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**Doctorate in Clinical Psychology**

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| **Placement Planning and Assessment Pack (PPAP)** *(Placements 2-6)* |
| **Trainee** |  |
| **Supervisor** |  |
| **Service/Client Group** |  |
| **Host Organisation** |  |
| **Base** |  |
| **Dates of Placement** |  |
| **Days on Placement** |  |
| **Placement Number** |  |
| **Clinical Tutor** | **Email/telephone** | **University days** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Meeting Dates & signatures** | **Contract Meeting** | **Mid placement Review** | **End of Placement Review** |
| / / | / / | / / |
| Trainee  |  |  |  |
| Supervisor |  |  |  |
| Clinical Tutor  |  |  |  |
| **As a guide, placement reviews should fall in the following months:** | **4th** | *February* | *May* | *September* |
| **SF** | *November/April* | *January/July* | *April/September* |
| **LT** | *November* | *March* | *September* |

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15. **Introduction**

The Placement Planning and Assessment Pack (PPAP) is designed to monitor trainee progress during their training to qualify as a Clinical Psychologist. It forms part of the Clinical Practice Portfolio (CPP) and is to be used in conjunction with the PPAP Supplementary Forms and the Logbook (an Excel spreadsheet which incorporates data from the CORE NET system, a record of various relevant experiences and data on the use of therapy sub-competencies).

**1.1 Contracting**

The trainee and supervisor are expected to complete the ***non-shaded*** sections of ***A to G*** as part of their initial contracting process. Shaded sections of A to G and all other sections (H to K) are completed at placement reviews as indicated. The PPAP is expected to be completed as an electronic document and therefore trainees and supervisors can expand on the space indicated when necessary.

**1.2 Submission to Canvas**

Trainees will complete this document for each placement during the course of training and submit completed documents to Canvas. Up to date placement documentation allows Trainees, Supervisors and Clinical Tutors to maintain an overview of trainee development and therefore identify their training needs at appropriate time points. This placement documentation is also used in the Appraisal process at the end of each academic year. Table 1 below contains a checklist for the documentation required for each placement meeting and the deadlines for submitting placement documentation.

**Table 1. Trainee Checklist for Placement Meetings & Submission Deadlines**

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinical Practice Portfolio (CPP)** | **Initial Placement meeting (IPM)** | **Mid Placement****Review (MPR)** | **End of Placement Review (EPR)** |
| PPAP from previous placement |  |  |  |
| PPAP from IPM or MPR |  |  |  |
| Excel Logbook (*including up to date data from CORE NET*) |  |  |  |
| PPAP Supplementary forms where applicable |  |  |  |
| **Deadline** | **Action** |
| 1 week prior to Mid or End of Placement Review  | Trainee emails up to date Excel Logbook to Supervisor and Clinical Tutor. |
| 2 weeks following MPR | Trainee submits up to date CPP to Canvas |
| Friday of the final week on placement | Trainee submits up to date CPP to Canvas |

**Failure to submit up to date placement documentation can cause delays in registering with the Health and Care Professions Council (HCPC) and therefore have implications for employment and practice as a Clinical Psychologist.**

**1.3 Placement Reviews**

Each trainee is assigned a Clinical Tutor who follows them over the three years of training to provide support and guidance on placement related issues. As part of this process the Clinical Tutor will attend a **Mid** and **End** of placement review for each placement. The Clinical Tutor will also attend an **Initial Placement Meeting** for 4th years and for any other trainee or supervisor for whom it is requested or deemed necessary.

**1.3.1 Initial Placement Meeting**

Approximately two weeks into the placement, the Clinical Tutor will visit the placement base to meet with the trainee and supervisor together to discuss the setting up of the placement. Areas covered in this meeting will be practicalities, caseload, placement goals and opportunities, coursework, documentation and planning annual leave. This meeting should last around an hour.

**1.3.2 Mid Placement Review (MPR)**

Prior to the MPR, the trainee and supervisor should meet to discuss the trainee’s progress in each of the nine core competencies and in the development of their use of specific therapeutic models. This then forms the basis for the discussion at the MPR.

At the MPR, in accordance with BPS requirements, the format is as follows:

* Clinical Tutor will meet with the trainee privately;
* Clinical Tutor will meet with the Supervisor privately;
* Clinical tutor will meet with Trainee and Supervisor together.

In addition to reviewing trainee progress, the Clinical Tutor will also be interested in the trainee’s caseload, the supervisory relationship, opportunities for coursework and how leave is being used. This meeting also provides the opportunity to alter or add placements goals and opportunities.

Where there are concerns about a trainee’s progress, an *Action Plan* should be formulated at this meeting to describe how a trainee will be supported to overcome any concerns.

**1.3.3 End of Placement Review (EPR)**

Once again, prior to the EPR, the trainee and supervisor should meet to discuss the trainee’s progress in each of the nine core competencies and in the development of their use of specific therapeutic models. This then forms the basis for the discussion at the EPR.

This meeting will take place between the Clinical Tutor, Trainee and Supervisor unless one of the parties requests separate private meetings.

The Clinical Tutor will again be interested in all of those areas covered in the MPR and, where there is an Action Plan, this will be reviewed.

It is at this meeting that the Supervisor will provide their final evaluation of the trainee’s performance on placement and sign to say whether they recommend the trainee to have Passed or Failed the placement. In accordance with the University Regulations, trainees should be given every opportunity to meet the goals set out in the Action Plan in the second half of the placement and cannot summarily fail the placement if they have not been aware of how they could have improved at the MPR. The exception to this is if there is evidence of gross misconduct (see Pass/Fail sheet).

**2. Placement Contract**

**A. CONTACT INFORMATION**

1. **Base:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Supervisor Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **Additional Contact Details:**
	1. Secondary Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Line Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. PRACTICALITIES**

1. **Facilities:** (e.g. Clinic space, office space, computer, desk, internet, admin support, etc.)
2. **Induction Arrangements**
3. **Special needs/adaptations**
4. **Leave arrangements**
	1. Annual Leave
		1. Trainees should record their leave in the table below;
		2. Trainees should take care to spread leave across placements;
		3. Annual Leave should be agreed with the Supervisor first ***BEFORE*** submitting a request to the ClinPsyD Programme Director.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 4** | **Year 4/5** | **Year 5/6** | **Year 6** |
| Annual leave year  | **September to April** | **April to April** | **April to April** | **April to September** |
| Placements  | **1** | **2** | **2** | **3\*** | **4** | **5** | **6** |
| Entitlement  | **106 hours***(approx. 14.1 days)* | **202 hours***(approx. 26.9 days)* | **202 hours***(approx. 26.9 days)* | **97 hours***(12.9 days)* |
| Recommended |  | *Xmas ≥7* | *Easter ≥3* | *Xmas ≥7* | *Easter ≥3* | *Xmas ≥7* | *Easter≥3* |
| Taken/Planned |  |  |  |  |  |  |  |

***\*NB:*** *Placement 3 contains a number of significant factors which need to be considered when planning leave, especially if the trainee is on a Child placement. These include Easter, Exam Study Leave and school summer holidays.*

* 1. Study Leave *(1 week prior to 4th & 5th year exams – normally end of May)*
	2. Research Leave *(10 days in 6th year – maximum of 6 from any one placement)*
	3. Supervisor Leave

**C. AVAILABLE EXPERIENCES**

1. **Clinical Opportunities** *(please note the typical presentations with which the trainee will work in this setting and the mode of the work, e.g. individual/families/group)*
2. Opportunities for influencing psychological thinking (*e.g. formal and informal consultation, supervision, reflective practice groups, formulation groups, service development*)
3. **Trainees are expected to gain a wide range of experience across the three years of training. Please indicate the opportunities likely on this placement.**

|  |  |
| --- | --- |
| **Wide range of client groups/settings** | **Opportunity** |
| Age range |  |
| Ability Range |  |
| Range of presentations |  |
| Service delivery settings |  |
| Chronicity & severity |  |
| Diversity |  |
| Providers |  |

1. **Therapy approaches of which trainee will gain experience on placement** *(please tick all those used and circle main therapeutic approach, if any)*

⬜ ACT ⬜ CFT ⬜ Narrative ⬜ Psychodynamic/Psychoanalytic

⬜ CAT ⬜ DBT ⬜ Neuro Assessment ⬜ Systemic

⬜ CBT ⬜ TA ⬜ Neuro Rehab ⬜ Mindfulness

 ⬜ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please indicate the opportunities for the trainee to observe the supervisor and colleagues** *(this should include direct observation of the supervisor working with clients)*
2. **Please indicate the expected caseload size and mix** *(as a guide, if all work is 1-1 the trainee would be expected to work with 6-8 clients at any one time)*

**D. TRAINEE EXPERIENCES, EXPECTATIONS AND PRIORITIES**

1. **Relevant Previous Experience**
2. **Expectations**
3. **Learning Style and preferred approach to feedback**
4. **Overview of gaps in knowledge and experience**
5. **Opportunities for trainees to engage in work appropriate for the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Coursework** | **Year** | **Submission** | **Opportunity** |
| **Clinical Literature Review** | **4th** | **April** |  |
| **Clinical Practice Evaluation 1\*** *(Assessment recording as part of Individual Therapy)* | **4th** | **July** |  |
| **Individual Case Study\*** | **4th** | **August** |  |
| **Small Scale Research Project** | **5th**  | **January** |  |
| **Clinical Practice Evaluation 2** *(Intervention recording as part of wider MDT/systemic working)* | **5th** | **June** |  |
| MDT Rating Scale *(for discussion in supervision)* | 5th  | July |  |
| **Psychometric Case Study** | **6th** | **January** |  |
| Service User satisfaction scale *(for discussion in supervision)* | 6th  | July |  |
| Supervisor observed WAIS Administration, Scoring and Interpretation | Any | Any |  |
| Supervisor observed WISC Administration, Scoring and Interpretation | Any | Any |  |

*\* At least one of these pieces of work is to be from a CBT perspective*

1. **Consent for Coursework**

Trainees do not need to gain specific consent for using client material for written coursework as this is addressed by the Privacy Notice provided to patients by placement organisations. Specific written consent is required for recording material with audio or video equipment. As with all sensitive material these recordings should be stored on encrypted devices, such as the laptops supplied by Humber NHS Foundation Trust.

**E. SUPERVISION**

**1. Formal Supervision**

The BPS and HCPC require a minimum of 1 hour formal supervision and 3 hours total contact time per week between trainee and supervisor. This should be “considerably longer at the start of training” (BPS, 2010). Please complete the table below with this in mind including any other modes of supervision available.

|  |  |
| --- | --- |
| **Day & time for regular supervision** |  |
| **Arrangements for contacting supervisor in between formal supervision** |  |
| **Additional Supervision opportunities (e.g. family therapy, case discussion groups, etc.)** |  |
| **Arrangements for supervisor absence** |  |

**2. Observation & Evaluation**

Observation and specific feedback is an essential part of trainee development. The University is able to evaluate a trainee’s clinical practice through Case Studies and the Clinical Practice Evaluation (CPE) assignments. The University also recommends that a trainee is observed on three occasions during each placement, with once being the absolute minimum. It is recommended that these observations are spread across the placement and in different settings. For example, we recommend that a trainee is observed conducting an assessment session both at the start and end of a placement and conducting an intervention. Please indicate the methods of observation of trainee clinical practice on this placement; and whether or not formal methods of feedback and evaluation will be used (e.g. Cognitive Therapy Scale). Example proforma observation sheets consistent with the CPE framework are included in the Supervisor Handbook to assist with structuring feedback to trainees.

|  |  |  |
| --- | --- | --- |
| **Method of Observation and Evaluation** | **To be used** | **Method of Evaluation/Feedback** |
| Direct in-session observation |  |  |
| Audio recording |  |  |
| Video recording |  |  |
| Reflecting Team |  |  |
| Joint working |  |  |
| Meetings |  |  |
| Staff groups (e.g. reflective practice) |  |  |
| Teaching |  |  |
| Group work |  |  |
|  |  |  |
|  |  |  |

**3. Focus of supervision**

Please indicate the focus and style (or model) of supervision agreed upon between Supervisor and Trainee (e.g. case presentation, process notes, session content, advice/instruction, reflections on process, role play, etc.). It is also recommended that both the Supervisor and Trainee maintain their own written records of supervision (an example proforma for supervisors is included in the Supervisor Handbook).

**4. Report & Letter Writing**

It is general policy that all letters and reports are countersigned by the supervisor. How the trainee is writing in case notes should also be checked and approved by the supervisor. The consensus amongst the Group of Trainers in Clinical Psychology (GTiCP) is that not all entries need to be countersigned once the supervisor is satisfied with the standards of the trainee’s notes. Please specify your expectations regarding how the trainee documents their work.

**5. Evaluating Outcome**

The trainee has access to a range of sessional and outcome measures through the CORE-NET outcome monitoring system and they are encouraged to use these as appropriate with their clients. Trainees are also encouraged to bring these measures to supervision to facilitate discussion about their client work. The Session Rating Scale (SRS) can be particularly useful and many of the measures can be represented as graphs to illustrate client progress. Please state the expectations regarding use of outcome measures in this service.

**6. Other Supervisor Expectations**

Please indicate any other expectations of the Trainee.

**F. CORE Competency Development and Evaluation**

**Evaluating Trainee Progress**

At the end of the placement, the Supervisor will provide an overall evaluation of the Trainee’s progress on placement and the summative Pass/Fail mark.

In order to guide the Supervisor in arriving at this final mark, trainees should be rated on their competence on a range of goals. In supporting these ratings, the Trainee should provide evidence of their progress for each Core and Therapy Competency (within this PPAP, Logbook, PPAP Supplementary Forms).

Ratings should be agreed between Supervisor and Trainee, with any discrepancies noted and discussed at placement reviews.

**NB: It is not necessary to rate every sub-competency on each placement.**

Please use the scale below to indicate trainee progress on the goals agreed in the Contracting phase of the placement. Supervisors should note that the ratings are to be ***based on expectations of the trainee for their stage of training*** (Norm Referenced) and not where they are expected to be at the end of training (Criterion Referenced).

Y/N = Indicate whether or not trainee has had the opportunity to demonstrate competence.

0 = Trainee has not shown any evidence of progress toward the defined goal.

1 = Trainee has shown very limited progress towards this goal and continues to require heavy didactic instruction, prompting and joint work with the supervisor.

2 = Trainee has demonstrated some progress in working towards the goal but continues to require didactic instruction, prompting or close joint working from the supervisor in doing so.

3 = Trainee has demonstrated on one clear occasion, significant progress toward the defined goal. They are able to use supervision appropriately as a way of monitoring and facilitating the progress made but they still require some didactic instruction, prompting or close joint working.

4 = Trainee has, on more than one occasion, demonstrated significant progress toward the defined goal. They are able to use supervision appropriately as a way of monitoring and facilitating progress but do not require didactic instruction, prompting or close joint working.

5 = Trainee has, without didactic instruction, prompting or close joint working, either:

- fully achieved the goal agreed in the contracting process on ***at least, the number of occasions stipulated,*** or, where this has not been stipulated,

- fully integrated the goal into their practice across all relevant areas of their work.

**The trainee should transfer areas for development identified at the End of Placement to the PPAP contract for their next placement.**

**F1. Individual Goals**

Individual Goals identified at the end of the previous placement/review

|  |  |  |
| --- | --- | --- |
| **Individual Goals**  | **MPR rating** | **EPR rating** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

|  |  |
| --- | --- |
| **Opportunities on this placement to achieve the goal (s)** | **How achievement of the goal(s) will be demonstrated** |
| 1.2.3. | 1.2.3. |

|  |  |
| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| --- | --- |
| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
|  |  |

**Competency 1 – Generalisable Meta-Competencies**

This competency reflects the ability to ***synthesise*** a wide range of psychological ***knowledge*** and evidence to ***assess***, ***formulate*** and ***intervene*** in clinical situations. In addition the competency covers demonstrating ***self-awareness***, personal responsibility, initiative and the ability to ***communicate*** complex ideas effectively. Trainees should be able to ***collaborate*** with service users, carers and other stakeholders; and make informed judgements on complex issues with incomplete information.

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| **Strengths & priorities for development carried forward from previous placement** |
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| --- | --- |
| **Opportunities on this placement** | **How the competence will be demonstrated/evaluated** |
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| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| --- | --- |
| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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| **Ratings of Progress on Generalisable Meta-Competencies** *(agreed between supervisor & trainee)* | **MPR** | **EPR** |
| **1** | To be able to draw on a wide range of psychological knowledge |  |  |
| **2** | To be able to use a broad evidence base to decide how to assess, formulate and intervene; whilst holding in mind alternatives |  |  |
| **3** | To be able to generalising & synthesise prior knowledge and apply this in different settings |  |  |
| **4** | To be familiar with theoretical frameworks and evidence base (e.g. NICE) and to use these critically |  |  |
| **5** | To be able to complement Evidence Based Practice with Practice Based Evidence and use critically |  |  |
| **6** | To be able to collaborate with service users, carers and other stakeholders in advancing psychological initiatives (e.g. interventions and research) |  |  |
| **7** | To be able to make informed judgements on complex issues with incomplete information |  |  |
| **8** | To be able to communicate psychologically informed ideas to work effectively with other stakeholders in order to influence practice, facilitate problem solving and decision-making. |  |  |
| **9** | To be able to exercising personal responsibility & initiative in complex situations. Demonstrating self-awareness and sensitivity |  |  |

**Competency 2 – Psychological Assessment**

This competency reflects the ability to develop ***working alliances*** and use appropriate ***methods*** of assessment in different settings and with different presentations. Trainees should also be able to demonstrate their ability in assessing ***risk*** and utilising ***psychometric theory***.

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| **Strengths & priorities for development carried forward from previous placement** |
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| **Opportunities on this placement** | **How the competence will be demonstrated/evaluated** |
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| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
|  |  |

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| --- | --- |
| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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| --- | --- | --- |
| **Ratings of Progress on Psychological Assessment competencies** | **MPR** | **EPR** |
| **1** | To be able to develop and maintain effective working alliances with service users, colleagues, etc. |  |  |
| **2** | To be able to choose, use & interpret a range of assessment methods appropriate to the client, service and required intervention |  |  |
| **3** | To be able to demonstrate competence in psychometrics of mood and cognition; observation and clinical interview with clients and others |  |  |
| **4** | To be able to understand and utilise relevant psychometric theory (e.g. reliable change scores, limitations, etc) |  |  |
| **5** | To be able to conduct appropriate risk assessment and using this to guide practice.  |  |  |

**Competency 3 – Psychological Formulation**

This competency reflects the ability to use assessment information to ***collaboratively develop*** and ***revise*** theoretically coherent hypotheses which may vary from diagnostic and ***model specific*** formulations to ***transdiagnostic*** and ***integrative*** formulations. Trainees should demonstrate their ability to ***communicate*** such formulations in different settings using ***language*** which is accessible, culturally sensitive and non-discriminatory.

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| **Strengths & priorities for development carried forward from previous placement** |
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| **Opportunities on this placement** | **How the competence will be demonstrated/evaluated** |
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| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| --- | --- |
| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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| --- | --- | --- |
| **Ratings of Progress on Psychological Formulation competencies** | **MPR** | **EPR** |
| **1** | To be able to use assessment to develop theoretical and evidence based formulations |  |  |
| **2** | To be able to develop formulations that may be informed by, but are not premised on formal diagnostic classification systems |  |  |
| **3** | To be able to utilise theoretical frameworks to construct integrative formulations |  |  |
| **4** | To be able to develop a formulation through a shared understanding of its personal meaning with the client/team which helps them to better understand their experience |  |  |
| **5** | To be able to develop a formulation collaboratively with service users, carers and teams |  |  |
| **6** | To be able to choose the most appropriate way in which to present the formulation  |  |  |
| **7** | To be able to ensure that formulations are expressed in accessible language which is culturally sensitive and non-discriminatory |  |  |
| **8** | To be able to use formulations to guide intervention |  |  |
| **9** | To be able to reflect on and revise formulations in light of ongoing feedback |  |  |
| **10** | Leading on implementation of formulation in the system |  |  |

**Competency 4 – Psychological Intervention**

This competency reflects the ability to implement interventions at ***different levels***, e.g. the individual, team, organisation and societal, both in ***response*** to the distress encountered with different presentations and in attempts to ***prevent*** distress. Trainees will be expected to progress from using ***uni-modal*** interventions to ***multi-modal*** and, by the end of training, to demonstrate their competency in a least ***two models*** of psychological therapy (see Section G for further feedback on Therapy competence).

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| **Strengths & priorities for development carried forward from previous placement** |
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| **Opportunities on this placement** | **How the competence will be demonstrated/evaluated** |
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| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| --- | --- |
| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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| **Ratings of Progress on Psychological Intervention competencies** | **MPR** | **EPR** |
| **1** | To be able to implement interventions collaboratively and as appropriate to presenting problem on the basis of the formulation |  |  |
| **2** | To be able to understand therapeutic techniques & processes with a range of presentations |  |  |
| **3** | To be able to implement interventions based on at least two models |  |  |
| **4** | To be able to use multi-modal interventions as appropriate (e.g. 1-1, group, family consultation, etc.) |  |  |
| **5** | To be able to use interventions for prevention and promoting wellbeing |  |  |
| **6** | To be able to conduct interventions to promote recovery informed by service user values & goals |  |  |
| **7** | Having an awareness of the impact of psychopharmacology and other MDT interventions |  |  |
| **8** | Understanding social approaches to intervention (e.g. informed by community, critical, social constr.) |  |  |
| **9** | To be able to Implement interventions through & with other professionals/carers |  |  |
| **10** | To be able to recognise when further intervention is inappropriate/unhelpful and communicating this sensitively to clients |  |  |

**Competency 5 – Evaluation**

This competency reflects the ability of the trainee to evaluate their practice through the use of ***outcome measures*** at each level of intervention (e.g. individual, team, organisation, societal) and to be able to ***critically evaluate*** such evaluative strategies. The trainee should demonstrate their ability to use ***supervision*** to reflect upon their ***personal effectiveness***.

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| **Strengths & priorities for development carried forward from previous placement** |
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| **Opportunities on this placement** | **How the competence will be demonstrated/evaluated** |
|  |  |

|  |  |
| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
|  |  |

|  |  |
| --- | --- |
| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Ratings of Progress on Evaluation competencies** | **MPR** | **EPR** |
| **1** | To be able to evaluate practice through monitoring of processes and outcomes across multiple dimensions of functioning; and informed both by service user experiences and measures |  |  |
| **2** | To be able to design innovative evaluative procedures where appropriate |  |  |
| **3** | Having the capacity to use supervision (& measures) to reflect upon personal effectiveness, shape and change personal and organisational practice |  |  |
| **4** | To be able to appreciate outcomes frameworks in wider use within national healthcare systems, the evidence base and theories of outcomes monitoring (e.g. as related to dimensions of accessibility, acceptability, clinical effectiveness and efficacy) and creating synergy with personal evaluative strategies |  |  |
| **5** | Having critical appreciation of strengths & limitations of different evaluative strategies |  |  |
| **6** | To be able to evaluate processes & outcomes at systemic/organisational level |  |  |

**Competency 6 – Research**

This competency reflects the ability of the trainee to use research to ***inform their practice*** and where appropriate to carry out ***service evaluation*** and audit as required by the service.

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| **Strengths & priorities for development carried forward from previous placement** |
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| --- | --- |
| **Opportunities on this placement** | **How the competence will be demonstrated/evaluated** |
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| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| --- | --- |
| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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| --- | --- | --- |
| **Ratings of Progress on Research competencies** | **MPR** | **EPR** |
| **1** | Being an effective & critical consumer of research evidence. Using research to inform practice |  |  |
| **2** | To be able to conceptualise, design & conduct independent and original research |  |  |
| **3** | To be able to understand the need & value of research post-qualification |  |  |
| **4** | Having the capacity to conduct service evaluation, etc. |  |  |
| **5** | To be able to conduct research in respectful collaboration with others |  |  |

**Competency 7 – Personal and Professional Skills and Values**

This competency reflects the ability of the trainee to understand the impact of their own ***value base*** upon their practice, appreciate and minimise ***power*** imbalance; and understand and manage ***ethical issues*** appropriately. The trainee should demonstrate the ability to work at an appropriate level of ***autonomy***, using supervision to gain ***feedback***, reflect upon practice and to manage the ***emotional impact*** of the work. The trainee should comply with the policies and practices of the host organisation.

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| **Strengths & priorities for development carried forward from previous placement** |
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| **Opportunities on this placement** | **How the competence will be demonstrated/evaluated** |
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| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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| --- | --- | --- |
| **Ratings of Progress on Personal and Professional Skills and Values competencies** | **MPR** | **EPR** |
| **1** | Understanding ethical issues; ensuring informed consent underpins all contact |  |  |
| **2** | Appreciating power imbalance and how to minimise its abuse |  |  |
| **3** | Understanding impact of difference & diversity on people’s lives |  |  |
| **4** | Understanding the impact of one’s own value base upon practice |  |  |
| **5** | Working effectively at an appropriate level of autonomy |  |  |
| **6** | Capacity to adapt & comply with policies & practices of host organisation |  |  |
| **7** | Managing personal learning needs; using supervision to reflect on practice; using feedback |  |  |
| **8** | Developing strategies to manage emotional & physical impact of practice |  |  |
| **9** | Developing resilience and recognising when own fitness to practice is compromised |  |  |
| **10** | Working collaboratively & constructively with colleagues & service users |  |  |

**Competency 8 – Communication & Teaching**

This competency reflects the ability to ***tailor psychological information*** and ***communication*** style for the audience. The trainee should demonstrate an ability to prepare and deliver ***teaching***; understand ***supervision*** and ***consultation***; and support others in their application of psychological skills.Where possible, the trainee should understand the process of communicating through ***interpreters***.

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| **Strengths & priorities for development carried forward from previous placement** |
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| **Opportunities on this placement** | **How the competence will be demonstrated/evaluated** |
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| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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| --- | --- | --- |
| **Ratings of Progress on Communication & Teaching competencies** | **MPR** | **EPR** |
| **1** | Communicating information from a psychological perspective; tailored to the audience |  |  |
| **2** | Adapt style of communication to range of cognitive, sensory, communication abilities |  |  |
| **3** | Preparing & delivering teaching taking into account needs of participants |  |  |
| **4** | Understanding supervision from both supervisor & supervisee perspectives |  |  |
| **5** | Understanding process of providing expert opinion |  |  |
| **6** | Understanding process of communicating through interpreters |  |  |
| **7** | Supporting others’ learning in the application of psychological skills |  |  |

**Competency 9 – Organisational and Systemic Influence and Leadership**

This competency reflects the ability to provide ***supervision*** within own sphere of competence and exert ***indirect influence*** over service delivery. The trainee should be able to demonstrate awareness of national planning contexts, change processes and an ability to adapt to different organisational contexts. The trainee should understand ***leadership*** theories and demonstrate leadership qualities.

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| **Strengths & priorities for development carried forward from previous placement** |
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| **Opportunities on this placement** | **How the competence will be demonstrated/evaluated** |
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| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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| --- | --- | --- |
| **Ratings of Progress on competency in Organisational and Systemic Influence and Leadership**  | **MPR** | **EPR** |
| **1** | Awareness of legislative & national planning contexts for service delivery & clinical practice |  |  |
| **2** | Capacity to adapt to different organisational contexts for service delivery (e.g. inpatient, community, primary care, secondary care, non-NHS) |  |  |
| **3** | Providing supervision within own sphere of competence |  |  |
| **4** | Indirect influence of services delivery, e.g. through consultancy, training & MDT working |  |  |
| **5** | Understanding leadership theories & application to service development/delivery. Demonstrating leadership qualities |  |  |
| **6** | Facilitating service user involvement in service planning/delivery |  |  |
| **7** | Understanding change processes in service delivery systems |  |  |
| **8** | Understanding working with quality assurance principles & processes |  |  |
| **9** | Ability to recognise malpractice and knowing how to respond |  |  |

**G. therapy competency development and evaluation**

The recently published Standards for the Accreditation of Doctoral Programmes in Clinical Psychology Training (BPS, 2015) retains an emphasis on providing evidence that Trainee Clinical Psychologists are competent in CBT and one other therapy by the end of training. There is an additional requirement that this evidence should be both from ‘in vivo’ assessments and benchmarked against existing therapy frameworks. The Hull Doctorate in Clinical Psychology is able to evaluate therapy competency to some degree with the CPE, Case Study and the 4th and 5th year exams. However, demonstration of therapy competency on placement provides a more robust assessment of trainee skill. With this in mind we are asking that Supervisors provide feedback on trainee development in specific therapy competencies demonstrated on placement.

Trainees are required to self-rate their therapy competency prior to each placement review. Trainees might use a known measure, e.g. the Cognitive Therapy Rating Scale, or one of the Self-Evaluation forms developed by the University (available on Canvas and in the PPAP Supplementary Forms). This self-rating will form part of a discussion with Supervisors to then provide feedback on the trainee’s development in the particular model(s) being supervised. The following pages are a space for the Supervisor to provide feedback specific to Therapy competency. Space for CBT and Systemic competencies are included here as the Hull Doctorate in Clinical Psychology provides the most coverage of these models. However, trainees can develop competency in any model(s) depending upon opportunity and interest, provided CBT is one such model.

**G1. CBT Therapy Competencies**

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| **Strengths & priorities for development carried forward from previous placement** |
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| --- | --- |
| **Opportunities on this placement** | **How the competence will be demonstrated and evaluated** |
|  |  |

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| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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**G2. Systemic Therapy Competencies**

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| --- |
| **Strengths & priorities for development carried forward from previous placement** |
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| --- | --- |
| **Opportunities on this placement** | **How the competence will be demonstrated and evaluated** |
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| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| --- | --- |
| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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**G3. Additional Therapy Competencies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(please state therapy)*

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| **Strengths & priorities for development carried forward from previous placement** |
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| --- | --- |
| **Opportunities on this placement** | **How the competence will be demonstrated and evaluated** |
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| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
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| --- | --- |
| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
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**G4. Additional Therapy Competencies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(please state therapy)*

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| --- |
| **Strengths & priorities for development carried forward from previous placement** |
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| --- | --- |
| **Opportunities on this placement** | **How the competence will be demonstrated and evaluated** |
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| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* |
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| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* |
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**G5. Additional Therapy Competencies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** *(please state therapy)*

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| **Strengths & priorities for development carried forward from previous placement** |
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| --- | --- |
| **Opportunities on this placement** | **How the competence will be demonstrated and evaluated** |
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| --- | --- |
| **Evidence of Progress at Mid-placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next part of placement** |
|  |  |

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| --- | --- |
| **Evidence of Progress at End of placement Review** *(agreed between supervisor & trainee)* | **Carried forward to next placement** |
|  |  |

**3. Placement Reviews**

**H. Mid placement review**

Logbook shared with Supervisor? Yes/No

Self-Rated Therapy Competency shared with Supervisor? Yes/No

Service User feedback discussed in supervision (e.g. sessional/outcome measures)? Yes/No

**General Comments**

|  |  |
| --- | --- |
| **Trainee** | **Supervisor** |
|  |  |

**Core competencies** *(please provide an overview of trainee progress in the nine Core competencies)*

|  |  |
| --- | --- |
| **Trainee** | **Supervisor** |
|  |  |

**Therapy Competencies** *(please provide an overview of trainee competency in one or more models of therapy)*

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| --- | --- |
| **Trainee** | **Supervisor** |
|  |  |

**Actions Agreed**

**Trainee**

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**Supervisor**

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**Clinical Tutor**

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**I. End of placement review**

Logbook shared with Supervisor? Yes/No

Self-Rated Therapy Competency shared with Supervisor? Yes/No

Service User feedback discussed in supervision (e.g. sessional/outcome measures)? Yes/No

**General Comments**

|  |  |
| --- | --- |
| **Trainee** | **Supervisor** |
|  |  |

**Core competencies** *(please provide an overview of trainee progress in the nine Core competencies)*

|  |  |
| --- | --- |
| **Trainee** | **Supervisor** |
|  |  |

**Therapy Competencies** *(please provide an overview of trainee competency in one or more models of therapy)*

|  |  |
| --- | --- |
| **Trainee** | **Supervisor** |
|  |  |

**J. Placement Completion Form**

**Trainee: Placement:**

**Supervisor signature:** **Date:**

**Overall Rating:** FAIL\* PASS

**\*Fail Criteria (**indicate below, against the relevant category or categories, the grounds for placement failure)

1. Inadequate learning or progress over duration of placement
2. Failure to make use of supervision, because of:

 a. failure to attend supervision sessions

 b. failure to disclose important details of independent clinical work

 c. dogged adherence to a particular treatment orientation to the exclusion of all others

 d. consistently negative response to constructive criticism

3. Major interpersonal or social skills difficulties:

 a. with patients/clients

 b. with carers

 c. with staff

4. Poor reliability:

 a. significant absence from placement due to illness

 b. absences from placement without prior supervisor agreement or knowledge

 c. failure to attend agreed meetings, appointments, clinics, etc.

 d. extreme and persistent punctuality problems

1. Gross incompetence or negligence resulting in potential or actual harm to patients/ clients or the public, including failure to inform supervisor of critical actions/situations when this could be reasonably expected.
2. Abuse of patients/clients:

 a. physical violence

 b. verbal abuse or intimidation

 c. exploitation for financial or material gain

 d. entering into a sexual relationship

1. Other gross and/or persistent unprofessional conduct, including contravention of national or local health service policy or British Psychological Society ethical and professional guidelines.

**Supervisor:** Please print and sign this form by hand.

**Trainee:** Please scan and submit the signed form to Canvas

**Please describe here the conduct, deficit(s) or incident(s) giving rise to the failure.**

A trainee failing a placement on the grounds of criteria 1 to 4 must repeat the same or a similar placement. However, failure of (any) *two* placements implies failure of the Course. Failure on the grounds of criteria 5 to 7 are likely to result in expulsion from the Course and termination of employment, subject to appeal.

**K. TRAINEE EVALUATION OF PLACEMENT**

**Introduction to Trainee Evaluation of Placement**

Under each heading on this form the trainee should, using the scale shown, give honest feedback regarding their experiences on placement in relation to each heading used for the initial placement contract.

The central issue here is the trainee’s judgement of the relative quality of the placement and supervision received **in relation to enabling the development of the trainee’s skills, knowledge and values.**

A six point scale is used to rate the degree to which the placement and the supervisor enabled the development of key clinical competencies, the trainee should circle one number to show their rating in each area:

**0 1 2 3 4 5 ­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

0 = **‘Completely Unsatisfactory’ -** Placement and supervision failed to enable the development of any skills, knowledge and values in this area.

1 = **‘Very Unsatisfactory’ -** Placement and supervision enabled little development of knowledge, skills and values in the area and this was insufficient to allow me to attain the minimum required learning outcomes set out in the area.

2 = **‘Unsatisfactory’ -** Placement and supervision enabled some development of knowledge, skills and values in the area but this was insufficient in allowing me to demonstrate most of the required learning outcomes in the area.

3 = **‘Satisfactory’ -** Placement and supervision enabled the development of knowledge, skills and values in this area to a degree sufficient to allow me to demonstrate most of the required learning outcomes stipulated.

4 = **‘Very Satisfactory’** - Placement and supervision enabled the development of knowledge, skills and values in this area to a degree that amply facilitated me in pursuing and demonstrating all of the required learning outcomes in the area.

5 = **‘Excellent’** - Placement and supervision fully enabled the development of knowledge, skills and values in this area to a very high degree and facilitated fully the attainment of all learning outcomes for me in the area.

**K1. Trainee Evaluation of Placement**

**General Comments:**

Please give a rounded view of the strengths and weaknesses of the placement.

**K2. Supervisor’s Comments on the Feedback given by the Trainee**

**K3. Trainee Ratings of Placement**

1. **Generalisable Meta-Competencies**

This competency reflects the ability to ***synthesise*** a wide range of psychological ***knowledge*** and evidence to ***assess***, ***formulate*** and ***intervene*** in clinical situations. In addition the competency covers demonstrating ***self-awareness***, personal responsibility, initiative and the ability to ***communicate*** complex ideas effectively. Trainees should be able to ***collaborate*** with service users, carers and other stakeholders; and make informed judgements on complex issues with incomplete information.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Not applicable* | 0 | 1 | 2 | 3 | 4 | 5 |
| ­­*Completely unsatisfactory* | *Very unsatisfactory* | *Not satisfactory* | *Satisfactory* | *Very Satisfactory* | *Excellent* |

Please note below any **Generalisable Meta-Competencies** competencies that your placement experiences DID NOT facilitate the development of:

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1. **Psychological Assessment**

This competency reflects the ability to develop ***working alliances*** and use appropriate ***methods*** of assessment in different settings and with different presentations. Trainees should also be able to demonstrate their ability in assessing ***risk*** and utilising ***psychometric theory***.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Not applicable* | 0 | 1 | 2 | 3 | 4 | 5 |
| ­­*Completely unsatisfactory* | *Very unsatisfactory* | *Not satisfactory* | *Satisfactory* | *Very Satisfactory* | *Excellent* |

Please note below any specific **Psychological Assessment** competencies that your placement experiences DID NOT facilitate the development of:

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1. **Psychological Formulation**

This competency reflects the ability to use assessment information to ***collaboratively develop*** and ***revise*** theoretically coherent hypotheses which may vary from diagnostic and ***model specific*** formulations to ***transdiagnostic*** and ***integrative*** formulations. Trainees should demonstrate their ability to ***communicate*** such formulations in different settings using ***language*** which is accessible, culturally sensitive and non-discriminatory.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Not applicable* | 0 | 1 | 2 | 3 | 4 | 5 |
| ­­*Completely unsatisfactory* | *Very unsatisfactory* | *Not satisfactory* | *Satisfactory* | *Very Satisfactory* | *Excellent* |

Please note below any specific **Psychological Formulation** competencies that your placement experiences DID NOT facilitate the development of**:**

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1. **Psychological Interventions**

This competency reflects the ability to implement interventions at ***different levels***, e.g. the individual, team, organisation and societal, both in ***response*** to the distress encountered with different presentations and in attempts to ***prevent*** distress. Trainees will be expected to progress from using ***uni-modal*** interventions to ***multi-modal*** and, by the end of training, to demonstrate their competency in a least ***two models*** of psychological therapy (see Section G for further feedback on Therapy competence).

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| --- | --- | --- | --- | --- | --- | --- |
|  *Not applicable* | 0 | 1 | 2 | 3 | 4 | 5 |
| ­­*Completely unsatisfactory* | *Very unsatisfactory* | *Not satisfactory* | *Satisfactory* | *Very Satisfactory* | *Excellent* |

Please note below any specific **Psychological Intervention** competenciesthat your placement experiences DID NOT facilitate the development of:

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1. **Evaluation**

This competency reflects the ability of the trainee to evaluate their practice through the use of ***outcome measures*** at each level of intervention (e.g. individual, team, organisation, societal) and to be able to ***critically evaluate*** such evaluative strategies. The trainee should demonstrate their ability to use ***supervision*** to reflect upon their ***personal effectiveness***.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  *Not applicable* | 0 | 1 | 2 | 3 | 4 | 5 |
| ­­*Completely unsatisfactory* | *Very unsatisfactory* | *Not satisfactory* | *Satisfactory* | *Very Satisfactory* | *Excellent* |

Please note below any specific **Evaluation** competencies that your placement experiences DID NOT facilitate the development of**:**

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1. **Research**

This competency reflects the ability of the trainee to use research to ***inform their practice*** and where appropriate to carry out ***service evaluation*** and audit as required by the service.

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| --- | --- | --- | --- | --- | --- | --- |
|  *Not applicable* | 0 | 1 | 2 | 3 | 4 | 5 |
| ­­*Completely unsatisfactory* | *Very unsatisfactory* | *Not satisfactory* | *Satisfactory* | *Very Satisfactory* | *Excellent* |

Please note below any specific **Research** competencies that your placement experiences DID NOT facilitate the development of**:**

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1. **Personal & Professional Skills and Values**

This competency reflects the ability of the trainee to understand the impact of their own ***value base*** upon their practice, appreciate and minimise ***power*** imbalance; and understand and manage ***ethical issues*** appropriately. The trainee should demonstrate the ability to work at an appropriate level of ***autonomy***, using supervision to gain ***feedback***, reflect upon practice and to manage the ***emotional impact*** of the work. The trainee should comply with the policies and practices of the host organisation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Not applicable* | 0 | 1 | 2 | 3 | 4 | 5 |
| ­­*Completely unsatisfactory* | *Very unsatisfactory* | *Not satisfactory* | *Satisfactory* | *Very Satisfactory* | *Excellent* |

Please note below any specific **Personal & Professional Skills and Values** competencies that your placement experiences DID NOT facilitate the development of**:**

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1. **Communication &Teaching**

This competency reflects the ability to ***tailor psychological information*** and ***communication*** style for the audience. The trainee should demonstrate an ability to prepare and deliver ***teaching***; understand ***supervision*** and ***consultation***; and support others in their application of psychological skills.Where possible, the trainee should understand the process of communicating through ***interpreters***.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  *Not applicable* | 0 | 1 | 2 | 3 | 4 | 5 |
| ­­*Completely unsatisfactory* | *Very unsatisfactory* | *Not satisfactory* | *Satisfactory* | *Very Satisfactory* | *Excellent* |

Please note below any specific learning outcomes in this area that your placement experiences DID NOT facilitate the development of **Communication, Teaching & Training Skills:**

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1. **Organisational and Systemic Influence and Leadership**

This competency reflects the ability to provide ***supervision*** within own sphere of competence and exert ***indirect influence*** over service delivery. The trainee should be able to demonstrate awareness of national planning contexts, change processes and an ability to adapt to different organisational contexts. The trainee should understand ***leadership*** theories and demonstrate leadership qualities.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Not applicable* | 0 | 1 | 2 | 3 | 4 | 5 |
| ­­*Completely unsatisfactory* | *Very unsatisfactory* | *Not satisfactory* | *Satisfactory* | *Very Satisfactory* | *Excellent* |

Please note below any specific **Organisational and Systemic Influence and Leadership** competencies that your placement experiences DID NOT facilitate the development of*:*

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**10. Therapy Competencies**

Please indicate below which therapies/models you used during this placement and how satisfied you were with the opportunities provided to develop competence in these therapies. *NB: Only provide a rating for those that you used on placement.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Therapy/Model | ­­*Completely unsatisfactory* | *Very unsatisfactory* | *Not satisfactory* | *Satisfactory* | *Very Satisfactory* | *Excellent* |
| ACT | 0 | 1 | 2 | 3 | 4 | 5 |
| CAT | 0 | 1 | 2 | 3 | 4 | 5 |
| CBT | 0 | 1 | 2 | 3 | 4 | 5 |
| Community Psychology | 0 | 1 | 2 | 3 | 4 | 5 |
| CFT | 0 | 1 | 2 | 3 | 4 | 5 |
| DBT | 0 | 1 | 2 | 3 | 4 | 5 |
| TA | 0 | 1 | 2 | 3 | 4 | 5 |
| Mindfulness | 0 | 1 | 2 | 3 | 4 | 5 |
| Narrative | 0 | 1 | 2 | 3 | 4 | 5 |
| Neuro Ass | 0 | 1 | 2 | 3 | 4 | 5 |
| Neuro Rehab | 0 | 1 | 2 | 3 | 4 | 5 |
| Psychodynamic | 0 | 1 | 2 | 3 | 4 | 5 |
| Social Constructionism | 0 | 1 | 2 | 3 | 4 | 5 |
| Systemic | 0 | 1 | 2 | 3 | 4 | 5 |
|  | 0 | 1 | 2 | 3 | 4 | 5 |
|  | 0 | 1 | 2 | 3 | 4 | 5 |
|  | 0 | 1 | 2 | 3 | 4 | 5 |