point if you ask.

If you do ask for recording to be stopped, this will not make any difference at all to the treatment you receive.

Client agreement

I have read the above statements and I agree to session/s with my therapist being audio/video tape-recorded.

Client Signature: _____

Client Name (printed): _____

Date: _____

Therapist commitment

I agree to stop recording at any time if asked; to store recordings in a locked filing cabinet; and to erase the tape/s as soon as they have been listened to/seen, or by the end of contact. The tape will only be heard/seen by me and my supervisor.

Therapist Signature _____

Therapist Name (print): _____

APPENDIX 10

TEESSIDE UNIVERSITY – DOCTORATE IN CLINICAL PSYCHOLOGY

CONSENT FOR CASE STUDY

My current role is of a Trainee Clinical Psychologist doing my doctorate training with Teesside University. This means that my work is continually assessed to check that it meets the standards necessary to eventually qualify as a Clinical Psychologist. The University asks for written assignments, which means writing about one of the people seen during our work. Strict guidelines are given regarding confidentiality for this work. These are:

- All names must be changed.
- All people must be unidentifiable.
- All names of hospitals/centres where the client has had contact with the trainee must be removed, including letterheads and logos.
- Documents are treated like exam papers and held in locked cabinets.

It is also asked that consent be given by the client for the piece of work to be carried out. If you would feel comfortable to allow your contact with me to be written up anonymously for the University, please sign the form below. If you decide that you do not feel comfortable with this in any way, you are free to choose not to give consent and your treatment will not be affected.

Thank you.

Signed: _____

Client Name: _____
(Please print)

Signed: _____

(Trainee Clinical Psychologist)

APPENDIX 11

TEESSIDE UNIVERSITY – DOCTORATE IN CLINICAL PSYCHOLOGY

CONSENT FOR CASE PRESENTATION

My current role is of a Trainee Clinical Psychologist doing my doctorate training with Teesside University. This means that my work is continually assessed to check that it meets the standards necessary to eventually qualify as a Clinical Psychologist. Some of these assignments mean giving verbal presentations about some of the people seen during our work. Strict guidelines are given regarding confidentiality for this work. These are:

- All names must be changed.
- All people must be unidentifiable.
- All names of hospitals/centres where the client has had contact with the trainee must be removed, including letterheads and logos.
- Documents are treated like exam papers and held in locked cabinets.

It is also asked that consent be given by the client for the piece of work to be carried out. If you would feel comfortable to allow your contact with me to be presented anonymously for the University, please sign the form below. If you decide that you do not feel comfortable with this in any way, you are free to choose not to give consent and your treatment will not be affected. .

Thank you.

I do/do not (please delete as appropriate) consent to my contact with

_____, Trainee Clinical Psychologist, to be used in a presentation as described above.

Signed: _____

Client Name: (Please print): _____

Signed: _____

(Trainee Clinical Psychologist)

APPENDIX 12

TEESSIDE UNIVERSITY – DOCTORATE IN CLINICAL PSYCHOLOGY

TRAINEE DECLARATION

I confirm that the Trainee Declaration regarding:

1) The training status of the trainee,
2) The trainee's use of supervision,
3) The University requirement for the minimum data set required for the logbook,

has been given in the following cases and this fact has been recorded in the case notes

OR

where there is a lack of capacity, the information involved in the Trainee Declaration has been communicated to appropriate personnel in compliance with normal procedures for the service and this fact has been recorded in the case notes

OR

where the trainee has had a one off observational interaction with the client, such as when observing a supervisor, the information contained in the Trainee Declaration has been communicated to the client via the normal procedures for explaining the trainee's presence.

Logbook Case Identifier	Direct Declaration given	Normal procedures for limited capacity followed	Trainee Declaration Information given in line with normal explanation of trainee observation

Trainee Name: …….…… Placement: …….

Trainee Signature: …….. Date: ……..

APPENDIX 13

TEESSIDE UNIVERSITY – DOCTORATE IN CLINICAL PSYCHOLOGY

INFORMED CONSENT DECLARATION FORM

NB Patient/Client/Carer/Colleagues/Staff column should be completed by using a Code e.g. Client/Patient A, Client/Patient B in order to provide anonymity and confidentiality.

Patient/Client/ Carer/Colleague/ Staff	Module Title	Academic Support Teacher	Informed Consent Gained	Practice Mentor/ Supervisor Name	Practice Mentor/ Supervisor Signature	Student Signature	Date
			Yes/No				
			Yes/No				
			Yes/No				
			Yes/No				
			Yes/No				
			Yes/No				
			Yes/No				
			Yes/No				

Form Ref: SoH Stuexp 37 15/08/02

APPENDIX 14

TEESSIDE UNIVERSITY – DOCTORATE IN CLINICAL PSYCHOLOGY

SELF-ASSESSMENT SCHEDULE FOR SUPERVISEES

(Adapted from Pomerantz, 1992; Wilson; 1981)

Introduction
The following Self-Assessment Schedule is designed to shape your thinking before engaging in an initial meeting with a placement supervisor. Previous experience has shown that supervisees and supervisors do not necessarily share common ideas about supervision. There is no supervision manual dictating formal structures or procedures other than some general guidelines and some formal course requirements. Within these constraints there is a great deal of flexibility to tailor supervision to meet the individual needs of the participants.

It is recommended that this schedule be completed as a private exercise. You may then wish to identify matters for discussion that might enable your supervisor better to understand your needs.

- Most people will already have had some experience of being supervised in a job or when undertaking research and so on. What specific activities during supervision do you recall as being particularly helpful?
- There are many different ways to offer supervision. What are the conditions that would be most helpful to you?
- What would you personally expect to gain from being supervised?
- What would you want to get from supervision, but anticipate that will not be on offer? What could you do about this?
- There are a number of difficult issues that can arise in supervision. Below is a list on which to indicate issues where you expect that there may be some problems for you. Feel free to add other issues to the end of the list:
    - Having too much to do.
    - Having too little to do.
    - Having insufficient guidance as to what is required.
    - Having too little autonomy to plan and carry out your work.
    - Feeling constrained during supervision by the fact that your supervisor is also your assessor.
    - Receiving too much negative criticism during supervision.
    - Receiving too little critical appraisal from your supervisor.
    - Not getting enough time from your supervisor for adequate supervision.
    - Being given too few opportunities to see your supervisor working.
    - Being given too few opportunities to be observed working by your supervisor.
    - Disagreeing with your supervisor on how to proceed with some aspects of the work.
    - Being given too few opportunities to be observed working by your supervisor.
    - Disagreeing with your supervisor on how to proceed with some aspects

of the work.
    - Disagreeing with your supervisor on how some aspects of supervision should proceed.
    - Holding values concerning the role of a professional helper that seem incompatible with those of your supervisor.
    - Having to cope with different styles of work and supervision from your supervisor compared to previous supervisors.
    - Having to cope with different styles of work and supervision from your supervisor compared to your course tutors.
    - Feeling that your supervisor is too formal with you.
    - Feeling that your supervisor is too informal with you.
    - Experiencing problems from having more than one supervisor during your placement.

Add in any other issues that concern you.

- Now return to the above list and identify the two issues which seem to be the most important ones for you. What steps can be taken now to minimise the chances that these two issues will seriously interfere with your placement?
- Going into this supervisory relationship what would you consider being your greatest strengths that you would expect your supervisor to notice? List three.
- Likewise list three points for your development that may or may not be obvious to your supervisor. Try to be specific.
- Practitioners frequently find themselves in face to face contact with people labelled by society as belonging to a particular sub-group. Which sub-groups make you feel uncomfortable for any reason? Do you want to do anything about this during supervision?
- What background information do you think your supervisor needs to know about you at the outset? This might include curriculum vitae listing your relevant previous experience. What would be the best way to convey this information?
- Is there any difference between what you want out of this placement and what you feel you need from it? Be specific.
- What background information about this placement and this supervisor do you have? How does this make you feel? Is there any more information that you need?
- What do you hope and expect your supervisor to focus on in supervision?
- What roles would you like your supervisor to take in relation to you and your work?
- What media of supervision would you like to experience (e.g. taped, 'live', reported)? How do you feel about these? What do you want to do about your feelings?
- Consider your feelings now about your work being evaluated at the end of placement by your supervisor. Do you have a reasonable idea of how that evaluation will be conducted? If the answer is 'no' what do you need to clarify with your supervisor?

APPENDIX 15

TEESSIDE UNIVERSITY – DOCTORATE IN CLINICAL PSYCHOLOGY

HELPFUL ASPECTS OF SUPERVISION QUESTIONNAIRE (H.A.S.Q.)

This may be used by mutual agreement, by the supervisor and trainee as a focus for feedback about supervision sessions. It could be used regularly or occasionally.

HELPFUL ASPECTS OF SUPERVISION QUESTIONNAIRE

Your Name:

Placement:

Date of Session: Today's Date:

1) Please rate how helpful this session was overall:

Very unhelpful	Fairly unhelpful	Neither helpful nor unhelpful	Fairly helpful	Very helpful
1	2	3	4	5

2) Of the events which occurred in this session which one do you feel was the most helpful for you personally? It might be something you said or did, or something the supervisor said or did. Can you say why it was helpful?

3) How helpful was this particular event? Rate this on the scale:

Neither helpful nor unhelpful	Fairly helpful	Very helpful
3	4	5

4) Did anything else of particular importance happen during this session? Include anything else which may have been helpful, or anything which might have hindered your learning.

From: Llewelyn, S.P. et al (1988) BJCP, 27, 105-114. Adapted with permission by: D MILNE, 8/10/97