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 2015
WELCOME TO THE SHEFFIELD CLINICAL PSYCHOLOGY TRAINING PROGRAMME

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Please refer to website http://www.sheffield.ac.uk/clinicalpsychology or MOLE for any updates to this Handbook.
CLINICAL PSYCHOLOGY UNIT STAFF

September 2015

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

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Professor Glenn Waller
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Senior Lecturer/Practitioner
Dr Lisa Emerson
Lecturer/Practitioner
Dr Stacey Lavda
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Dr Simon Hamilton
Lecturer/Practitioner
Dr Liza Monaghan
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Dr Susan Walsh
Joint Director of Clinical Practice
Dr Kath Boon
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Professor Nigel Beail, Professor Graham Turpin, Professor Pauline Slade

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Dr Carol Martin, University of Leeds
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IT support

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<tr>
<td>Abbie McGregor</td>
<td>26535</td>
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<tr>
<td>Dave Saxon (Stats support)</td>
<td>20718 (ScHARR)</td>
</tr>
<tr>
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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. This three year doctoral programme is organised by the University of Sheffield, in collaboration with local Psychology Services, and is commissioned by NHS Health Education Yorkshire and the Humber. The Programme received the first full on-site visit from the BPS in June 1994. Full accreditation has been awarded to the programme on each visit since then for the maximum possible period. The programme is now registered with the Health and Care Professions Council (HCPC). In May 2012 HCPC and the BPS visited the Programme following which the Programme was given full approval and accreditation. Therefore successful completion of the programme means that trainees are eligible to apply for registration with HCPC and chartered status with the BPS. 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.

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 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. Contacts with trainees from the Leicester and Trent programmes and from the Hull and Leeds programmes are encouraged.

1.2 Accommodation and facilities

The Psychology Department is housed in a 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. Other teaching laboratory space includes 20 small laboratory cubicles for individual and small group practical work in the main building. The Department is due to begin major refurbishment in the next year.

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 IT technician, Abbie McGregor (psy-it-support@shef.ac.uk) 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 Clinical Psychology Unit is housed in a separate annex 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.

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, information about staff research interests and expertise, news and other relevant information.

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 Health Education England

NHS Health Education England Yorkshire and the Humber (HEY&H) are responsible for commissioning of clinical psychology training places. Each year, HEY&H require information to show that programmes are meeting the requirements set down in the contract. Information is obtained from programme staff, trainees and placement providers.

The organisation of health services in the UK went through a major restructuring in 2006 and 2011. In 2006 the government merged the 28 previously existing Strategic Health Authorities (SHAs) to produce 10 new larger SHAs. In 2011 these SHAs were merged into new national management framework. Three SHAs in the North of England including Yorkshire and the Humber combined to form NHS North of England. The areas in which trainees usually undertake placements are within the old Yorkshire and the Humber SHA (Barnsley, Doncaster, Rotherham and Sheffield) with a total population of approximately 5.04 million.

Sheffield Health and Social Care NHS Foundation Trust employ trainees who are also full-time students 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 14) and Table 1 provides information on the distribution of time for academic and clinical activity.
Table 1. Distribution of Days against Activities

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<th>Year 2</th>
<th>Year 3</th>
<th>Total</th>
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<td>Teaching Days</td>
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<td>46 (18%)</td>
<td>36 (13%)</td>
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<tr>
<td>Placement days</td>
<td>149* (57%)</td>
<td>142* (54%)</td>
<td>149* (57%)</td>
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<td>Study days</td>
<td>41 (16%)</td>
<td>69 (26%)</td>
<td>57 (22%)</td>
<td>167</td>
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<tr>
<td>Research days</td>
<td>-</td>
<td>4 (2%)</td>
<td>20 (8%)</td>
<td>24</td>
<td>3%</td>
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<tr>
<td>Total days</td>
<td>261</td>
<td>261</td>
<td>262</td>
<td>784</td>
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Note
1. Bank holidays are not excluded from placement time, Programme of Dates indicates how many Bank Holidays fall within each placement
2. Clinical placement time includes pre-placement planning days.
3. Research days are taken out of placement time.

1.6 Academic Framework

In line with HCPC approval and BPS 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 primarily 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:
During the first two placements trainees gain experience of working with adults, usually within Adult Mental Health, Older Adult, 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 usually involve both direct work and work with staff and carers 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 in conjunction with their clinical tutor by reviewing their first four placements and the experience gained of various client groups, settings, therapeutic orientations and of different services. They must also consider the competencies they have developed and whether they have particular or outstanding needs in any 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. Ideally, 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 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 may be 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. Additional placement visits can be arranged as required.

For the majority of their clinical placements trainees are based, wherever possible, 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 that they would like the Clinical Tutors to take into account when planning placements for the first year. Candidates should, however, be prepared to move 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 HCPC 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, available online. In addition a database of supervisors is 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 gatekeeping ensuring 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 HCPC guidance on conduct and ethics for students and the Standards of conduct, performance 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 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 Programme Training Committee is the management committee for the Programme and meets twice 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 Programme Training Committee (PTC) 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 PTC 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

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

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

The PTC 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. The Unit Director also sits on the Department's management group.

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 and Care Professions Council (HCPC)
On 1 July 2009 HPC (now known as HCPC) opened the Register to practitioner psychologists. This means that at the end of training trainees will need to register with HCPC in order to practise as a clinical psychologist. HCPC is the profession’s regulatory body. HCPC also approve and monitor practitioner psychologist programmes. The Programme is currently approved by HCPC. HCPC required the Programme to have trainees’ consent for aspects of teaching; this is set out in the form that trainees sign 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, The Association for Cognitive Analytic Therapy and the British Association for Family Therapy.

2.5 How do trainees influence the Programme?
Trainees contribute to the PTC 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. The Programme always welcomes comments and feedback from Supervisors either informally or formally.

Clearly, the PTC 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 Programme 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. The Research Support Secretary is currently being recruited and will be responsible for maintenance of online information/ materials.

Dr Lisa-Marie Emerson, curriculum co-ordinator, is responsible for the integration and coherence of the timetables by facilitating appropriate links between external speakers and liaising with Programme team specialism links.

The curriculum is further divided into specialist areas that are nested within the themes. These specialisms allow programme team members to liaise with appropriate advisors within the NHS. Please see Table 2.

Each specialism represented in the timetable has a designated programme 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 the curriculum co-ordinator 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 links and NHS advisors is provided in Table 2.
Table 2. CSC and NHS Advisors

<table>
<thead>
<tr>
<th>Service/ Speciality</th>
<th>Programme Team Link</th>
<th>Advisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Mental health</td>
<td>Stacey Lavda</td>
<td>Teresa Hagan</td>
</tr>
<tr>
<td>Child/ Adolescent</td>
<td>Lisa-Marie Emerson</td>
<td>Fiona Myles</td>
</tr>
<tr>
<td>Forensic</td>
<td>Georgina Rowse</td>
<td>Rhodri Hannan</td>
</tr>
<tr>
<td>Clinical Health Psychology</td>
<td>Andrew Thompson</td>
<td>Maria Jarman</td>
</tr>
<tr>
<td>Learning Disabilities</td>
<td>Katherine Hildyard</td>
<td>Lyndsey Presley</td>
</tr>
<tr>
<td>Neuropsychology</td>
<td>Glenn Waller</td>
<td>Hazel Reynders</td>
</tr>
<tr>
<td>Older Adults</td>
<td>Glenn Waller</td>
<td>Jo Hawker</td>
</tr>
<tr>
<td>Psychosis &amp; Recovery</td>
<td>Georgina Rowse</td>
<td>Sue Martindale</td>
</tr>
<tr>
<td>PPD</td>
<td>Stacey Lavda</td>
<td>PPD Sub-committee</td>
</tr>
<tr>
<td>Professional and ethical issues</td>
<td>Liza Monaghan</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td>Andrew Thompson</td>
<td>Research Sub-committee</td>
</tr>
<tr>
<td>Psychological models</td>
<td>Lisa-Marie Emerson</td>
<td></td>
</tr>
<tr>
<td>PPI / DAG</td>
<td>Kath Boon</td>
<td>PPI Sub-committee</td>
</tr>
<tr>
<td>Programme induction</td>
<td>Unit and Clinical Directors</td>
<td>PTC members</td>
</tr>
</tbody>
</table>

NHS advisors link with the local faculty/ SIG where appropriate when planning the teaching. In addition, the Personal and Professional Development, Research and Clinical Practice Subcommittees review aspects of the curriculum and these subcommittees also have NHS and trainee involvement.

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:

- **Personal:** Personal Development
- **Professional:** Professional Issues
- **Social:** Working with Difference

**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 that 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 applied research designs (both quantitative 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 effectively a ‘Balint’ group for facilitate reflective practice
• Work with an identified mentor throughout the three years of training

**Research Skills - II**

**Aims**

To equip trainees with the knowledge, skills and attitudes that 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 applied research design (both quantitative 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

**3.6 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.
• Use the experience of work within a reflective practitioner group facilitated by an outside practitioner
• 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 and qualitative methods
• Be able to plan and monitor research projects
• 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 during the Spring Semester, and reported at the June meeting of the Curriculum Sub-Committee. Changes to the timetable will also be made as a consequence of trainee feedback.

Provisional timetables, together with a programme of dates, are circulated to Programme staff during April. 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 Programme 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.

The feedback process is as follows:

- Trainees complete electronic feedback forms (see Appendix 3) within 1 week of the teaching session. Trainees are emailed a link to an online survey immediately after each teaching session. A reminder email is sent after 3 days to those who have not yet completed the feedback.
- Trainees are reminded to keep in mind the aims of the feedback i.e. for comments to be constructive and helpful to the process of adjustment.
- The completed feedback data is collated and reviewed by the programme team link. After review, the feedback is sent to the speaker. If for any reason feedback is not sent to the speaker, then the programme team link or curriculum co-ordinator will contact the speaker to discuss the feedback.
- The programme retains an electronic copy of all feedback.

Trainee feedback is anonymous. However, if concern is raised with regard to inappropriate or unprofessional (directly offensive or derogatory comments), then the programme team may decide to trace the feedback of individual trainees. This situation is extremely rare, and trainees are encouraged to make honest and constructive feedback. All feedback will always remain anonymous to speakers.

The feedback and teaching content are reviewed by the programme team links and curriculum co-ordinator to ensure that the teaching is of a standard in line with University quality assurance. Where consistent issues are identified with any one specific teaching session (consistent feedback over three consecutive years; or an urgent issue raised within one year), the curriculum co-ordinator will liaise directly with the speaker regarding this feedback and their contribution to the programme curriculum. This may also involve a direct observation of this teaching session. Further support within teaching would be provided to the speaker where any specific needs were identified.

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.

External teachers are also invited to complete feedback on the planning and co-ordination of their input with the programme team link or curriculum 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.

These formal policies will enable staff to know and act upon any areas where the quality of teaching is in doubt. In addition the member of staff who is responsible for a specialist area of teaching will hold review meetings at least every three years with all people involved in teaching this topic to update and consider new teaching methods etc. The University provides high quality workshops on up to date teaching methods. All teachers, including external teachers are able to access these workshops.

3.9 Information for External Teachers

External teachers are local clinicians with specialist knowledge that they are able to contribute to specific aspects of the curriculum. Many external teachers have provided teaching on the curriculum for a number of years. Where no issues or concerns are identified, these teachers will be re-invited to continue teaching each year. External teachers are able to contact the Curriculum
Coordinator should they feel that they wish to evaluate their contribution to the teaching and any specific training needs they may have regarding teaching.

There are circumstances under which new teachers need to be recruited, for example, when a new topic area is introduced to the curriculum to meet a particular learning outcome, or when an established teacher is no longer able to provide teaching. The process by which teachers are recruited is outlined in Appendix 5.

**Expenses and fees**
Information on expenses and fees is available on the website [www.shef.ac.uk/clinicalpsychology/information-for-externalspeakers](http://www.shef.ac.uk/clinicalpsychology/information-for-externalspeakers).

**Confirmation letter**
When suitable times and dates are agreed the Administrator sends out a confirmation email. Further information is available on the Clinical Psychology website: [www.shef.ac.uk/clinicalpsychology/information-for-externalspeakers](http://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 Programme 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 Programme for recognition as an Honorary Teacher of Clinical Psychology. Senior programme staff consider 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 Programme 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 Programme (e.g. member of the PTC or subcommittees)

iii) A significant contribution to teaching on the Programme (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 s.a.radgick@shef.ac.uk

**Further guidance for teachers**

- **Sheffield Teaching Assistant**
The University of Sheffield offers teachers the opportunity to complete a professional development programme to support their teaching. The Sheffield Teaching Assistant (STA) consists of half-day (3-hour long) workshops, which provide an introduction to four areas of teaching provision: large group teaching, small group teaching, supervising research projects, and assessment & feedback. Participants can receive a certificate of attendance immediately after each workshop upon request. Speakers are able to access further information about the workshops through the CPU web pages. External teachers employed by the NHS are also eligible
to participate in the Foundation Pathway or the Personal Pathway of the Learning and Teaching Professional Recognition Scheme offered by the University of Sheffield. In order to book a place on any of the workshops, please contact Sharon Keighley.

• Teaching Style
Our current intake is now 19 trainees in each year. 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.

• Session outline and learning outcomes
Prior to your session you will be asked to complete a short form summarising your teaching session, the intended learning outcomes, and any further reading to compliment the content. Please also ensure that the intended 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. For specific guidance on writing learning outcomes please see the ‘Learning Outcomes Guide’ available to download through the CPU web pages.

• Reading list
Please provide a reading list. Ideally this should contain at least one good introductory review and two recommended readings. Please provide the timetable administrator a copy for our resource files.

• Photocopying teaching materials
Trainees produce their own photocopies of any teaching materials you wish to distribute for your session, 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. CPU has a forum for discussing/developing patient and public involvement in its programmes and if you are interested
in attending this forum please contact Kath Boon (k.boon@sheffield.ac.uk) or Andrew Thompson (a.r.thompson@sheffield.ac.uk).

• Diversity
Issues of diversity are important factors that influence clinical theory and practice. The Sheffield programme 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 Programme has produced a document to assist you in incorporating information and discussion of diversity issues into your teachings sessions (Appendix 6)

• Feedback Systems
An electronic feedback system operates to enable trainees to give their views on your teaching session. A sample questionnaire is available from our website. Trainees will be emailed a link to an electronic survey immediately following your teaching session. Following collation of the responses, the feedback will then be forwarded to you via email. Please ensure that we have an up-to-date email address to contact you on.

You will also be invited to complete feedback. Shortly after your teaching session, you will be emailed a link to an online survey. We would be grateful if you could complete this at your earliest convenience. Please note this 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 programme 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.

• 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 7)

• 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. Some E-learning principles are given in Appendix 8.
4 RESEARCH TRAINING

4.1 Introduction

The Director of Research Training, Andrew Thompson, oversees the research programme 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 (an experimental single case study and a service/need evaluations) evaluation, usually derived from issues or needs arising on placement. In the case of the service evaluation, the work may be performed for a third sector organisation, where a charity or service has submitted an approved request for a service evaluation (details available on the service evaluation page of the CPU website). Trainees are also required to carry out a major research project in an area applicable to the Unit's or Department's research priorities as described above. This consists of a literature review and an empirical study. Trainees are expected to prepare both parts of their major research project for publication during the final period of training in year three.

4.3 Outline of the teaching programme

The taught Research Skills Curriculum outlines 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 programme. 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 teaching 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 and Care 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 & 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) and on the Department’s web pages.
Trainees are required to approach potential supervisors to initiate preliminary discussion of possible projects early in year one. Trainees are required to submit a request for an academic supervisor in the spring of the first year. On the basis of this academic supervisor/s are assigned. Towards the end of first year, trainees are required to submit a full-project proposal for scientific review. A complete proposal must be submitted by the start of the second year, although trainees are strongly encouraged to submit this proposal before the end of year one, and unlike other pieces of work proposals will be reviewed as they come in. The proposal should also include details of research costs and a detailed timetable of the proposed work. All roles of those involved in the research are explicitly specified in a research contract that forms an appendix within the research proposal. At least two academic members of staff, and an independent statistical expert in the case of quantitative research, and a qualitative expert for qualitative research independently review the protocol. Trainees then attend a protocol review meeting arranged by the reviewers. These are arranged independently following submission of the protocol. Following the review are provided with detailed feedback and required to make alterations to their proposal accordingly, prior to receiving approval to proceed with the project (or not). 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) and 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 exemption from further scientific review 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)). The Director of Research training if required will provide assistance in seeking exemption from further scientific review at other NHS sites.

All research undertaken may be audited to ensure that good governance and ethical procedures have been adhered too. To enable audit trainees are required to maintain an on-going 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, along with further information regarding the other approvals required prior to a trainee commencing their research project and other information regarding the research process.

4.6 Research indemnity

Trainee projects are automatically covered by the University of Sheffield insurance. When trainee projects are sponsored by the University (most projects) confirmation of indemnity is provided within the sponsorship letter issued when the project has received ethical approval. 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 Research funding (of up to £500) is available where necessary to assist the conduct of high quality research. All potential expenses must be justified and specified in advance within the protocol. If additional funding is required trainees should liaise closely with their supervisor/s who may be able to assist if possible in seeking funding in the from external bodies and other sources (charities, research collaborators; NHS Trusts). Alternatively the scope of the proposed project may need to be revised.

4.8 Statistical and computing advice and facilities

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

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 programme. During all three years trainees participate in case presentations.

5.2 Guidelines for Case Presentations

Case Presentations are a mandatory part of the programme. They provide an opportunity for trainees to develop their presentation skills and to benefit from discussion of clinical work within a peer group setting. A member of the staff year team also attends the case presentations. Trainees will be required to assess their own performance and will receive formative feedback from the staff member (see appendix 7). 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). Normally this work should not overlap with ACP or Case Study submissions. 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 programme 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 programme 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 at the start of 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 required to present and will be required to complete a self-evaluation form following the presentation (see below).

**Aims**

The aims of the research presentations are as follows:

- To provide an opportunity to present the proposed thesis 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 programme has been completed, and for use in the Personal Review process. **Trainees/tutors need to ensure that a copy is given to Angie 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 proposed methods. 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 programme 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 subsequently be discussed by the programme 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 programme for each group of trainees. Any other member of the programme 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 Unit Administrator within 7 days of the meeting and these will be circulated to the Programme 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 and may also involve other research centres such as the Centre for Medical Humanities 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 programme staff are encouraged to suggest names of speakers and appropriate topics (suggestions to Lisa Emerson, lemerson@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. 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 Programme 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 Programme, 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 teaching, which is overseen by the PPD Sub-Committee. Membership of the Sub-Committee comprises an academic programme team member, a clinical tutor representative, a representative from local NHS services, and trainee year representatives. People offering PPD teaching 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 teaching. 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 teaching 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. The final aim is to ensure that trainees know the professional requirements of a clinical psychologist.

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 Programme 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 Programme 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, 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 Programme 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 Programme 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 Programme 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, overviewing 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 Programme 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 Programme 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 Programme Team member and this would not constitute grounds for changing a Personal Tutor.

6.6 PPD teaching
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 teaching 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 Programme 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 teaching 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 teaching 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 teaching 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 & Youngson, 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 Programme 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 reflective practice groups are currently under review. A revised focus for the groups will be implemented in the academic year 2016-17 (when the 2014 cohort will be in the third year of training). More information on the revised aims and format of the third year PPD component will be disseminated in due course. The description below relates to the current aims and format of the reflective practice groups.

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 Programme and Programme 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 RP group is not intended as a therapy group for trainees. For a statement on personal therapy please see section 6.7.

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 Programme. This might involve problem-solving around issues seen as difficult or problematic within the Programme.

**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 teaching 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 Programme cannot resource personal therapy, trainees who require individual therapy can approach any member of the Programme 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 Programme 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 Programme 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 Programme 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 Programme 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 Programme 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 Programme 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, through you trainee representatives on the PPD subcommittee.

Recommended Readings


References


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 and Directors of Clinical Practice. 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 programme 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.
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.

The only information recorded on the register will be annual leave, authorised leave, late or unauthorised leave. Jacqui 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 Carer Leave
See trainees' information pack or consult with clinical tutor. It is part of the professional responsibility of trainees that they liaise appropriately with their clinical tutor in the first instance. It is important that trainees follow the correct procedures when applying for all types of leave and that they have discussed the reasons for the leave request and have gained formal clinical tutor support.

Timekeeping
Trainees are expected to be punctual in their attendance at teaching sessions, meetings and appointments. The Programme will also try to ensure that lecturers are punctual and do not overrun.

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 issued to trainees at the start of the programme. 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). Departmental Health and Safety details are provided in Appendix 11.

Mail
Individual pigeonholes 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 Andy Bassett, 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 programme's ‘MOLE’ pages.

A large amount of information and documentation relating to the programme 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 programme (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 programme.

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](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 13)

The Department has a policy on the use of the Document Supply Service (see Appendix 12).

**Loanable Equipment**

The CPU has a stock of recording equipment that is available for loan to trainees. Equipment for loan includes tape recorders, encrypted digital recorders, encrypted memory sticks, 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.

**Useful names and addresses**

These are provided in Appendix 10.
APPENDICES

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