

UNIVERSITY OF SHEFFIELD
CLINICAL PSYCHOLOGY UNIT
DEPARTMENT OF PSYCHOLOGY
FACULTY OF SCIENCE

in collaboration with

**NHS YORKSHIRE & THE HUMBER
AND THE PSYCHOLOGY SERVICES OF SOUTH
YORKSHIRE**

PROGRAMME HANDBOOK

**Doctor of Clinical Psychology Pre-Registration
Programme**

Intake September 2011

WELCOME TO THE SHEFFIELD CLINICAL PSYCHOLOGY TRAINING PROGRAMME

CONTENTS

CLINICAL PSYCHOLOGY UNIT STAFF	3
STAFF PHOTOS AND CONTACT DETAILS	4
1 BACKGROUND INFORMATION	5
2 ORGANISATION OF THE PROGRAMME	10
3 TEACHING AND CURRICULUM	12
4 RESEARCH TRAINING	22
5 CASE PRESENTATIONS, RESEARCH PRESENTATIONS, YEAR MEETINGS, SEMINARS	24
6 PERSONAL AND PROFESSIONAL DEVELOPMENT	29
7 PRACTICAL INFORMATION	37

APPENDICES

1	Programme Specification
2	CTC Terms of Reference
3	Trainee feedback form
4	External speaker feedback form
5	Information for teachers and module co-ordinators on integration of issues of racism, culture and gender within clinical psychology
6	Information for teachers on Formulation
7	E-Learning
8	Course Policy on taking holiday leave during teaching time
9	Relevant names and addresses
10	Psychology Department Health and Safety Policy
11	Guidelines for Postgraduate use of Document Requests
12	Resource Library
13	Programme of Dates
14	List of Acronyms

Please refer to website <http://www.sheffield.ac.uk/clinicalpsychology> or MOLE for any updates to this Handbook.

CLINICAL PSYCHOLOGY UNIT STAFF

September 2011

Further details on staff interests can be found on the CPU Website
<http://www.sheffield.ac.uk/clinicalpsychology>

Professor Gillian Hardy	Unit Director
Professor Pauline Slade	Deputy Unit Director
Professor Michael Barkham	Director, Centre for Psychological Services Research
Dr Andrew Thompson	Reader/Practitioner
Dr Georgina Rowse	Lecturer/Practitioner
Dr Lisa Berry	Lecturer/Practitioner
Dr Liza Monaghan	Joint Director of Clinical Practice
Dr Susan Walsh	Joint Director of Clinical Practice
Dr Kath Boon	Senior Clinical Tutor
Sara Dennis	Senior Clinical Tutor
Dr Katherine Hildyard	Senior Clinical Tutor
Dr Jo Burrell	Clinical Tutor
Dr Dom Goodridge	Clinical Tutor
Carole Gillespie	Unit Administrator
Christie Harrison	Research Support Officer
Maxine Boon	Senior Clinical Secretary
Jacquie Howard	Clinical Secretary
Sue Maskrey	Course Secretary
Sharon Keighley	Course Secretary
Dr Stephen Kellett	IAPT Programme Director
Angela Rollinson	IAPT Administrator
Gill Donohue	IAPT CBT Teacher
Ann Swift	IAPT CBT Teacher
Helen Macdonald	IAPT CBT Teacher
Ingrid King	IAPT CBT Tutor

Head of Psychology Department

Professor Graham Turpin

Honorary Professor in Clinical Psychology

Professor Nigel Beail

Honorary Reader in Clinical Psychology

Dr Gerry Kent

Honorary Lecturers

Dr Jason Davies, Dr Claire Isaac, Dr Rebecca Knowles

Honorary Research Fellow

Dr Adrian Simpson

Honorary Teachers in Clinical Psychology 2011

Tina Ball	Jenny Donnison	Carolyn Lawson	Shonagh Scott
Jane Barton	Maria Downs	Kathryn Lewis	Arleta Starza-Smith
Alick Bush	Mary Fearon	Paul Manning	Pete Walpole
Angela Carradice	Mike Fitter	Sue Martindale	Sharon Warden
Helen Castle	Fiona Goudie	David Newman	Sara Whittaker
Gail Coleman	Teresa Hagan	Hazel Reynders	Amy Wicksteed
Graham Cockshutt	Laura Hill	Andrew Roberts	Eamonn Wilde
Gill Crow	Tom Isherwood	Richard Rushe	Lisa Winter
Gwyneth De Lacey	Steve Jones	Karen Scholes	

Clinical Psychology Unit - University of Sheffield Contact Details

		Tel no	e-mail address	Room no
Michael	Barkham	26527	m.barkham@	C6
Nigel	Beail	26575	n.beail@	C10
Lisa	Berry	26577	l.berry@	C13
Kath	Boon	26633	k.boon@	C10
Maxine	Boon	26573	m.boon@	B16
Jo	Burrell	26572	j.burrell@	C16
Sara	Dennis	26642	s.dennis@	C16
Gill	Donohoe (IAPT)	26584	g.donohoe@	ML-C3
Carole	Gillespie	26649	c.a.gillespie@	B15
Dom	Goodridge	26634	d.goodridge@	C10
Gillian	Hardy	26571	g.hardy@	C5
Christie	Harrison	26650	c.harrison@	B4
Katherine	Hildyard	26609	k.hildyard	C16
Jacquie	Howard	26576	j.a.howard@	B14
Sharon	Keighley	26570	s.keighley@	B14
Steve	Kellett (IAPT)	26537	s.kellett@	C18
Ingrid	King (IAPT)	26640	i.king@	B2a
Helen	Macdonald (IAPT)	26584	h.macdonald@	ML-C3
Sue	Maskrey	26635	s.j.maskrey@	B14
Liza	Monaghan	26638	l.monaghan@	B12b
Angie	Rollinson (IAPT)	26632	a.rollinson@	PsycholG.19
Georgina	Rowse	26574	g.rowse@	B2b
Pauline	Slade	26568	p.slade@	C17
Ann	Swift (IAPT)	26584	a.c.swift@	ML-C3
Andrew	Thompson	26637	a.r.thompson@	B12a
Graham	Turpin (HoD Psychology)	26569	g.turpin@	Psychol 1.12
Sue	Walsh	26567	s.walsh@	C3

Other phones

26636 (Study Room)	36607 (Room C8)	36608 (Coffee Room)	26503 (Small Meeting Room)
IT support	26530		psy-it@
Dave Saxon (Stats support)	20718 (SchARR)		d.saxon@
Liz Carl (staff accounts)	26536		liz.carl@
Porters' Lodge	29272		
Workshop	26542		psy-workshop@
Fax number	0114 2226610		

1 BACKGROUND INFORMATION

1.1 Introduction to the Programme

The Programme was established in October 1991 and was set up to meet both national and local demands for clinical psychologists. The Programme received a full on-site visit from the BPS in June 1994. Full accreditation has been awarded to the programme on each visit for the maximum possible (i.e. 5 year) period; the most recent BPS accreditation visit was in June 2009. The programme is now registered with the Health Professions Council (HPC) and will receive a full on-site visit in 2011-2012. The programme was also subject to Major Review by the Quality Assurance Agency (QAA) in 2005, receiving the highest possible evaluation; see website for details

<http://www.qaa.ac.uk/reviews/reports/health/sheffield05.pdf>.

This three year doctoral programme is organised by the University of Sheffield, in collaboration with local Psychology Services, and is commissioned by NHS Yorkshire and the Humber. The programme is approved by the Health Professions Council (HPC) and is accredited by the British Psychological Society and successful completion of the programme means that trainees are eligible to apply for registration with HPC and chartered status with the BPS.

The orientation of the Programme is specifically to promote the unique contribution which psychology can make to the delivery of health care. The Programme actively encourages trainees to employ psychological theories and formulations to inform the content of their clinical work. Similarly, the design of the curriculum and academic programme reflects the clinical and service context in which clinical psychologists work. The Programme strives to integrate theory with practice and places importance on conducting and utilizing applied research.

The core purpose of the Programme is to train high quality future practitioner clinical psychologists who are able to meet and influence the future client and organisational needs of the National Health Service underpinned by innovative approaches to applied clinical and psychological services research. We encourage the study of a broad range of evidence-based approaches. Particular emphasis will be placed upon developments concerned with organisational skills and service evaluation, and the needs of priority groups within health and social services and the development of team working and clinical leadership.

The Programme is based within the Department of Psychology, which has an excellent research record (RAE: Grade 5A) and outstanding facilities for research and teaching. Placements are made available principally within the following locations; Barnsley, Doncaster, Scunthorpe, North Derbyshire, Rotherham and Sheffield. Trainees are expected to travel as required to placements, some of which may involve significant commuting time.

Placements are available principally within Barnsley, Doncaster, Rotherham and Sheffield but may also be within North Derbyshire, Lincolnshire or Nottinghamshire. Contacts with trainees from the University of Leicester and Trent (Universities of Nottingham and Lincoln) and from the University of Hull and Leeds Doctor of Clinical Psychology programmes are encouraged.

1.2 Accommodation and facilities

The Psychology Department is housed in a purpose-built 5-floor building, which provides both general and specialised facilities for teaching and research. The Department has three teaching laboratories, one of which is an open-access computer lab equipped with 30 networked PCs with dedicated servers and printers; these machines are all connected to the campus network and Internet. A further suite of 10-networked machines is available, with priority being given to Cognitive Science students. Other teaching laboratory space includes 20 small laboratory cubicles for individual and small group practical work in the main building.

Portable audio and video recording equipment and transcribers are available on loan to students and staff for project work. A fully equipped audio/video-editing suite is also available.

When required the technical staff fabricate specialised apparatus using the Department's mechanical and electronic workshops.

A full-time computer officer manages the IT resources of the Department. The department network allows access to central resources such as Library catalogues, CD-ROM archives, e-mail and the Web, to which the University adds further open-access computing resources at a number of centres distributed round the campus. The University Computer Centre provides access to large statistical packages and other software as well as courses and technical support for both staff and students on most aspects of computing and IT. The Department owns a library of psychological tests and carries a number of journal subscriptions, which are available in the departmental Coffee Lounge.

The Clinical Psychology Unit is housed in a separate annexe consisting of a spacious and attractive Victorian house, alongside the main Psychology Building which has one large teaching room, and a study room with its own network of PC computers. Teaching is also scheduled in the Seminar Room of the main Psychology Building.

The Institute of Work Psychology is situated in purpose-built accommodation adjacent to the Psychology building with which it has close links. The research work carried out at the Institute aims to increase understanding of occupational wellbeing and effectiveness, and to identify factors leading to their enhancement. It has an international reputation and enjoys extensive links with industry.

1.3 Clinical Psychology Website

The CPU website: <http://www.sheffield.ac.uk/clinicalpsychology> provides information for potential applicants to the Programme, current trainees, supervisors and teachers. Website resources include access to the catalogue for the CPU resource library, IT news and help information, and links to useful websites.

A wide range of resources is available to trainees via MOLE (My Online Learning Environment). These resources include timetables, useful forms and Programme documentation in addition to teaching materials, and electronic reading lists.

1.4 The Strategic Health Authorities

The organisation of health services in the UK went through a major restructuring in 2006. The government merged the 28 previously existing Strategic Health Authorities (SHAs) to produce 10 new larger SHAs. From 3 October 2011 there will be a new national management framework. Three SHAs in the North of England including Yorkshire and the Humber will combine to form NHS North of England.

The current Strategic Health Authorities in which trainees usually undertake placements are Yorkshire and the Humber (Barnsley, Doncaster, Rotherham and Sheffield) with a total population of 5.04 million, and East Midlands (Lincolnshire, North Derbyshire, North Nottinghamshire, Nottingham and South Derbyshire) with a total population of 4.3 million. The responsibility for contracting for clinical psychology training on the Sheffield Doctorate programme is held by Yorkshire and the Humber SHA.

Sheffield Health and Social Care NHS Foundation Trust employ trainees at the University of Sheffield. The Trust is contracted to undertake duties in respect of employment by the purchasing body. Along with all other NHS Clinical Psychologists in SHSC, trainees are members of Psychological Services. The Clinical Tutors are also employed by the same Trust.

1.5 Programme Structure

The fundamental structure is a hybrid of day-release teaching, mini-teaching blocks (one, two or three weeks duration) and clinical placements. During the first year, trainees receive an introductory block (three weeks) consisting of academic teaching and clinical observation/familiarisation. This is normally followed by two five-month placements, separated

by a two-week miniblock although there are also a number of year-long placements in the first year. Whilst on placement, trainees attend the University for between one and three days a week during semester time. In subsequent years, trainees only attend the University one day a week during semester time, the remaining four days being for private study (1) and clinical work (3). The second year consists of two 5-month placements, and the final year has two five-month specialist placements, which may be combined. In the second year a three-week miniblock precedes the first placement and a one-week miniblock precedes the second placement. In the third year there is a single two week miniblock at the beginning of the year. The overall structure and important dates are listed in the Programme of Dates (see Appendix 13) and Table 1 provides information on the distribution of time for academic and clinical activity.

Table 1. Distribution of Days against Activities

	YEAR 1	YEAR 2	YEAR 3	TOTAL
Academic:				
Block teaching	20	16	8	44
Day release	47	25	29	101
Total	67 (26%)	41 (16%)	37 (15%)	145 (19%)
Clinical Placements:				
First placement	67	67	69	203
Second placement	79	73	72	224
Total	146 (57%)	140 (54%)	141 (56%)	427 (55%)
Study time				
Study days	44	73	55	172
Research days	0	4	20	24
Total	44 (17%)	77 (30%)	75 (29%)	196 (26%)

Note

- Holidays have been excluded. These are to be taken on placement or study periods. 1st year trainees have 27 days and 2nd & 3rd years have 28 days. Percentage of academic time is 22% after allowance is made for holidays.
- Clinical placement time includes pre-placement planning days.

1.6 Academic Framework

In line with the accreditation criteria, the teaching programme is delivered within a competency-based framework. The curriculum supports an integrative approach, emphasising core generic competencies, psychological models and evidence base, applications to specific client groups, and professional, ethical and service user issues. The academic programme also contains a strong research component. The programme is developmental with an emphasis on the acquisition of learning skills fit for the profession and at doctoral level, and that encourages life-long learning.

1.7 Clinical Placements

Clinical placements and the academic programme are organised to link in with each other, wherever possible. In the first year, placement experience is focused on work with individuals, in the second year with staff and carers and in the third year we hope to retain an elective element to placements, depending on the experience AND competency development the trainee has gained.

Year 1:

The first two placements are directed at obtaining experience of services with individuals, often for adults within Adult Mental Health, Older Adults, Health and Medical and Psychosis and Recovery services. There are some opportunities to undertake a year-long, integrated placement.

Year 2:

Placements three and four are directed towards direct work and work with staff and carers often in services for children, adolescents and families, and people with learning disabilities.

During Year 2, trainees are encouraged to begin the process of thinking about their Third Year Placements. Individual trainees consider their own training needs by reviewing their first four placements and the experience gained of various therapeutic orientations, of both hospital and community settings, and of different psychology departments. They must also consider the competencies they have developed and if they have particular needs in any competency area.

Year 3:

Depending on the experience AND competency development of the trainee there may be a range of optional placements available in the third year. These may include: psychosis and recovery, primary care, psychotherapy, neuropsychology, health and medical psychology, looked after children, palliative care and forensic work. Further more specialised work with the client populations worked with in the first two years may also be undertaken. The decision regarding third year placements will be made in liaison with clinical tutors to ensure all experiences and core competencies have been covered within the three-year training period.

Each placement generally lasts for approximately five months. However, at some point during training, and usually in the 3rd year, trainees should work with one client over a period of 6 months or longer. This requirement provides an opportunity for trainees to work in depth with a client and experience the processes of change as they unfold over time.. Such learning is most readily accomplished in a year-long placement

During the course of each placement, the Clinical Tutor meets with the trainee to discuss the Placement Plan section of the Assessment of Clinical Competence form and to review progress mid-way through at a mid placement meeting with trainee and supervisor at the placement base. At the end of placement, Trainee and Supervisor meet together to discuss the feedback forms, including the End of Placement section of the Assessment of Clinical Competence.

Trainees are based, wherever possible, for the majority of their clinical placements in commuting distance of the University. Whilst training needs are paramount, individual needs (e.g., health or carer needs) are accommodated wherever possible in the placement allocation process. Before commencing on the Programme, trainees are asked whether there are any factors which the Clinical Tutors should try to take into account when planning placements for the first year. Candidates should, however, be prepared to move both between local Psychology Services and occasionally to adjoining Regions for some placements. This may involve considerable periods of travel to and within the placement.

Placement experience and the development of knowledge and skills is planned and evaluated in accordance with HPC standards of proficiency and the BPS accreditation criteria. It is expected that trainees will take ownership of their learning needs on placement and will take responsibility for ensuring that the relevant sections of the Assessment of Clinical Competence form have been discussed and completed as far as possible prior to meetings with their clinical tutor.

A placement audit process is in place to aid evaluation of placement resources, supervision and opportunities to develop core competencies. Together with placement visits and other conversations, this can form a basis for discussion between trainee, supervisor and the Programme about the quality of learning provided on placement. It also provides feedback to supervisors to aid their own development. The supervisor is given the opportunity to comment on the feedback from the trainee. This process also assists Clinical Tutors in planning both future placements and supervisor training.

Further details on placements are available within the Supervisors' and Trainees' Information Packs. In addition a database of supervisors maintained in the Unit and trainees can direct specific queries to Clinical Tutors or Maxine Boon.

1.8 Assessment and Evaluation

Coursework is one of the fundamental foundations of the training scheme and exists to fulfil several important functions. First, assessment provides a system of standard setting whereby trainees are judged whether their academic and clinical performance is worthy of the award of a doctoral degree from the University. At the same time, it also serves a crucial role of

professional gate keeping to ensure that clients are not exposed to incompetent practitioners. Assessment also serves a second function whereby each individual's progress in meeting training objectives is assessed, and appropriate feedback and remedial action provided should this be required. Hence, the choice of assessment is important since it fulfils educational goals, in addition to providing standards for pass or failure.

It is important that trainees familiarise themselves with the detailed guidance on assessment given within the Programme Assessment Regulations and Coursework Guidelines and also the University Regulations within the University Calendar (<http://www.shef.ac.uk/calendar>).

It is also important that trainees familiarise themselves with the professional ethical and standards of conduct requirements as set out in the HPS Guidance on Conduct and Ethics and the BPS Code of Ethics and Conduct.

2 ORGANISATION OF THE PROGRAMME

2.1 Staffing

The Programme is a partnership between the University and local NHS clinical psychologists. Accordingly, staff associated with the Programme include members of the Department of Psychology, the Clinical Tutor team, clinical supervisors throughout South Yorkshire and East Midlands and members from other departments of the University. Clinical supervisors who make a regular contribution to planning, teaching or supervision for the Sheffield Programme are recognised, at the University's discretion, with the title of Honorary Teacher in Clinical Psychology. For further details about Honorary appointments please contact the Unit Administrator.

2.2 Staff Year Teams

Each cohort of trainees has a staff year team consisting of academic clinical staff and clinical tutors who will oversee their training throughout the 3 years. Staff in the team act as personal and clinical tutors and attend year group meetings for their year group. The aim is to develop strong and sustained relations for each trainee with a small number of the programme team.

2.3 Committee Structure

The Course Training Committee is the management committee for the Programme and meets four times a year. In addition, the Unit staff meet regularly on Monday mornings either as a whole team, in their year teams or in clinical tutor or academic staff meetings. The CPU Executive meets once a month.

The Course Training Committee (CTC) is responsible for the long-term strategic planning and management of the Doctorate of Clinical Psychology at the University of Sheffield. Its purpose is to provide a forum in which stakeholders associated with the Programme meet to plan, implement and review all aspects of Programme policy. The detailed implementation of the Programme policy is devolved via a sub-committee structure. The latter also includes regular meetings of the Programme Team. The Terms of Reference and membership of CTC are provided in Appendix 2.

The detailed implementation of Programme policy is achieved via the following sub-committees:

- Curriculum
- Selection
- Personal and Professional Development
- Clinical Practice
- Research
- Diversity and Patient and Public Involvement (Diversity Action Group)

Sub-committees are constituted by the CTC, and each has its own terms of reference and membership. Each sub-committee is directly accountable to the CTC and reports back regularly at its meetings. Other sub-committees may be formed at the discretion of the CTC.

In addition the Board of Internal Examiners reports back to CTC about general issues regarding assessment and the academic performance of trainees but its business and minutes are kept confidential from the CTC.

The CTC is accountable to the University via the Programme Director, the Head of the Department of Psychology, and the Pro Vice Chancellor of the Faculty of Science. The University is accountable to the purchaser via the training contract.

2.4 Other relevant committees and organisations

Departmental

There is a Psychology Department Staff Meeting, which meets every three weeks each semester and includes a postgraduate representative.

Regional

Local Branch of the Division of Clinical Psychology

This is the main professional advisory body in the Region. It meets throughout the year and organises a series of scientific meetings and other CPD activities.

Regional Special Interest Groups

These do exist for clinical psychologists working in the following services: Older Adults, Learning Disabilities, Child, Health Psychology, Psychosis and Recovery, Neuropsychology and Forensic. Trainees are welcome to attend these meetings.

National

Health Professions Council (HPC)

On 1 July 2009 HPC opened the Register to practitioner psychologists. This means that at the end of training you will need to register with HPC in order to practise as a clinical psychologist. HPC is the profession's regulatory body. HPC also approve and monitor practitioner psychologist programmes. The Programme is currently approved by HPC. HPC required us to have your consent for aspects of teaching; this was set out in the form you signed at the beginning of training.

British Psychological Society (BPS), the Division of Clinical Psychology (DCP) and the DCP Affiliates Group.

The BPS functions as both a learned society and also a professional institution. It is responsible for maintaining a voluntary Charter of Registered Psychologists. The profession of clinical psychology is represented by DCP. Trainees can be associated with the DCP either via the local regional branch, which organises regular scientific meetings or via the DCP Affiliates Group, which represents trainee clinical psychologists. Clinical Training programmes within the UK are also accredited through partnership by the BPS via the Committee for Training in Clinical Psychology (CTCP).

In order to enable professional development and to keep abreast of contemporary developments within the profession, trainees are recommended to become members of the BPS and to register provisionally as Chartered Psychologists.

Unite

This staff association represents the interests of clinical psychologists, and other graduate scientists, within the NHS. Trainees are eligible to join the union.

Other societies

Other relevant societies include the British Association for Behavioural and Cognitive Psychotherapy (BABCP), the Society for Psychotherapy Research, the Association for Child Psychology and Psychiatry, Young Minds, and the British Association for Family Therapy.

2.5 How do trainees influence the Programme?

Trainees contribute to the CTC either via their representatives or by sitting on the various sub-committees. Similarly, supervisors have access to the committee via their Service/Specialty Representatives, membership of the sub-committees or their Special Interest Groups who are represented on relevant sub-committees. Supervisors' comments and feedback are always welcomed by the Programme either informally or formally.

Clearly, the CTC is the appropriate formal venue for trainee feedback and suggestions for changes in Programme operation and policy. However, there are less formal but, hopefully, equally effective channels. These include informal contacts with Programme staff, and through representations to Personal Mentors, Personal Tutors and Clinical Tutors. There are specific opportunities within the Year Meetings to provide feedback and feedforward information on the academic teaching and other aspect of the programme through teaching feedback forms and the annual feedback survey.

Copies of the constitution of the Course Training Committee and the terms of reference of the various sub-committees are available from the Unit Administrator.

3 TEACHING AND CURRICULUM

3.1 Curriculum Design

The Programme's required learning outcomes are grouped into four areas: Knowledge and Understanding; Transferable skills; Subject Specific skills; Personal and Professional skills. These areas are linked to the four themes of the academic teaching:

Psychological Models, Theories and Evidence Base
Clinical Skills
Research Skills
Professional and Ethical Skills

These four themes run through the three years of training. They provide an overall structure to the syllabus, and are developmental in that the second year builds on skills and knowledge gained in the first year, and the third year similarly builds on first and second year teaching. Most of the 'core' teaching takes place in Years 1 and 2 and Year 3 provides opportunities for specialist teaching, as well as focusing upon consolidation of therapeutic skills and development of the skills required to provide consultancy, supervision, and clinical leadership. The Year 1 intended learning outcomes focus on working with adults, primarily in one to one work; Year 2 intended learning outcomes extend this to include working at the systems and organisational level, developing this work with children, families and people with a learning disability; and Year 3 intended learning outcomes include working with more complex issues, and extension and consolidation of learning and skills achieved in Years 1 and 2. More details about the intended learning outcomes and themes for each year are provided below.

3.2 Teaching Administration

Sharon Keighley, is responsible for managing teaching arrangements and can be contacted on 0114 2226570. Christie Harrison, is responsible for maintenance of online information/materials and can be contacted on 0114 2226650.

Staff, listed below, are responsible for the management of one year of the curriculum. Their role is to ensure the integration and coherence of the timetables by facilitating appropriate links between external speakers and by liaison with Programme team specialism links.

Year 1: Dr Lisa Berry and Dr Andrew Thompson
Year 2: Dr Lisa Berry
Year 3: Dr Andrew Thompson

Each specialism represented in the timetable has a designated course link from the academic or clinical tutoring staff. This team member maintains links with relevant Faculties and Special Interest Groups where appropriate, ensures appropriate coverage and advises curriculum organisers on appropriate external speakers.

3.3 NHS Advisors and Local SIGs/Faculty Chairs

To ensure the curriculum reflects current best practice and service developments, NHS advisors drawn from services, specialities Faculties and SIGs are invited to sit on the CSC. Specifically these advisors aid in the setting of teaching objectives and planning teaching content. They advise on identifying speakers and allocating teaching hours. NHS advisors also provide an additional link to local Faculties/ SIGs where appropriate.

A list of the current Programme team specialism links and NHS advisors is provided in Table 2.

Table 2. CSC and NHS Advisors

<u>Service/ Speciality</u>	<u>Course Team Link</u>	<u>Advisor</u>
Adult Mental health	Andrew Thompson	Teresa Hagan
Child/ Adolescent	Lisa Berry	Fiona Myles
Forensic	Lisa Berry/Andrew Thompson	Rhodri Hannan
Health & Illness/ Sexual Health	Pauline Slade	Maria Jarman
Learning Disabilities	Nigel Beail/Katherine Hildyard	Zara Clarke
Neuropsychology	Claire Isaac (TBC)	Hazel Reynders
Older Adults	Lisa Berry/Andrew Thompson	Sophie Payne
Personal & Professional Development	Gillian Hardy	TBC
Professional Issues	Liza Monaghan	TBC
Psychosis & Recovery	Georgina Rowse	Sue Martindale
Diversity	KathBoon/Andrew Thompson	Zara Clarke
Involvement	KathBoon/Andrew Thompson	TBC

NHS advisors link with the local faculty/ SIG where appropriate when planning the teaching.

3.4 Year One Curriculum

Psychological Models, Theories and Evidence Base

Aims

The overall aims of this theme are threefold, for trainees to have the skills, knowledge and values to 1) integrate psychological theory with practice; 2) recognise common forms of psychological distress in adults; and 3) develop evidence-based practice.

This theme is developed around the following areas of work:

- Adult Mental Health
- Psychosis & Recovery
- Older Adults
- Neuropsychology
- Health Psychology
- Forensic Psychology

Intended Learning Outcomes

- Knowledge and understanding of contemporary theory in clinical psychology and related fields
- Knowledge and understanding of evidence base related to health care and the promotion of physical and psychological well being
- Knowledge and understanding of specialist adult client group knowledge across the profession of clinical psychology
- Skills to generalise and synthesise prior knowledge and experience in order to apply them in different settings and novel situations
- Skills to evaluate the applicability of scientific literature for clinical practice
- Clinical and research skills to work effectively as a reflective practitioner and scientist practitioner

Clinical Skills

Aims

The overall aims of this theme are fourfold: to develop skills in a) establishing good working relationships with clients; b) a range of assessment methods c) developing psychological formulations; and d) a range of specific psychological interventions.

This theme includes the following areas of practice:

Psychological Therapies
Formulation
Interviewing Skills

Intended Learning Outcomes

- Knowledge and understanding of a range of models of assessment, formulation and intervention designed for individual clients
- Skills to apply scientific theory, models and evidence to clinical problems and data
- Skills to reflect on one's own clinical practice and scientific understanding
- Psychological assessment skills including: developing and maintaining effective working relationships and appropriate use of a range of assessment methods, including the use of standardised tests, interview and other structured procedures
- Psychological formulation skills including: integration of assessment information, psychological models and evidence and understandings and clients' perspectives; use of formulation to plan interventions; and revising formulations where appropriate
- Understanding of the theory and main concepts of level 1 psychological intervention

Professional and Ethical Skills

Aims

The overall aims of this theme are to develop trainees' awareness and critical understandings of the clinical, professional and social context of the professional practice of clinical psychology; to develop trainees' self reflective skills and to enable trainees to better manage the demands of learning within both academic and NHS settings.

This theme is, therefore, organised around three aspects:

<i>Personal:</i>	Personal and Professional Development Module
<i>Professional:</i>	Professional Issues Module
<i>Social:</i>	Working with Difference Module

Intended Learning Outcomes

Trainees are expected to gain the knowledge, understanding and skills in the following:

a) Personal:

- Supervisory methods and processes
- Skills to reflect on one's own clinical practice and scientific understanding
- Using supervision to reflect on practice and making appropriate use of feedback received
- Effectively managing own personal learning needs
- Developing skills to manage the impact of clinical practice and seek appropriate support when necessary, with good awareness of boundary issues

b) Professional

- Organisation and management structures within the NHS and other relevant health care and voluntary service settings, including current policies on health care planning, delivery and resourcing
- Communicating effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of audiences
- Development of an ethical and professional value base
- Skills to work effectively as part of a multi disciplinary team
- Skills to work collaboratively and constructively with colleagues and service users

c) Social

- The impact of difference and diversity on people's lives and its implications for working practices
- Skills to manage effectively issues of difference and diversity within clinical practice
- Understanding the inherent power imbalance between practitioners and clients and how to work in ways that are empowering

Research Skills

Aims

To equip trainees with the knowledge, skills and attitudes which will enable them successfully to initiate, conduct, collaborate with and advise others on research, service evaluation and audit as relevant to clinical practice within the NHS.

Intended Learning Outcomes

For trainees to:

- Be knowledgeable of research design; both quantitative (statistical) and qualitative methods
- Be able to conduct and monitor research projects.
- Be able to evaluate the quality of published research
- Be able to communicate effectively, and to the relevant audiences, research findings and the results of service evaluations

3.5 Year Two

Psychological Models, Theories and Evidence Base

Aims

The theme continues from the skills and knowledge gained in year 1. The curriculum in year 2 seeks to provide knowledge for effective clinical practice with people with learning disabilities and their carers and provides trainees with an understanding of the factors that impede psychological development and the ways in which young people manifest psychological distress.

This theme is developed around the following key topics:

- *Developmental Perspectives*
- *Social context*
- *Legal & Ethical Issues*
- *Service Provision & approaches*

Intended learning Outcomes

For trainees to:

- Be able to describe children, young people and people with learning disabilities from a developmental or psychological perspective
- Gain an understanding of systemic approaches to intervention(including family therapy) having due cognisance of various theories and therapies relating to family functioning and the impact of culture on these
- Be aware of social, legal and ethical issues relating to young people and those with a learning disability
- Be able to describe the client group from a psychological perspective
- Have an understanding of service provision and to consider its development from a historical perspective
- Have an appreciation of the current philosophical and ideological debates
- Be able to describe manifestations of psychological difficulty and distress
- Be able to describe the psychological frameworks applied to learning disability; to discuss evidence for their benefits and limits to their applicability
- Be able to use the concept of levels of intervention to understand how psychologists work at the interface between client and family; between client and staff; and between the client's organic impairments and their emotional response to them

Clinical Skills

Aims

Building on the skills developed during year 1 and year 2 aims to provide skills necessary for effective clinical practice with children and people with learning disabilities and their carers

Intended Learning Outcomes

For trainees to:

- Be acquainted with the various psychological interventions and therapeutic approaches appropriate to the age range stage of development, and to be able to formulate problems with this in mind
- Develop skills in engaging young people and people with learning disabilities in therapy.
- Be able to analyse the reasons for problem behaviours bearing in mind contextual issues that may be impinging, including race and culture, and to carry out appropriate behavioural interventions.

Professional & Ethical Skills

Aims

This theme continues from the skills and knowledge gained in Year 1. The curriculum in Year 2 extends trainees knowledge surrounding the organisation and delivery of clinical psychology services, and seeks to further trainee's ability to reflect on diversity and practice and how it is affected by the complex inter-relationship between their personal and professional development.

Intended Learning Outcomes

For trainees to:

- Have an appreciation of different models of service delivery
- Be able to describe services and organisations for children and families
- Be able to describe legal issues concerning services for children and people with learning disabilities
- Have an appreciation of equal opportunities issues and their implications for services
- Know the implications for working with "difference"
- Have an appreciation of organisational aspects of clinical practice
- Be able to describe ways of working indirectly with clients
- Better manage the demands of learning within both academic and NHS settings through
- Make use of a 'tool-kit' of self-care skills
- Use an ongoing and long-term (throughout the three years of training) experience of work within a reflective practitioner group facilitated by an outside practitioner
- Work with an identified mentor throughout the three years of training

Research Skills - II

Aims

To equip trainees with the knowledge, skills and attitudes which will enable them successfully to initiate, conduct, collaborate with and advise others on research, service evaluation and audit as relevant to clinical practice within the NHS.

Intended Learning Outcomes

For trainees to:

- Be knowledgeable of research design; both quantitative (statistical) and qualitative methods methods
- Be able to conduct and monitor research projects.
- Be able to evaluate the quality of published research
- Be able to communicate effectively, and to the relevant audiences, research findings and the results of service evaluations

3.6 Year Three

Psychological Models, Theories and Evidence Base

Aims

The theme continues and develops the skills and knowledge gained over years 1 and 2. The curriculum in year 3 seeks to expand trainees' knowledge about working with clients with complex presentations. It includes teaching workshops relating to specialist client groups, different ways of working and evidence base related to health care.

This theme is developed around the following key topics:

- Working with complex presentations
- Working with specialist client groups
- Working with different models of service provision

Intended learning outcomes

For trainees:

- To expand and deepen knowledge around working with specialist client groups
- To expand and deepen knowledge around different clinical approaches
- To expand knowledge relating to service provision

Clinical Skills

Aims

Building on skills gained in years 1 and 2. The aims in year 3 are to deepen knowledge relating to interventions previously covered and to broaden the range of interventions.

Intended Learning Outcomes

For trainees to:

- Broaden and deepen knowledge of models taught in years 1 and 2.
- To introduce a range of other models
- To consolidate clinical skills

Professional and Ethical Skills

Aims

This theme builds on the skills and knowledge gained in years 1 and 2. The curriculum in year 3 further extends trainees knowledge surrounding the organisation and delivery of clinical psychology services and prepares them for working as qualified clinical psychologists in the current NHS. It seeks to further trainees' ability to reflect on diversity, practice and self in relation to personal and professional development.

Intended Learning Outcomes

For trainees:

- To be able to critically appraise the ethical aspects of working in a complex organisation.
- To develop effective and appropriate interpersonal skills for the workplace.
- To be able to reflect on the ways in which aspects of diversity impact on our work as clinical psychologists.
- To have an understanding of the methods of clinical audit.
- To be prepared for the transition to qualified clinical psychologist

Research

Aims

To equip trainees with the knowledge, skills and attitudes to enable them successfully to initiate, conduct, collaborate with others and advise others on research, service evaluation and audit.

Intended Learning Outcomes

For trainees to:

- Be knowledgeable of research design and statistical methods (including computer packages)
- Be able to plan and monitor research projects and to identify common practical difficulties and pitfalls.
- To be able to communicate effectively, and to the relevant audiences, research findings and the results of service evaluations.

3.7 How the timetable is organised

Timetable content relating to clinical specialisms is reviewed by relevant Programme Team Links in consultation with NHS Advisors, Special Interest Groups/Faculties and Teachers. Proposed alterations and updates to timetable content are reviewed each year at the May meeting of the Curriculum Sub-Committee. Changes to the timetable will also be made as a consequence of trainee feedback, which is also reviewed at this meeting.

Provisional timetables, together with a programme of course dates, are circulated to Programme staff during June/July. Changes to the timetable are co-ordinated by the Curriculum Administrator.

A final timetable is circulated to trainees and supervisors by the start of the semester.

3.8 Course feedback from trainees and speakers

The aims of the feedback system are:

- To enable Programme team members and teachers to adjust the teaching programme appropriately, bearing in mind responses to structure, teaching style, organisation and presentation of content etc.
- To facilitate a more formal feedback process for trainees enabling them to highlight their perception of strengths and weaknesses of the teaching programme with the potential for making good any significant deficits or repetitions.

With respect to the first of these

- Trainees complete feedback forms (see Appendix 3) as soon as possible after sessions.
- Trainees are reminded on the forms to keep in mind the aims of the evaluation i.e. for comments to be constructive and helpful to the process of adjustment.
- These forms are collected weekly by one of the course secretaries who then makes one copy of them.
- The copy of the forms is then shown to the Year Organiser (Curriculum), and if felt to be appropriate sent on to the speaker as appropriate. If for any reason feedback is not sent to the speaker then it is the Year Organiser's responsibility to contact the speaker and discuss the feedback.
- The original forms are all kept in the main office.

Feedback about the overall teaching programme, gaps and overlaps etc. is obtained by year tutors within the year group meeting at the end of each semester and by the CSC representative for the year group. This information is fed back to the CSC to allow the relevant action to be taken.

3.9 Feedback from External Speakers

External speakers are also given feedback forms on which they are invited to give their views on the planning and co-ordination of their input with the module co-ordinator, and the adequacy of the background information and facilities required for their teaching. They are also asked about the interaction with the trainees, and whether they are happy to teach subsequent years (see Appendix 4). This feedback is collated to allow general themes to be identified and where appropriate acted on.

3.10 Information for External Teachers

Teachers are invited by the Curriculum Administrator. If the speaker has taught on the course before, they are sent a re-invite email. Teachers wishing to discuss the content of their session or how it fits with the overall teaching should contact the year organiser (Year 1 Dr Lisa Berry l.berry@shef.ac.uk and Dr Andrew Thompson a.r.thompson@shef.ac.uk; Year 2 Dr Lisa Berry and Dr Andrew Thompson, Year 3 Dr Andrew Thompson).

Expenses and fees

Information on expenses and fees is available on the website www.shef.ac.uk/clinicalpsychology/information-for-externalspeakers.

Confirmation letter

When suitable times and dates are agreed a confirmation email is sent out by the Administrator. Further information is available on the Clinical Psychology website: www.shef.ac.uk/clinicalpsychology/information-for-externalspeakers.

Recognition as an 'Honorary Teacher of Clinical Psychology' within the Department of Psychology

It is recognised that the success of the DClin Psy Course is dependent upon the significant contribution to teaching and supervision by clinical psychologists working within local Services. The University wishes to recognise and reward such individual contribution by awarding the title of Honorary Teacher in Clinical Psychology. Honorary Teachers receive an Associate

UCard entitling them to use University computer facilities to access library resources, which can be done either on site or remotely from home. They also gain access (on request) to the CPU intranet (MOLE) where they can view all teaching materials. Another benefit is the right to use the USport Facilities (on payment of fee).

Criteria

Individual clinical psychologists may apply to the Course for recognition as an Honorary Teacher of Clinical Psychology. The Course Executive Group considers applications at any time. Recommendations are passed to the Faculty of Science for approval via the Head of the Department of Psychology and an approved list of names is published in the University Calendar. To make an application you should write to the Course Director, with evidence that you meet one or more of the following criteria:

- i) A *significant contribution* to the profession of clinical psychology within the region (e.g. Head of Psychology Service)
- ii) A *significant contribution* to the organisation of the Course (e.g. member of the CTC or subcommittees)
- iii) A *significant contribution* to teaching on the Course (providing regular teaching sessions or acting as adviser in a particular teaching area)
- iv) A *significant contribution* to placement supervision (e.g. offering *regular* placements)
- v) A *significant contribution* to trainee support (e.g. *regular* personal mentor).

An individual decision may be based upon all five criteria mentioned above. A significant contribution is usually regarded as a regular commitment of *at least two years*. The decision of the Executive Group will be final as regards any individual's recommendation.

Please send your letter of application together with a brief CV by email to c.a.gillespie@shef.ac.uk

Further guidance for teachers

• Teaching Style

Our current intake is now 18 trainees in year 1 & 2 and 20 trainees in year 3. Teaching presentation is likely to be in the style of a short formal lecture that will be complemented by tasks that involve the trainees in active learning, such as small group and syndicate work, demonstrations, role plays and other trainee-focused exercises.

Teachers should be sensitive to the possibility that their teaching may be distressing for trainees. Sometimes particular topics (e.g. bereavement, profound learning disability, self-harm, severe chronic illness) may be inherently distressing and the Programme would suggest that presenters are sensitive to these issues and allow trainees the opportunity to explore them within the teaching session. It may also be appropriate for trainees to take away with them to their Personal and Professional Development sessions, certain themes or topics that have been identified as difficult or challenging.

Occasionally, trainees will be sensitive to topics or issues due to their own personal experiences or history. If this is anticipated as an issue, they should discuss it further with either their academic or clinical tutor, or the speaker and if necessary, should leave the session. Trainees should be advised to say where they can be found if they need to leave a session, and if possible, to try and return to the session before it finishes if they feel able to.

• Learning Outcomes

Prior to your session please email us a short summary of the teaching content together with the specified learning outcomes. Please ensure that the learning outcomes are inserted at the beginning of your presentation. There should be approximately three learning outcomes per session, which will relate to what trainees should be able to do or know following the session.

• Reading list

Please provide a reading list. Ideally this should contain at least one good introductory review and two recommended readings. Please leave a copy in the office for our resource files.

• Photocopying teaching materials

We can produce photocopies of any teaching materials you wish to distribute to the trainees, providing these are received **at least a week** prior to the teaching date. If you bring any teaching material with you to give to the trainees on the day, could you please leave a copy in the office for our resources file. All handouts will be printed 6 slides per page and double sided, unless you request otherwise.

- **Electronic Presentations**

We would like to put a copy of any electronic presentation, which you have used for teaching, onto MOLE (My Online Learning Environment): the trainees' intranet. This is not accessible to anyone other than trainees and staff. We will save any documents as pdf files, so that they cannot be modified. If you would rather not have your presentation accessible in this way, please let us know as soon as possible.

- **Involvement**

Please consider how you might bring into your session an experiential element to the user being covered. This might include co-presenting with service users or asking service users to lead on a particular aspect of the session. It might also involve the use of personal disclosure and DVD or audio material. Please let us know in advance if you intend to work with service users so that their contributions are acknowledged on the feedback form etc. It is possible to reimburse service users for their contribution and various methods of payment are available.

- **Feedback**

A feedback system operates to enable trainees to give their views on your teaching session. A sample questionnaire is available from our website. To encourage as many trainees as possible to provide feedback, we would be grateful if you could distribute copies of the feedback questionnaire at the beginning of your session. These will be provided for you when you arrive. We will send copies of the completed questionnaires on to you. It is useful if you can allow 5 minutes at the end of your session for trainees to complete the feedback forms.

We will also provide a form for speakers to give feedback and we would be grateful if you could complete this and leave in the office or in the 'bin' used to collect feedback forms. Please note this feedback is not given back directly to trainees but is reviewed by staff and points noted may be raised with trainees by year team staff during a year group meeting. If you wish to provide verbal feedback directly to course staff or wish to discuss your teaching please contact Sharon Keighley on 0114 2226570 or s.keighley@sheffield.ac.uk, who will be able to direct you to the appropriate person.

- **Diversity**

Issues of diversity are important factors that influence clinical theory and practice. The Sheffield course supports the integration of these issues across all aspects of the teaching. Although there are a number of sessions which specifically address these issues it is envisaged that all speakers will give some consideration to them in their teaching. The Course has produced a document to assist you in incorporating information and discussion of diversity issues into your teachings sessions and this is available in the Course Handbook.

- **Clinical Formulation**

Formulations underpin our clinical work and are the link between theory and practice. The Sheffield Programme provides a number of sessions covering the general principles underlying clinical formulations. However, it is envisaged that all people teaching will consider issues of formulation within their session. The Programme has produced a document summarising the content of the formulation sessions and some ideas for incorporating formulation issues into lectures (See Appendix 6)

- **Parking and Equipment needs**

Please let us know if you require a parking space reserved for you in one of the University's car parks and we will send you a permit. A PowerPoint projector, video equipment, overhead projector and flip chart are provided in all teaching rooms. We will assume that you do not require anything further unless we hear from you to the contrary.

4 RESEARCH TRAINING

4.1 Introduction

The research programme is overseen by the Director of Research Training, with assistance from the Research Support Officer. Research training and practice is one of the major emphases of both the programme and Unit as a whole.

All academic staff are research active and the programme has sought to develop active research collaborations with colleagues within the Department of Psychology, The School of Health and Related Research (SchARR), the Centre for Psychological Services Research (CPSR), the NHS, local and national Voluntary Agencies and charities (for a fuller description of collaborations and research activity see the staff web pages; publications board; and Staff Research Booklet).

4.2 Aims and purpose

The object of the research programme is to equip trainees with the knowledge, skills and attitudes that will enable them successfully to initiate, conduct, collaborate with and advise others upon research and service evaluation. It is intended that the quality and relevance of such research will, in the longer and shorter term, contribute to the quality of care provided by the National Health Service and further the knowledge base of the profession of Clinical Psychology.

Trainees are required to carry out research associated academic work (single case and service/need evaluations) derived from issues or needs arising on placement, and to carry out their major project in an area applicable to the Unit's research priorities as described above.

4.3 Outline of the teaching programme

The Research Skills Curriculum outlines the nature of the taught component of the research programme and illustrates the balance given between quantitative and qualitative methods, the importance of ethical considerations, Research Governance and data protection, teaching on single case methodologies and service evaluation, identifying and critically appraising literature, statistics, public and patient involvement, and writing-up and dissemination.

In keeping with the importance of this aspect of clinical training, relevant teaching commences in the first year and continues throughout the course. There is a consistent emphasis upon research methods that are applicable to the practical issues that arise in health care settings. The teaching is oriented towards the acquisition of useful skills, a realistic perspective on applicable research, and sensitivity to ethical issues. Teaching during the research module includes consideration of ethical and governance issues in research and provides trainees with an understanding of the importance of NHS research ethics and governance procedures. Trainees also participate in workshop style training that has the specific learning objective of developing professional responsibility and proficiency in line with the British Psychological Society's code of conduct and ethical guidelines and The Health Professions Council Standard of Conduct, Performance and Ethics and Standard of Proficiency for Practitioner Psychologists.

4.4 Summary of procedures for selection of research topics and supervision of projects

Trainees are required to choose a topic area related to potential University supervisors' and their NHS collaborators' interests. This emphasises the importance of appropriate supervision and support. Academic and Honorary Academic staff interests are described in a staff research booklet (circulated annually early in year one). Research active staff also provide seminars where their interests and expertise are presented.

Trainees are encouraged to approach potential supervisors to initiate preliminary discussion of possible projects following the circulation of the staff research booklet. Trainees are required to submit a request for an academic supervisor in early May of the first year. On the basis of

this academic supervisor/s are assigned (usually by the mid of May). In addition, a liaison supervisor who will typically be a NHS clinician may also be identified. In September at the beginning of the second year, trainees are required to submit a full-project proposal for review, so as to ensure the viability and quality of the research, together with costings and a detailed timetable of the work. All roles of those involved in the research are explicitly specified in a research contract that forms an appendix within the research proposal. The protocol is independently reviewed by two academic members of staff, and an independent statistical expert. Trainees then attend a protocol review meeting with the reviewers in October. Following this they are provided with detailed feedback and required to make alterations to their proposal accordingly, prior to receiving approval to proceed with the project. These procedures are outlined in detail in the Guidelines on the Research Thesis within the Assessment Regulations and Coursework Guidelines booklet and additional supporting information is provided within teaching and is available on MOLE.

4.5 Research governance (scientific review) & the site file

All research undertaken by students at the University must be registered on the University system (URMS). Research taking place within the NHS requires scientific review and registration by the participating Trusts. The internal approval process of the programme meets the national criteria for peer review of research proposals and therefore we have arranged that projects successfully approved can apply for 'chairs action' from the local NHS Trusts (Sheffield Health and Social Care Trust (SHSC), Sheffield PCT, Sheffield Teaching Hospitals Trust (STH) and Sheffield Children's Hospital (SCH)).

All research undertaken may be audited to ensure that good governance and ethical procedures have been adhered to. To enable audit trainees are required to maintain an ongoing research site file, which must be kept for a minimum of five years following completion of the research. Detailed information relating to the preparation and maintenance of this is provided with the Assessment Regulations and Coursework Guidelines Handbook and on MOLE.

4.6 Research indemnity

Trainee projects are automatically covered by the University of Sheffield insurance. For trainee projects sponsored by the University (most projects) confirmation of indemnity should be covered by the conditional sponsorship letter issued when the project is registered on URMS. For projects sponsored outside the University, confirmation of indemnity may need to be sought from the specific NHS sponsor. Please see the Research Support Officer with any queries.

4.7 Research funding

A research budget (of up to £500) is available where necessary to assist the conduct of high quality research. All expenses must be justified and specified in advance. If additional funding is required trainees should liaise closely with their supervisor/s who will be able to assist if possible in seeking funding in the from external bodies (charities, research collaborators; NHS Trusts).

4.8 Statistical and computing advice and facilities

Statistical software (SPSS and SINGWIN) is available on computers within the Unit's computing room, as well as software for the management of references (ENDNOTE). These facilities are for the exclusive use of the trainees. In addition, trainees have access to MAC facilities within the Department of Psychology and also the University Computing Service.

Additional statistical consultation is available from an independent statistical consultant (Dave Saxon, d.saxon@sheffield.ac.uk) and trainees are advised to make use of this additional expertise in preparing their research proposal.

5 CASE PRESENTATIONS, RESEARCH PRESENTATIONS, YEAR MEETINGS AND SEMINARS

5.1 Introduction

Several different seminar slots and meetings are incorporated into the timetable. Their overall purpose is to provide more informal opportunities for learning and also to facilitate communication within the course. During all three years trainees participate in case presentations.

5.2 Guidelines for Case Presentations

Case Presentations are a mandatory part of the course. They provide an opportunity for trainees to develop their presentation skills and to benefit from discussion of clinical work within a peer group setting. Presentations are also attended by a member of the staff year team. Trainees will be required to assess their own performance and will receive formative feedback from the staff member. Whilst this is not part of the formal assessment process, trainees' self-evaluation and the tutor's comments can be used to inform the annual Personal Review process.

The *aims* of the case presentations are to provide an opportunity to present and share clinical work with other trainees. Specifically to:

- present clinical formulation embedded within the available evidence based literature
- facilitate discussion of clinical work, allowing new ideas to be considered
- self-evaluate and obtain feedback on presentation skills

Presentations will be timetabled according to the following structure:

Year 1

Trainees will present to their own year and will also receive timetabled slots to hear case presentations from Year 2 trainees in mixed groups (Yr1 & Yr2).

Year 2

Trainees will present to a mixed group of Year 1 and Year 2 trainees and will also hear case presentations from Year 3 trainees in mixed groups (Yr2 & Yr3).

Year 3

Trainees will present to a mixed group of Year 2 and Year 3 trainees.

Procedure

- Ensure that you are aware of the presentation sessions in the timetable and when you are due to present yourself (this will appear as a list on your notice board).
- Select a piece of work to be presented. This would usually be a piece of individual work although one of the three presentations may be focused on group interventions, staff training or consultation (see note regarding third year presentations below). If in doubt please seek advice from your personal/clinical tutor. **The presentation should last about 15-20 minutes, allowing 10 minutes at the end for discussion.**
- **Trainees should complete the self-evaluation form (available on MOLE) within a week of their presentation and return this to the member of staff who will add their feedback.** This form will then be returned to the trainee and a copy will be kept on file as evidence that this part of the course has been completed, and for use in the Personal Review process. Trainees can arrange to meet with staff members if they would like to discuss the presentation or feedback. Trainees may also if they wish seek feedback from the trainee group and include this on their form.

Choosing work to present

The following points may help you to choose work to present:

- The case presentations are designed as opportunities to practice presenting to others and to share and discuss clinical work. *Any* case can be suitable. The work *does not* have to be perfect, with a successful outcome, and extensive notes. An early or provisional formulation may be sufficient (although *some* attempt at a formulation should be presented). An unsuccessful case, or one where a therapist is feeling "blocked", or progress differs from what is expected on the basis of the available evidence base, may be a good basis for discussion. A "good" case is one with opportunities for the presenter and the group to learn mutually from the presentation. Appropriate self-disclosure and consideration of issues of diversity and interprofessional issues is encouraged.
- The case presentation session should be used to explore work other than that described in your case studies as the case presentations are conceived of as being independent from the case study. The presentation provides an opportunity to focus in depth on an additional piece of coursework, explore dilemmas, gain ideas and enhance the breadth of training.
- If you have any further queries about case studies or case presentations, please contact your clinical or personal tutor.

Structure

Presentations should usually be on Powerpoint but other methods of presentation can also be arranged with prior consultation with the office staff and facilitating member of staff. **Trainees should ensure that presentations are appropriately anonymous.** There is not a set structure to the presentations and the following headings can be used as a guide for preparation:

Assessment only work:

- Reason for selection of this work for presentation and aims
- Referral - method of referral; referral agent; information available; reason for selection of this work for presentation.
- Assessment - rationale for selection of assessment procedures; what alternatives were considered but rejected and the rationale for this; the construction and development of instruments where appropriate, any literature suggesting that they might be effective in answering the assessment questions posed.
- Assessment findings and interpretation. Identification of problem(s) and strengths - major and subsidiary problems; problems not identified upon referral; problem for whom; existing coping strategies; diversity issues?
- Formulation(s) in psychological terms (with reference to the literature and relevant NHS or BPS guidelines). Rationale for future intervention and implications for the client (in terms of risk management or/and treatment choice).
- How information was communicated (e.g. letters, reports, verbally) to others (including client, colleagues, referral agent, significant others).
- Perspective of the service user(s) on the work carried out.
- Summary of what has been learnt.

Assessment & intervention work:

Any of the above plus:

- Intervention options considered - relationship to formulation(s) and to the literature and relevant guidelines.
- Nature of any intervention process; nature of the therapeutic relationship.
- Reformulations and revisions of intervention where appropriate.
- Maintenance - how planned; what follow-up expected; preparation for relapse.

- Evaluation of outcomes - how measured; how effective and in what way; side effects (positive and/or negative); present data to back up your conclusions.
- Any communications back to referral agencies.
- Critical assessment of the case – what might be different in hindsight; any alternative formulations or strategies that might have been considered; could work have been more effective; how unsuccessful work is accounted for; was choice of outcome measures the best?

All case presentations should include some consideration of relationships and process issues, as well as diversity and interprofessional issues evident in the work.

Time should be available for discussion at the end of the presentation. The trainee who is presenting would normally facilitate this.

Note regarding Year 3 case presentations.

In Year 3 trainees may choose to present an overview of clinical work in a specialist placement. The aim of these presentations would be to provide trainees with the opportunity to learn more about ways of working in different specialties enabling them to make links between the ways which trainees work on their own placement setting and ways of working in other domains. The following may be considered when making such a presentation:

- information about the clinical settings/ team
- the nature of the referrals
- any indirect work or consultation
- discussion of any new theoretical models/ approaches that may be unique/ particular to the setting, e.g., physical health, forensic settings, etc.
- typical presenting clinical issues, which could be illustrated with case vignettes, or more detailed case formulations
- consideration of a service development or community psychology perspective

Please note that it is a course requirement to do a presentation each year. If you are unable to present due to illness, annual leave etc., you should arrange an alternative presentation slot in consultation with your year group and staff team.

5.3 Guidelines for Research presentations

Introduction

Research Presentations are timetabled in year 2 to facilitate the development of feasible protocols. They also provide an opportunity for trainees to further develop their presentation skills and to benefit from discussion of their planned research within a peer group setting.

The year group will be divided into two groups for presentations slots in advance of the presentation dates. Presentations are also attended by an academic member of the programme team, usually one of the research tutors, who will also contribute to the discussion.

All trainees are expected to present regardless of where they are up to in the development of their research plans/protocol. Trainees at a very early stage might use the space to help consolidate their thinking about the available options. **Trainees will be required to complete a self-evaluation form (see below).**

Aims

The aims of the research presentations are as follows:

- To provide an opportunity to present the work in progress towards the development of a feasible study.
- To provide an opportunity for peer and tutor support in the development of a feasible study.
- To provide an opportunity to further develop presentation skills.

Procedure

- Ensure that you check the timetable for your presentation time (the research presentation day will usually be around the same time as the study week in year two).
- **The presentation should last about 15 minutes, allowing 10 minutes at the end for discussion.**
- You may use the space to request future peer support (for example if volunteers are needed for inter-rater reliability or auditing are required).
- **Trainees should complete the self-evaluation form (available on MOLE) within a week of their presentation and return this to the member of staff who will add their feedback.** This form will then be returned to the trainee and a copy will be kept on file as evidence that this part of the course has been completed, and for use in the Personal Review process. **Trainees/tutors need to ensure that a copy is given to Carole for this purpose.** Trainees may also if they wish seek feedback from the trainee group and include this on their form.

Structure

Presentations should usually be on Powerpoint. The **structure** of the research presentations is flexible but the following points of guidance will be helpful in considering what to present:

- a brief critical review of the extant literature
- a rationale for why the proposed study is worthy of being conducted (this might include theoretical and clinical implications)
- discussion of progress on methods (this may include presentation of a variety of options that the trainee is considering)
- this would usually include details of design
- proposed procedure (selection; inclusion/exclusion criteria; sampling)
- measurement options
- proposed analysis
- there would normally be consideration of service user involvement (how can this be, or how is this being facilitated?)
- there would normally be consideration of the ethical issues that might arise and how these will be addressed

Additional guidance as to what might be presented may be found in the notes on preparing a protocol. *It is helpful to show your planned presentation to your research supervisor/s in advance of the presentation for feedback.*

5.4 Year Meetings

Purpose

Year meetings serve two main functions. Firstly, they are a regularly scheduled opportunity for all trainees to give feedback to staff about the course and raise any issues of concern in an informal atmosphere. Secondly, they provide an opportunity for staff to give information about any changes being contemplated, to raise any of their concerns and to ask for trainee comments on specific issues. The aim is to facilitate open, effective and constructive communication. Issues raised by trainees in this forum will be subsequently discussed by the course team and any decisions fed back either prior to or at the next year meeting.

Frequency of meetings

Two meetings are scheduled for each semester for years one and two, and one for year three. Members of the staff year team will be present at these meetings throughout the course for each group of trainees. Any other member of the course team may also attend (given sufficient notice and taking account of other commitments) if there are specific issues, which require their input.

Organisation of the meetings

Trainees should choose a chair and secretary among themselves for each meeting if possible. Items for discussion would need to be submitted to the secretary a week before the meeting. The secretary will need to circulate the agenda by lunchtime on the day of the meeting. A copy of word processed minutes should be emailed to the Course Administrator within 7 days of the meeting and these will be circulated to the Course Team. The functions of the chairperson are to summarise the discussions and keep the meeting to time.

5.5 Clinical Psychology Seminars

A programme of seminars is organised throughout the year normally on a Monday or Tuesday from 4.00 - 5.00 pm. University staff and NHS psychologists from local services are also invited. The programme is planned in conjunction with the Centre for Psychological Services Research in order to present a broader but integrated programme of speakers. Speakers are invited to make a presentation based on recent developments in psychological knowledge. All trainees and course staff are encouraged to suggest names of speakers and appropriate topics (suggestions to Lisa Berry (l.berry@shef.ac.uk) or Andrew Thompson (a.r.thompson@shef.ac.uk)) who organise the seminar programme. **Seminars form a standard part of the teaching programme and as such attendance is mandatory for trainees on a teaching day. Other trainees are also encouraged to attend if a seminar falls on their study day or at the end of their placement day. Staff and trainees are invited to meet up for an informal 'drink' with the speaker following the seminar.** Further details of forthcoming seminars are available on the CPU website <http://www.shef.ac.uk/clinicalpsychology/news>.

6 PERSONAL AND PROFESSIONAL DEVELOPMENT (PPD)

6.1 Introduction

This information provides an overview of the Programme's policy regarding personal support and professional development as discussed and agreed by the Course Training Committee. This information is available to trainees, Programme staff and supervisors. Implementation of the components of the policy is monitored and evaluated by the Personal and Professional Development (PPD) Sub-Committee. We wish to emphasise that there are opportunities for trainees to strongly influence the discussion and implementation of policy changes and this can be achieved through representation on the PPD subcommittee.

The Programme is committed to enabling the personal and professional development of trainees throughout the three years, and regards this area of training as an essential foundation for future professional development and practice. The Programme staff recognise that throughout the three years of the Course, trainees face a variety of challenges that are an *ordinary* consequence of professional training as a clinical psychologist and that these issues are relevant to both trainee and qualified psychologists.

The Sheffield Programme aims to meet some of these needs via the PPD module, which is overseen by the PPD Sub-Committee. Membership of the Sub-Committee comprises an academic programme team member, a clinical tutor representative and trainee year representatives. People teaching on the module and other programme team members are welcome to attend.

To be effective, aspects of the PPD training require confidentiality for trainees so that individual concerns can be freely expressed without fear of adversely affecting the trainee's standing with the Programme. On the other hand, it may also be necessary for the Programme Team to be made aware of specific issues arising for trainees out of the training process and to have the opportunity to influence the contents and conduct of the module. This balance between confidentiality and communication is an integral part of the PPD process and the PPD Sub-Committee is a useful forum to discuss the way safe and appropriate information is exchanged between the PPD parts of the Programme and the Programme Team.

6.2 Aims

At the centre of PPD module lie three interconnected aims: the importance of learning about self; learning about self in systems and groups; and learning the professional requirements of working as a clinical psychologist. With the first aim, it is considered that the role of the clinical psychologist involves actively working alongside people and systems in distress. Learning about such processes will undoubtedly affect the personhood of the trainee as they develop strategies and skills to manage these processes. Personal development in the role of the clinical psychologist is therefore considered an essential focus of training. The second aim, which underpins PPD is to provide trainees with an opportunity to learn about different types of relationships and people in systems and our responses to them.

These aims are supported through the following:

6.3 Informal Support

The Programme staff hope that by adopting a positive and open attitude to personal support, trainees will feel able to approach any member of the Programme Team or their supervisor for advice on both professional and personal issues. It is up to the trainee to negotiate and establish how confidential or open these discussions can be. For new trainees either prior to or at the very start of their training, a "buddy" system of existing Sheffield trainees is available and organised by the trainees themselves.

6.4 Personal Mentors

The Programme recognises the need for both trainee and qualified psychologists to have opportunities to discuss personal and professional issues, which arise from clinical practice in a confidential and non-evaluative setting. Accordingly, the Personal Mentor scheme has been designed to provide trainees with the opportunity to meet regularly to discuss such issues with an individual who is outside of the formal framework of the Course but who as a qualified clinical psychologist is aware of, and sympathetic to, the needs of trainees. The content of these discussions is to be negotiated but might include: professional development, placement experiences, personal issues, academic progress, and difficulties with the Course etc. It should be emphasised that Personal Mentors are an additional source of support for trainees, and should not replace the usual relationships or functions offered by supervisors, Clinical Tutors and other members of the Programme Team. **Meeting with a Personal Mentor is a mandatory part of the training process.**

The following notes are intended to answer questions about the scheme, both for trainees and Personal Mentors.

Aims of the Personal Mentor Scheme

The aim of the scheme is to provide trainees with the opportunity to meet regularly with a qualified clinical psychologist throughout training to discuss their personal and professional development, in a confidential and non-evaluative setting. It is meant to be a source of personal support, which is available throughout training rather than a crisis support system for trainees experiencing difficulties. However, it is hoped that trainees who are encountering such difficulties will feel able to approach their Personal Mentor for additional support. It should be stressed, however, that Personal Mentors are not available as personal therapists, but might act as an advocate for the trainee to ensure an appropriate referral via the Programme if such action is required.

Who are Personal Mentors

Personal Mentors are qualified clinical psychologists who have expressed an interest and willingness to act in this capacity. Eligibility to occupy the role of mentor includes both a commitment towards supporting trainees through the training process and that the mentor has at least a year's experience of working within the NHS. New trainees are allocated a Personal Mentor by the Chair of the Personal and Professional Development Sub-Committee and/or a Clinical Tutor. The process by which mentors are linked up with trainees is done on the basis of a number of factors, e.g. practical considerations such as minimising travelling time.

Who manages the process?

Once Personal Mentors have been allocated, the Chair of the PPD Sub-Committee will inform both parties. The trainee should then take the initiative in contacting their mentor and arranging the initial meeting. It is recommended that particularly during the first year of training, trainee and mentor should meet at least twice a term. It is the trainee's responsibility to arrange meetings and keep in touch with their mentor. We suggest you make first contact within 2 weeks of receiving their details.

Experience suggests that initially it is useful to meet regularly every one or two months so that the trainee and Personal Mentor can have a chance to get to know each other. This might prevent the trainee feeling that there has to be a major problem before they can meet with their Personal Mentor. After the first year of training, meetings should be arranged on the basis of trainee needs and the need to maintain the supportive relationship. It is important that the trainee's needs in relation to the frequency of meetings be discussed with their Personal Mentor. The trainee should take responsibility for negotiating this with their Mentor.

It is expected that the Mentoring meetings will last throughout training. The boundaries of the relationship and frequency of meetings after the first year are negotiable between mentor and mentee, but discussion of, and agreement on, these are essential. Sometimes trainees have found email contact helpful. Trainees are invited to discuss any difficulties with their personal tutor and/or the Chair of the PPD Sub-Committee.

The expectation is that trainees will visit their mentor during placement time. It is recommended that this is negotiated between trainee and supervisor during the Initial Placement Visit and included in the Placement Contract. Travel expenses can be claimed in the usual way.

Can a Trainee change his/her Personal Mentor?

Yes. Either by asking the Chair of the PPD Sub-Committee to suggest someone, or approaching someone else directly. This may be done at any time. If difficulties arise between the mentor and the mentee, which cannot be satisfactorily resolved, another mentor can be allocated via the Chair of the PPD Sub-Committee.

What about confidentiality?

The Personal Mentor / Mentee relationship is considered a confidential, distinct relationship. Exceptions to this might be when the Personal Mentor, after a full discussion and negotiation with the trainee, contacts a member of the Programme Team to raise an issue which the trainee is unable to deal with him/herself. Similarly, at the trainee's request, a member of the Programme Team may alert the Personal Mentor to issues affecting the trainee.

In addition, Personal Mentors and trainees have a professional responsibility to break confidentiality should any risk or professional malpractice issues arise. These should be discussed with the trainee's clinical tutor in the first instance.

Mentoring around specific minority group issues

Occasionally, trainees from a minority group may wish to receive mentoring around specific issues from a clinical psychologist from that group. If this is the case, trainees should approach the Chair of the PPD Sub-Committee.

6.5 Personal Tutor System

Each trainee is allocated a member of the Academic Course Team who acts as a Personal Tutor. The Personal Tutor will be a member of a trainee's Staff Year Team. The role of the Personal Tutor is to act as a contact within the Programme Team to guide, help and support the trainee and includes:

- Facilitating successful completion of training together with a trainee's Clinical Tutor.
- Acting as a first point of contact for the trainee, should an issue arise.
- Providing general academic guidance and personal support to the trainee.
- Acting as a gateway to other support services provided within the Course Team or by the University.
- Undertaking annual Personal Reviews of a trainee's progress together with the trainee's Clinical Tutor.

Frequency and Format of Meetings

The initial meeting between a Trainee and Personal Tutor will be an individual meeting and will usually take place within the first two weeks of term in the first year. Other meetings will take place in a small group format with a maximum of five trainees in each group. In the first year, trainees will have one individual meeting and one group meeting per term. In the final term, there will be a group meeting and the individual Personal Review which will also involve a trainee's Clinical Tutor. Timetabled individual meetings will necessarily be brief but will allow issues to be raised and a further meeting to be planned if necessary. Outside these timetabled meetings, trainees are free to arrange individual meetings with their Personal Tutor or to initiate contact via email as necessary. As they form part of the teaching timetable, a record of attendance at Personal Tutor meetings is maintained. Therefore, trainees should ensure that they comply with the appropriate absence procedure if they cannot attend a timetabled meeting.

The content of meetings is not fixed. However, it is likely that some group meetings will focus on particular pieces of coursework. Trainees are free to bring academic or other queries relating to the Course or to bring more personal issues as they wish. Common issues

discussed in the first year are the Short Answer Questions and the title for the ACP1 Literature Review. Personal Tutors may also read and comment on draft work (see Page 7 Assessment Handbook). Trainees are required to give at least two weeks for a Personal Tutor to read and comment on drafts. Personal Tutors do not normally mark the work of their tutees.

Personal and clinical tutors will be responsible for regular review meetings. They are based upon a self-review format and focus on clarifying individual training objectives, providing feedback on performance, overseeing professional development, advising on career options and eliciting feedback from the trainees on the Programme. Personal tutors, if requested, can act as advocates for trainees.

Wherever possible, a trainee will have contact with the same Personal Tutor throughout their training. There are circumstances, however, where this is not possible (e.g. study leave, staff changes). In these circumstances, the Programme will allocate the trainee another academic member of the Programme Team who will take on the Personal Tutor Role.

The trainee has the right to request a change of Personal Tutor under some circumstances (see below).

Confidentiality

Personal Tutors will provide brief reports to the Programme Team and Exam Board about the progress of individual trainees and may take on the role of advocate if necessary. In relation to more personal information, a Personal Tutor would normally always discuss with the trainee the sharing of information. It may be necessary to share information with the Programme Director, Director of Clinical Practice and the Chair of the Exam Board. All information will be handled in a sensitive way. In the event that information is shared with members of the Programme Team, information will remain confidential within the team. Trainees are free to discuss the issue of information sharing with their Personal Tutor at any time.

Can a Trainee change his/her Personal Tutor?

Occasionally, difficulties may arise in the relationship between a trainee and their Personal Tutor. In such cases it would normally be expected that these difficulties would be discussed and resolved as far as possible so that the relationship can continue. Indeed, the ability to develop relationships in the presence of difficulties would be considered a fundamental part of the training process. Because of this and because of the practical difficulties involved, a change would not be considered routinely. However, in exceptional circumstances, where difficulties cannot be resolved satisfactorily, the Course would wish to support a trainee in changing their Personal Tutor.

- If a trainee is experiencing significant difficulties in the relationship with their Personal Tutor they should approach the chair of the PPD Sub-Committee.
- The aim, wherever possible, would be to address and attempt to resolve the particular difficulty. This might involve the PPD Chair in discussion with the trainee, the Personal Tutor or a three-way discussion between all involved.
- If it is not possible to resolve the difficulty, it may be necessary to change a trainee's Personal Tutor. This will also be done via the PPD Chair. The role of the PPD Chair will be to negotiate with other academic tutors within the trainee's Staff Year Team to identify an alternative Personal Tutor.
- It should be noted that trainees are encouraged to seek input about any matter from any member of the Course Team. If a Personal Tutor does not have the knowledge or expertise to address a particular matter, they will be able to re-direct a trainee to an appropriate Course Team member and this would not constitute grounds for changing a Personal Tutor.

6.6 PPD Module

Several teaching sessions within the Professional Issues Theme will be directly relevant to personal and professional development. These include background sessions about the roles and organisation of clinical psychologists within the NHS, ethics, management issues etc. The PPD module runs across the three years of training and is based on a developmental model comprising didactic and experiential teaching in year one, Balint-type groups in year two, and a confidential "reflective-practitioner" (RP) group in year three. Professionals external to the Course Team who have expertise in working with groups facilitate the Balint and RP groups. For both the Balint and RP components, two parallel groups are run, thereby making the groups smaller. The developmental aim is to move trainees from an awareness of self (year one), through how this interacts with our clinical work (year two), and finally to how we feel, react, and respond when working in teams and with other people more generally (year three). Hence, the module provides trainees with a facility that, year on year, promotes mutual support, allows them time to share their experiences, and encourages the integration of personal and professional learning. The module objectives are to:

- a) Help trainees to develop a "tool kit" of personal and professional skills to enable them to function effectively as professionals and for their professional work to be personally beneficial rather than detrimental.
- b) Facilitate trainees' development of the capacity to integrate personal learning and self-understanding with skill acquisition and with academic knowledge; this integration is seen as central to effective performance of the clinical psychologist's role.
- c) Provide working insight into the interplay between individual, group and organisational factors in the healthcare delivery system.
- d) Enhance the trainee group as a source of mutual support, both within the module sessions and via informal contacts throughout training.

What is Reflective Practice?

The notion of reflective practice originated with and was developed by educationalists such as Dewey (1933), Boyd and Fale (1983), Kolb (1984) and by Donald Schön (1987). Schön argued that practitioners are less likely to solve problems only by reference to academic knowledge, but will use their own 'theories in use'. The latter are derived from experience and are often highly individual and unacknowledged (Hancock, 1999). Reflective practice involves thinking about personal experiences including feelings, thoughts and actions, both whilst they are taking place and in later review, with the objective of using the reflections to improve upon and develop practice skills (Hughes & Youngsonm, 2008).

Background Knowledge in Reflective Practice and Understanding Groups (Year 1)

During the first year, trainees are introduced to the idea of reflective practice during sessions taught by Course Team staff. In these sessions there is discussion of, and experiential exercises based on, theories of group process. Trainees are encouraged to develop the capacity to reflect on clinical practice and to create an atmosphere with their peers in which there can be open discussion of the effect of work on emotions; the values, beliefs, life histories and ideas that each group member is bringing to their work; and the personal qualities that can help and hinder them in their work. The implicit rules by which the group is interacting are reviewed from time to time in these sessions.

The Balint Groups (Year 2)

A Balint group is an applied reflective practice tool that draws on concepts from psychoanalytic and open systems theory to provide a structured personal professional development experience. They have been traditionally used in health care settings to strengthen people in their work role, thereby increasing the potential for creative or innovative intervention and thoughtful response when working under pressure. A Balint Group values, makes use of and places each participants' unique subjective work experience at the heart of the learning in order to develop an increased capacity for personal professional awareness and thus thoughtful response.

The aims of the Balint groups are:

- To provide a structured and consistent reflective practice framework for the exploration of personal – professional development whilst in a training role.
- To introduce participants to a deeper understanding of factors occurring “under the surface” when working with clients in distress.
- To help facilitate an effective understanding of the basic elements required in containing the psychological health and safety needs of self and others.
- To help trainees understand the impact of working with ‘fragmented’ states of mind and body on individuals and staff teams – i.e. think about the “emotional toxicity” of the work task.

The Group will meet monthly for an hour and a half and over the course of 10 sessions each member will have the opportunity to “muse” about a challenging work situation of their choice (e.g. with a particular client or staff group or training experience). Led by an experienced facilitator the group reflects upon what they have heard with the aim of deepening understanding of factors impacting on the work task. By the end of the course each group member will have had experience of, and opportunity to reflect upon, being in the multiple roles of witness, participant and observer.

The Reflective Practitioner (RP) Groups (Year 3)

The group provides an opportunity for trainees to meet regularly with their peers to reflect on their experiences in professional practice. The facilitator’s role is to help the group members to create a relatively safe space in which people can be open about their emotional, intellectual and behavioural responses to their work as clinical psychology trainees. This can include work with clients, responses to the Training Course and Course staff, experiences of supervision and NHS contexts and to each other as peers in the training process. Groups also offer an opportunity for trainees to learn together about the emotional experience of training, and of working alongside others with different perspectives. It is the intention that the group should provide an opportunity for trainees to express their uncertainties and reveal their vulnerabilities during the training process. It is to this end that the facilitator plays no other major role in training and confidentiality is maintained within the group except where personal safety might otherwise be compromised. Despite these intentions, participants may experience the full range of emotions and sometimes feel uncomfortable. The tasks of the group are personal and less likely to provide distractions from these emotions that might be afforded by more neutral topics. The aims of the RP groups are:

- To provide a regular opportunity for trainees to meet to discuss the impact of training and clinical work on their own personal development as professionals.
- To provide an opportunity to reflect on and learn about groups and team working, including learning about the ways in which each trainee participates in professional groups, what roles they adopt, and how these affect and are affected by the group process.
- To provide an opportunity to discuss training issues in a context in which the facilitator is not directly involved in the Course. This might involve problem-solving around issues seen as difficult or problematic within the Course.

Roles

Everyone

The tasks of the facilitator and trainee include:

- Helping to create a kind and thoughtful environment

Facilitator

The tasks of the facilitator include:

- Creating a climate of trust and safety
- Ensuring that ground rules and frameworks for working together are discussed and agreed in a timely fashion and revisited when necessary
- Keeping the group to its agreed session focus and tasks
- Encouraging critical reflection
- Suggesting alternative views/ new ways forward

Trainee

The tasks of the trainee include:

- Discussing and agreeing ground rules and frameworks for working in the group
- Being prepared to talk about and reflect on problematic aspects of training
- Considering cultural, social, ethical and personal issues that may impact on the above
- Listening to and considering others' ideas in relation to one's own material
- Suggesting alternative views/ new ways forward

6.7 Personal Therapy

Although the PPD module aims to provide opportunities for mutual support and for trainees to learn about how personal concerns interact with professional development and activities, this does not entail personal therapy. Whilst the Course cannot resource personal therapy, trainees who require individual therapy can approach any member of the Course Team directly or indirectly who will consult and assist in making appropriate referral arrangements. Any such approach will be treated in confidence and not construed as a sign of weakness. Some circumstances will require communicating to placement supervisors and/or other staff and this will usually take place in negotiation with the trainee. The Course will also endeavour to be flexible in order to help trainees who are experiencing personal difficulties to meet their training objectives wherever possible. Trainees are encouraged to inform Course Staff if they are experiencing such difficulties. Under these circumstances trainees are, of course, also free to approach the University Counselling Service or Workplace Well-Being (available to SHSC employees).

The Course Training Committee has endorsed the following Personal Therapy statement:

Personal Therapy: Statement

1. We acknowledge that there are disparate views in the profession about the appropriateness of personal therapy as a component in clinical training.
2. The Course wishes to support those trainees who take the responsibility for engaging in individual therapy.
3. The choice of the therapist is a matter for the trainee concerned but staff, mentors and other trainees may be approached for discussion.
4. The Course does not envisage providing financial support for therapy but may advise trainees with negotiation for reasonable fees.
5. We acknowledge that therapy may only be available during office hours but we expect trainees to think through the implications of the timing of therapy in relation to professional issues.

6.8 Summary

We are aware that these systems are flexible and adaptable and that different trainees will use them differently at different times. However, the PPD system is considered a mandatory part of the training experience and should not be considered an optional 'add-on', to be used solely in times of personal crisis. Rather, the personal and professional development process is seen as providing trainees with space and opportunity to reflect on self in work. It is

considered a lifelong process that will be continued throughout the career of the individual. Finally, the Course also acknowledges that the PPD system is not perfect and will be influenced each year by the needs, views and experiences of each training group. Accordingly, the Personal and Professional Development Sub-Committee will review the PPD procedures annually. Please keep us informed as to whether these systems are meeting your needs.

Recommended Readings

Casement, P. (1988). *On Learning from the Patient*. London: Routledge.

Casement, P. (1990). *Further Learning from the Patient*. London: Routledge.

Hughes, J. & Youngson, S.C. (2008). *Personal Development and Clinical Psychology*. Oxford: BPS Blackwell.

Wosket, V. (1999 reprinted 2001). *The Therapeutic Use of Self*. Hove, East Sussex: Brunner-Routledge.

References

Boyd, E.M. and Fale, A.W. (1983). Reflective Learning; Key to Learning from Experience. *Journal of Humanistic Psychology*, 23, 99-117.

Dewey, J. (1933) *How We Think*. Boston, MA: DC Heath.

Hancock, P. (1999). Reflective Practice – Using a Learning Journal. *Professional Development*, 13, 37-40.

Kolb, D. (1984). *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice-Hall.

Schön, D.A. (1987). *Educating the Reflective Practitioner*. San Francisco CA: Jossey Bass.

7 PRACTICAL INFORMATION

7.1 Professional Responsibilities

Attendance for teaching sessions

Trainees are employees of Sheffield Health and Social Care NHS Foundation Trust and attendance at all teaching sessions (including PPD sessions, seminars, year meetings, selection interviews etc) is compulsory. If a trainee has any reason for not attending a teaching session a formal approach in advance in writing, stating reasons, should be made to the Programme Director. It is the trainee's responsibility to ensure they have obtained any notes or handouts relevant to the teaching session(s) missed. In the case of illness on academic, placement or study days a trainee should notify Jacquie Howard by telephone NOT e-mail (0114 2226576). On placement days your supervisor should also be contacted. In all cases your clinical tutor must also be notified. If any period of absence extends to a period requiring a sick note to Sheffield Health and Social Care Trust, then the University must also be informed, even if this is out of term time. Trainees must also inform the clinical tutors (via Jacquie Howard) of their return to work on the day of return.

Attendance Monitoring on Teaching Days

Lecture attendance monitoring is routine throughout the University for all students, which the course has to comply with. The following information outlines the procedures that are in line with University attendance policy and NHS employment.

Procedure:

- 1 The register will be left clearly visible outside both teaching rooms prior to the beginning of the teaching session in the mornings and afternoons. All trainees present will be expected to sign the register prior to the start of the teaching session. A member of the administrative staff will collect the register from **outside** the two teaching rooms fifteen minutes after the start of the session.
- 2 Any trainee arriving late will need to go to the office in CPU to sign the register and give a reason for their lateness.
- 3 Jacquie Howard will liaise with other admin staff and confirm any trainee's authorised absences (sick, annual or carer leave). The trainee must ring Jacquie directly (tel no: 222 6576) if they are off sick and also on their return. Jacquie must also be informed of any doctor's appointments. Trainees must not e-mail Jacquie with this information as, if Jacquie is away, no one else is able to access her e-mails.
- 4 If the trainee is not present and does not have authorised leave, this will be classed as unauthorised leave. In this situation, action must be taken that day to ensure trainee safety. Jacquie will therefore inform the relevant manager/clinical tutor to take this action. If the clinical tutor is unavailable that day, Jacquie will inform either Sue Walsh or Liza Monaghan. If Sue or Liza are not available, Jacquie will inform one of the other clinical tutors. To ensure the safety of the trainee, the following action will be taken. If the first action is not successful, the second will be implemented and so on:
 - i) Year group members will be contacted for any information on the trainee's whereabouts.
 - ii) Every effort will be made to contact the trainee (trainees must ensure the office has complete and up-to-date information on home/mobile phones).
 - iii) Emergency contact numbers and next of kin numbers will be utilised. A decision regarding any further action will be taken, taking into account the individual circumstances of the trainee.

We hope that these situations will rarely/never arise and to avoid this, trainees should be aware of their responsibilities as NHS employees, and inform the University of their whereabouts.

- 5 Lateness will be monitored by admin staff and if any trainee is late on three occasions within the academic year, this information will be passed to the trainee's clinical tutor for action. The tutor will discuss any reasons for lateness and any support needs for the trainee, and also help ensure the appropriate coverage of any missed teaching.
- 6 The only information recorded on the register will be *annual leave, authorised leave, late* or *unauthorised leave*. Jacquie will hold any further relevant details.

Programme policy on taking holiday leave during term time

See Appendix 9 for details of this policy.

Travel expenses / Annual Leave / Study leave

See trainees' information pack or consult with clinical tutor.

Timekeeping

Trainees are expected to be punctual in their attendance at teaching sessions, meetings and appointments. The Course will also try to ensure that lecturers are punctual and do not over-run.

Dress

Dress while on placement should be in keeping with the role of a trainee professional. Different clinical settings make different demands. Trainees need to be sensitive to the requirements of the situation and dress in a way that will not inhibit their effectiveness.

7.2 Facilities

Access

The CPU building is accessed via a pushbutton security code which will be issued to trainees at the start of the course. Only members of the CPU will have access to this code.

Access to the General Office is only possible during office hours (9.00 - 5.00). Trainees can access the Clinical Psychology building to use the Study Room from 8.00 to 5.30 pm after which time the building will be locked. Further information is available from the Unit Administrator.

Trainees should also ensure that they familiarise themselves with the University's Health and Safety Procedures (<http://www.shef.ac.uk/safety>).

Mail

Individual pigeon holes are available for trainees in the coffee room.

Phone Calls

No personal calls should be made from the University phones. Urgent calls to placements may be made from phones in the Study Room. All calls are billed and monitored by the Departmental Manager.

Secretarial Support

All clinical correspondence (e.g. letters to clients, GPs, clinical reports etc.) should be produced on placement premises where adequate secretarial support should be available. Secretarial staff are unable to provide any typing for trainees. Trainees should be aware of the need to ensure that confidential information is secure on any computer that they use.

Parking

The University has a policy on car parking and applications may be made online.

IT Resources

Trainees have access to a range of IT resources within the CPU and the main Psychology Department. Within the CPU, we provide access to several PCs, with dedicated printers. One of the PCs is linked to a scanner, which can be booked out for use by trainees. In addition,

there is a dedicated PC with access to Sheffield Health & Social Care's intranet within the CPU.

A larger computer suite in the main Psychology Department provides access to several PCs with dedicated servers and printers. Printing is available free of charge to trainees within the CPU and Psychology Department.

Supported software in the CPU includes analysis packages to support qualitative and quantitative research. Trainees also have access to a database of local supervisors and specialist placement opportunities.

The University's Corporate Information and Computing Services (CICS) issue trainees with a computer account, including University email. Trainees can access the University portal 'MUSE', which gives secure access to online university resources from any computer inside or outside the University, including email; a file store for saving work; library resources (see below) and the course's 'MOLE' pages.

A large amount of information and documentation relating to the course is available online via 'MOLE' (My Online Learning Environment) - including General Office forms, copies of teaching timetables and detailed information about the DClin Psy research process. In addition, the CPU website contains some useful resources, as well as DClin Psy staff pages and general information about the course (www.sheffield.ac.uk/clinicalpsychology).

Scheduled teaching on computing skills, as well as an introduction to using MOLE and the University web portal 'MUSE' is provided by the Psychology IT support team and Research Support Officer. The Psychology IT support staff can best be contacted by email (psy-it@sheffield.ac.uk).

Library Resources

Trainees have lending privileges at all University libraries, including the Information Commons, the Main University Library and the Hallamshire and Northern General Hospital Libraries. Library holdings can be searched online, via the STAR library catalogue.

A number of library resources are available online (accessible via MUSE), including electronic journals and literature searching databases such as PsycINFO and Web of Science. Teaching on electronic searching is provided in the first year of the course.

Further information about University library resources, and access to the STAR library catalogue can be found at: <http://www.shef.ac.uk/library/index.html>

Within the CPU, there is an expanding Resource Library, which includes a range of psychometric tests; clinical resource materials; DClin Psy theses and publications. The Resource Library is located in the office of the Research Support Officer (room B4), and a list of titles is available on MOLE and via the CPU website. Items must be booked out and returned to the Research Support Officer. (See Appendix 12)

The Institute of Work Psychology (IWP) also has a library, which is accessible to trainees.

The Department has a policy on the use of the Document Supply Service (see Appendix 11).

Loaning Equipment

The CPU has a stock of recording equipment that is available for loan to trainees. Equipment for loan includes tape recorders, microphones and transcribing machines, and should be borrowed via the Research Support Officer. Guidelines on digital recording and informed consent are available in the Trainee Information Pack and on MOLE.

APPENDICES

- 1 Programme Specification
- 2 CTC Terms of Reference
- 3 Trainee feedback form
- 4 External speaker feedback form
- 5 Information for teachers and module co-ordinators on integration of issues of racism, culture and gender within clinical psychology
- 6 Information for teachers on Formulation
- 7 E-Learning
- 8 Course Policy on taking holiday leave during teaching time
- 9 Relevant names and addresses
- 10 Psychology Department Health and Safety Policy
- 11 Guidelines for Postgraduate use of Document Requests
- 12 Resource Library
- 13 Programme of Dates
- 14 List of Acronyms