Inspiring success

Teesside University

DOCTORATE IN CLINICAL PSYCHOLOGY

CLINICAL PRACTICE HANDBOOK

September 2025

CONTENTS

DISCLAIMER

1 INTRODUCTION TO THE CLINICAL PRACTICE HANDBOOK

Welcome to the Teesside Doctorate in Clinical Psychology

The Teesside Doctorate in 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 field link co-ordinators, 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 all stakeholders (NHS based psychologists, trainee reps, service user / carer reps etc.).

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:
https://www.hcpc-uk.org/resources/standards/standards-of-education-and-training/

Standards of Proficiency for practitioner psychologists can be found at:

https://www.hcpc-uk.org/standards/standards-of-proficiency/practitioner-psychologists/

Standards of Conduct, Performance and Ethics can be found at:
https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/

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' (September 2025).*

https://cms.bps.org.uk/sites/default/files/2022-07/Clinical%20Psychology%20-%20Standards%20for%20Accreditation.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 an Intellectual Disability, Neurodiversity & Acquired Brain Injury Placement (previously special needs). 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 most placements will be provided in locations across the Durham / Tees Valley 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. **Please note that the university catchment area is NOT the same as your employing Trust**.
- 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

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

https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:9303d71a-4fd5-38a7-8862-499fcd591fda

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 and use them as the basis for discussion and competency development.

3.5 Documentation

3.5.1 E – Portfolio

'Portfolio@tees' is a tool which enables trainees to record their personal and professional development during the course of the Course. 'Portfolio@tees' is the media by which all placement documentation can be accessed / submitted and forms the basis of trainees' clinical practice submission and can be access via the following link:

https://portfolio.tees.ac.uk/

3.5.2 Logbooks and Clinical Practice Summary

The BPS '*Standards for the accreditation of Doctoral courses in clinical psychology' (January 2019),* require that trainees keep a log of their clinical practice. On the Teesside Course the logbook is in two parts.

- Logbook 1 is completed for each placement.
- Logbook 2 is cumulative across all 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 e-portfolio contains a summary page intended to enable trainees and the Course Team to monitor the competencies being accrued by trainees and ensure such that the training pathway will not include any significant competency gaps.

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.

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 portfolio. 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 Intellectual Disability, Neurodiversity & Acquired Brain Injury (previously special needs placement)

This placement can take place in either first or second year of training and could be provided in a range of service settings The placement will enable trainees to build upon the competencies developed prior to the course / during the life span placements and will aim to develop further their competencies with respect to working with individuals with a range of service needs, training of staff groups, and consultative intervention.

3.6.3 Year 3 Placements (Under review)

3.6.4 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 (under review).

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 models of psychological therapy (cognitive behaviour therapy, is required to be demonstrated during core placements). The specialist therapy competencies are benchmarked against recognised criteria.

3.6.5 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 3.6.6). 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.

3.6.6 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 projects aimed at service improvement / audit of existing service arrangements etc.

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 if this is NOT a case that is being carried on from their fifth placement. A separate mid-way meeting may also take place if the long-term case is within a separate service to that of their fifth / sixth placement.

3.6.7 Arrangement of Year 3 Placement

The responsibility for arranging all year 3 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 chosen elective / Specialist Psychological Therapy Placements. However, trainees should be aware that within the resources available it is not always possible to get their initial choice and if a number of trainees request the same placement an interview type approach may need to be taken by the placement supervisor/s.

Trainees should also make themselves familiar with the 'Out of Area Protocol' as this is an agreed protocol across all courses and details how placements, that are requested out of the course's normal placement area, should be approached. Out of area placements can only be requested in certain exceptional circumstances and cannot be guaranteed, even if those circumstances are relevant.

https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:a46326b7-4aef-3eb1-bc37-69098b6afa0f

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. 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 and Continuation Form (appendix 8), if relevant, from the previous placement detailing strengths and learning needs identified on the placement.

Trainees should also complete the Self-Assessment Schedule (Appendix 13) 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 (Appendix 4) and share it with 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 Evaluation

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. The 'Feedback on Learning Environment and Learning Experience' form seeks detailed feedback from trainees and is particularly helpful for supervisors. These should also 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 usually 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 all areas of professional practice by the end of the course. Six competencies are deemed 'essential' and must be demonstrated on all core placements, while some competencies are 'required' 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 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)

- Assessment
- Formulation
- Therapeutic Interventions (**not essential** for organisational placements)
- Communication
- Personal and Professional Standards
- Reflective Practice

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

- Psychometric Testing*

- Indirect Work
- Service Improvement (**essential** for organisational placements)

* Trainees must be directly observed conducting a psychometric test battery (see logbook for more info). Note: Self and Other-Reported Outcome Measures are not classed as a psychometric test battery.

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

- Teaching and Training
- Research and Audit - **Removed from the assessment form 2023 onwards as no longer assessed on placement for 2023 cohort onwards.**

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 a quality experience within the service setting and 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). All paperwork should be fully completed and signed as appropriate. The supervised Practice Assessment form must be signed and locked prior to submission. It is the trainee's responsibility to ensure this has been done. Clinical tutors will only check

submissions have been made correctly, any issues regarding paperwork being incomplete that is highlighted by the external examiner could result in delayed progression or worse failure.

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, which must be submitted in advance of the deadline date. 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, professional or personal conduct or any other issues within the placement setting should be communicated to the cohort's Clinical Tutor or the Lead 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. If an affirmative response is given to this 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. If possible, the Clinical Tutor will then normally convene an additional placement meeting, where details of the concerns and required remediation strategies will be recorded. If this is not possible due to timescales e.g., the concerns are raised late into the placement, the clinical tutor will attend the final placement meeting.

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.

When major concerns / the possibility of a placement failure has been identified, the Clinical Tutor will convene a review meeting, usually comprising the Clinical Tutor Team. The purpose of the review meeting will be to review the circumstances of the placement, the competency issues in question and any remediation

recommendations, with regards to addressing the competency issues. The meeting may include broader placement considerations, professional standards and previous trainee experiences (of the placement). It will therefore not usually include the trainee; however, the trainee's clinical tutor will always meet with the trainee before this meeting to discuss the circumstances around the placement failure and options available.

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 some 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, trainee and in the convened 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.

The trainees clinical tutor will usually meet with the trainee, following the assessment board, in order to discuss the board's recommendation and practicalities in fulfilling the requirements.

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.

Changes in university regulations (2015) means that only one placement failure 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.

3.14 Appealing the Assessment Boards Decision

If you're not satisfied with a decision taken by the University, you can make an appeal. An Academic Appeal is a request for a review of a decision made by an Assessment Board charged with making a decision about a trainee's assessment, progression and/or award. An Academic Appeal Committee is not constituted as an Assessment Board and does not have the authority to set aside the decision of an Assessment Board however, it can request that an Assessment Board reconsider its decision. The Academic Appeal Regulations can be found by following the link below.
https://www.tees.ac.uk/docs/DocRepo/Student%20regulations/University%20Application%20Packs/ACADEMIC%20APPEAL%20-%20Application%20Pack/Item%203%20-%20Academic%20Appeal%20Regulations.pdf

If you want to submit an appeal you should complete an application pack and send it (along with any supporting documentation) to oscar@tees.ac.uk. Advisers in the Students' Union are able to help you with appeal processes and you may wish to contact them to support you. An adviser can be contacted by emailing suss@tees-su.org.uk.

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:
https://www.hcpc-uk.org/standards/meeting-our-standards/confidentiality/guidance-on-confidentiality/consent-and-confidentiality/

https://www.hcpc-uk.org/students/learning-materials-for-students/case-study/student-case-study---having-consent/

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 12/10/2022)

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).

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.

- In cases where the client does not have appropriate capacity, the procedures regarding informed consent applying in the particular Service should be followed.

- 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. These should be completed and kept in the case notes.

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 (such as Psychological Therapists). 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.

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.

If there are any issues with regards to the adequate provision of supervision this should be communicated to the cohort's Clinical Tutor or the Lead Clinical Tutor at the earliest opportunity

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

Barrett, M.S. & Barber, J.P. (2005) "A developmental approach to the supervision of therapists in training". **Journal of Contemporary Psychotherapy**, **35 (2)**, 169 - 183.

Bernard, J.M. & Goodyear, R.K. (2004) **Fundamentals of Clinical Supervision**. Boston: Allyn & Bacon.

Briggs, J.R. & Miller, G. (2005) "Success enhancing supervision". **Journal of Family Psychotherapy**, **16**, 199 - 222.

Campbell, D. & Mason, B. (2003) **"Perspectives on Supervision"**. Eds. Karnac.

Campbell, J.M. (2004) **"Essentials of Clinical Supervision"**. John Wiley & Sons Inc., ISBN: 0471233048.

Falender, C.A. & Shaframske, E.P. (2004) **"The Evolving Practice of Clinical Supervision" - a chapter in "Clinical Supervision: A Competency-based Approach"**. p 227 - 232. Published by American Psychological Association. ISBN 1-59147-119-2 (Hardback).

Fleming, I. & Steen, L. (2003) **"Supervision and Clinical Psychology: Theory, Practice and Perspectives"**. Eds. Brunner-Routledge, ISBN: 158391255X

Frawley-O'Dea, M.G. & Sarnat, J.E. (2001) **The Supervisory Relationship. A Contemporary Psychodynamic Approach**. New York, London: The Guildford Press.

Hawkins, P. & Shohet, R. (2000) **"Supervision in the Helping Professions"**. Buckingham: OU Press.

Knapp, S.J. & Van de Creek, L.D. (2006) Chapter "Clinical Supervision" p 217 - 229 in **"Practical Ethics for Psychologists: A Positive Approach"**. Washington DC, USA: American Psychological Association, ISBN 1-59147-32608 (Paper Back).

Lahad, M. (2005) **"Creative Supervision: The Use of Expressive Arts Methods in Supervision and Self Supervision"**. Jessica Kingsley Publishers.

Milne, D.L., Pilkington, J., Gracie, J. & James, I. (2003) “Transferring skills from supervision to therapy: A qualitative and quantitative N=1 analysis”, **Behavioural and Cognitive Psychotherapy**, **31 (2)**, 193 - 202.

Padesky, C. (1996) Developing Cognitive Therapist Competency; Teaching and Supervision. Ch 13 in Salkovskis, P. (ed) **Frontiers of Cognitive Therapy**. New York: London: The Guildford Press.

Ronnestad, M.H. & Orlinsky, D.E. (2005) Chapter **“Clinical Implications: Training, Supervision and Practice”**, pp 181 - 201 in **“How psychotherapists develop: A study of therapeutic work and professional growth”**.

Scaife, J. (2001) **“Supervision in the Mental Health Professions: A Practitioner’s Guide”**. Ed. Brunner Routledge, pp.52 – 69.

Additional guidance for clinical psychology training programmes: Guidelines on clinical supervision https://cms.bps.org.uk/sites/default/files/2022-07/Guidelines%20on%20clinical%20supervision.pdf

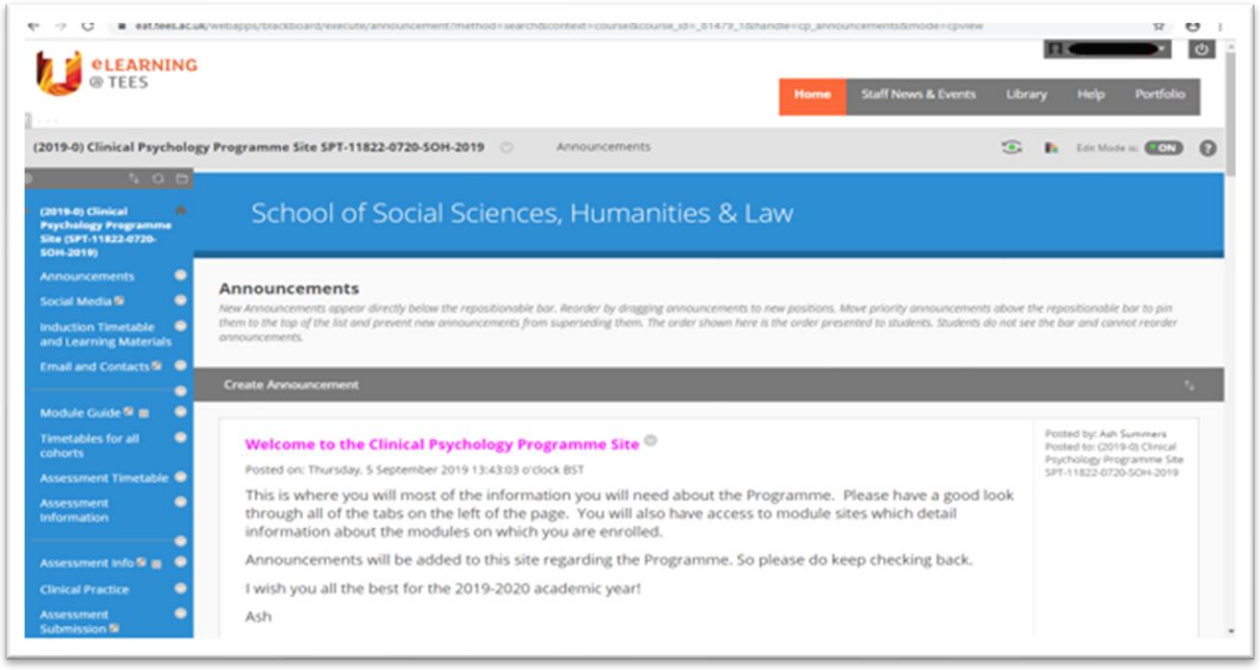
APPENDIX 2

Doctorate in Clinical Psychology E-Portfolio (portfolio@tees) Guidance

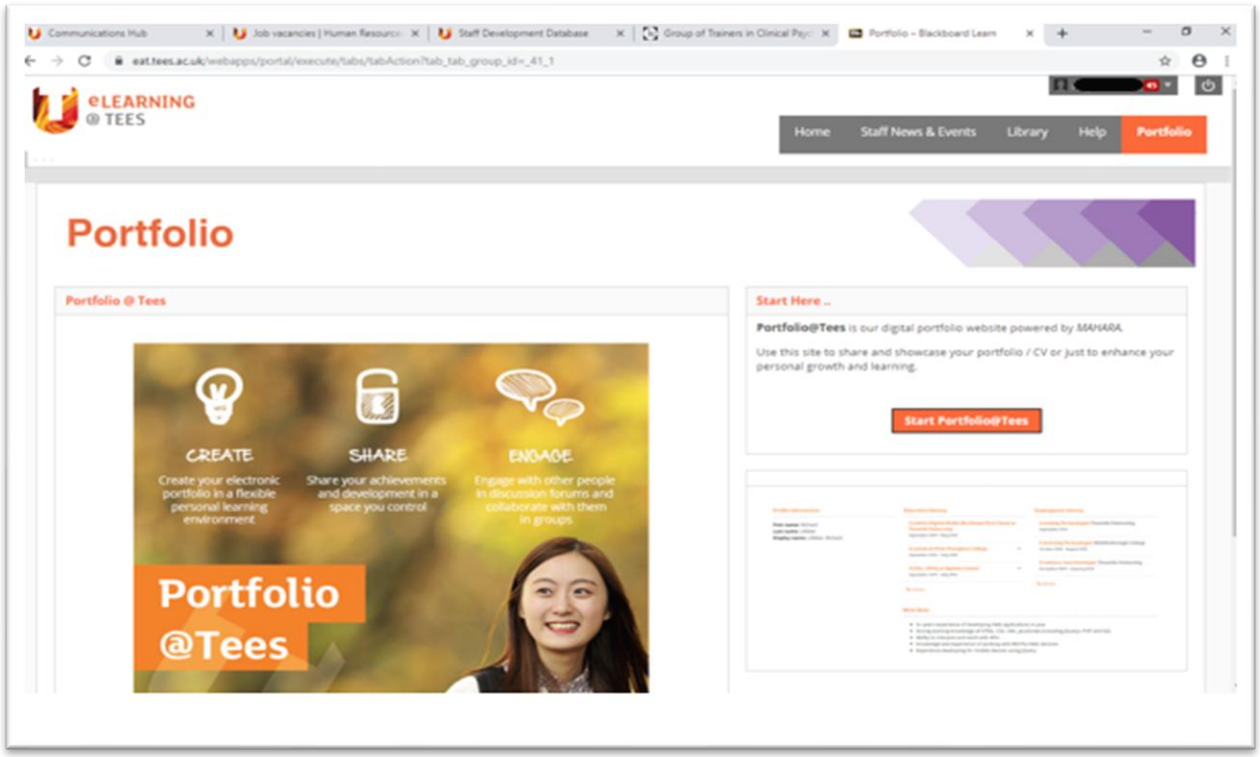
To access ePortfolio

Log in to https://portfolio.tees.ac.uk/ with your student number and password

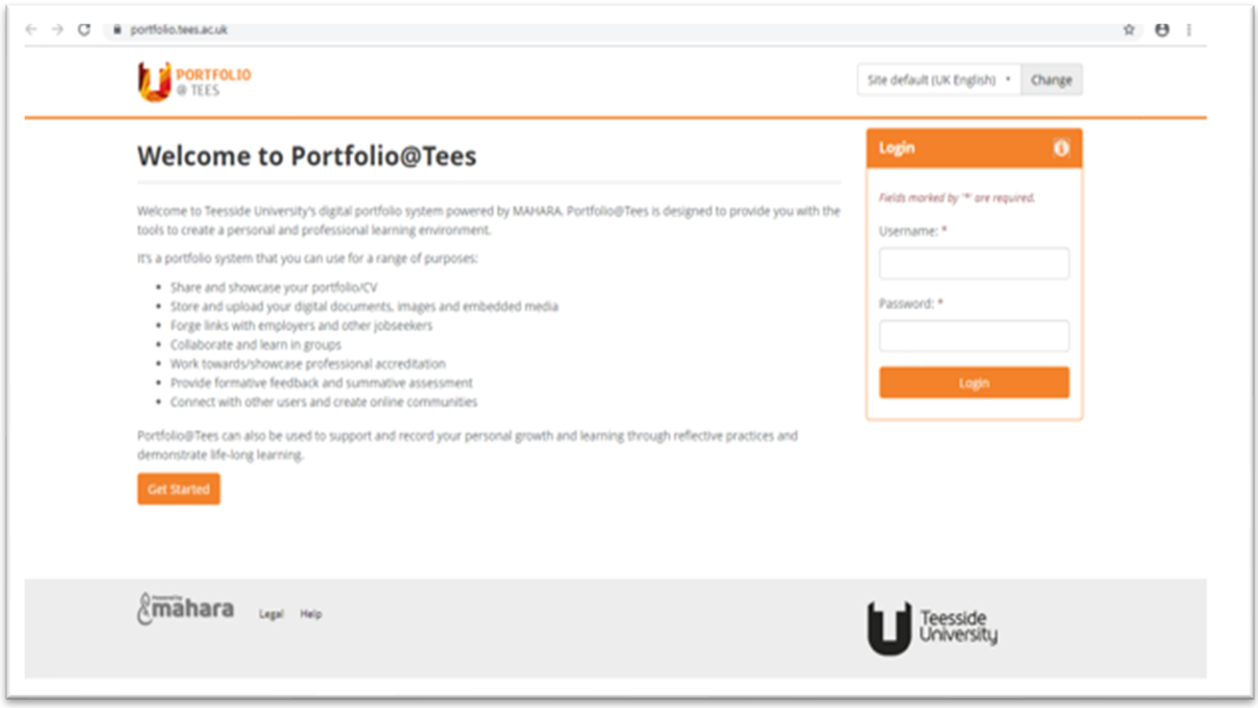
- Access the Clinical psychology Programme Site
- In the top right hand corner, you will see the Portfolio tab – click onto the tab.



You will then see this screen



- Login to the site using the same student number and password you used to login to BlackBoard



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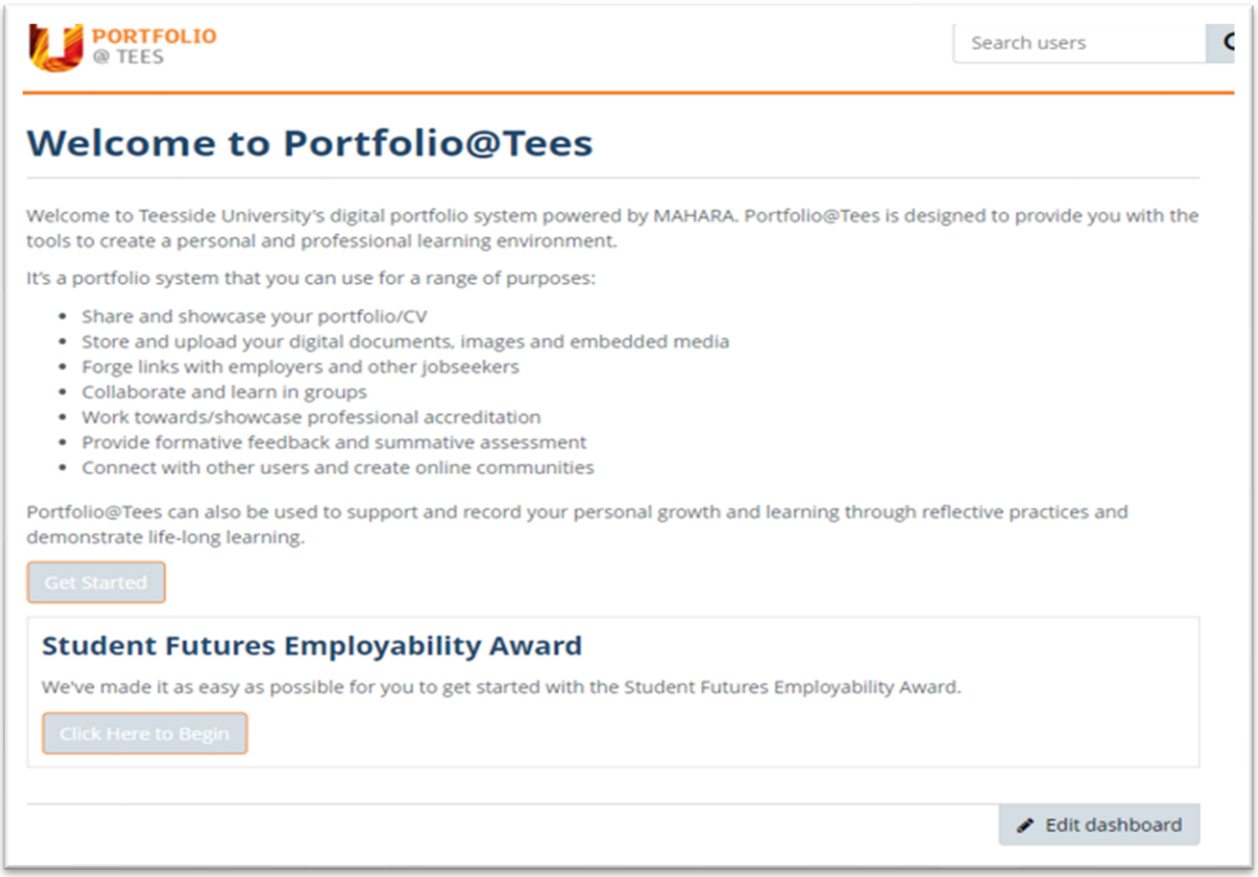
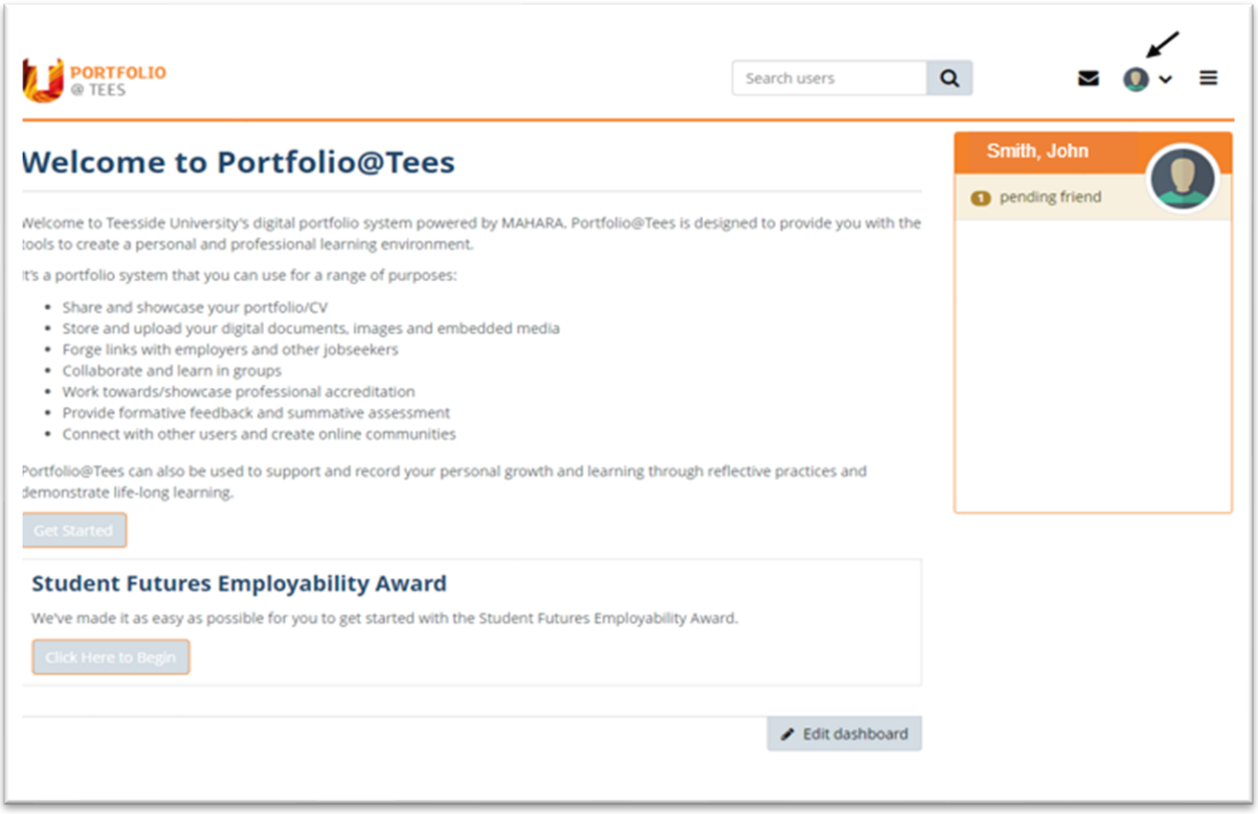


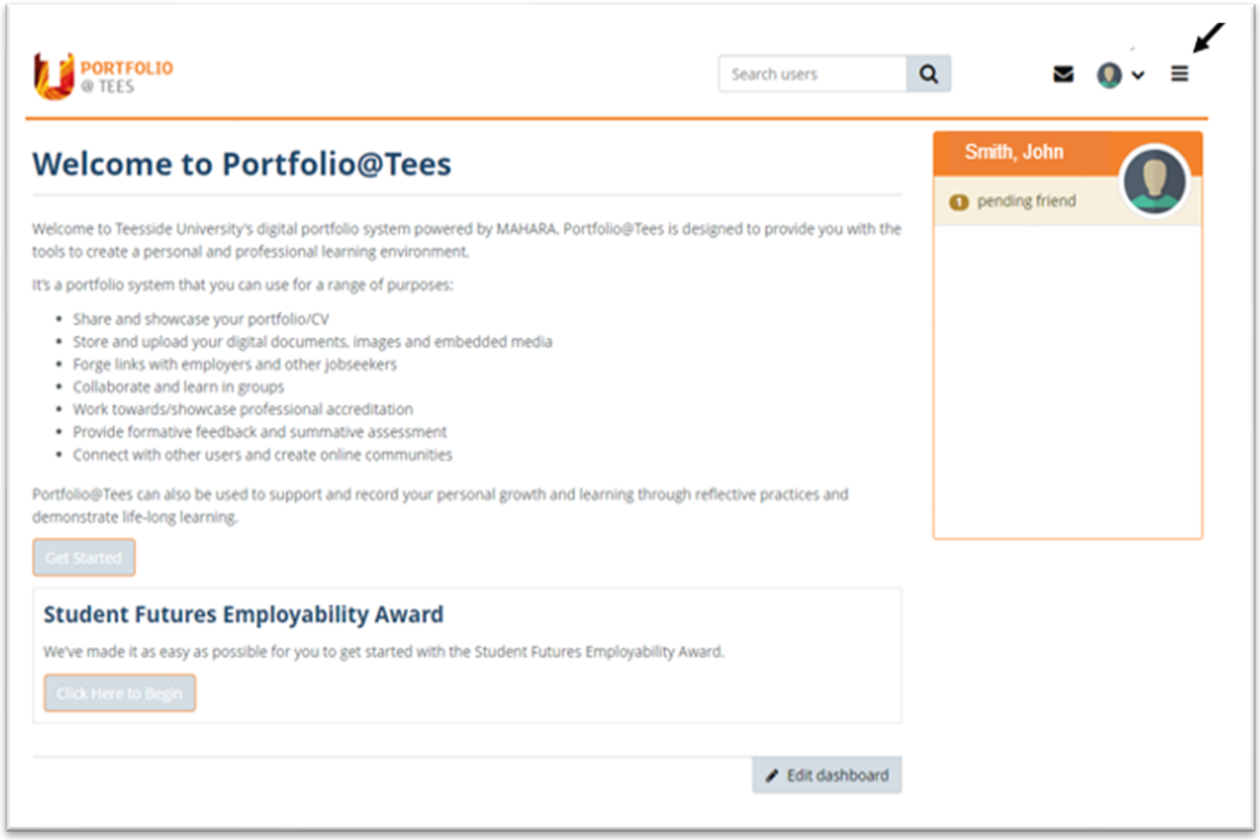
Your profile page will look like this

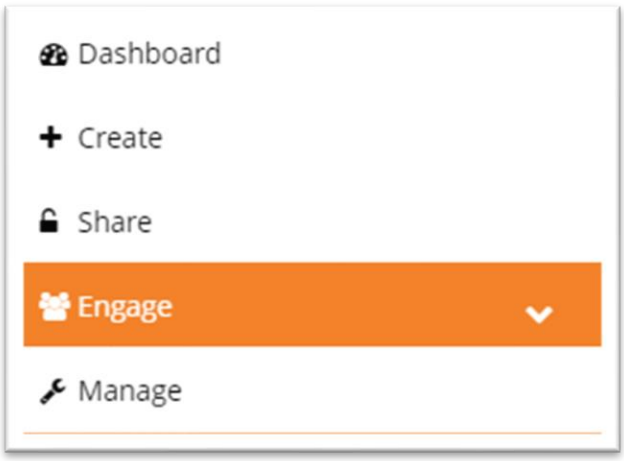


To join your cohort group

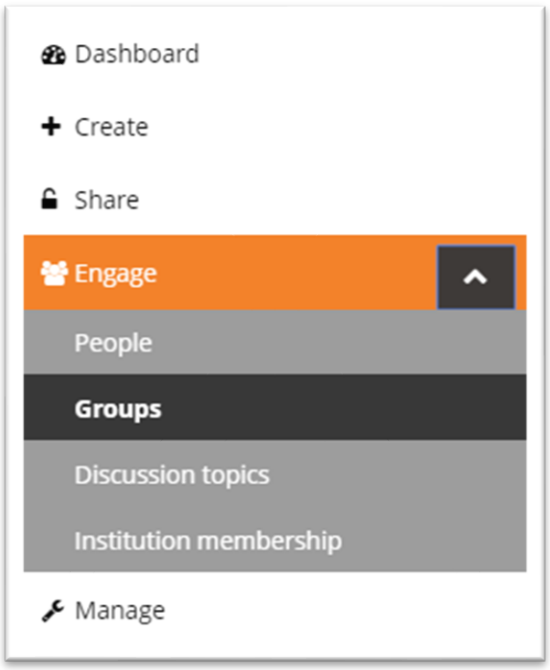
- You must request to join your cohort group before you can gain access to the Clinical Psychology e-portfolio collection.
- Click onto main menu

- Scroll down to Engage and click onto this tab

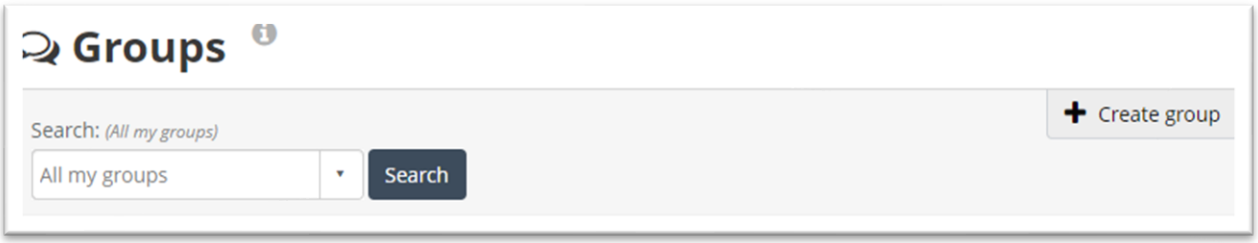




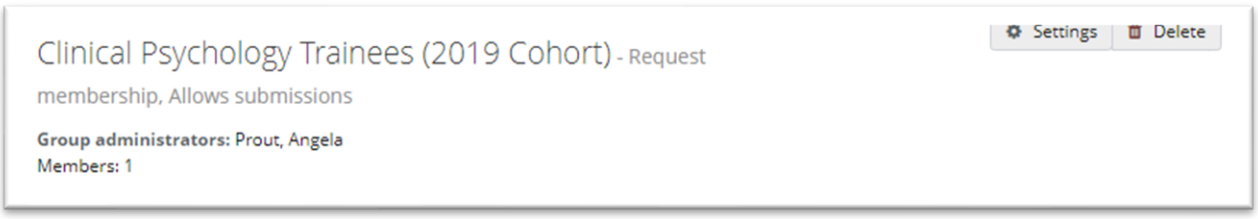
- Scroll down to groups and click on the tab



- Search for 'Clinical Psychology Trainees (year group Cohort)' e.g., Clinical Psychology Trainees (2019 Cohort). ***Please ensure that you select "All Groups" from the search box otherwise the group you are searching for will not appear.***



Click onto **Request membership**

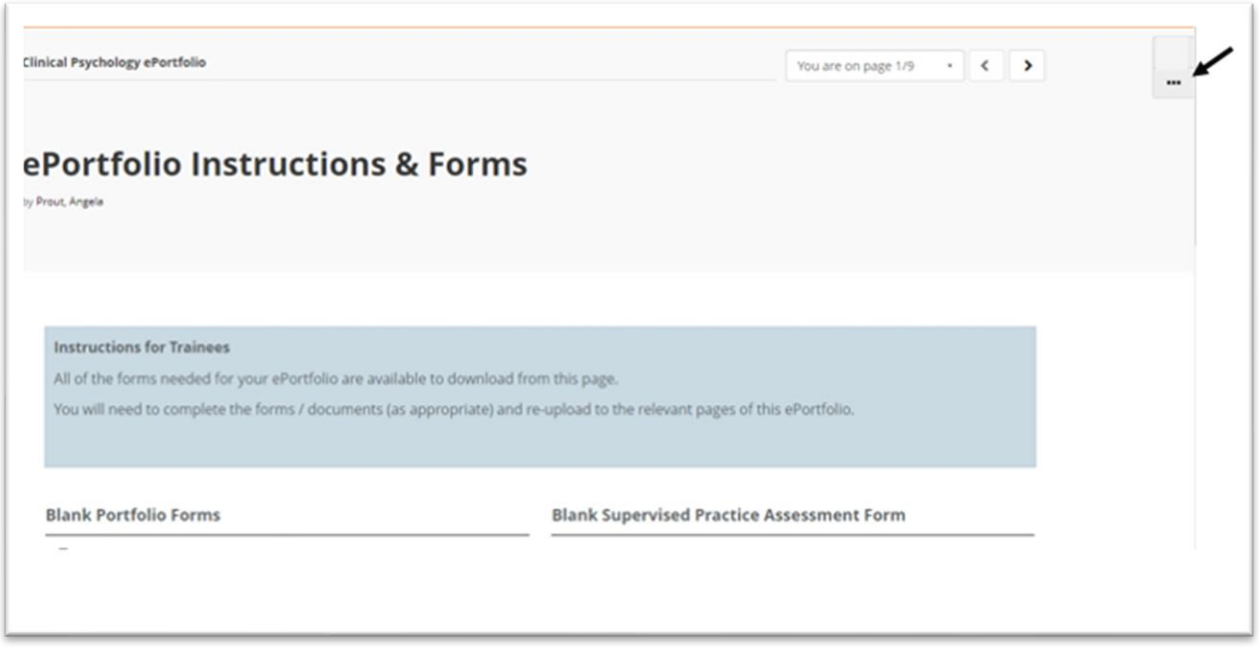


- Once you are a member of the relevant year group you will have access to **Clinical Psychology ePortfolio via your profile page** accessed by clicking onto avatar.

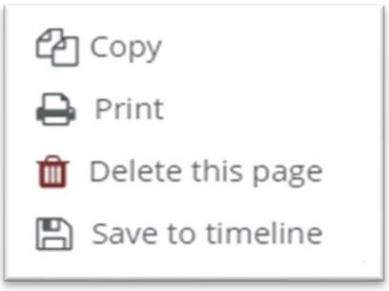
To use the collection

- The collection on the group site is read only. To enable editing you must copy the collection. To do this click onto **Clinical Psychology ePortfolio** under **Collections Shared with this Group.**

You will then see the collection's first page



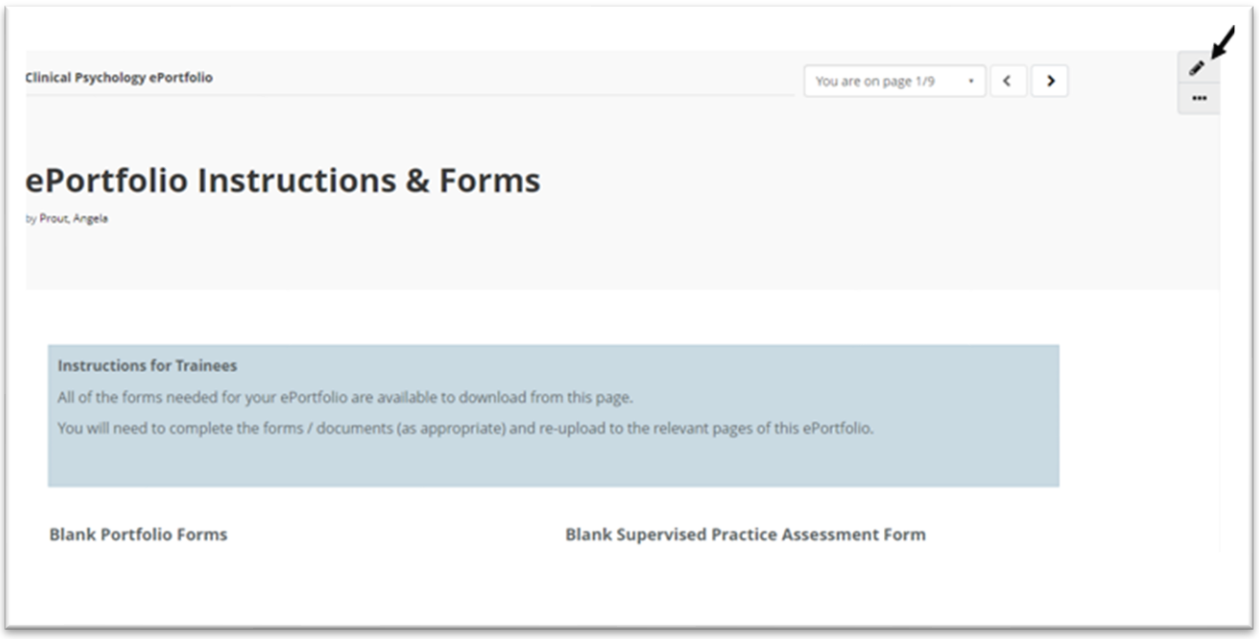
- Click on to the ellipses (as indicated by arrow) to open this menu



- You will be asked to choose which you would like to copy – Collection or Page.
- **Copy the collection**.

- This should provide you with a copy of the collection which now has edit facilities

You will know you have edit facilities by seeing the pencil icon in the corner above the ellipses



Portfolio Pages

Page 1: Download forms page

On the first page of the portfolio, you can download all of the forms you require for your placements.

Instructions for Trainees

All of the forms needed for your ePortfolio are available to download from this page.

You will need to complete the forms / documents (as appropriate) and re-upload to the relevant pages of this ePortfolio.

Blank Portfolio Forms

- Supervised Practice Agreement.docx - Thursday, 17 October 2019 [75.5KB]
- Supervised Practice Agreement (Organisational).docx - Thursday, 17 October 2019 [87.2KB]
- Supervised Practice Agreement (LTC).docx - Thursday, 17 October 2019 [85.1KB]
- Trainee Declaration and Informed Consent.docx.1 - Thursday, 17 October 2019 [142.3KB]
- Supervisors confirmation of clinical experiences form.docx.1 - Thursday, 17 October 2019 [54.9KB]
- Clinical Practice Summary Form.doc - Thursday, 17 October 2019 [53KB]
- Clinical Practice Logbook Section 1.xls.1 - Thursday, 17 October 2019 [100KB]

Blank Supervised Practice Assessment Form

- Clinical Practice Supervised Practice Assessment Form PDF.pdf - Friday, 25 October 2019 [360.4KB]

Blank Mid Placement Forms

- Mid Placement Review Meetings Form.doc - Thursday, 17 October 2019 [95.5KB]
- Mid Placement Review Meetings Form - Organisational.doc - Thursday, 17 October 2019 [95.5KB]
- Mid Placement Review Meetings Form - LTC.docx - Thursday, 17 October 2019 [61.6KB]

Page 2: Submission Guidance

Guidelines for Submission of the Clinical Practice Assignment

Ensure that you are aware of Clinical Practice assignment deadlines.

In order to pass a placement, all fully completed clinical practice documentation, relating to your placement, must be submitted by the relevant submission deadline date.

This must be electronically submitted by 4 p.m. on this date.

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.

Ensure the following are fully completed before submission:

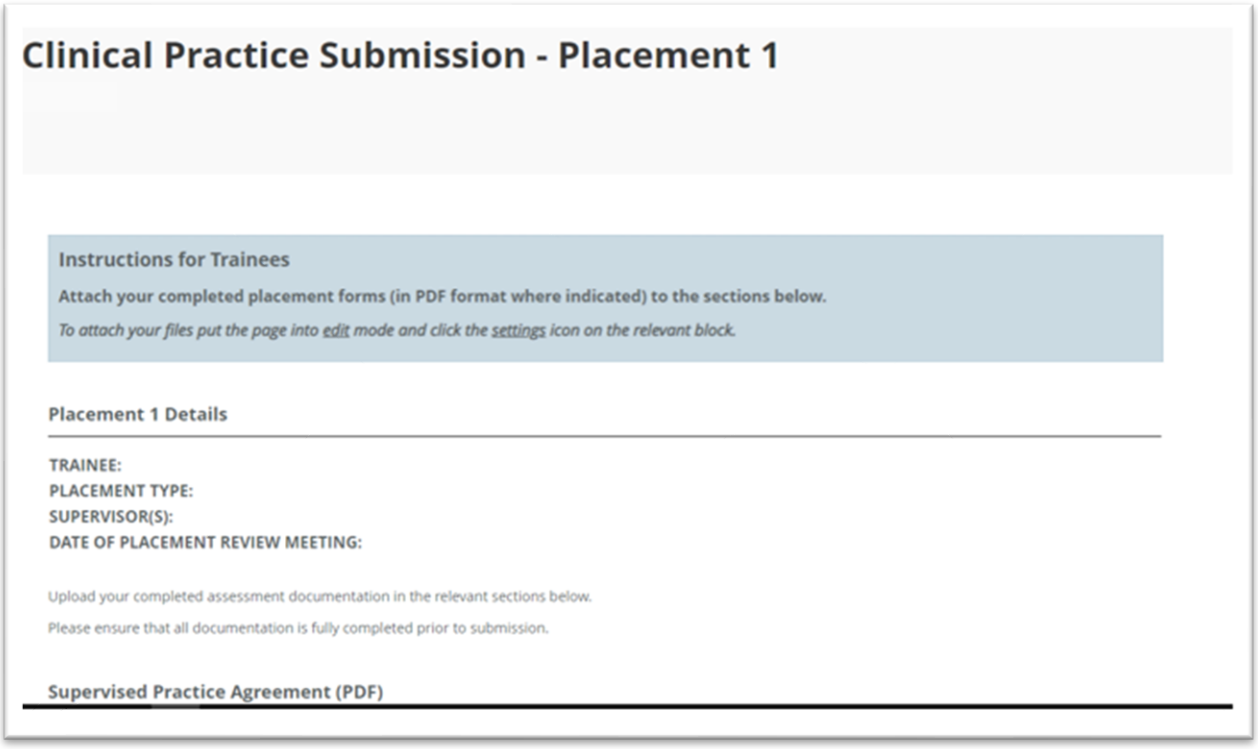
- Supervised Placement Agreement (should be completed with your supervisor/s and uploaded within 2 weeks of placement start)
- Supervisor Practice Assessment (can be updated as the placement progresses but fully completed / signed off for full submission - **ensure all benchmarks are completed**)
- Informed Consent Declaration (updated throughout placement but fully completed / signed off by end of placement)
- Trainee Declaration (updated throughout placement but fully completed / signed off by end of placement and uploaded)
- Logbooks (updated to the point of submission & uploaded)
- Clinical Practice Summary Form - (updated to the point of submission & uploaded)
- Supervisor's confirmation of clinical experiences undertaken on placement signed off for submission (specifically confirming they have seen and agreed the contents of the Logbook)
- Mid Placement Meeting Notes (uploaded to 'additional documentation'

PLEASE NOTE INCOMPLETE AND INCORRECT DOCUMENTATION COULD BE A REASON FOR FAILURE OF THE PLACEMENT. PLEASE CHECK!

Observation and Recording on Placement

e-Portfolio Guide

Page 3 – 8: Placement Pages



Clinical Practice Submission - Placement 1

Instructions for Trainees

Attach your completed placement forms (in PDF format where indicated) to the sections below.

To attach your files put the page into edit mode and click the settings icon on the relevant block.

Placement 1 Details

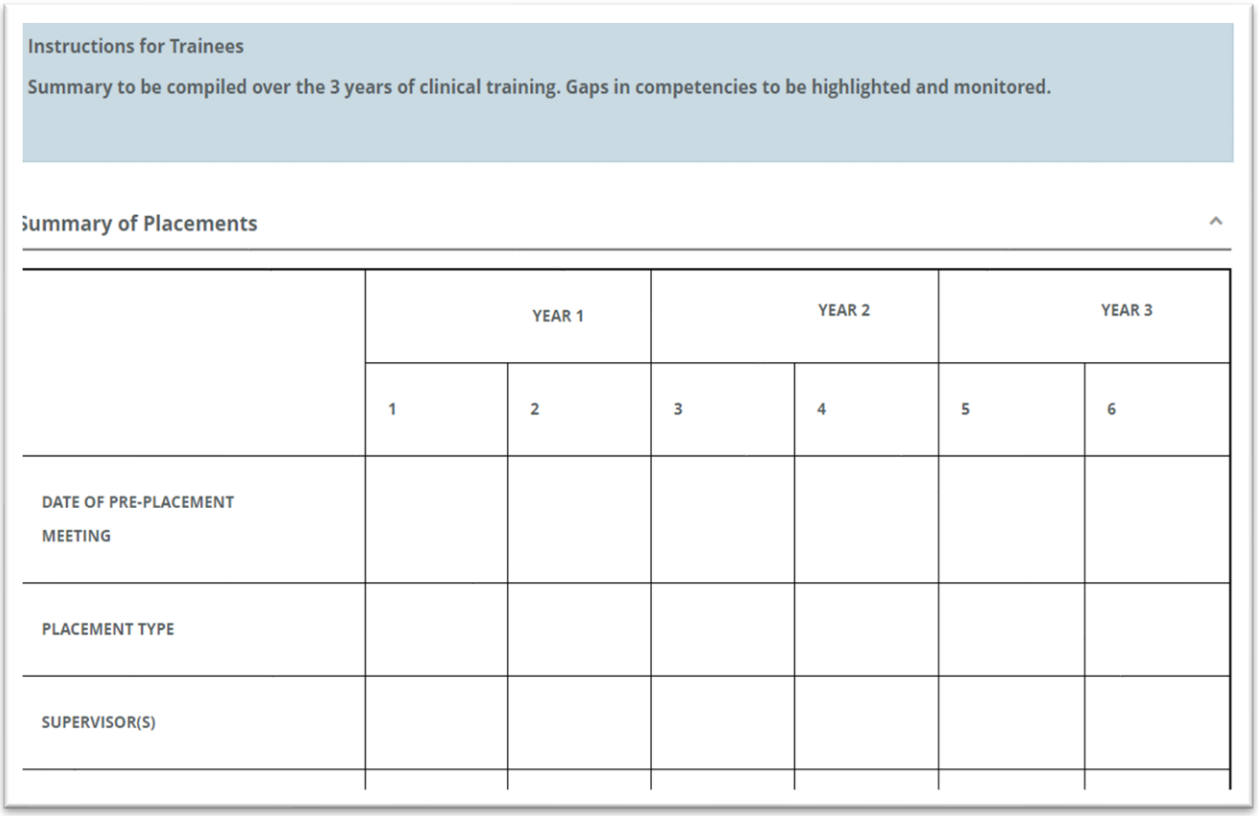
TRAINEE:
PLACEMENT TYPE:
SUPERVISOR(S):
DATE OF PLACEMENT REVIEW MEETING:

Upload your completed assessment documentation in the relevant sections below.

Please ensure that all documentation is fully completed prior to submission.

Supervised Practice Agreement (PDF)

Page 9: Summary of Placements (Previous version)



Instructions for Trainees

Summary to be compiled over the 3 years of clinical training. Gaps in competencies to be highlighted and monitored.

Summary of Placements

	YEAR 1		YEAR 2		YEAR 3	
	1	2	3	4	5	6
DATE OF PRE-PLACEMENT MEETING						
PLACEMENT TYPE						
SUPERVISOR(S)						

(New version)

Description

Instructions for Trainees

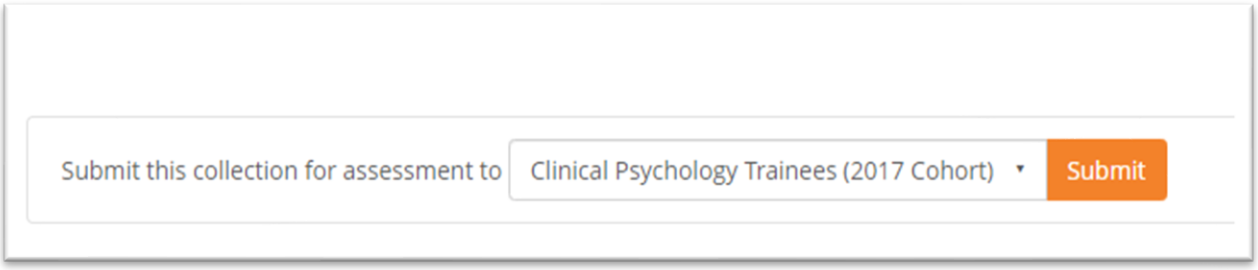
Summary to be compiled over the 3 years of clinical training. Gaps in competencies to be highlighted and monitored.

Summary of Placements

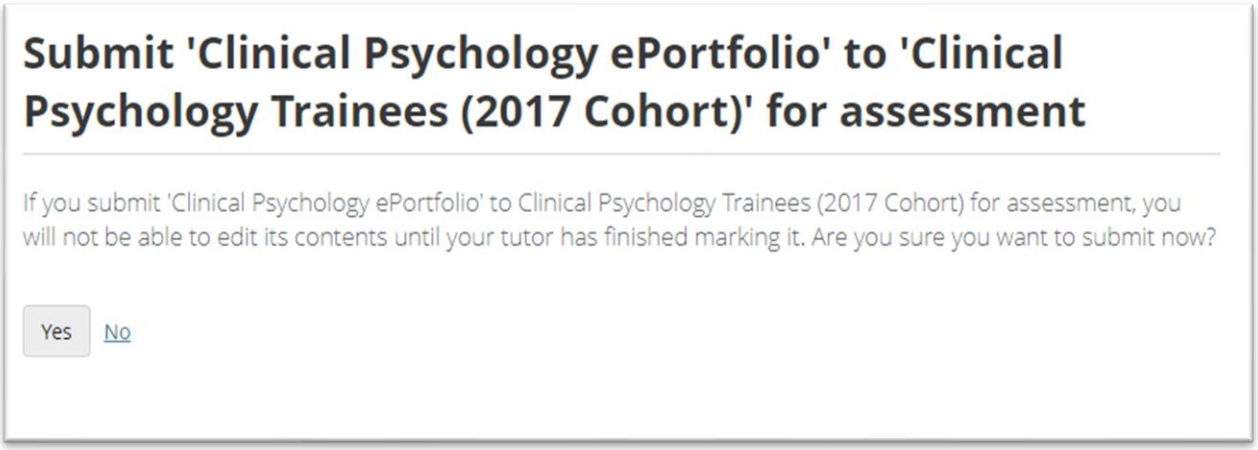
	YEAR 1		YEAR 2		YEAR 3	
	1	2	3	4	5	6
Placement Type						
Competency 1						
Competency 2						
Competency 3						
Competency 4						
Competency 5						
Competency 6						
Competency 7						

Submission

- When ready to submit. You will see this on all pages – only when you have uploaded all the documentation press submit. **The collection will be locked – so only submit when you are sure you do not want to change anything**



When you press submit you will see this



- Press **yes** to submit

You have submitted your clinical practice portfolio.

APPENDIX 3

Observation and Recording on Placement Requirements

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

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

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 recording on each placement which demonstrates another other form 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 at the start of the supervised practice

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

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 IDENTITY AND CULTURE CONSIDERATIONS ON PLACEMENT:

Please consider any culture or identity-related needs (including but not limited to race, ethnicity, religion, spirituality, physical and mental health) and how these can be met whilst on placement

Please specify relevant documents (please state)

A5 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 IFSUPERVISOR 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: There should be evidence of mutual observation & at least one tape reviewed by MPM.

C5 RACISM AND DISCRIMINATION
Agreed plan to support trainee with experiences of racism and discrimination on placement

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

SIGNATURES

Trainee:

Date:

Supervisor/s:

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

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

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 IDENTITY AND CULTURE CONSIDERATIONS ON PLACEMENT:

Please consider any culture or identity-related needs (including but not limited to race, ethnicity, religion, spirituality, physical and mental health) and how these can be met whilst on placement

Please specify relevant documents (please state)

A5 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: There should be evidence of mutual observation & at least one tape reviewed by MPM.

C5 RACISM AND DISCRIMINATION
Agreed plan to support trainee with experiences of racism and discrimination on placement

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:

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 continuation form and placement contract
- review competency assessment form
  - discuss progress so far, identifying benchmarks / competencies and areas still to cover

1. Individual pre-meetings

a) Trainee:

- **How is it going on placement (and on the course generally)?**
- **Have you clarified any needs from your previous placement?**
- **Have you reviewed the contract?**
- **Have you reviewed the competency assessment form and discussed progress so far e.g., have you identified benchmarks achieved and areas still to cover?**
- **What is your experience of the placement in the context of identity and/or cultural needs?**
- **Do you have any concerns on this placement?**
- **If you have experienced racism and/or discrimination on placement, what was your experience of support provided (from your supervisor, team and course)?**
- **Are there any issues you'd particularly like to focus on in today's meeting?**

b) Supervisor:

- **How is the placement going?**
- **Have you reviewed the placement contract?**
- **Have you reviewed the competency assessment form and discussed progress so far e.g., have you identified benchmarks achieved and areas still to cover?**
- **How has the placement considered the trainees identity and/or cultural needs?**
- **In the case of racism and/or discrimination, what supports have been put in place?**
- **Do you have any concerns on this 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, caseload, areas of work covered, any identified areas of work needed (from continuation form) and other main activities on this placement?**

- **What has been the most challenging part of the placement?**

- **Please identify one or two key learning points?**

- **Give an example of how any study materials 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:

Supervisor observation of trainee:

Trainee observation of supervisor:

Any recording opportunities identified and if not please identify your plan to address this?

What framework most informs the supervision?

How is supervision reviewed (what subjective or objective measures are being used)?

What works well in supervision? Is there anything that you would want to change or focus on in future supervision?

c) Paperwork.

Are reports, letters etc. satisfactory? Please describe any particular strengths or areas of improvements needed?

d) Feedback.

Please comment on any competency strengths demonstrated, to date (from the Supervisor Practice Assessment Form)

.

In terms of progress to date are there any concerns that the trainee will not meet all required competencies at this point?

How will this be addressed with the trainee moving forward?

From the trainee's perspective is this placement providing a satisfactory learning experience and opportunities to meet the core competencies as set out in the Supervisor Practice Assessment Form?

e) Future Actions.

Summarise priorities and any actions agreed for second half of placement (identify any core competencies that may not be met and the tasks necessary to meet the competencies, as set out in the Supervisor Practice Assessment Form).

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)?**
- **Have you clarified any needs from your previous placement?**
- **Have you reviewed the contract?**
- **Have you reviewed the competency assessment form and discussed progress so far e.g., have you identified benchmarks achieved and areas still to cover?**
- **What is your experience of the placement in the context of identity and/or cultural needs?**
- **Do you have any concerns on this placement?**
- **If you have experienced racism and/or discrimination on placement, what was your experience of support provided (from your supervisor, team and course)?**
- **Are there any issues you'd particularly like to focus on in today's meeting?**

b) Supervisor:

- **How is the placement going?**
- **Have you reviewed the placement contract?**
- **Have you reviewed the competency assessment form and discussed progress so far e.g., have you identified benchmarks achieved and areas still to cover?**
- **How has the placement considered the trainees identity and/or cultural needs?**
- **In the case of racism and/or discrimination, what supports have been put in place?**
- **Do you have any concerns on this placement?**
- **Are there any issues you'd particularly like to focus on in today's meeting?**

2. Three-way meeting

1. **Overview of Project Undertaken / Focus of Placement**
   - **Please give a general outline of the placement; including brief description any project work, areas / services / organisations covered and other main activities on this placement?**

2. **What transferable skills do you feel you have demonstrated in the placement to date?**

3. **What has been the most challenging part of the placement?**

4. **Can you identify one or two key learning points?**

- **Give an example of how any study materials 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 framework most informs the supervision?

How is supervision reviewed (what subjective or objective measures are being used)?

What works well in supervision? Is there anything that you would want to change or focus on in future supervision?

c) Paperwork.

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

d) Feedback.

Please comment on any competency strengths demonstrated, to date (from the Supervisor Practice Assessment Form)

In terms of progress to date are there any concerns that the trainee will not meet all required competencies at this point?

How will this be addressed with the trainee moving forward?

From the trainee's perspective is this placement providing a satisfactory learning experience and opportunities to meet the appropriate competencies as set out in the Supervisor Practice Assessment Form?

e) Future Actions.

Summarise priorities and any actions agreed for second half of placement (identify any competencies that may not be met and the tasks necessary to meet the competencies, as set out in the Supervisor Practice Assessment Form).

Any Other Business?

Agreed and Signed:

Trainee:

Date:

Supervisor/s:

Date:

Clinical Tutor:

Date:

APPENDIX 6a

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 client's 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	

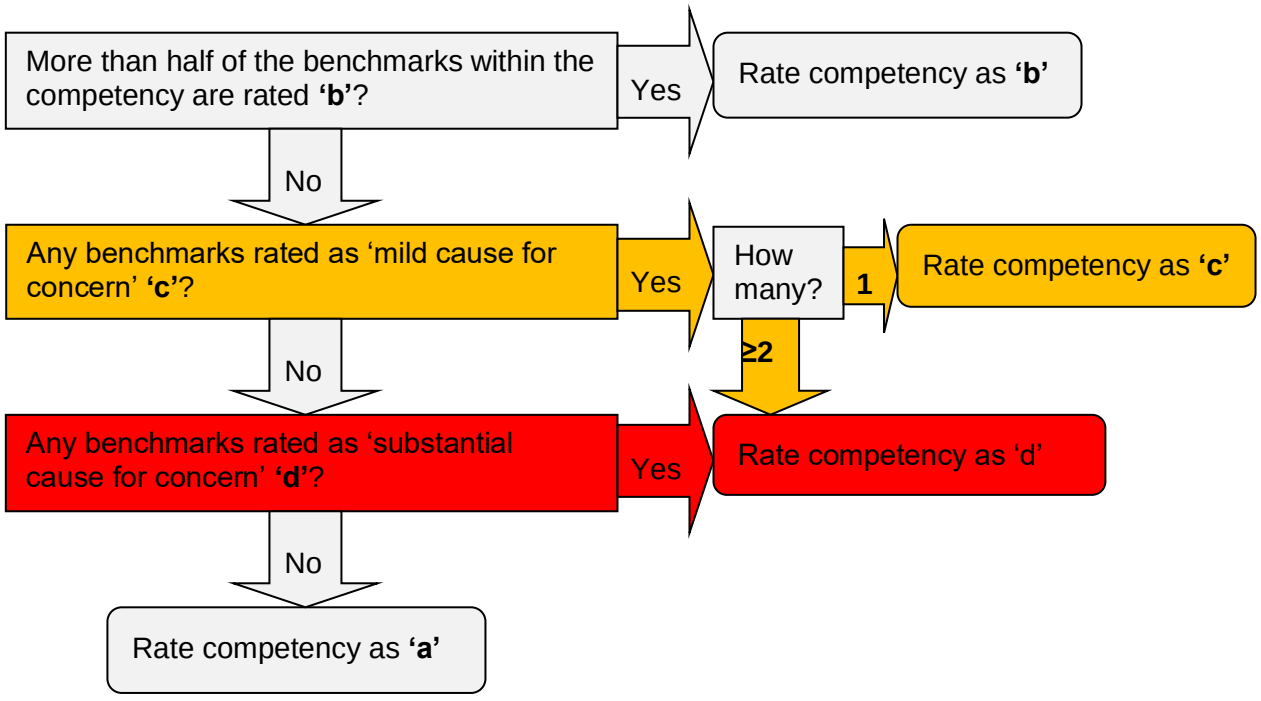
For organisational placements only:	
Demonstrates an awareness of the legislative and national planning contexts for service delivery and clinical practice	
Facilitates processes of change in service delivery systems	
Manages service development projects effectively	
Works effectively alongside corporate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

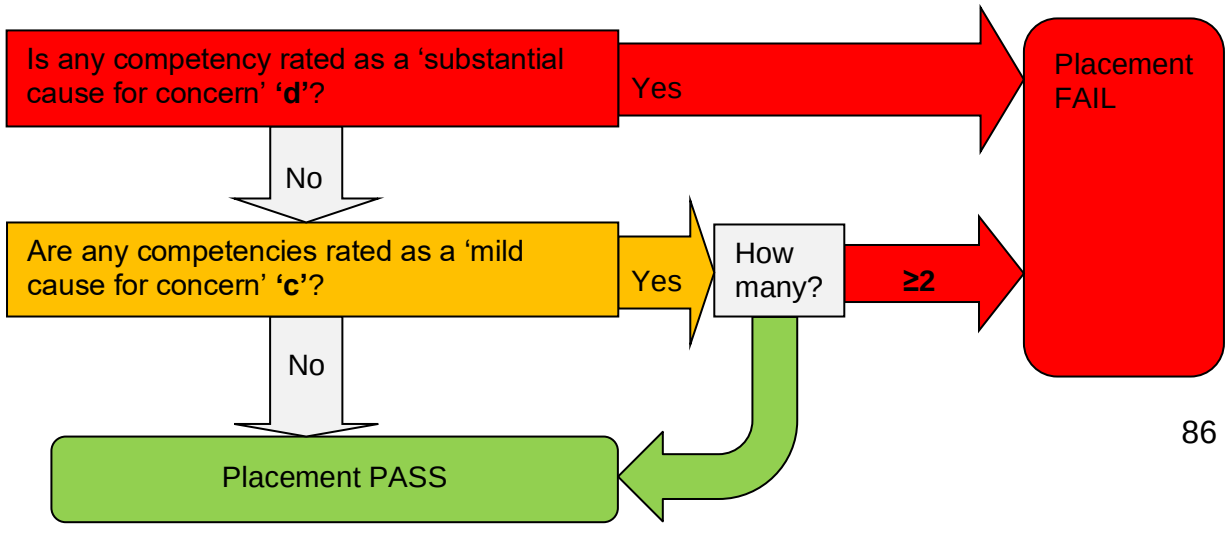
Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

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 ☐

The feedback in this assessment form has been discussed with the trainee.

Signed by Primary Supervisor:

Date:

APPENDIX 6b
FROM 2023 Cohort
(2021 /2022 please use previous supervisor assessment form, appendix 6a)

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
8. Personal and Professional Standards
9. Reflective Practice

Course Required Competencies (must be demonstrated at least twice during the course)
2. Psychometric Testing
6. Indirect Work
10. 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

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 client's 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:

Essential competency for all placements.	**Competency Rating**
Competency 8. 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 9. 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 10. 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	

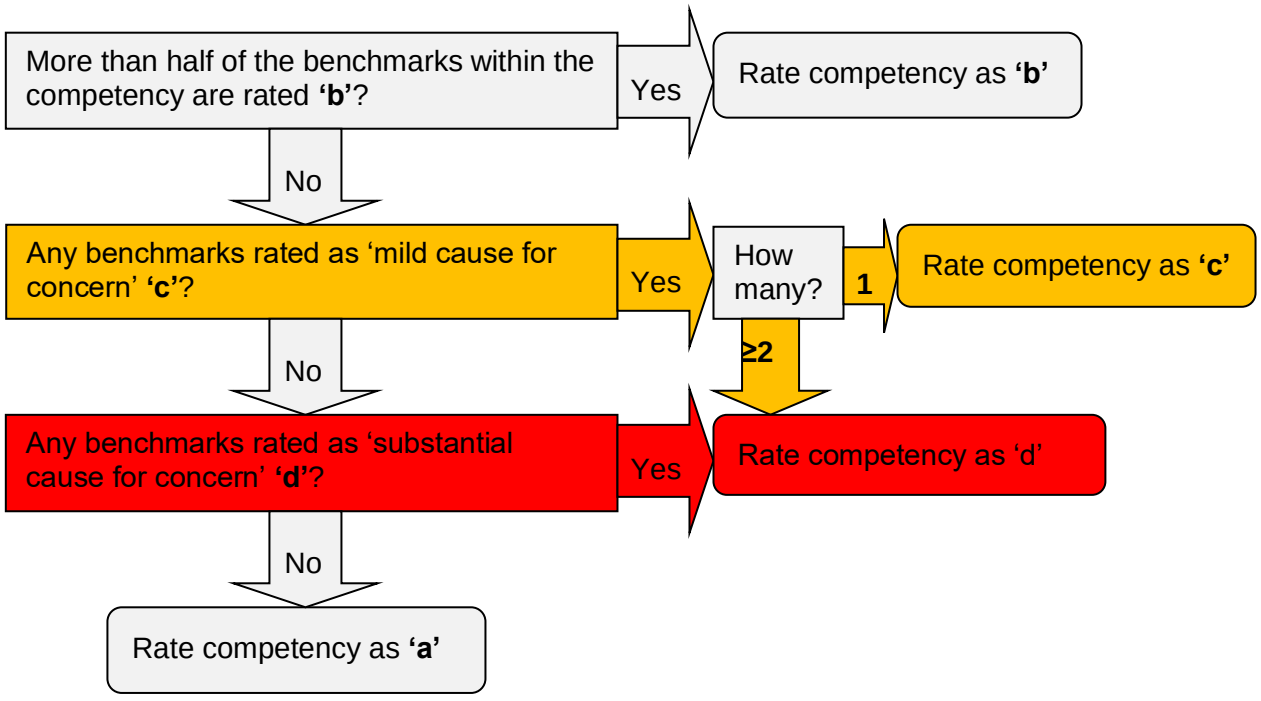
For organisational placements only:	
Demonstrates an awareness of the legislative and national planning contexts for service delivery and clinical practice	
Facilitates processes of change in service delivery systems	
Manages service development projects effectively	
Works effectively alongside corporate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

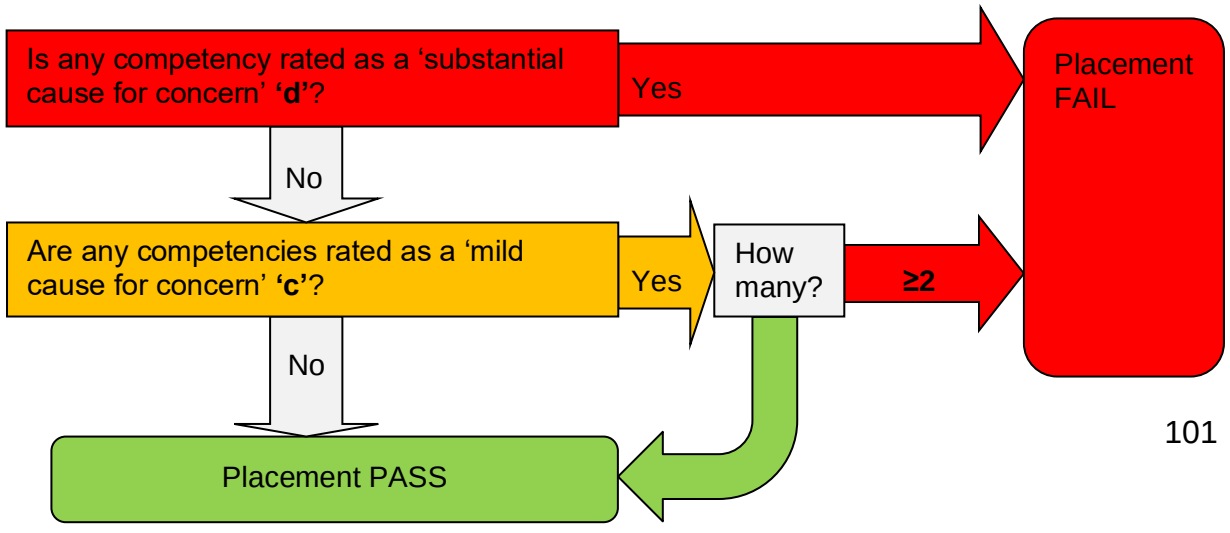
Please comment on the Trainees performance in this area:
Strengths:
Current limitations and needs:

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 ☐

The feedback in this assessment form has been discussed with the trainee.

Signed by Primary Supervisor:

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?

[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 your knowledge and practice changed as a consequence of this placement?

Professional standards

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
(To be used at the end of placement)

Placement number and type:

Trainee Name	
Date	
Placement Supervisor	
Clinical Tutor	

- **Trainees Strengths (personal and clinical)**

- **Areas for Development (personal and clinical)**

- **Please confirm which competencies and associated benchmarks are outstanding to date.**

Competency	**Benchmarks**

- **Which aspects of work have you not yet been able to experience (e.g., 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 <u>c</u> or <u>d</u> on this placement that will need addressing in the next placement?**

  YES / NO
  Specify Competency:

  - **If yes, please give brief details of action plan. An initial placement visit may also be arranged at this point for your next placement.**

Supervisor/s Signature: **Date:**

Trainee Signature: **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

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 13

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?
- Please consider the similarities and differences between yourself and your supervisor(s) from an EDI and Social Graces (Burnham and Roper-Hall 1992; 1998) perspective. Some if these may become more visible and voiced as the supervisory relationship progresses. Are you quite similar or different? What could this mean in the supervisory relationship?
- 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.
- From an EDI position, being quite different or too similar to your supervisor(s).

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 14

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:

4) 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

APPENDIX 15

Teesside University Doctorate in Clinical Psychology
Guidance on Responding to Racism in Clinical Practice

This document has been drafted by the Equality, Diversity, and Inclusion (EDI) leads in collaboration with the EDI steering group.

1. Introduction

This guidance document has been developed in acknowledgement of some of the unacceptable experiences of racism, including microaggressions, experienced by Teesside Doctorate in Clinical Psychology trainees whilst on Placement. Experiencing or witnessing any form of racism whilst on clinical placement is distressing and traumatic. Trainees and supervisors often report that it can feel difficult to know how to respond to racism both in the moment or upon reflection.

This guidance aims to support trainees and their supervisors to be aware of their responsibilities and options when experiencing racism. Racism can occur within the following interactions[2], all of which should be responded to in line with this document.

- Staff member towards another staff member
- Staff member towards a service user
- Service user towards a staff member
- Service user towards another service user
- Carer towards a staff member
- Staff member towards a carer

This guidance document covers the following:

- Definitions of racism and microaggressions, examples of those that have been reported and experienced in clinical practice
- Trust policies and actions to take if you experience or witness racism, including microaggressions, whilst on a clinical placement
- The types of support available if you experience or witness racism, including microaggressions, whilst on a clinical placement
- The types of things you can do to challenge/navigate racism, including microaggressions, whilst on a clinical placement
- Advice/guidance for supervisors on how to support trainees who experience racism, including microaggressions, whilst on a clinical placement

Self-care when reading this document

This document includes examples of microaggressions, which may be difficult to read. We encourage all readers of this document to look after themselves. If reading this document raises any issues that you would like to discuss, please contact the EDI Leads to access a drop in EDI_DClinPsy@tees.ac.uk or speak with your PPD Tutor.

2. Definitions and Examples

Racism: a belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race (Merriam Webster)

[2] [1] Racism can also occur between an institution/organisation and staff and service users, operating through policies and procedures. Guidance on how to respond to systemic racism is addressed in x

Racist: One who is supporting a racist policy through their actions or inaction or expressing a racist idea (Ibram X Kendi)

Microaggression: a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group, such as a racial or ethnic minority (Merriam Webster)
More often (although by no means always) racism within the context of the NHS is not overt, but is subtle, and insidious, occurring in the form or microaggressions.

Nova Reid (Anti-Racist Activist) on the impact of Microaggressions:
"Consider them [microaggressions] like snowflakes. At first fall they seem quite harmless, perhaps a nuisance. But overnight the ice that starts to build up underneath and that pristine surface suddenly seems dangerous, volatile ground where we slip and fall every time we go outside. Perhaps at first spraining a wrist and then breaking a bone, and over months and years, what once was seemingly harmless snowflakes collectively cause a devastating avalanche."
Below are some examples of microaggressions trainees and clinicians have reported in clinical practice.

Examples of Microaggressions in Clinical Practice

- "The weather was lovely on holiday, I'm almost the same colour as you"
- "Where are you from? No, where are you really from?"
- "It's because of your culture you don't think like us"
- "I can't believe racism still exists within this day and age"
- "Can I shorten your name to XXX, yours is too complicated"
- "What does your name mean? It sounds exotic!"
- "I don't mean to sound racist, but…"
- "…no offence"
- "Can I touch your hair?"
- "Your lot"
- "I'm sure x didn't mean it like that, x is lovely"
- "I'm sure x didn't mean it like that, x is a great clinician"
- "It wasn't X's intention"
- Repeatedly mispronouncing someone's name
- Discussing incidents of racism in huddle/MDT and not offering staff (victims) support
- Jokes about service users' culture in MDT/huddle
- Not adhering to trust policies around racism in the workplace
- Witnessing racism and not acting upon what you have seen (being complicit)
- Saying there is "nothing I can do" when racism is reported
- Saying "that is just what the team are like" when racism is reported
- White silence/White denial

3. Actions to be taken if you experience or witness racism, including microaggressions from service users or carers

Please follow the policies below if you experience or witness racism or microaggressions within interactions

- Service user towards a staff member
- Service user towards another service user
- Carer towards a staff member

Table 1. Trust Policies to follow if you experience or witness racism or microaggressions from service users or carers whilst on placement.

Please click on the image to access the trust policy	
 TEWV Verbal-aggression-pr	*TEWV Verbal Aggression Policy*
Please ask your placement supervisor for access – link will not work out of Trust.	*CNTW Policy*
Please ask your placement supervisor for access – link will not work out of Trust.	*NUTH Policy*
Please ask your placement supervisor for access – link will not work out of Trust.	*Gateshead Policy*

4. Actions to be taken if you experience or witness racism, including microaggressions from staff members

Please follow the policies below if you experience or witness racism or microaggressions within interactions

- Staff member towards another staff member

Table 1. Trust Policies to follow if you experience or witness racism or microaggressions between staff on placement.

Please click on the image to access the trust policy	Policy
	TEWV Bullying and Harassment Reporting and Resolution Procedure
Please ask your placement supervisor for access – link will not work out of Trust.	CNTW Dignity at work Policy
Please ask your placement supervisor for access – link will not work out of Trust.	NUTH Policy
Please ask your placement supervisor for access – link will not work out of Trust.	Gateshead Policy

5. Support available for trainees if you experience or witness racism, including micro-aggressions, on clinical placement

It is important to acknowledge that we all feel supported in different ways. When it comes to something as difficult as experiencing or witnessing racism, including microaggressions, there is no 'right' way to seek support. The below are a list of options that are available to you, should you choose.

- At the start of your placement, there is a prompt in the initial placement contract for trainee and supervisor to agree what will happen if you experience or witness racism whilst on placement.
- In the first instance, you may wish to discuss any experiences of racism, including microaggressions, with your placement supervisor. However, we appreciate this can be incredibly difficult to do. If you feel it would be helpful, you can request a three-way meeting with your clinical supervisor and one of the EDI leads. The aim of the EDI lead being present will be to provide support for you and ensure that appropriate actions are taken.
- You can arrange a drop-in session with one of the EDI leads who will provide support and can talk through your options with you.
- If you feel more comfortable, you may want to talk through your concerns with one of the course staff – this could be your Clinical Tutor, PPD Tutor, or another staff member you feel safe to raise this with.
- Sarah Dallal (TEWV Equality, Diversity, and Human Rights Lead) has also offered to provide support should you experience racism, including microaggressions, whilst on placement in TEWV. Her contact details are sarah.dallal@nhs.net.
- You also have the option to speak to Lynne Howey (Trainee Line Manager) about what has happened.
- If it would be helpful, we can support you to refer through the Trust to employee support services.
- You may find it helpful to talk to other trainees about your experiences.
- If applicable to you, you may wish to access the peer support network for trainees from ethnically minoritized communities – please get in contact with the EDI leads if you would like to be connected to this network.

6. The types of things you can do to challenge/navigate racism, including microaggressions, whilst on a clinical placement

Responding to racism, including microaggressions, can be an incredibly difficult thing to do. This document is not intended to be prescriptive, as dealing with racism, including microaggressions, is complex and nuanced, with how able you feel to challenge dependent upon numerous factors including (but not limited to): the direct/indirect nature of the experience; the power you have in the situation; your lived experiences; the context of the experience; how safe you feel. As a trainee clinical psychologist, it can be incredibly difficult to challenge those in positions of power or authority within the placement context. There is a spectrum for how you can respond

or draw attention to incidences of racism, with what you feel comfortable to do different for everyone. As with every human interaction, we all have different ways of relating to others - it is not that one way is 'right' or 'wrong'; you will find your own style.

If you are reading this as an individual from a white majority ethnic background, it is important to note that individuals from ethnically minoritized backgrounds do not need 'white saviours'. White saviourism is a term used to describe white people who consider themselves 'wonderful helpers' to people from ethnically minoritized backgrounds but "help" for the wrong reasons (e.g., self-gratification). True allyship refers to genuine, authentic, efforts by members of a privileged 'in-group' (in this case, those from a white majority ethnic background) to advance the interests of marginalized groups (in this case, those from ethnically minoritized backgrounds), both in society at large, and within contexts, such as universities or workplaces. In contrast, performative allyship "comes from a desire to soothe guilt, shame or discomfort from witnessing racism, is ego-satisfying, reactive, in feeling the need to provide you aren't racist" (Nova Reid). As Nova states in her book (The Good Ally): "in case you missed the memo, we (individuals from ethnically minoritized backgrounds) have been rescuing ourselves and revolting against the oppressor throughout history". It is therefore important when challenging racism, including microaggressions, as a person from a white majority ethnic background, that you reflect on your intentions for doing so.

If you are in a position where you feel psychologically safe enough to challenge an incident of racism, including microaggressions, below are some suggestions that may be helpful.

In the moment: self-care

- If the racism, including microaggressions, is directly targeted at you – **look after yourself first and foremost** – do what you need in the situation, whether that is stay, leave, choose not to respond, challenge, seek support, or any other response you may have (all responses are valid, there is no right or wrong way to feel)
- Pause before responding – allow yourself time to think about what you would like to say, particularly if you are having an anxiety-based fight or flight response.

In the moment: challenging microaggressions

- Asking someone to repeat themselves – this may give someone the time to think more carefully about what they are saying and give them with an opportunity to 'self-check'
- Asking questions/being curious – to get to understand what it is they mean by what they have said - "can I ask your intention with that question?" or "can I check what did you mean by that?"
- Acting confused – "I am not sure how you got from X to X, can you talk me through what you are thinking?" or "I am just not sure I understand what you

are saying" ... asking people to explain themselves may also give them time to reflect on what they are saying

- Provide an alternative perspective when confronted with a statement or generalisation about a cultural or ethnic group, for example "In my experience, X (cultural or ethnic group) incorporates much diversity, such as..."
- Provide information about a statistic, text, or research that you have read that directly challenges a statement made e.g., in response to "Racism doesn't exist in the NHS" - "A recent survey I read indicated a third of BAME staff working in the NHS have experienced racist abuse at work, I am happy to share the article with you if you'd like?" or "It is surprising that you would say that, when we know about statistics such as Black people being 4x more likely than White people to be detained under the Mental Health Act" - (sometimes it can feel safer to defer to an established study, statistic, or to an anti-racism expert)
- A polite reminder about appropriate language – for example, advising "that language is not appropriate, it is more appropriate to use X instead" - if possible, explain why
- If something is directed at you, you could provide I or me statements, for example "the comment you have made is making me feel uncomfortable", or "I don't feel comfortable to discuss this"
- Interrupting someone, for example if a statement starts with "I don't mean to sound racist, but..." - you may want to stop someone and state "I am just going to stop you there, that is normally followed by something racist" or "In my experience, that is normally followed by something that is racist"
- Indirectly challenging the incident, for example "can we all just make sure we are using appropriate language during this discussion?", or "can we all be aware of any unhelpful generalisations we are making about different groups of people?"
- There may be times where you feel safe enough/a situation warrants a more direct challenge e.g., "That is unacceptable and racist"

In the moment: responding to racism within the therapeutic relationship

Responding to racism in the therapeutic relationship can feel challenging, particularly when you are a trainee. You may feel pulled to preserve the therapeutic relationship and avoid a rupture, by not directly challenging the racist statement. This experience is magnified if you are being directly targeted by the racism.

- We encourage you to follow the self-care advice in the first instance. Look after yourself and do what you need to do to feel safe in the moment.
- Your response in that moment is likely to be influenced by your therapeutic relationship. If you feel comfortable, share your experience with the service user "when you said x, it left me feeling x, how does this fit with your formulation?", followed by a challenge "it's not appropriate to make comments such as x" or "what did you mean when you said x? It sounds like a generalisation about a group" or "can you find another way to rephrase what you said, without using discriminatory language?"

- You do not have to continue working with the service user. This is entirely your choice, and your supervisor should support you to make the decision that works best for you. You are welcome to contact the EDI leads if you would like to explore your decision in a reflective drop-in space.

After the fact

- You may want to reflect with your supervisor in supervision about the impact of the incident, how you responded, how you may have responded differently.
- Your supervisor may be able to role play with you how you could respond if this happens again on your placement. This should, however, be done safely and in collaboration – it would not be helpful, for example, to replay a racialised power dynamic and/or provoke a visceral re-experiencing of the initial event.
- You may want to discuss with your supervisor processes for escalation within the service – which could include speaking to the team manager. It may be that others were impacted by the incident too – is there a need for a debrief for the team? Is there a training need for the team? It is not your responsibility to take these things forward unless you feel safe and want to do so, with support from your supervisor.
- You may want to discuss the incident with a trusted colleague – did they notice it too? How did they feel about it? It may be the two of you could speak to your team manager together.
- You may wish to discuss further with the EDI leads in a reflective drop-in space – we would encourage you to get in contact and we can talk through what has happened and think about how to challenge what you have experienced/witnessed.
- You may wish to escalate the incident, document it in writing, and/or make a formal complaint. You can reach out for support from any of the sources listed in Section 5 if you would like to do so.

7. Advice/guidance for supervisors on how to support trainees who experience racism, including microaggressions, whilst on a clinical placement

The following is adapted from Nova Reid's book 'The Good Ally'. The following is not a prescriptive list, nor a step-by-step exercise, instead reflects important things to think about when you are supporting trainees who have been impacted by racism, including microaggressions, whilst on placement with you. We would strongly encourage you to read Nova's book in full for further exercises and guidance as to how to tackle racism in the workplace.

- Believe your trainee – the most important thing is to ensure the trainee feels heard, validated, and believed.
- Resist the urge to ask for more context – this contributes to the trainee feeling they must provide a justification for their experience of racism/explain themselves.

- Resist the urge to change the subject if it feels uncomfortable – just being present and not dismissing/avoiding/denying concerns can be incredibly validating.
- Resist the urge to minimise the racism that has been experienced by commenting on the perpetrator's 'niceness' (or another personal characteristic) or justifying the context through reference to a mental health, organic, or neurodevelopmental condition.
- Review relevant policy with the trainee (see above).
- Take action to address it – What does the trainee need in the moment? What do they need in the longer term? Collaborate with trainee (please do not act 'in their best interests' without discussing first with trainee directly impacted).
- You are welcome to approach the EDI leads for support/reflective drop in spaces/supervision if you are concerned about a trainee's experiences of/exposure to racism, including microaggressions, on placement.

8. Responsibilities of the course in responding to racism in clinical practice

The Teesside Doctorate in Clinical Psychology, first and foremost, has a duty of care towards trainees. It is not acceptable for trainees to experience racism, including microaggressions, on clinical placement. Should racism occur, and is reported to a member of the course team, the course has the following responsibilities:

- To remember that microaggressions are insidious by nature. The cumulative harm microaggressions cause, can contribute to the placement feeling psychologically unsafe. It can often be challenging to describe microaggressions and their impact using concrete examples.
- To liaise directly with the trainee to ensure the plan for responding to the racism, including microaggressions, experienced is collaborative.
- To ensure appropriate action is taken. 'Appropriate action' will look different dependent upon the trainee's preferences, and their experience. It will always be the intention of the course staff to act in accordance with the trainee's wishes – for example, if the trainee wishes to receive support from the course but does not wish to have a conversation with their placement supervisor about what they have experienced. There are, however, instances in which the course staff may feel sufficiently concerned about a trainee's well-being on placement, by the culture of the placement, or by the conduct of a supervisor, that action may need to be taken to safeguard the trainee, future trainees who may come onto the placement, other staff members in the service, and/or service users and carers.
- Table 2 contains examples (non-exhaustive) of the types of experiences trainees have, and appropriate responses to be considered by the course team.

Table 2. Examples of experiences of racism in clinical practice, and responses to be considered by the course.

Threshold	Examples (Not an exhaustive list)	Responses to be considered (Following discussion with trainee)
Amber	• Trainee experiences or witnesses' racism on placement, this is reported to placement supervisor, and is responded to in a way that the trainee does not feel satisfied with/clinical supervisor is dismissive of racism experienced by trainee on placement • Trainee experiences or witnesses racism on placement, this is discussed in supervision at the time and trainee is satisfied with supervisor's response, but racism persists in the wider placement context • Trainee experiences or witnesses racism on placement, and does not feel safe to discuss their experiences with their clinical supervisor	• No further action, in accordance with trainee's wishes • Trainee and course representative to monitor trainee's experiences • Course representative to regularly check in with trainee to check how things are going • Three-way meeting between course representative, supervisor, and trainee • Meeting with course representative and supervisor • Three-way meeting between EDI lead, supervisor, and trainee • Meeting with EDI lead and supervisor • Meeting with EDI lead and trainee • Training need is identified for staff team at placement • Training need is identified for supervisor – for example, supervisor could attend race, culture, and supervision workshop facilitated by the EDI leads • Timeframe to be given for actions to be implemented and evaluated • Trainee is offered an alternative placement
Red	• Responses attempted in the 'amber section' have been ineffective • Trainee experiences consistent racism on clinical placement that, after being reported, is dismissed, ignored, or insufficiently responded to by the clinical supervisor and/or the service • Trainee experiences racism from the clinical supervisor whilst on placement, supervisor is unwilling to acknowledge this and work on understanding the harm caused • Trainee experiences racism on placement and the level of harm (as defined by the trainee) is significant, resulting in a high level of concern	• Trainee may be withdrawn from the placement at short notice • Trainee may wish to consider making a formal complaint against the supervisor or service, with the support of the course • Course may consider making a formal complaint against the supervisor or service • Course will not use the placement again for future trainees due to significant level of concerns – the course and trainee will collaborate in terms of how this is fed back to the placement supervisor, and how much information will be given. The main priority in making this decision will be the trainee's safety. • Course may raise queries regarding supervisor's fitness to practice