

**TEESSIDE UNIVERSITY – DOCTORATE IN CLINICAL PSYCHOLOGY**

**Supervisor Practice Assessment Form**

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

**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 programme. Six of these are deemed ‘essential’ and must be demonstrated on all six placements across the programme while a further five ‘require’ to be demonstrated on at least one ot two placements during the programme.

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

**Programme Required Competencies (must be demonstrated at least twice during the programme)**

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

**Programme Required Competencies (must be demonstrated at least once during the programme)**

5. Teaching and Training

8. Research and Audit

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| **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**

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| **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. |  |

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

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

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| 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. |  |

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| **Sources of evidence:** | **Evidence Source****Y or N** |
| Direct observation  |  |
| Video/Audio Recording |  |
| Discussion in Supervision |  |
| Review of test forms |  |
| Report writing |  |
| Note keeping |  |

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

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| **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. |  |

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| **Sources of evidence:** | **Evidence Source****Y or N** |
| Direct observation  |  |
| Video/Audio Recording |  |
| Discussion in Supervision |  |
| Written formulations |  |
| Report writing |  |
| Note keeping |  |
| Service User Feedback |  |

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| **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:** |

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| **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. |  |

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

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| **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:** |

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| 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. |  |

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

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

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| 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. |  |

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

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

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| **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. |  |

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

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

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| 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.  |  |

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

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

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| **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 |  |

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

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

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| **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 |  |

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

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

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| Competency required on at least **two** placement 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 |  |

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| **For organisational placements only:** |  |
| Demonstrates an wareness 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  |  |

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

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

**DECISION TREES**

**Decisions about competencies ratings, based on benchmark ratings**

More than half of the benchmarks within the competency are rated **‘b’**?

Yes

Rate competency as **‘b’**

No

Any benchmarks rated as ‘mild cause for concern’ **‘c’**?

Yes

How many?

**1**

Rate competency as **‘c’**

**≥2**

No

Any benchmarks rated as ‘substantial cause for concern’ **‘d’**?

Yes

Rate competency as ‘d’

Rate competency as **‘a’**

No

**Decisions about placement pass / fail, based on competency ratings**

**1**

Placement PASS

No

Placement FAIL

Yes

**≥2**

How many?

Yes

Are any competencies rated as a ‘mild cause for concern’ **‘c’**?

No

Is any competency rated as a ‘substantial cause for concern’ **‘d’**?

**THE ASSESSMENT OF COMPETENCE TAKES PLACE IN CONJUNCTION WITH THE SCHOOL OF HEALTH AND SOCIAL CARE REGULATIONS RELATING TO FITNESS TO PRACTICE.**

**Trainee Name:**

**Pass**

**Fail**

**Agreed and Signed:**

**Supervisor/s:**

**Date:**

**Clinical Tutor:**

**Date:**

**Trainee:**

**Date:**

**Guidance notes for completing the Supervisor Practice Assessment Form**

The following notes have been have been prepared to aid supervisors in completing the end of placement form in which trainee competence is rated and commented upon, including more detailed guidance is provided with respect to Competency 11.

* On each competency there is space to state the sources of evidence for your judgements on trainee performance. This might include direct observation of the trainee, discussions in supervision and so on. On the appropriate competencies, a further source of evidence has been added: ‘feedback from service users’. This might be via verbal feedback, or via routinely gathered outcome/ feedback measures.
* Competency 2 pertains to psychometric assessment. It is our expectation that this competency will be signed off by the trainee being directly observed (live or videotape) when conducting a major psychometric assessment battery (e.g. WISC, WMS, WAIS) on at least one occasion over the programme. It is the responsibility of the trainee to ensure that this direct observation happens on at least one of the placements.

**General notes**

* Please remember to grade each overall competency as well as each benchmark.
* As placements are no longer graded numerically, but are rated using a pass/fail system, the qualitative feedback provided by supervisors is crucial in highlighting areas of particular strength or need. Therefore it is important that as much detail as possible is included in your narrative comments following each competency.
* The end of placement form is a means of assessment *and* a tool to aid ongoing learning. Therefore it is important to specify what the ‘current limitations or needs’ are for each of the relevant competencies. For example, supervisors often write ‘more experience needed’ in this box. It is more helpful, however, if the underlying needs are specified, such as skills in specific therapeutic modalities etc. This will then enable a more comprehensive plan of ongoing learning to be established.
* Competencies 3 and 4 pertain to psychological formulation and interventions. Please remember to specify which psychological theories or models have been utilised. We use this information to track which models trainees have been exposed to in practice to ensure a balanced overall experience by the end of the three years of training.