

## Doctor of Clinical Psychology (DClin Psy) – University of Sheffield

### PLACEMENT MEETINGS AND REPORTS\*

\*See further information for supervisors providing a year-long integrated placement and guidelines for third year placements

#### INITIAL PLACEMENT MEETING (IPM)

- Purposes:*
- i) To discuss Placement Aims and Objectives and to discuss and complete the relevant sections of the Assessment of Clinical Competence (ACC) document.
  - ii) To discuss general expectations regarding supervision and the placement.
  - iii) To facilitate negotiation of a good working relationship between the supervisor and trainee.
  - iv) To facilitate theory-practice links.
  - v) To ensure that relevant information has been transmitted to the supervisor and trainee and to address any queries.

*When and where:* Usually within the first two weeks of placement, usually at the placement base.

*Attended by:* Supervisor, Trainee and Clinical Tutor.

*Documentation:* Relevant sections of the ACC are completed in draft by the trainee in consultation with the supervisor **prior to the Initial Placement Meeting**.

The documentation may be regarded as a statement of intent on the part of those involved. It sets out what ground the trainee needs to cover in order for his or her work to be assessed. Estimates of anticipated caseloads at this stage are not meant to be binding, since no-one can predict the vagaries of referral rates, dropouts etc. They are intended to convey an upper and lower limit, below which the trainees would not have sufficient experience and above which the work would be too stressful or repetitive.

The specificity of the documentation is usually found to be helpful, especially when reviewing the progress of the placement.

The expectation is that an IPV with the clinical tutor, the supervisor and the trainee present will only normally take place for the first placement, first year. Thereafter, (and as long as training is proceeding smoothly), the organisation for IPV will be different and a visit from the clinical tutor will not necessarily be a mandated aspect of the IPV. For IPV's after the first placement, the trainee and supervisor will meet together within 2 weeks of the start of placement and construct a draft version of the ACC. The trainee will then meet with their clinical tutor at the University base and review the competency goals, supervisory arrangements to ensure there

are contractual learning expectations in place between the trainee and supervisor.

However, if either the supervisor or trainee request an IPV then the clinical tutor will attend as detailed in the previous section. From the supervisors' perspective the request can arise for a number of reasons: the supervisor is new to the Region and/or new to placement assessment and/or has returned to work after a gap and is therefore unfamiliar with existing procedures. From the trainees' point of view attendance of the clinical tutor can occur the trainee would find it helpful or useful to them and/or when there are specific continuation issues or areas for concern. A three-way IPV will be of particular importance when the trainee may be experiencing difficulties on a previous placement and where a clear learning agreement between supervisor and trainee is required.

## **MID-PLACEMENT MEETING (MPM)**

*Purposes:*

- i) To review competency development and identify any areas which may have been overlooked so far in the placement. In particular, a discussion about opportunities for observation of the trainee and evaluation by Experts by Experience may be usefully included here. This may include adjusting workload expectations or agreeing to remove or add activities to the plan where necessary and providing the quality of the placement is not substantially affected. Where there are serious shortfalls in the experience available to the trainee, a strategy needs to be agreed to deal with this. For example, arranging for the trainee to spend time with another supervisor.

In this situation the clinical tutor, if necessary, must decide, in discussion with the supervisor and trainee, what work must be done by the trainee for the placement to be sufficient. If this level is not reached, assessment of clinical competence may need to be deferred to a future placement. (N.B. This would not constitute a failed placement – see “Passing and Failing Placement Guidelines” (Section 2.7), paragraphs on “Placement Monitoring” and “Procedures for Failing a Placement”.)

- ii) To elicit from the supervisor views of the trainee's progress and identify any aspects of the trainee's performance that should be focused on in the second half of the placement. These may be points for development within a generally competent performance on the part of the trainee. In some cases the supervisor may have serious concerns about a trainee's competence and learning. In such a case it is necessary to be open about this. Where it is considered a possibility that the trainee may fail the placement then, painful as this is, it must be both said and documented and a clear plan of action generated to provide the trainee with the opportunity to respond to these gaps in learning.
- iii) To elicit from the trainee feedback regarding the placement. From time to time the supervisory relationship itself has not completely settled down, perhaps because of a mismatch of expectations that the supervisor and trainee had of one another. The presence of a third party, the placement

tutor, can be extremely helpful in bringing this out and helping to establish a clearer mutual understanding between the trainee and supervisor about what they expect from each other. A fairly simple thing like the regularity of supervision times can sometimes become an important issue where expectations differ. In this situation the clinical tutor may function as a mediator. The trainee also has a formal opportunity to evaluate the placement via completion of the Placement Audit on PebblePad.

- iv) To identify those features of the placement that are proving most useful to the trainee's learning needs.
- v) To identify successes and problems arising from i) to iv) above and to consider mechanisms for addressing these as necessary.

*When and where:* Mid-way through the placement, usually at the placement base.

*Attended by:* Supervisor, Trainee and Clinical Tutor. There is also a mandatory opportunity for the trainee and supervisor to meet individually with the clinical tutor prior to the major part of the meeting. This time is used to consider issues that might be difficult to raise in a three-way meeting in order to agree how they may be addressed. The individual meetings may also be used to discuss more general issues about training.

*Documentation:* **The relevant sections of the ACC are completed by the trainee and supervisor prior to the MPM.** The Clinical Tutor completes the Summary of Recommendations from MPM.

## END OF PLACEMENT MEETING AND COMPLETION OF END OF PLACEMENT FORMS

- Purposes:*
- i) To discuss and review the placement and monitor fulfilment of the Placement Aims and Objectives.
  - ii) To exchange and review end of placement reports by the trainee and supervisor.
  - iii) To mark the transition of ending the placement.

*When:* End of placement.

*Attended by:* Supervisor and Trainee. The Clinical Tutor may attend on request.

*Documentation:* The relevant sections of the ACC are completed by the trainee and supervisor. At the end of the placement, the trainee and supervisor should meet together to discuss the contents of these forms and sign them. Signing does not necessarily indicate agreement with what has been written – it does indicate that each has read what the other has written. An end of placement meeting with the clinical tutor may be arranged on request.

### Assessment of Clinical Competencies: Completion Guidance

This single Assessment of Clinical Competencies (ACC) document has replaced previous 'Aims and Activities', 'Mid-Placement' and 'End of Placement' reports. It is intended that this better facilitates a competency model of training and that trainees' development can be clearly tracked within and across placements. A completed ACC form is to be submitted by the trainee at the end of each placement.

Below is guidance regarding the completion of the Assessment of Clinical Competencies and how it should be used within placement meetings. It should be emphasised that, although either trainee or supervisor is given primary responsibility for completing different sections of the form, this should always be based on discussion and joint agreement. This process of negotiation is considered important as the trainee is assumed to be most aware of her or his learning needs (particularly at the start of the placement) and the supervisor has knowledge about the service and how competencies might be developed within this specific context.

#### Initial Placement Meeting

<b>Prior to Initial Placement Meeting</b>	
<b>ACC Section</b>	<b>Responsibility for Completion</b>
Placement Induction and Contracting (including supervision contract)	Trainee
Placement Aims and Objectives – Summary	Trainee
8 Competencies: Specific Learning Objectives	Trainee

8 Competencies: Placement Plan	Trainee
Submit the ACC for assessment so that Clinical Tutor and Supervisor are able to view the document on Pebblepad.	Trainee

<b>At Initial Placement Meeting</b>	
Clinical Tutor to lead Initial Placement Meeting for first placement, trainee to lead Initial Placement Meetings thereafter.	
<b>ACC Section</b>	<b>Responsibility for Completion</b>
Placement Plan	Clinical Tutor

### Mid-Placement Meeting

<b>Prior to Mid-Placement Meeting</b>	
<b>ACC Section</b>	<b>Responsibility for Completion</b>
8 Competencies: Mid-Placement Meeting	Trainee
Overall Assessment by Supervisor of Trainee	Supervisor
Overall Assessment of placement so far by Trainee	Trainee
Placement Log	Trainee

<b>At Mid-Placement Meeting</b>	
Trainee to lead Mid-Placement Meeting	
<b>ACC Section</b>	<b>Responsibility for Completion</b>
Summary of Recommendations from MPM	Clinical Tutor

### End of Placement

<b>Prior to End of Placement</b>	
<b>ACC Section</b>	<b>Responsibility for Completion</b>
8 Competencies: End of Placement Report (summary, strengths, developmental needs and rating)	Supervisor
Overall Assessment by Supervisor of Trainee (including overall rating)	Supervisor

Summary of Recommendations for Further Development	Supervisor and Trainee
Placement Audit	Trainee (+ section to be completed by supervisor)
Placement Log	Supervisor and Trainee