

Information & Guidelines for Placement Supervisors

For supervisors of Clinical Psychologists in training from the Doctorate in Clinical Psychology
at the University of Bath

(Updated August 2021)

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Introduction

Thank you for working in collaboration with the University of Bath in providing a Doctorate in Clinical Psychology Trainee with a clinical practice placement. This is an essential and extremely important experience for them. We very much hope that this will be a successful experience for all. Please do not hesitate to contact the programme team at any stage should you require information or assistance.

This handbook provides a brief overview of the expectations of a practice placement, the role of the clinical supervisor and some of the relevant documentation. Additional information is available on the programme website (<http://www.bath.ac.uk/psychology/clinical>), in the Key Placement Documents which accompany this handbook and as part of the online supervisor resources (see Appendix 5).

The Doctorate in Clinical Psychology is a three-year programme during which trainees must spend a minimum of 50% of their time in supervised clinical practice. Trainees typically complete six, 6-month practice placements which cover the main areas of clinical specialism and equip them to work with people across the lifespan. During the first 2 years of clinical training these comprise experience of working with:

- Working Age Adults
- Older Adults and Later Life
- Intellectual Disability
- Child and Adolescent Mental Health

In the final year of training, trainees ordinarily complete a placement in a Clinical Health setting and an elective placement which may be in an area of special interest or to supplement the core placements.

During each placement, the trainees are placed with a primary supervisor who is responsible for developing and implementing the placement contract. The **primary supervisor** should be a Clinical Psychologist who is at least **two years post-qualification, registered with the Health Care Professions Council** and who **has attended the relevant supervisory training/workshops** run by the DClin Course at Bath.

Placement supervisors can be other appropriately qualified and experienced chartered psychologists or suitably qualified

and experienced members of another core profession. Psychologists providing supervision to trainees must be registered with the Health and Care Professions Council. Members of other professions who are providing supervision to trainees should be registered with an appropriate professional or statutory body governed by a code of ethics with accreditation processes and established disciplinary procedures. The clinical tutor can take an oversight role in these instances.

Clinical Psychologists in training at the University of Bath are employees of Somerset Foundation NHS Trust and are subject to the same protections and regulations as other health professions with this employment status.

The award of Doctorate in Clinical Psychology from the University of Bath is dependent on successful completion of all evaluated and examined components of the programme including case studies, clinical placements, research project, literature review and service-related research project. Only 2 attempts are permitted for assessments, with the specific exception of the two main research proposals, where a third submission is allowed. Failing any written component (after a second attempt) or of any two (based on 6-month placements) clinical placements will result in a failure of the entire programme.

Our aim as a programme team is to work with trainees and placement supervisors to help our graduates become Clinical Psychologists who not only achieve the competencies and skills required by their professional status, but who also make an active and thoughtful contribution to the health service workforce and are well placed to continue with their professional development once qualified.

Role of the Supervisor

Induction and Arrival at the Placement

- It is important that the trainee has an induction to each new practice placement and clinical service(s) in which they will be based. A checklist of issues to be discussed during induction is provided (see appendix 1: Induction checklist) although this may not be exhaustive.
- Trainees will need guidance about background reading that will be of use in their placement work and any available lectures or seminars they may attend.
- At the start of each placement, the trainee and supervisor should develop the written contract detailing experiences to be gained and the general aims of the placement (see appendix 2: guidelines for the preparation of placement contracts).
- The placement contract should also formalise the supervisory relationship according to the minimum standards for clinical supervision (see appendix 3).
- A set of online mandatory training activities are completed at the start of the DClin training programme. These include Information Governance, Equality & Diversity, Major Incidents, Fire, Safeguarding Children, Safeguarding Vulnerable Adults, Counter Fraud, Conflict Resolution, Waste Management, Risk and Moving & Handling. Supervisors should ensure trainees have completed child protection Levels 1 and 2 as appropriate for their Trust (e.g. via e-learning). Additional training specific to and required for your particular clinical area should be planned as part of the placement activity (e.g. child protection Level 3).
- Please can all supervisors and trainees be aware that trainees are not permitted to provide car lifts to service users.
- Practice placements are supported by service level agreements between the University and the providing organisation.

Observation and Skills Teaching

Placements offer an unparalleled opportunity to learn and practice clinical skills. The availability of observational experiences on placement, both of observing and being observed with feedback, should be maximised. Observations can be conducted 'live' in session or via recorded (preferably video recorded) sessions.

In terms of minimum requirements these are as follows:

- Trainees will be asked to complete **two structured observations of their supervisor** to help them in noticing and documenting specific clinical skills.
- Supervisors are asked to complete **two informal observations of trainees early in their placements**. These observations can be a useful and structured way to orient the trainee to the service and way of working and gain supportive formative feedback in a less pressured format.
- Supervisors will also complete **two structured observations of trainees**. We strongly recommend these observations are completed using a 'Direct Assessment of Clinical Competence' (DACC), ideally via a standardised tool such as the Cognitive Therapy Scale-Revised (CTS-R) or its variants or equivalent. There is a schedule of competency assessments to include developmental assessment of CBT competence across training as well as assessment of systemic and psychometric competencies. If it is not possible to complete a DACC a structured observation form can be used. (see index of tools available provided in key placement documentation).

Covid-19 circumstances can make this element of placements more difficult. At minimum, we require trainees to have been observed at least once in clinical practice by their supervisor and preferably have a DACC (as described above) completed on this session.

Supporting Accreditation

The programme has Level 2 Accreditation with the British Association of Behavioural and Cognitive Psychotherapy (BABCP) and Foundation Accreditation with the Association of Family Therapy (AFT). Trainees are thus required to evidence several Cognitive Behavioural Therapy (CBT) competencies and receive 'close supervision' over the course of training. Your trainee should make you aware of these training needs and seek opportunities on placement to meet these.

BABCP (CBT)

To facilitate meeting the BABCP requirements, we ask that supervisors who are not BABCP accredited identify a BABCP accredited therapist within their service who is willing to act as a 2nd supervisor (this can include a *provisional* level accreditation). When this is not possible, we ask if supervisors can support trainees in identifying a BABCP accredited therapist elsewhere in the Trust who might be able to support them. For additional information please contact our BABCP Lead, **Rachel Paskell (r.g.paskell@bath.ac.uk)**. Rachel has a list of therapists who have indicated that they may be able to help with this.

The role of a BABCP accredited 2nd supervisor is to provide the trainee with 5+ hours of CBT supervision per 'training case'. One case per placement is a minimum, but more are welcomed, as trainees must complete eight CBT 'training cases' by the end of training. The BABCP supervisor also be asked to complete a direct assessment of competence in CBT (e.g. the CTS-R). Three of these CBT assessments must be completed by a BABCP Accredited Therapist by the end of training.

We understand that within some services this arrangement will not be possible. In such circumstances, the course team will arrange supplementary CBT supervision sessions for trainees. This will require time out of placement (approximately 2 – 2.5 hours per month). Presentation of audio/video recordings of clinical material from placement is required by the supplementary CBT supervision sessions. Consent forms and GDPR procedures relevant for the NHS trust where the work is conducted must be followed in the use of client material for training purposes.

BABCP supervision is supplementary to the primary clinical supervision received on placement. The clinical placement supervisor retains supervisory and clinical responsibility. In the event of any differences in direction, the placement supervisor's views take precedence.

Please contact **Rachel Paskell**, BABCP Lead r.g.paskell@bath.ac.uk for any BABCP related queries. BABCP accreditation is evolving in DClin courses across the country, and as it continues to develop, we are happy to offer information and support to supervisors wherever we can.

AFT (systemic)

Systemic practice continues to be the second main therapy approach taught on the course. The Foundation systemic course will continue as usual, for 1st year trainees.

Advanced Systemic Theory and Practice continues to be a core topic taught in the 2nd and 3rd years of the programme. However, trainees no longer have the opportunity to complete the requirements to achieve the AFT accredited Intermediate qualification.

Opportunities to observe family therapy and develop systemic skills should continue to be offered as appropriate to the placement. This should include opportunities to access consultation or supervision with colleagues qualified in this approach. Trainees may submit one systemic case study. We continue to encourage trainees to log their hours of Systemic practice and supervision so they have a record of this after completing the DClin.

Support for supervisors

We aim to support supervisors in several ways, including:

- **Supervisor induction/refresher training** is a requirement of the British Psychological Society's minimum standards for clinical supervision. We offer a one-day workshop online in both March and September every year. It is open to new supervisors, supervisors new to the Bath course and more experienced supervisors wanting a refresher.
- **Supervisory skills practice workshop.** We offer an additional one-day workshop online in both March and September every year. Again, it is open to new supervisors, supervisors new to the Bath course and more experienced supervisors.
- Attending our supervisor induction / refresher training workshop and our supervisory skills practice workshops meets the requirements for the BPS Register of Applied Psychological Practice Supervisors (RAPPS). Supervisors who have attended both these events since 2016 can obtain confirmation from our administration team to support their application to join RAPPS.
- **Continuing Professional Development (CPD) opportunities** are advertised via email to regional supervisors.
- **CBT CPD events** and activities to support clinical supervisors in gaining BABCP accreditation at provisional/full practitioner or supervisor level as appropriate.
- **Online supervisor resources** (see appendix 5 for further details). Please contact the admin team on bathcp-admin@bath.ac.uk to register for access to these.
- **The Clinical Tutor** for your trainee is the first point of contact for supervisors, for example if there are any concerns or untoward events arising on placement. Supervisors can also contact the Clinical Director, Programme Director or other member of the tutor team as appropriate. See also further information below about serious incident reporting.

Assessment

The placement is assessed, and trainees are required to pass all clinical practice placements in addition to the academic assessments of the programme. Assessment on the placement is carried out at the mid-point and at the end of the placement via:

- **Ratings of clinical skills and competencies** completed by the primary supervisor(s) (see Placement rating forms – Key Placement Documents). The supervisor should provide the trainee with feedback about these ratings as part of the formal mid placement and end of placement review meetings. The trainee also has the opportunity to provide feedback about the placement and supervision at these points.
- It is expected that trainees will complete 6-8 'clinical cases' each placement. This can include a range of activities including individual work, group work, indirect work, neuropsychological assessments, being part of a systemic reflecting team etc. Additional pieces of work are permitted (e.g. audit, material development) but these do not replace clinical cases. There should be no more than 12-14 pieces of work completed in total (clinical plus other) whilst on a placement. **NB** A Service-Related Project (SRP) does **not** replace a clinical case.
- Supervisors will complete **two** structured observations of trainee clinical practice. It is recommended that one of these is the Cognitive Therapy Rating Scale (CTS-R). The CTS-R will only count towards BABCP Accreditation if completed by a BABCP Accredited therapist (see above). It is possible to use an equivalent or alternative DACC if more appropriate. A list of all DACC tools are found on the Placement Information Moodle page, the online supervisor resources. Only one DACC is required for the final placement.
- A 'Pass' may also be required on additional elements, depending on the specific requirements for each clinical area. For example, assessment of intellectual ability and interpretation of educational attainment on child placements, standardized assessment of ability or functioning on LD placements.

Placement failure is considered where **two or more** of the mandatory categories on the mid placement feedback forms are rated as not satisfactory, and / or where there are significant professional and practice misconduct issues. Any professional or misconduct issues should be reported to the programme team immediately.

Although rare, if placement failure is being considered, **the programme team should be contacted as early in the placement as possible**. Ideally an **early mid-placement meeting** will be scheduled. The supervisor and trainee should meet to discuss the concerns and then raise these at a separate meeting with the programme tutor as well. This allows time to set clear objectives and goals for the remainder of the placement (a 'remediation plan'). The remediation plan must be agreed with the Clinical Director. The remediation will be reviewed at an end of placement meeting with the supervisor and tutor. If the goals and objectives are not met by the end of the placement and placement failure is recommended by the supervisor, this will be referred to the programme team.

If a potential placement failure is raised only at the end of placement, it will be necessary for a remediation plan to be devised at this point and for the trainee continue on the placement for a further 3 months, providing an opportunity for them to address the training needs and shortfall in skills and competencies identified by the supervisor.

University Assignments

In addition to the placement assessments as detailed, trainees also need to complete a clinical log-book and submit a Case Study at the end of each placement.

- Clinical log-book – it is the trainee's responsibility to log all experiences gained on placement. They will ask you as primary supervisor to sign this at the end of placement which is required to validate their clinical log.
- Case Studies – 5 case studies need to be completed, one from each of the first 5 placements. Case studies are usually written in the format specified (see Case Study Guidelines-Key Placement Documents)

and submitted as a written or orally presented piece of work, with accompanying brief report. Case studies are recommended to take the format of a single case experimental design (SCED), with one formal SCED submission.

For BABCP accreditation, *four of the five* case studies should be CBT-focused (one may be third wave providing appropriate supervision and evidence-based rationale are in place). The 5th may be Systemic.

The trainee will value your guidance about the suitability of cases for write-up and will ask you to review the written case study prior to submission. They submit your feedback with the case study (see Case Study Review form -Key Documents). Although not a formal evaluation, it is a requirement of submission that trainees include their supervisor's report. We also greatly value the view of supervisors as clinical experts as to the strength of the case study write-up.

Role of the University While Trainees are on Placement

Mid-Placement Review Visits

Once the mid-placement ratings and feedback have been completed by the trainee and supervisor, a member of the programme team will attend a formal review meeting to receive feedback about progress and the completed ratings. At the review meeting, the tutor will meet the trainee and supervisor separately at first and then hold a 3-way meeting aiming to:

For the Trainee:

- To see how the trainee has settled in and integrated into the host service.
- To obtain information from the supervisor and trainee about the types of clinical experience to be gained and to discuss this with the trainee and to ensure the experience is satisfactory.
- To check that the minimum requirements for supervision are followed.
- To check that a work pattern has been established and mutually agreed by

the trainee and supervisor, in which both have a clear picture of the plans for the placement.

- To discuss with the trainee that the university assignments are on track for completion.

For the Supervisor:

- To discuss the placement ratings and whether you are satisfied with the trainee's competence, skills and professional behaviour.
- To allow the supervisor the opportunity to comment on the trainee's needs and requirements in terms of future skills development / clinical experience needed.
- To discuss with the supervisor that a satisfactory supervisory relationship has been established. This may include supervision by other team members as agreed in the placement contract.
- To review the experience of having a trainee on placement and whether sufficient support is available to facilitate this.

Case studies

It was agreed at the Practice and Placement committee that, within reason, supervisors should arrange with trainees protected time within placement hours to spend working on their case study. This plan fits with the relevance of the course work to placement activity, and also reflects our wish to help trainees manage their workload and academic requirements of the course. Your help in achieving this is greatly appreciated.

End of Placement Review

If there have been no concerns raised during (or after) mid-placement, the supervisor and trainee will complete the end of placement ratings and feedback on placement together, without additional input from the course team.

If concerns have been raised during mid-placement and a remediation plan was put in place, then the clinical tutor will make an end of placement visit to review progress and final feedback. If issues arise regarding trainee practice or conduct between the mid and end

of placement reviews, the supervisor must contact the clinical tutor as soon as possible.

C6 placement paperwork

The timing for the final practice placement (C6) assessments is slightly different from the other placements as follows:

- As C6 is the final placement, it is likely that the trainee will have met all the required key competencies to a satisfactory level or better, making an early decision a somewhat easier process.
- To meet University and HCPC quality assurance processes in a timely way the assessments occur **earlier**. The Mid-Placement Review (MPR) must be completed **no later than mid-June**, following the usual 3-way process including the trainee, supervisor(s) and clinical tutor.
- The End of Placement Review (EPR) should take place no later than **mid-August**, to meet Examination Board deadlines in early September. This will involve the trainee and supervisor only unless there are issues to address or any indication that the placement will not be passed.
- By the EPR, the trainee must have met all placement and University requirements to pass the placement. The supervisor should sign the documentation to indicate this and the trainee upload this to Moodle and inform their tutor so it is passed.
- If the MPR indicates potential placement failure, usual protocol should be followed, and the EPR scheduled for mid-August, as above.
- The trainee is required to continue until the scheduled end of the placement (ordinarily end of September) to meet BPS, BABCP and fitness to practise requirements.

Feedback and Audit

To improve the support available to supervisors, we aim to gather honest and constructive feedback about their experience of providing a clinical placement. To this end, an email link to an online, anonymous survey

will be sent to you near the end of placement. The survey takes about 10 minutes to complete and all responses remain **anonymous**.

Trainees are asked to complete a similar survey at the end of each placement. Both will feed into our three-yearly audit cycle of placement.

- Due to its brief and anonymous nature, this survey **does not** take the place of addressing specific issues arising on placement. These should be managed in the usual way, via the clinical tutor, placement co-ordinator or another member of the course team.

Work/ Placement Essentials

Security clearance, DBS checks and Health Checks

All clinical psychologists in training at the University of Bath have been subject to pre-employment Occupational Health checks and enhanced Disclosure and Barring Service (DBS), formerly CRB, checks prior to commencing training. These checks are carried out by Somerset Foundation NHS Trust as the employing trust. The transfer of these employment checks to a new placement environment is supported by the Learning and Development Agreement between the placement provider (NHS Trust) and Health Education South West.

Length of the Placement and Working Hours

Trainees typically spend 3 full working days in supervised clinical practice throughout the 3 years of training. There are some variations, for example, as part of the 1st (Working Age Adult) placement, trainees will start with 2 days a week for the first 4 weeks, increasing to 3 days a week for the remainder of the placement.

Health & Safety and Insurance in the Workplace

Anyone receiving relevant training or work experience should be treated as employees for the purposes of health and safety legislation.

The placement provider has control of the trainee whilst on placement and many responsibilities are their legal liability. For further information about insurance, and health and safety see:

<https://www.bath.ac.uk/guides/insurance-services/#placement-students>

Equal Opportunities

The University of Bath has an Equal Opportunities policy which states that 'It is the University's aim that trainees are treated fairly on the basis of merit regardless of age, disability, family responsibilities, gender, HIV status, marital status, nationality, race, religious or political views or affiliations, sexual orientation, socio-economic background or trans-sexuality'. Please see:

<https://www.bath.ac.uk/publications/the-dignity-respect-policy/attachments/dignity-and-respect-policy-agreed-14-october-2019.pdf>.

We ask that employers uphold these policies with regard to trainees on placement.

GDPR

The DClin course holds a spreadsheet that contains information on all supervisors and the placements they offer. We use this spreadsheet to plan placement allocation. It is therefore important that **supervisors inform us of any changes in their service** so we can update it. The University of Bath is committed to protecting your personal information in accordance with the Data Protection Act and GDPR laws. In providing a placement for a Bath trainee either historically, currently or in future, you are agreeing to us processing and storing your information. Your data will be used to contact you only.

Finance and the Placement

Trainees are salaried employees of Somerset Foundation NHS Trust. They are entitled to claim travel expenses for placement related journeys they make from their clinical base. This is administered by the Programme Team at the University and Somerset Foundation NHS Trust.

The investment in learning and training on the part of the placement provider is supported by a non-medical placement tariff administered by Health Education South West (HESW). This tariff is subject to personnel returns and key performance indicators as agreed by HESW.

Tariff payments are made directly to the placement provider at organisational level and we are not able to advise on how the tariff is allocated to services. However the programme can provide details of placement activity attributed to your placement.

Serious Incident Reporting

It is essential that any serious incident is reported to the University within 24 hours.

- We will send you a form to complete within this first **24 hours**
- The next section must be completed within **72 hours**
- The final section between **4-7 days** of the incident.

We will manage the process but if you work part-time please allocate someone else as a point of contact, as we must ensure that we adhere to Health Education England deadlines for reporting. Any serious incident should be immediately reported to the trainee's clinical tutor and copied to the Clinical Director and the Programme Manager

Year-long placements

There are currently two types of optional year-long placements possible within the Bath DClinPsy:

- Year one working age adult (WAA) and older adult (OA): C1 & C2
- Year three elective placements: C5 & C6

Year one working age adult and older adult placement: C1 and C2

This 12-month placement includes supervisors from both working age adult and older adult services, or an age inclusive service. It covers the first year of training (C1 and C2). Such placements can involve changing the focus of the placement half-way (i.e. 6-months focused on either WAA or OA clinical experience then, swapping to focus on the other specialty for the second 6-months), or it can involve a 12-month 'ageless' placement where WAA and OA clinical work is integrated throughout the whole year. This is in line with the changes being made to the taught programme, which will allow this greater flexibility for the formatting of year-long placements with OA teaching being brought in earlier.

Assessments on year-long placements

For C1 and C2 (WAA / OA) placements, the following guidelines are provided to ensure that the required placements assessments are completed correctly:

- Trainees will submit a case study after 6 months, for one of the specialities (OA/WAA), in line with all their cohort.
- Trainees will submit a second case study for the other speciality after 12 months.
- Usually, the WAA case study will be first submitted, but this is not essential and will depend on the structure of the placement. There **must** be one case study from each speciality (WAA and OA) by the end of the 12 months.
- Trainees will complete 2 observations per 6 months, ideally using a DACC. There should be **two WAA** and **two OA** DACCs completed over the 12-months. The timing of these DACCs is flexible, as suits the clinical work of the trainee.
- The lead supervisor for the first speciality (WAA/OA) should complete the mid-placement review and paperwork at 3 months and end of placement paperwork at 6 months. The lead supervisor for the other speciality (OA/WAA) will be invited to contribute to both if relevant.
- The lead supervisor for the second speciality (OA/WAA) should then complete the mid and end-placement review and paperwork at 9 and 12 months respectively. The supervisor for the other speciality (WAA/OA) will be invited to contribute to both if relevant.
- The supervisor for the first speciality must be satisfied that the breadth and range of experience required for a WAA/OA placement has been achieved so they can sign off the placement at the 6-month point. However, we recognise the flexibility within this on a year-long placement for some experience in both specialties to happen in each half of the 12-month period.
- If the trainee is on an ageless placement with the same supervisor, they should aim for a **minimum of 6 OA** pieces of clinical work over the year.
- The requirement to complete an appropriate cognitive assessment could be completed within either speciality.
- Consider contingency planning at the outset of the placements e.g. in case of sick leave for one or other of the supervisors.

Year three elective placements (year-long 'long and thin')

Trainees are on placement for 3 days a week for their year 3 elective placements (C5 and C6). Typically, a year-long elective placement would involve 2 days in one service and 1 day in the other service for the first 6 months of the placement. This would then reverse for the second half of the placement. However, the exact amount of time spent in each service can be negotiated between supervisors provided this is clearly communicated at the start of the year.

Types of issues to be negotiated prior to setting up the placement include (based on feedback from previous elective supervisors):

- Clarity around how flexible the specific day (or days) of the week the trainee will be on placement in each service.
- There can be alternative patterns e.g. 2 days on one component of the placement throughout the 12 months and 1 day on the other component providing this is acceptable to both supervisors.
- It is key to ensure that both placement supervisors feel able to sign off the placements at the appropriate review points having had enough experience of the trainee on placement.
- Consider contingency planning at the outset of the placements e.g. in case of sick leave for one or other of the supervisors.

Placement assessments

All placement paperwork needs to be completed for both C5 and C6 placements as specified in the handbook. In the case of year-long elective placements the C5 supervisor needs to be satisfied that the trainee has had enough experience on their placement to sign off the paperwork at the 6-month point, and the C6 supervisor takes the lead in signing off the placement paperwork in August.

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Summary of Placement requirements and documentation

Requiring the Placement Supervisor's Input	Requiring only the Trainee's Input	Requiring Clinical Tutor Input
Placement Induction Check list <i>Within 1 week of placement start</i>		Develop plan with trainee to feed forward issues from previous placement Offer early placement visit if indicated
Placement Specification and Contract <i>Within 2 weeks of placement start</i>	Collaborate in contract development and incorporate agreed issues from end of placement meeting	Review when submitted and at mid-placement
Observation of supervisor x2 arranged in first few weeks of placement	Placement Observation Form x 2 <i>(Structured Observation of Supervisor)</i>	Check at MPR this has been possible
Observation of trainee x 2 <i>(Structured Observation of Trainee), ideally in the form of DACCs</i>	Production of video / audio / observational opportunities for supervisor to complete competency assessments	Check at MPR this has been possible
Mid-Placement Ratings and Feedback <i>No later than mid-point of the placement</i>	Mid-Placement Ratings and Feedback <i>No later than mid-point of the placement</i>	Review these at MPR
Mid-Placement Review Meeting with Programme Tutor <i>No later than mid-point of the placement</i>	Mid-Placement Review Meeting with Programme Tutor <i>No later than mid-point of the placement</i>	Tutor to attend and formally document mid-placement review meeting with supervisor and trainee. If required, a remediation plan should be formally developed and agreed by the Clinical Director.
Case Study – Supervisor review and feedback <i>Prior to case study submission</i>	<i>Case Study submitted at End of Placement (except for C6)</i>	Check submission
Sign and agree the Clinical Log at end of placement	Clinical Log Book	Review signed log book and gather information for Clinical Tutor summary sheet
End of Placement Ratings and Feedback	End of Placement Ratings and Feedback. Trainee to upload MPR, EPR forms and DACCs to Moodle for tutor to sign off.	If no remediation plan, EPR with tutor is an informal meeting to develop plans for next placement. If remediation plan present, tutor will join a formal EPR meeting with supervisor and tutor. Tutor to sign off final MPR / EPR / DACC documentation on Moodle to indicate placement pass.

Appendix 1: Induction Checklist

Background overview of service	
Other service settings and locations which may be visited when on placement	
Contact details/availability of supervisor <i>e.g. telephone numbers, schedule/location</i>	
Who's who <i>e.g. names, telephone numbers if appropriate, roles, responsibilities</i>	
Site layout <i>e.g. therapy rooms, client facilities, staff facilities</i>	
Work space <i>e.g. trainee desk space, telephone use, computer use</i>	
Security & Restricted areas: <i>e.g. access codes, passes, keys etc.</i>	
Emergency procedures <i>e.g. panic buttons, emergency numbers, fire procedures, first aiders, safeguarding procedures</i>	
Health and safety <i>e.g. accident reporting, hazard reporting, lifting risks, dangers</i>	
Dress code	
Time and attendance system <i>e.g. start and finish times, lunchtimes, attendance when not seeing clients</i>	
Sickness reporting <i>e.g. who to call, arrangements for cancelling client sessions</i>	
General administration <i>e.g. appointment arrangements, recording attendance, secretarial arrangements</i>	
Records system <i>e.g. clinical record keeping, psychology notes</i>	
Local housekeeping <i>e.g. tea and coffee facilities</i>	
Stationery and supplies <i>e.g. storage, supplies</i>	
Local facilities and amenities <i>e.g. canteen, shops</i>	
Transport and parking <i>e.g. local bus routes, train stations, parking permits, car park spaces</i>	

Appendix 2: Guidelines for the Preparation of Clinical Placement Contracts

Primary Supervisor:

Trainee:

Placement dates:

Type of Placement:

1. Aims of the placement

List the key aims of the placement as relevant for the clinical area (e.g. as outlined by DCP guidelines) but also taking into account the trainee's needs which they will have identified in their training needs assessment and which may also form part of a pre-placement meeting. Please also state if another supervisor/s is to be involved and if so, in what capacity.

2. Clinical experience to be provided

List the particular experiences that form the core competencies (BPS) for the relevant clinical area. It may be useful to have sub-headings – e.g. Assessment, Intervention, or any other grouping appropriate to the placement.

3. Other experiences including teaching

Consider experiences other than direct clinical practice which might be available as part of the placement experience. Ideally this would include opportunities to prepare and deliver teaching/training, attending teaching/training specific to the placement experience, attendance at relevant staff groups, visits to other services etc.

4. Supervision arrangements

Specify how supervision will be delivered according to minimum standards for supervision i.e. at least 1 hour weekly of individual supervision and total 3 hours contact time per week. If the primary supervisor (clinical psychologist) is not the person providing weekly individual supervision, please specify who will do this and outline the schedule for meeting with the primary supervisor (which should occur at least fortnightly). If your supervisor is not BABCP accredited, has a 2nd supervisor who is a BABCP accredited been appointed from within the service? If so, please specify how and when this supervision will take place. (If a BABCP 2nd supervisor is not available within the placement, the course BABCP lead- Rachel Paskell- will advise regarding supplementary CBT supervision).

5. Direct Observation

During the placement, the trainee needs to conduct at least 2 structured pieces of observation of their supervisor or other relevant professional using the observation forms to encourage active watching and theory-practice links. The supervisor needs to observe the trainee on at least 2 occasions and provide the trainee with feedback. The placement observation forms can be used for this purpose if helpful. Please discuss and document how and when these pieces of observational work will occur. Ideally these observations will be direct assessments of competence. Competency assessments should be completed using the structured tools available. The trainee will discuss the schedule of competency assessments and their needs within this with you. For example, CBT competencies are assessed in a developmental fashion throughout the course of training. It is likely that they will require rating of clinical competence using the CTS-R (or variant) and this should include discussion of the development needs identified within previous CTS-R ratings. Additional observation of trainee informally, early on in placement, is also recommended.

7. Mid-placement feedback

Date of feedback to be arranged at this point, precisely if possible, or at least the week in which this will be done. The mid-placement review with the Programme Clinical Tutor will be convened separately but in light of this date.

8. Reflective Practice

Developing reflective practice skills is an important aspect of training, consider the trainee's needs in this area with them, opportunities to develop skills on the practice placement and your supervisory style in facilitating reflective practice as part of supervision.

9. Annual Leave & Cover

Please make a note of any University closure dates and DClinPsy. Programme Fixed Leave dates if relevant and any annual leave arrangements for both trainee and supervisor. Please nominate a colleague who will, in general, be available for the trainee to consult when the supervisor is not there and also nominate a cover person for periods when the primary supervisor is on annual leave.

10. Detailed case reports

There is a requirement for trainees to complete case studies for assessment purposes. Please could you enter, as an aim of the placement, that the trainee will do at least one such study whilst on placement with you.

11. Carry over cases

If the trainee is to continue with a case/s from previous placements, please specify. The time to be devoted to this should be estimated and entered.

12. Log Books

It is a requirement that the trainee keeps a log book of clinical activities, which has to be seen and signed by the supervisor at the end of the placement. Please specify this in the contract.

13. Service related project

It is a requirement of the programme that a small scale, service-related piece of research is undertaken. If this is being done on your placement, please include it as part of the contract.

14. Induction

Please review the Induction checklist at the very beginning of the placement and ensure that the trainee documents the information required in terms of room/desk space available, clinical space and safety procedures, emergency contact and other essential safety information etc.

15. Other

Other matters, like special considerations or adjustments to be noted here.

16. Signatures

17. Date

Please have the Contract typed. A copy should be kept by trainee and one by supervisor, and a third copy sent to your Clinical Tutor.

18. Changes following mid-placement feedback:

If changes to the contract are required following the mid-placement feedback and review meeting, please attach on a separate sheet, trainee and supervisor to sign and date accordingly.

Appendix 3: Statement of minimum standards in clinical supervision

1. There must be a formal, scheduled supervision meeting each week that must be of at least 1 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 and supervisor must be at least 3 hours a week, and will need to be considerably longer than this time at the beginning of training.
2. In cases of team or group supervision, trainees must always receive, in addition, an appropriate amount of individual supervision. Individual supervision must provide opportunities to discuss personal issues, professional development, overall workload and organisational difficulties as well as on-going casework.
3. Nominate a 'cover' supervisor that the trainee can turn to when on leave/holiday.
4. Provide an induction programme to the trainee when a placement starts.
5. Ensure that the Placement Contract is finalised and signed within ten days of commencement of placement.
6. Ensure that feedback/rating forms are filled and discussed at mid-placement and at end of placement.
7. Ensure that the Log Book is filled by the trainee, and sign it at end of placement.
8. Discuss the trainee's requirements (e.g. case study, service research, time for carry-over cases) at the outset, and include these in the Placement Contract.
9. In addition to discussing clinical work, it is essential that the trainee and supervisor have opportunities to observe each other at work: the trainee can learn much more from this and it is essential in order for the supervisor to give the trainee accurate and constructive feedback. Placements may differ in the most appropriate opportunities for such direct contact: some may use joint clinical work, others may prefer audiotape, videotape or a one-way screen. Some form of mutual observation of clinical work is regarded as essential.
10. Ensure that the trainee has the opportunity to observe you at work (with clients) at least on two occasions during the placement and completes the structured placement observation form.
11. Ensure that you observe the trainee at work on at least two occasions and provide feedback to the trainee based on the observation. The structured observation forms can also be used for this purpose.
12. Ensure that the trainee gets a good range and quantity of experience. For core placements, these are defined by the BPS guidelines for clinical specialities and the Department's own more detailed documents. If necessary, arrange for the trainee to see clients from a colleague's team.
13. Be alert to the trainee's workload. Make sure he/she is not overburdened. It is important not to use a trainee as an extra pair of hands. The active treatment case load of a trainee should not exceed seven at any given time.
14. Provide the trainee with constructive feedback on an ongoing basis, in addition to the formal written feedback at mid-placement and end of placement.
15. Provide guidance of reading, discuss theoretical issues, and foster theory-practice links as part of supervision.

Appendix 4: Key Placement Documents

You should also have been provided with the following documentation:

1. Guidelines for the preparation of placement contracts
2. Induction checklist
3. Placement Observation forms
4. Placement feedback forms (Mid and End of placement rating forms)
5. Direct Assessments of Clinical Competence (Index of tools and Assessment front sheet)
6. Sickness and Absence recording
7. Case Study Guidelines
8. Clinical Supervisor Case Study Review and Feedback Form

Appendix 5: Online Supervisor Resources

We are pleased to announce a new online system providing a wide range of resources which may be useful for your role as a regional supervisor on the University of Bath Clinical Psychology Programme.

You will be able to access:

- general information about the doctorate programme
- specific placement information
- a range of tools for the direct assessment of clinical competence
- materials from CPD events
- various psychometric measures for adults and children
- information and introductory videos from staff members amongst many other resources

Gaining access to the online system is a quick process.

Please send an email expressing your interest to our administration team, bathcp-admin@bath.ac.uk. It would be greatly appreciated if you make the subject of your email 'Supervisor - Moodle Help'.

You will then be sent a unique username and password to access Moodle. The admin team will be happy to help you with any queries relating to these resources.