

**TEESSIDE UNIVERSITY – DOCTORATE IN CLINICAL PSYCHOLOGY**

**Supervisor Practice Assessment Form Guidance**

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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/s, which should be timed to comply with the submission deadline for the placement. The completed form should then be submitted by the trainee as part of the clinical practice submission (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.

**Evidence**

in fulfilling the BPS standards for Doctoral Programmes in Clinical Psychology as detailed by the ‘BPS in Standards for Doctoral programmes in Clinical Psychology’ (May 2014), there is an expectation that evidence provided by supervisors, of trainees competence, will be largely via direct observation or video (/ audio) recordings. It is expected that every competency can be evidenced largely via these direct sources.

**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.

**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’**?

**Further 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 is in 2 sections ‘primary’ and ‘secondary’ sources. Primary sources of evidence include direct observation and via video / audio recording. The course requirements, with regards ‘invivo’ assessment expects, where possible, the use of primary sources of evidence in the assessment of trainees competencies. Secondary sources of evidence are acceptable in some instances, and certainly important as supplementary sources of evidence but should not form the majority of evidence in your assessment of the trainees competence.
* 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.