



2023-24

# Doctorate in Clinical Psychology

Placements 1-5

2023-2024

School of Psychology  
QUB

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## **1. Introduction**

Practice based learning on the Doctorate in Clinical Psychology course consists of five placement modules across the three years of training [i.e., Placement 1 (PSY9016); Placement 2 (PSY9022); Placement 3 (PSY9023); Placement 4 (PSY9027) and Placement 5 (PSY9028)].

On each placement the trainee will be provided with supervision usually from a qualified Clinical Psychologist (or other appropriately qualified psychologist / psychological therapist). Over the course of the five placements trainees will get opportunities to work as a trainee clinical psychologist across the lifespan with children, adults, and older adults. A variety of clinical presentations will be seen on placement in services such as adult mental health, child and adolescent mental health, intellectual disability, neuropsychology, older adults, clinical health psychology, looked after children, perinatal and trauma. Clinical work will include carrying out thorough assessments, developing psychological formulations as well as planning and delivering a range of psychological interventions from multiple therapeutic domains. This work may involve direct work with an individual (an identified client), group and/or with carers and other healthcare professionals involved in providing care and/or support.

The Clinical Tutor team (comprised of staff from the QUB DClinPsy programme team), led by the Clinical Director and the Joint Programme Director (Clinical) are responsible for co-ordinating placements and will conduct placement visits to monitor training. They also facilitate communication between placement supervisors and the programme team and between trainees and placement supervisors.

### **1.1 First-year placement**

The first-year placement module (PSY9016) will involve being on placement (typically from the end of October to start of September) in a clinical service during the first year of placement for three days a week throughout the year, with two days a week at the university for teaching and/or study/research (except when attending for teaching blocks at the university). The placement should provide experience in assessment and treatment of common presentations of adulthood (e.g., anxiety difficulties, adjustment problems, depression, obsessive-compulsive problems, persistent physical symptoms including pain, post-traumatic stress symptoms etc.). Trainees on this placement must have opportunities to work with cases using a cognitive behavioural approach.

### **1.2 Year two placements**

The two placement modules in second year (placements 2 & 3; PSY9022/3) will see trainees gain experience in Child and Family Services (e.g., CAMHS, Paediatric Psychology) and Intellectual Disability, or instead of an Intellectual Disability there may be occasions when one of these placements will be in a Neuropsychology service. There should be opportunities to work with cases using a systemic approach as well as cognitive behavioural and/or other evidence-based interventions/approaches. The placements typically will mean being on placement three days a week during term time, with two days a week at the university for teaching and/or study/research (except when attending for teaching blocks at the university) and rising to four days during the summer months for placement 3.

### **1.3 Year three placements**

The two placement modules in third year (placements 4 & 5; PSY9027/8) will see trainees gain experience in specialist placements. Placements available include, older adult, addiction,

psychosis, perinatal psychology, forensic, specialist child and adolescent, specialist intellectual disability or neuropsychology services, and looked after children services. The placements typically will mean being on placement three days a week during term time, with two days a week at the university for teaching and/or study/research (except when attending for teaching blocks at the university) and rising to four days during the summer months for placement 5.

#### **1.4 Linking theory and practice**

All the placements should provide trainees with opportunities to apply the teaching received at the university in a clinical setting (i.e., theory and research findings should inform clinical practice). Trainees should also be able to bring their clinical experience and observations back into the classroom which can complement teaching / enhance learning and support them to become reflective scientist-practitioners.

#### **1.5 A well-rounded learning journey**

On placements, in addition to developing core clinical skills, several factors must be considered to ensure a well-rounded and impactful experiential learning journey, including:

- **Equality, Diversity, and Inclusion**

An important consideration is the promotion of Equality, Diversity, and Inclusion (EDI).

Clinical psychology is deeply rooted in understanding and addressing the diverse needs and experiences of individuals. Clinical placements should expose trainees to a broad range of client backgrounds, ensuring that they acquire the cultural competence and sensitivity required to serve diverse populations.

- **Patient and Public Involvement (PPI)**

PPI is another crucial aspect of clinical placements. Engaging patients/clients/carers and the broader community in how services are designed and delivered can enhance the quality and relevance of psychological services. Trainees should be exposed to opportunities where they can collaborate with patients/clients/carers to understand their perspectives, needs, and preferences. This involvement should enrich the learning experience on placement.

- **Leadership**

Development of leadership skills should be emphasised during clinical placements. Clinical psychologists often find themselves in leadership roles within teams or in organisations. These placements should offer trainees the chance to take on responsibilities that foster leadership skills, such as leading group therapy sessions, leading on an audit or service evaluation, leading on team formulation (e.g.

<https://acpuk.org.uk/wp-content/uploads/2022/07/ACP-UK-Team-Formulation-Guidance-v1.pdf>,

<https://acpuk.org.uk/webinar-recordings/leadership-challenges-and-opportunities-for-clinical-psychologists/>)

*“We believe that it is important for those not just in managerial and leadership positions, but across all levels, to be able to demonstrate leadership, whether that be through suggesting innovative solutions, encouraging and helping their colleagues or sharing a new skill.”* HCPC,

<https://www.hcpc-uk.org/news-and-events/blog/2020/prioritising-leadership-in-our-standards-of-proficiency/>

- **Digital Skills**

Proficiency in digital skills is essential for effective clinical practice. Placements should incorporate opportunities for trainees to become skilled at utilising digital tools and technologies for assessment, treatment, and research purposes. This includes understanding telehealth platforms, electronic health records, and data analysis tools, which are increasingly important in HSC settings.

- **Health promotion**

Additionally, health promotion and preventing ill health should be an integral part of clinical placements through making every contact count for example (<https://www.hee.nhs.uk/our-work/population-health/our-resources-hub/making-every-contact-count-mecc>). Trainee clinical psychologists should be equipped to promote overall wellbeing. Placements should expose trainees to strategies for health promotion, early intervention, and/or community-based prevention programs. As specified in the HCPC Standards of Proficiency for Standards of proficiency (2023):

*“15.1 understand the role of their profession in health promotion, health education and preventing ill health*

*15.2 understand how social, economic and environmental factors (wider determinants of health) can influence a person’s health and wellbeing*

*15.3 empower and enable individuals (including service users and colleagues) to play a part in managing their own health”*

<https://www.hcpc-uk.org/standards/standards-of-proficiency/practitioner-psychologists/>

## **2. Organisation of Placements**

Each placement is organised by the Clinical Director, in consultation with the Joint Programme Director(s), supervisors and trainees. Placement availability for a particular year is ascertained following consultation with supervisors via each Trust's Training Liaison Clinical Psychologist (TLCP). TLCPs are clinical psychologists nominated by each Trust to consult with supervisors to ascertain placement availability for the coming academic year. The Clinical Tutor Team is in regular contact with these psychologists and a Placement Panel meeting, comprising of the Clinical Tutor Team, the TLCPs and a trainee representative, occurs on a biannual basis to monitor and review placement modules, procedures and guidelines.

### **2.1 Checking the Qualifications of Supervisors**

When confirming placement availability, a check is made to ensure that potential supervisors who are clinical psychologists or practitioner psychologists are HCPC registered. In the event that a supervisor is not a clinical psychologist / practitioner psychologist (e.g. a cognitive behavioural psychotherapist), and/or that the placement and supervisor are not based in the UK, then the programme team need to be satisfied that the supervisor has appropriate qualifications and experience / registration with an appropriate statutory or professional body will be confirmed (e.g. BABCP, UKCP etc.). In addition, the Clinical Tutor Team (in consultation with other members of the Course Team) would have to be satisfied that the potential placement offers sufficient opportunities for the trainee to acquire and demonstrate the learning outcomes of the placement module and in relation to the programme's guidelines for work with specific populations. All other conditions for approving placements would have to be satisfied (see below).



### **2.3 Approval of Placements**

All placements are subject to the approval of the Clinical Tutor Team (in consultation with other members of the programme team). Ongoing approval of placements is chiefly informed through student feedback, discussion and observations related to our placement visits (see below) and through the annual placement audit. Approval is made using a number of criteria related to HCPC SETs and BPS accreditation criteria:

- The supervisor holds the appropriate qualifications.
- The placement offers sufficient opportunities for the trainee to acquire and demonstrate the learning outcomes of the placement modules and in relation to the programmes guidelines for work with specific populations
- And ideally that the placement supervisor has undertaken our supervisor training or equivalent training or is already listed on the BPS Register of Applied Psychology Practice Supervisors

### **3. Placement Allocation**

Across the three years of training, there are typically five placements to complete: one in first year, two in second year, and two in third year. Trainees will be allocated to these placements at the start of each academic year. Please see below for details on how allocation works for each year of training and frequently asked questions.

#### **3.1 Year 1**

For those entering their first year of training, we will allocate trainees to a placement shortly after they commence training and send an email informing them of the placement they have been allocated.

The first placement usually starts towards the end of October and finishes the following September. Placements days are usually Monday to Wednesday throughout the year. The placement should provide exposure to common presentations of adulthood. Examples of clinical services that you may be allocated to, include, Adult Mental Health, Adult Health, and Occupational Health. These placements must provide opportunities to work with adults using a cognitive behavioural approach.

### **3.2 Year 2**

Prior to entering the second year of training, trainees will meet with the Clinical Director, usually in late July/August, to discuss placement allocation. The placement allocation process for year 2 is relatively straightforward. This is because during year 2 trainees need to complete a supervised child psychology placement and an intellectual disability placement (or instead of an intellectual disability placement there may be occasions when a placement 2 or 3 will be in a Neuropsychology service). Discussion with year 2 trainees will be limited to considering these placements. During the second year, placement 2 takes place usually from September/October to March, and placement 3 from April to September.

### **3.3 Year 3**

Prior to entering the third year of training, trainees will meet with the Clinical Director, usually in July/August, to discuss placement allocation. They will review the trainee's competency development briefly in terms of experience working across the lifespan, observed psychometric experiences (e.g., WISC / WAIS), and psychological therapy competence (CBT plus one other modality). And in so doing identify any core competency gaps and consider placements to address these and/or consider individual preferences. Placement allocation planning for those

entering third year is necessarily quite involved as it is important to address any competency gaps during this final year. This is necessary to ensure that a trainee can be placed on the HCPC pass list on completion of the training programme. Supporting trainees to achieve the relevant competencies in training is our priority. In third year, trainee's complete placement 4, which takes place usually from September/October to March, and placement 5 from around April to September.

### 3.4 Preferences

We ask for trainee preferences when it comes to placement allocation, and try if practicable to accommodate these, however, we must weigh up individual trainee preferences and learning needs against the learning needs and preferences of other trainees (across the three years there are 60 + trainees) as well as individual circumstances to ensure equity. Therefore, no particular placement is guaranteed for any trainee.

### 3.5 FAQs

*Where do the placements come from?*

Each year the programme receives offers of trainee placements in services from across the HSC in Northern Ireland and from a small number of other organisations. These vary year on year.

*For those entering year 2 and 3, do we usually have specific placements in mind for particular trainees prior to the placement allocation meeting?*

The point of meeting with you all is to discuss this and begin the process. However, intellectual disability and child placements are prioritised for year 2 trainees. This is because these placements ensure that some of the key competencies are covered in line with BPS/HCPC

Standards of Education and Training. Therefore, meetings with year 2 trainees will usually be limited to considering these placements.

*Do you consider travel preferences?*

Placements take place throughout Northern Ireland, and this means travel is required. All trainees will have been required to hold a full current driving licence (valid in the UK) and have access to a car by the time they have started the course. Trainees who have declared that they have a disability which prevents them from driving, should have access to a form of transport which will permit them to carry out the duties of the position in full. Please contact the Clinical Director if you wish to discuss.

All trainees should expect some level of travel associated with placement. We endeavour to ensure travel requirements are distributed evenly across the three training years. In the placement allocation matching process, travel is only one consideration when matching a trainee to a placement and what is most important is that a placement should support a trainee to achieve their learning targets and develop the required competencies. While we try to accommodate requests regarding travel, unless there are circumstances where travel may be more difficult for you, we expect trainees to travel to any allocated placement. To support you with this, travel expenses including overnight accommodation (if required) are provided in line with your training contract and Agenda for Change T&C. See Annex 14 for subsistence allowances (<https://www.nhsemployers.org/publications/tchandbook>). If you have questions about how to claim such expenses, please get in touch with the admin team via the DClinPsy mailbox in the first instance.

*What happens after the placement allocation meeting?*

After speaking with trainees and considering their preferences the clinical director will allocate trainees to placements, carefully balancing the preferences and the learning needs of the trainees. We let trainees know which placement they have been allocated as soon as possible. Please note this process can take several weeks. We would expect trainees to be notified of which placement they have been allocated to by early September.

*Will there be an opportunity to provide feedback regarding trainee's experience of the placement allocation process?*

Yes, this should happen in September/October of each year. We will systematically collect feedback using a survey on the Qualtrics platform.

*What should I do if I have any further questions or a complaint about placement allocation?*

Please contact the Clinical Director, Dr David McCormack, in the first instance. If you still have concerns not addressed and/or would like to make a complaint about the placement allocation process please contact the joint programme directors, Dr David Curran and Professor Pauline Adair.

## 4. Procedures for Monitoring Placements

### 4.1 Placement Planning

All placements should start with a placement planning meeting which is usually at the start of placement (within 2-3 weeks of the start of placement). The Placement Description and Plan form should be completed *prior to* this meeting (including Health and Safety Checklist) using the Microsoft System (please contact the clinical tutor / programme admin team for a link / support). This meeting takes place between the Clinical Tutor (i.e., a member of Programme team at Queen's University Belfast), the supervisor and the trainee.

The aims and process of this meeting are as follows:

- To review and discuss the development needs of the trainee in terms of developing the core competencies and standards of proficiency deemed necessary for clinical practice. Any needs, targets or requirements should be made explicit at this stage. A copy of the previous supervisors End of Placement Review report (if applicable) is sent to the supervisor before the start of placement.
- To talk with the trainee about perceptions, thoughts and feelings regarding the start of the placement and the emerging supervisory relationship.
- To negotiate supervision (timing, structure, frequency etc.).
- To negotiate arrangement for mutual observation.
- To discuss university and practice placement liaison and interface (e.g. case study clinical report, Service Related Project in Year 1 etc.).
- Any leave due to be taken by the trainee (or supervisor) should be discussed (e.g. annual leave, research leave).

- For year two and three trainees, to check that any identified gaps in experience or demonstrated clinical competence have been considered and included in the placement plan where possible.
- To plan experiences that will be available on placement in the light of the above and relevant/national guidelines for a placement with the given population.

An important role of the Clinical Tutor is to check that the negotiated contract is in keeping with the needs of the trainee, placement module descriptors, the Standards of Education and Training set by the Health and Care Professions Council, and relevant/national guidelines for a placement with the given population.

It is the trainee's responsibility to bring the following to this meeting:

- Summary information that identifies any particular gaps in experience (e.g. log books)
- The Placement Description and Planning Form including the Health and Safety checklist.

This meeting usually lasts around one hour.

#### **4.2 Mid Placement Meeting**

All placements will have a mid-placement meeting between the Clinical Tutor, the supervisor and the trainee. In the longer year one placement, trainees will usually have two 'mid' placement meetings. The relevant Mid-Placement Review forms should be completed on the placement computer system provided by the university (i.e., Microsoft System) by the supervisor and trainee one week before the scheduled visit. The trainee must notify course administrative staff once forms have been uploaded and are available for review. Logbooks must be completed and up to date for this meeting. Please note that post-Covid-19, placement visits continue to be monitored both online and in person.

### The Aims and Purpose of a Mid-Placement Review:

The mid-placement meetings serve several important functions deemed essential by the Committee on Training in Clinical Psychology (CTCP). The mid-placement meeting provides an opportunity for all parties to reflect on progress in a manner which should be facilitative. It should review progress on meeting the placement plan, identify current strengths and limitations and formulate targets for the remainder of the placement in light of these discussions. If there are significant concerns/difficulties, which could threaten the pass status of the placement, these should (as far as possible) be identified at this stage with an action plan formulated in an effort to remediate these difficulties. It should be emphasised, however, that sometimes difficulties do not become apparent until after the mid-placement meeting and on rare occasions may only be clearly apparent towards the end of placement. In such cases concerns should be made explicit to the trainee AND the Clinical Tutor at the earliest stage possible.

### The meeting usually comprises:

- A review of the clinical work of the trainee in terms of content, level, the skills and competencies acquired. Trainees may be asked by the Clinical Tutor to describe clinical material in detail (e.g. to discuss assessment, formulation and intervention).
- A formal review of the supervision arrangements to ensure that the placement contract and supervision guidelines are being followed and the Standards of Education and Training set by the Health Care Professions Council regarding practice placement are being met.
- An opportunity to identify targets (clinical, supervisory or organisational) for the second half of the placement.



- An opportunity to make links between the theoretical and practical aspects of the clinical training course.

The usual format for the Mid-Placement Meeting is as follows:

- The Clinical Tutor will initially meet first with both the trainee and the supervisor.
- The Clinical Tutor will during the meeting meet with the trainee on their own. This may involve (in no set order and this is not necessarily an exhaustive list): general discussion of the opportunities offered by the placement; detailed consideration of the clinical experiences undertaken and the clinical skills/competencies being developed; discussion around professional behaviour and professional issues; consideration of the progress and process of the supervisory relationship; the capacity of the trainee to be reflective; reading and talking through the Mid-Placement Review forms; discussion of any difficulties encountered and thoughts and plans for the second half of the placement.
- The trainee's logbook should be available.
- The Clinical Tutor will during the meeting also meet the supervisor on their own and seek to explore the supervisor's thoughts, observations, and understanding of the trainee's progress, aptitude, developing skills/competencies, professionalism and potential gaps in experience as well as any skill/competency deficits. There will be discussion of the trainee's progress and targets for the remainder of the placement in terms of what learning outcomes from the relevant module descriptor still need to be achieved.
- A three-way meeting between the trainee, supervisor and Clinical Tutor should then take place. This three-way meeting is an opportunity to summarise what has been said/discussed in the separate meeting to ensure that all information has been shared with all parties. It is an opportunity to agree targets for the later part of the placement. The

tutor may begin by summarising what has been said/discussed with the supervisor and trainee and facilitate a conversation regarding targets for the remainder of the placement. Agreement should be reached regarding the targets for the remainder of the placement and what learning outcomes from the relevant module descriptor still need to be achieved.

- Should any problems, difficulties, concerns be raised at this meeting (or previously notified), these should be documented and forms should contain a written plan of targets and plans for remedial action written onto the placement form.

A mid-placement meeting will usually take approximately 1.5hrs.

The trainee needs to bring to this meeting:

- A copy of the placement planning form
- The logbooks of clinical experience
- Mid-placement report (as generated by the placement computer system provided by the university (i.e., the Microsoft System))

### **4.3 End of Placement Meeting**

If no problems or concerns have been identified at mid-placement, then the usual format is a three-way meeting, i.e., no separate meetings are required unless either the trainee or supervisor requests this. This meeting should take place as close as possible to the actual end of the placement.

The End of Placement Review forms should be completed on the placement computer system provided by the university (i.e., Microsoft System).

Logbooks must be completed and up to date for this meeting. At least one observation schedule should have been completed during the placement and be available for review at this meeting.

The aims and process of the End of Placement Meeting (this should be read in light of 5.1

Assessment of learning outcomes).

- The trainee should produce their logbooks of clinical experience and have had it signed by their supervisor to indicate that it is an accurate record of the work undertaken on the placement.
- The Clinical Tutor invites and facilitates discussion concerning the second half of the placement referring to Placement Planning form and the Mid-Placement Review report inviting comment on all aspects of the placement from both supervisor and trainee.
- If actual or potential problems and concerns have been raised at the mid-placement, then these problems and concerns would be specifically addressed again at this stage ensuring that ratings are given for all the core competencies required.
- This meeting is also an opportunity to review and acknowledge the trainee's strengths and development that has occurred.
- The meeting is an opportunity for gaps in experience and skill acquisition to be identified for attention in subsequent clinical placements.

The trainee needs to bring to this meeting:

- A copy of the placement planning form and the mid and end of placement reports (as generated by the placement computer system provided by the university (i.e., Microsoft System)).
- The logbooks of clinical experience.

#### **4.4 Microsoft computer system for placement reports**

Trainees progress on placement is currently monitored using a Microsoft 365 computer system. Placement planning, Mid placement reports and End of placement reports should be completed using this system. Guidance on how to use the system will be provided by a member of the course team prior to / during the placement planning meeting. This method of gathering feedback provides trainees, clinical supervisors, and the course team with a clear picture of a trainee's development of skills and competencies during individual placements and across all placements during training.

The trainee should upload other documents to the relevant Canvas module for the placement (e.g. Placement Description and Plan, completed observation forms and logbook, once signed and approved, should also be uploaded to Canvas following the end of the placement meeting). As with other coursework submissions trainees should exercise great care in ensuring that submitted material has been appropriately anonymised and any potentially identifying information has been removed.

#### **4.5 Placement audit**

A placement audit will be conducted during the year, looking at standards related to resources, placement planning and induction procedures, and experiences on placement.

## **5. Assessment**

### **5.1 Assessment of learning outcomes - End of Placement**

To pass a placement the trainee must achieve an overall Pass mark. This will be assessed by the placement supervisor towards the end of the placement, in consultation with the trainee's clinical tutor (i.e., a member of the programme team at Queen's University Belfast). An important part of the clinical tutor role is acting as a 'moderator' for the placement. The role of a moderator here is to ensure that the assessment of a trainees competencies and marks awarded are appropriate, consistent, and fair. When assessing the trainees progress, the placement supervisor should carefully refer to the placement plan, relevant placement module learning outcomes (see the module descriptors in the appendices) and consult with the clinical tutor. If a fail is recommended, this will be considered by the Senior Programme Team at Queen's University Belfast and ratified at the Board of Examiners. If a trainee has failed a placement it must be retaken at the next suitable opportunity. Only one retake attempt will be permitted. Please note that retaking the placement (module) may not be possible immediately and the trainee might be required to take a period of temporary withdrawal from studies.

### **5.2 Breaches of confidentiality in assignments**

As part of the Clinical Psychology 1-3 taught modules, you will be writing about and submitting one of your cases in each year of training. As such you have a duty to maintain confidentiality and not disclose details of people or places (including services) that could lead to identification of individuals, staff or settings/services as this would constitute a breach of confidentiality. Be aware also of unique characteristics that might lead to identification such as a rare disease or bespoke service. This is reinforced by HCPC Guidance on conduct and ethics for students who state, "You should remove anything that could be used to identify a service user or carer from information which you use in your assessments or other academic work related to your programme" (pg 12).

There are good articles available regarding anonymisation / pseudoanonymisation (e.g., Heaton, J. (2022). “\*Pseudonyms Are Used Throughout”: A Footnote, Unpacked. *Qualitative Inquiry*, 28(1), 123–132. <https://doi.org/10.1177/10778004211048379> <https://journals.sagepub.com/doi/full/10.1177/10778004211048379>).

It is a breach of confidentiality to disclose any information about a patient, service user, colleague or staff or any other person or place that could in principle lead to them being identified. It is also a breach of confidentiality to disclose information that has been given in confidence without prior express permission being obtained. This information applies to all written and oral presentations and appendices included within assignments. Markers will check assignment for breaches of confidentiality. If a breach of confidentiality is alleged, this will be passed onto the Academic Director who will discuss it with the relevant module co-ordinator. If evidence is found for a breach of confidentiality, then the following penalties will be invoked.

#### First offence

The assignment is marked, and the result released in the usual manner, except that the trainee is informed in writing that the mark awarded is conditional upon the removal of identifying references to people and/or places and that he/she must meet with his/her personal tutor to discuss his/her understanding of the breach of confidentiality. The trainee re-presents the assignment within two weeks of the date in the letter informing him/her of the breach of confidentiality. The internal marker will review the re-presented script and confirm if the identifying references have been removed. If they have been removed, the original mark is formally awarded.

If the trainee has not removed all the identifying information, a mark of zero is awarded.

## Second offence

In the event of a second case or further cases of a breach of confidentiality by a trainee, the assessment in which the breach of confidentiality has occurred will be awarded a zero. This will also result in a referral to the Director of Post-graduate Education in the School of Psychology for a decision on whether to invoke the Fitness to Practise procedure.

The university Fitness to Practise procedure can be found here:

<http://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/Procedures/FitnesstoPractiseProcedure/>

### **5.3 Breaches of confidentiality using university email accounts**

Breaches of confidentiality using university email accounts during clinical placements, pose a significant concern. These breaches can inadvertently occur when trainees transmit patient-related information through their university email accounts. Trainees must understand the importance of keeping patient information securely stored within health service systems and following best practices from a health service information governance perspective. This involves adhering to strict protocols and guidelines for handling and storing patient data, ensuring encryption and secure access controls are in place, and abiding by the HSC principles of data protection and information security. This refers to any data transferred from the NHS to the University unless permissions are in place (e.g. Ethics) and covers both identifiable and non-identifiable information.

# Appendices



## 6.1 Example of a Placement Planning Form

## Details

↔ Trainee

**Example Trainee**

📄 Student Number

3053322

📄 Supervisor

Dr An Example

📄 Supervisor Email

**Example@HSCNI**

📄 Placement Number

2

📄 Placement Specialty

Child

📄 Location

Royal Belfast Hospital for Sick  
Children

## Duration and Work Pattern

📅 Begins

17/04/2023

📅 Ends

14/09/2023

☰ Days

Monday to Wednesday until June,  
then Monday to Thursday until the  
end of placement

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## Placement Experiences

### ☰ Clinical Presentations

Children (0 -18) and their families. Presentations include a range of difficulties and needs including adjustment difficulties, procedural anxiety, depression and difficulties regulating emotions. Children may also require various neurodevelopmental assessments including using WISC, TEA-Ch etc.

[See less](#)

### ☰ Primary Therapeutic Model

Cognitive and Behavioral

### ☰ Secondary Therapeutic Model

Systemic

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### ☰ Modes of Working

Multi-disciplinary team whereby work with children and young people (in addition to input from clinical psychology, it may include nurses, healthcare practitioners and medical specialists). Modes of working will likely include a mixture of direct and indirect working (i.e. consultancy). This will also likely be on an individual, family and systemic basis (i.e. involving liaison with family, schools, medical system, and the wider system around a child and family).

[See less](#)

### ☰ Service Delivery Systems

Children and families will mainly be seen in the outpatient clinic but there may be opportunities for inpatient work.

### ☰ Psychometric Assessment

- Psychometric assessments as appropriate, for example, WISC, WAIS, TEA-Ch.

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### ☰ Research

Research will not be a formal requirement on this placement, however there may be opportunities to be involved in a quality improvement being conducted in the service.

### ☰ Work Model

Deliver training to the wider team in relation to functional presentations. There should be opportunities to gain experience of consulting with the cardiology team (working with staff in Clark Clinic to support children and families).

### ☰ Engagement with Service Users

Opportunities to be involved in a project seeking service users (children and families) opinions on the care provided within the service. There is an opportunity to get service users views on the attending the service remotely (via Teams and Zoom). Linking in with relevant third sector services (e.g. Children's Heartbeat Trust).

[See less](#)

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### ☰ Other Experiences

Experience will also be gained in the following areas –

- Inter-professional working as part of an MDT team (medical staff, nurses, occupational therapy).
- Consulting into the system surrounding the child and family, as required.
- Inter-agency liaison as required.

[See less](#)

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## Supervision and Training Plan

### ☰ Supervision Schedule

Formal weekly supervision for 90 minutes will be arranged in diaries and ad hoc supervision will be available as required.

### ☰ Mutual Observation Plan

There will be an opportunities to observe, and be observed, in all areas of work (clinical sessions, consultations, meetings and psychometric assessment). Observations will occur through both direct and joint working.

### ☰ Supervision Model

The seven-eyed supervision model. We will meet for formal supervision for 1.5hrs per week, ad-hoc available as required. Supervision will be an opportunity to reflect, discuss cases and seek guidance on clinical work and other issues such as working with a multidisciplinary team, process issues when working with children and young people/families etc.

[See less](#)

---

### ☰ Trainee Goals

- Gain experience integrating systemic and CBT approaches with children and families.
- Further develop assessment and formulation skills.
- If the opportunity arises to gain experience of hypothesis driven neuropsychology / psychometric testing.

### ☰ Knowledge Base

Andersson, G., Gillberg, C., & Miniscalco, C. (2013) Pre-school children with suspected autism spectrum disorders: Do girls and boys have the same profiles? *Research in Developmental Disabilities*, 34, 413-422.

Carr, A. (2015). *The handbook of child and adolescent clinical psychology: A contextual approach*. Routledge.

Graham, P. & Reynolds, S. (2013). *Cognitive Behaviour Therapy for Children and Families*. New York: Cambridge University Press.

---

---

☰ Arrangements for Consent

This is an example form. Detailed information would be included here.

☰ Alternative Supervision

Dr Example will be available and their contact details are...

[See more](#)

---

### Checks

☑ Policies Reviewed

Yes

☑ Health and Safety Checklist Reviewed

Yes

☑ Honorary Contract Attained

Not Applicable

---

📅 Mid-Placement Meeting Date

Enter value here

---

### Clinical Tutor

📄 Tutor Name

Dr An Example

☰ Remarks

This is an example form. Detailed information would be included here.

---

### System

📄 Title

Placement 2

↔ Apply label

Choose a label

---

📄 Attachments

## 6.2 Mid and End of Placement Forms

*These are only examples – the forms are all completed online, and a link will be provided during the placement.*

## Doctorate of Clinical Psychology: Mid-Placement Review

### Review

Trainee: **An Example**  
Placement: **1, Mid-Placement**  
Reviewed by: **Dr An Example, 20/06/2023**

### Evaluation

Scale:

- 5 = Exceeding expected level of competence given the stage of training
- 4 = Highly competent given the stage of training
- 3 = Competent given the stage of training
- 2 = Below expected level of competence given the stage of training
- 1 = Significantly below the level of competence expected at this stage of training

### Generalisable Meta-Competencies

Capacity to draw on psychological knowledge and thinking:

4

Generalising and synthesising prior knowledge and experience:

3

Ability to make decisions and judgements of complex issues:

4

Ability to collaborate with service users, carers and others in advancing psychological initiatives:

3

Category Average: **3.5**

Comments:

*This is an example. The supervisor would provide feedback to the learner / trainee here.*

---

### Psychological Assessment

Form and maintain effective alliances:

4

Ability to choose, use and interpret a broad range of assessment methods:

3



Competence in procedures related to the administration of measures, interviews etc:

4

Understanding and using psychometric theory:

3

Risk assessment:

4

Category Average: **3.6**

Comments:

*This is an example. The supervisor would provide feedback to the learner / trainee here.*

---

## Psychological Formulation

Ability to develop formulations based on theory and evidence:

3

Ability to develop formulation from multiple theoretical models:

4

Capacity to construct a formulation collaboratively:

3

Reflecting on and revising formulations if necessary:

4

Category Average: **3.5**

Comments:

*This is an example. The supervisor would provide feedback to the learner / trainee here.*

---

## Psychological Intervention

Therapeutic Process and Skills:

2

Skills in specific therapeutic approaches (e.g. CBT, systemic, psychoanalytic):

2

Evaluation and Recognising Limits of Therapy:

3

Category Average: **2.3**

Comments:

*This is an example. The supervisor would provide feedback to the learner / trainee here.*

---

---

## Evaluation

Capacity to monitor outcomes across different dimensions of functioning:

4

Utilise outcome data to reflect on personal and organisational practice:

3

Knowledge of outcome frameworks:

3

Knowledge of psychometric theory:

4

Category Average: **3.5**

Comments:

*This is an example. The supervisor would provide feedback to the learner / trainee here.*

---

## Research

Evidence relevant to practice:

3

Service evaluation/audit:

4

Category Average: **3.5**

Comments:

*This is an example. The supervisor would provide feedback to the learner / trainee here.*

---

## Personal and Professional Skills and Values

Ability to use feedback and manage learning needs:

4

Work organisation and time management:

3

Interpersonal relationships:

4

Personal development:

3

Category Average: **3.5**

Comments:

*This is an example. The supervisor would provide feedback to the learner / trainee here.*

---

## Communication and Teaching

Clarity and effectiveness:

4

Ability to adapt style to context:

3

Use and understanding of supervision:

4

Written communication (including records):

5

Category Average: **4.0**

Comments:

*This is an example. The supervisor would provide feedback to the learner / trainee here.*

---

## Organisational and Systemic Influence and Leadership

Ability to adapt and contribute to organisation:

4

Indirect influence of service deliver:

3

Leadership:

4

Recognise and respond to unethical practice:

4

Category Average: **3.7**

Comments:

*This is an example. The supervisor would provide feedback to the learner / trainee here.*

---

## Supervision

Supervisors are asked to state your time supervision and in mutual observation, along with comments on your use of supervision, and targets for the remainder of the placement.

Record Up to Date: **Yes**

## Doctorate of Clinical Psychology: End of Placement Self-Review

### Trainee

Name: **An Example**

Student Number: **3053322**

Placement Number: **1**

Reviewed: **20/06/2023**

### Evaluation

Scale:

- 5 = Exceeding expected level of competence given the stage of training
- 4 = Highly competent given the stage of training
- 3 = Competent given the stage of training
- 2 = Below expected level of competence given the stage of training
- 1 = Significantly below the level of competence expected at this stage of training

### Generalisable Meta-Competencies

Capacity to draw on psychological knowledge and thinking:

4

Generalising and synthesising prior knowledge and experience:

5

Ability to make decisions and judgements of complex issues:

5

Ability to collaborate with service users, carers and others in advancing psychological initiatives:

4

Category Average: **4.5**

Comments:

*This is just an example of a completed form. The learner / trainee would provide comments here.*

---

### Psychological Assessment

Form and maintain effective alliances:

5

Ability to choose, use and interpret a broad range of assessment methods:

4

Competence in procedures related to the administration of measures, interviews etc:

3

Understanding and using psychometric theory:

4

Risk assessment:

5

Category Average: **4.2**

Comments:

*This is just an example of a completed form. The learner / trainee would provide comments here.*

---

## Psychological Formulation

Ability to develop formulations based on theory and evidence:

5

Ability to develop formulation from multiple theoretical models:

5

Capacity to construct a formulation collaboratively:

5

Reflecting on and revising formulations if necessary:

5

Category Average: **5.0**

Comments:

*This is just an example of a completed form. The learner / trainee would provide comments here.*

---

## Psychological Intervention

Therapeutic Process and Skills:

4

Skills in specific therapeutic approaches (e.g. CBT, systemic, psychoanalytic):

5

Evaluation and Recognising Limits of Therapy:

5

Category Average: **4.6**

Comments:

*This is just an example of a completed form. The learner / trainee would provide comments here.*

---

## Evaluation

Capacity to monitor outcomes across different dimensions of functioning:

5

Utilise outcome data to reflect on personal and organisational practice:

4

Knowledge of outcome frameworks:

5

Knowledge of psychometric theory:

4

Category Average: **4.5**

Comments:

*This is just an example of a completed form. The learner / trainee would provide comments here.*

---

## Research

Evidence relevant to practice:

5

Service evaluation/audit:

5

Category Average: **5.0**

Comments:

*This is just an example of a completed form. The learner / trainee would provide comments here.*

---

## Personal and Professional Skills and Values

Ability to use feedback and manage learning needs:

5

Work organisation and time management:

5

Interpersonal relationships:

4

Personal development:

5

Category Average: **4.7**

Comments:

*This is just an example of a completed form. The learner / trainee would provide comments here.*

---

## Communication and Teaching

Clarity and effectiveness:



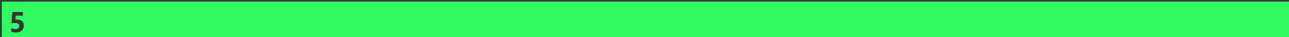
Ability to adapt style to context:



Use and understanding of supervision:



Written communication (including records):



Category Average: **4.5**

Comments:

*This is just an example of a completed form. The learner / trainee would provide comments here.*

---

## Organisational and Systemic Influence and Leadership

Ability to adapt and contribute to organisation:



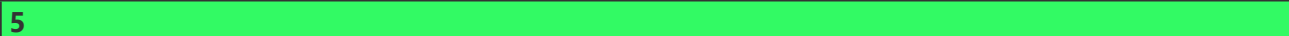
Indirect influence of service deliver:



Leadership:



Recognise and respond to unethical practice:



Category Average: **4.5**

Comments:

*This is just an example of a completed form. The learner / trainee would provide comments here.*

---

## Trainee Comments

### Experience Summary

*This is just an example of a completed form. The learner / trainee would provide comments here.*

**Meeting of Objectives**

*This is just an example of a completed form. The learner / trainee would provide comments here.*

**Feedback Collection**

*This is just an example of a completed form. The learner / trainee would provide comments here.*

**Supervision Arrangements**

*This is just an example of a completed form. The learner / trainee would provide comments here.*

**Observing Supervisor**

*This is just an example of a completed form. The learner / trainee would provide comments here.*

**Being Observed by Supervisor**

*This is just an example of a completed form. The learner / trainee would provide comments here.*

**Future Objectives**

*This is just an example of a completed form. The learner / trainee would provide comments here.*

**Closing Comments**

*This is just an example of a completed form. The learner / trainee would provide comments here.*



Formal Supervision Hours: **28**

Mutual Observation Hours: **4**

**Supervision**

*This is an example. The supervisor would provide feedback here.*

**Forward Plan**

*This is an example. The supervisor would provide feedback here.*

## Doctorate of Clinical Psychology: End of Placement Review

### Review

Trainee: **An Example**

Placement: **1, End of Placement**

Reviewed by:

### Evaluation

Scale:

**5** = Exceeding expected level of competence given the stage of training

**4** = Highly competent given the stage of training

**3** = Competent given the stage of training

**2** = Below expected level of competence given the stage of training

**1** = Significantly below the level of competence expected at this stage of training

### Generalisable Meta-Competencies

Capacity to draw on psychological knowledge and thinking:

**5**

Generalising and synthesising prior knowledge and experience:

**4**

Ability to make decisions and judgements of complex issues:

**5**

Ability to collaborate with service users, carers and others in advancing psychological initiatives:

**5**

Category Average: **4.7**

Comments:

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

### Psychological Assessment

Form and maintain effective alliances:

**5**

Ability to choose, use and interpret a broad range of assessment methods:

**5**

Competence in procedures related to the administration of measures, interviews etc:

5

Understanding and using psychometric theory:

4

Risk assessment:

5

Category Average: **4.8**

Comments:

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

## Psychological Formulation

Ability to develop formulations based on theory and evidence:

5

Ability to develop formulation from multiple theoretical models:

5

Capacity to construct a formulation collaboratively:

5

Reflecting on and revising formulations if necessary:

5

Category Average: **5.0**

Comments:

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

## Psychological Intervention

Therapeutic Process and Skills:

5

Skills in specific therapeutic approaches (e.g. CBT, systemic, psychoanalytic):

5

Evaluation and Recognising Limits of Therapy:

5

Category Average: **5.0**

Comments:

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

---

## Evaluation

Capacity to monitor outcomes across different dimensions of functioning:

4

Utilise outcome data to reflect on personal and organisational practice:

5

Knowledge of outcome frameworks:

4

Knowledge of psychometric theory:

4

Category Average: **4.2**

Comments:

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

## Research

Evidence relevant to practice:

5

Service evaluation/audit:

5

Category Average: **5.0**

Comments:

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

## Personal and Professional Skills and Values

Ability to use feedback and manage learning needs:

4

Work organisation and time management:

5

Interpersonal relationships:

4

Personal development:

5

Category Average: **4.5**

Comments:

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

## Communication and Teaching

Clarity and effectiveness:

5

Ability to adapt style to context:

5

Use and understanding of supervision:

5

Written communication (including records):

5

Category Average: **5.0**

Comments:

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

## Organisational and Systemic Influence and Leadership

Ability to adapt and contribute to organisation:

5

Indirect influence of service deliver:

5

Leadership:

5

Recognise and respond to unethical practice:

5

Category Average: **5.0**

Comments:

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

## Placement Record

Placement Days: **144**

Sick Leave: **0**

Other Leave: **10**

Logbook Validated: **Yes**

### **Special Circumstances**

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

## **Assessment**

### **Clinical Work**

*This an example. The supervisor would input feedback for the learner / trainee here.*

### **Communications Assessed**

*This an example. The supervisor would input feedback for the learner / trainee here.*

### **Trainee Observation**

*This an example. The supervisor would input feedback for the learner / trainee here.*

---

## **Result**

### **Placement Fulfillment**

Yes

### **Summary**

*This an example. The supervisor would input feedback for the learner / trainee here.*

### **Overall Evaluation**

Pass

## 6.3 Terms of Reference for Placement Panel

## 6.2

---

### Placement Panel

---

#### Aims and Objectives

The aim of the Placement Panel is to provide advice and guidance to the Programme team regarding practice based learning modules content informed by new developments related to teaching and research.

#### Specifically, the placement panel will:

- Undertake and / or coordinate regular reviews of placement requirements, guidelines for specialist placements, clinical supervision guidelines and placement monitoring protocols and to advise the Board of Studies and course team of conclusions.
- Formulate and make recommendations to the Board of Studies and course team regarding programmes of supervisor training.
- Advise the course team on aspects of the university curriculum which are required in order to best prepare trainees for general and specialist clinical placements.
- Help ensure that, in overall aims and structure, the placement component of the training course in Clinical Psychology remains relevant to the training needs of clinical psychology in Northern Ireland and meets the standards required for professional accreditation.
- Facilitate liaison between training liaison psychologists and the clinical training course.
- Inform and advise the course on developments in clinical practice which should inform or be incorporated into placement planning and clinical training. To review the placement guidance issued by the Division of Clinical Psychology (DCP) faculties and special interest groups (including the regional groups) and make recommendations to the course.

#### Membership

The following shall be members of the Placement Panel; membership of the placement panel will be reviewed annually.

- The Placement Coordinator (usually a member of the programme staff team).
- The Clinical Tutor Team
- Training Liaison Psychologists or Service Manager (or representative) for each of the various DHSSPS health trusts in Northern Ireland.



- Up to four additional supervisor members may be co-opted onto the panel to ensure that membership reflects the range of placement specialisms in the region.
- A trainee representative. This will be the second year Board of Studies representative.

## **Meetings**

Meetings should take place at least twice a year and in advance of the Board of Studies meetings in December and May/June. Additional meetings may be called as necessary by two or more members in consultation with the Chair. The committee will report to Board of Studies. Meetings should be chaired by the clinical director. Agendas for meetings will be circulated at least one week before the meeting with a call for items for the agenda at least 2 – 3 weeks before. The Course Administrator will arrange for admin staff to take minutes for the meeting with these being circulated to members for any corrections.

## 6.4 Module Descriptors

## Module

**Title: Placement 1 – Foundations of Psychological Therapy**

**Code: PSY9016**

### Core Information

<b>Min Students</b>	<b>6</b>	<b>Managed By</b>	<b>David McCormack</b>
<b>Max Students</b>	<b>30</b>		
<b>CATS Points</b>	<b>65</b>	<b>Taught By</b>	<b>Various</b>
<b>UG/PG</b>	<b>Postgraduate</b>		
<b>JACS Subject</b>	<b>C842</b>		
<b>Course Level</b>	<b>Year 1</b>		
<b>Taught/Research</b>	<b>Research</b>		

### Course Contents

This module consists of practice based learning focused primarily on students gaining competence working with Adult and Older Adult populations presenting with psychological and emotional distress and specified mental ill health conditions.

### Skills

Students will develop competence in a primary therapeutic modality during this year long placement which draws on Cognitive-Behavioural (CBT) therapeutic approaches. The competence model for CBT (Roth and Pilling, 2008) will be utilised to guide students in their development of therapeutic skills.

### Descriptive Information

### Compulsory Elements

All of the course elements

### Learning Outcomes

Trainees are expected to acquire and evidence the following competencies in an Adult/Older Adult population presenting with psychological and emotional distress and specified mental ill health conditions while operating from predominately cognitive and behavioural techniques as specified in the competence model for CBT:

1. General Therapeutic competencies - develop knowledge of the model of therapy relevant to mental health problems and psychological/emotional distress of

adults/older adults. Demonstrate competence to work effectively with Adult and/or Older Adult clients with a range of clinical presentations including the ability to develop a therapeutic alliance, undertake a generic assessment of the client's difficulties and motivation for treatment. Ability to recognise and assess risk to the client or to others. Demonstrate a capacity to work effectively with wider systems relevant to clients (e.g. third sector, user-led systems). Ability to make use of supervision and engage effectively in supervision.

2. Implementing Therapeutic competencies - knowledge of the key elements of the therapeutic approach utilised and rationale for treatment including presenting this to client.
3. Specific therapeutic techniques – Demonstrate a knowledge of cognitive and behavioural approaches to treating mental health problems and psychological/emotional distress of adults/older adults including exposure techniques, applied relaxation and applied tension, activity monitoring and scheduling
4. Assessment and formulation – Ability to demonstrate effective guided discovery and Socratic questioning when conducting assessment. Ability to develop a formulation from assessment and use this to develop treatment plan/case conceptualisation. The capacity to utilise formulation to explicitly inform intervention.
5. Psychological intervention – Demonstrate ability to deliver the treatment plan while maintaining therapeutic alliance and engagement and fidelity to the therapeutic model. Show the capacity to integrate other therapy approaches (if appropriate) in keeping with a tailored formulation.
6. Meta competencies – Demonstrate ability to use clinical judgement when delivering treatment and to use client feedback to modify same if required. Demonstrate capacity to implement the therapeutic approach consistent with its underlying philosophy. Select and tailor therapeutic approach to specific client problems.
7. Psychological research/ Outcome evaluation – Ability to use patient reported outcome measures and self-monitoring to monitor treatment outcomes and contribute to service evaluation/audit. Ability to demonstrate evidence based practice as well as contribute to practice-based evidence.
8. Personal and professional skills and values – Show understanding of professional ethical guidelines and principles and capacity to apply these in clinical practice. Demonstrate personal and interpersonal awareness of self, individual and group processes and their impact on clinical practice. Show capacity to monitor and maintain own fitness to practice and manage a personal learning agenda. Show capacity to work collaboratively and constructively with others respecting diversity of backgrounds, values and views. Demonstrate capacity to recognise and respond effectively to malpractice or unethical behaviour in systems.
9. Communication and teaching - Demonstrate capacity to communicate effectively in speech and writing as required in practice. Demonstrate ability to write clinical reports and letters and maintain clinical case notes in line with NHS, HCPC and BPS guidance.

10. Organisational and systemic influence and leadership – Demonstrate capacity to promote psychological mindedness in teams and services and to adapt to different organisational contexts for service delivery. Know what is required to influence change through indirect interventions such as consultation, training and working effectively in multidisciplinary teams.

### Teaching Methods

Contact Teaching Methods		
Contact Type	Number of Contacts	Total Duration in Hours
Clinical Practice	1	620
Supervision	30	30
Non - Contact Teaching Methods		
Contact Type	Number of Contacts	
Fieldwork	1	

### Assessment

Exam Session		
Profile 1		
Element Type	Weight(%)	Duration
Clinical Practice Assessment of clinical competencies	100	

To pass the module you must achieve an overall Pass mark as determined by assessed rating of competencies related to the learning outcomes of the placement. Where a placement module is failed it must be retaken and passed.

### Links

<b>Pre-requisites</b>
None
<b>Co-requisites</b>
PSY9011; PSY9012; PSY9013; PSY9014; PSY9015
<b>Supplementary Notes</b>
The notional time for this module is 650 hours. This comprises client contact hours, supervision hours and time devoted to reading, consultation, indirect and service-related work.

## Module

Title: Placement 2

Code: PSY9022

### Core Information

Min Students	6	Managed By	David McCormack
Max Students	30		
CATS Points	55	Taught By	Various
UG/PG	Postgraduate		
JACS Subject	C842		
Course Level	Year 2		
Taught/Research	Research		

### Course Contents

This module consists of practice based learning focused primarily on students gaining competence working in Child and Family, Neuropsychology and/or Intellectual Disability settings with those presenting with psychological and emotional distress and specified mental ill health conditions.

### Skills

Students will develop competence in Systemic and other therapeutic approaches relevant to the clinical setting/client group during this 6-month placement. The relevant competence frameworks (Roth and Pilling, 2008) or standard competency rating tools relevant to the clinical setting will be utilised to guide students in their development of therapeutic skills.

### Descriptive Information

### Compulsory Elements

All of the course elements

### Learning Outcomes

Students are expected to acquire and evidence the following competencies in Adult and/or Older Adult and/or Children and/or Adolescents presenting with psychological and emotional distress and specified mental ill health conditions while operating from predominately Systemic approaches or approaches relevant to the clinical setting:

1. General Therapeutic competencies - develop knowledge of the model of therapy relevant to mental health problems and psychological/emotional distress of

adults/older adults/children/adolescents. Demonstrate competence to work effectively with Adult and/or Older Adult and/or Child and/or Adolescent clients with a range of clinical presentations including the ability to develop a therapeutic alliance, undertake a generic assessment of the client's difficulties and motivation for treatment. Ability to recognise and assess risk to the client or to others. Demonstrate a capacity to work effectively with wider systems relevant to clients (e.g. third sector, user-led systems). Ability to make use of supervision and engage effectively in supervision.

2. Implementing Therapeutic competencies - knowledge of the key elements of the therapeutic approach utilised and rationale for treatment including presenting this to client.
3. Specific therapeutic techniques – Demonstrate a knowledge of systemic or other relevant therapeutic approaches to treating mental health problems and psychological/emotional distress of adults/older adults/children and adolescents.
4. Assessment and formulation – Ability to demonstrate effective guided discovery and Socratic questioning when conducting assessment. Ability to develop a formulation from assessment and use this to develop treatment plan/case conceptualisation. The capacity to utilise formulation to explicitly inform intervention.
5. Psychological intervention – Demonstrate ability to deliver the treatment plan while maintaining therapeutic alliance and engagement and fidelity to the therapeutic model. Show the capacity to integrate other therapy approaches (if appropriate) in keeping with a tailored formulation.
6. Meta competencies – Demonstrate ability to use clinical judgement when delivering treatment and to use client feedback to modify same if required. Demonstrate capacity to implement the therapeutic approach consistent with its underlying philosophy. Select and tailor therapeutic approach to specific client problems.
7. Psychological research/ Outcome evaluation – Ability to use patient reported outcome measures and self-monitoring to monitor treatment outcomes and contribute to service evaluation/audit. Ability to demonstrate evidence based practice as well as contribute to practice-based evidence.
8. Personal and professional skills and values – Show understanding of professional ethical guidelines and principles and capacity to apply these in clinical practice. Demonstrate personal and interpersonal awareness of self, individual and group processes and their impact on clinical practice. Show capacity to monitor and maintain own fitness to practice and manage a personal learning agenda. Show capacity to work collaboratively and constructively with others respecting diversity of backgrounds, values and views. Demonstrate capacity to recognise and respond effectively to malpractice or unethical behaviour in systems.
9. Communication and teaching - Demonstrate capacity to communicate effectively in speech and writing as required in practice. Demonstrate ability to write clinical reports and letters and maintain clinical case notes in line with NHS, HCPC and BPS guidance.
10. Organisational and systemic influence and leadership – Demonstrate capacity to promote psychological mindedness in teams and services and to adapt to different

organisational contexts for service delivery. Know what is required to influence change through indirect interventions such as consultation, training and working effectively in multidisciplinary teams.

<b>Teaching Methods</b>
-------------------------

<b>Contact Teaching Methods</b>		
<b>Contact Type</b>	<b>Number of Contacts</b>	<b>Total Duration in Hours</b>
<b>Clinical Practice</b>	<b>1</b>	<b>470</b>
<b>Supervision</b>	<b>30</b>	<b>30</b>
<b>Non - Contact Teaching Methods</b>		
<b>Contact Type</b>	<b>Number of Contacts</b>	
<b>Fieldwork</b>	<b>1</b>	

<b>Assessment</b>
-------------------

<b>Exam Session</b>		
<b>Profile 1</b>		
<b>Element Type</b>	<b>Weight(%)</b>	<b>Duration</b>
<b>Clinical Practice Assessment of clinical competencies</b>	<b>100</b>	

To pass the module you must achieve an overall **Pass** mark. This will equate to achieving an overall minimum rating of 3 in each competence relevant to the placement experience. Where a placement module is Failed overall, it must be retaken in its entirety at the next suitable opportunity. Only one retake attempt will be permitted. **Please note** that retaking the module may not be possible immediately and the student might be required to take a period of temporary withdrawal from studies.

<b>Links</b>
--------------

<b>Pre-requisites</b>
<b>PSY 9011, 9012, 9013, 9014, 9015, 9016</b>
<b>Co-requisites</b>
<b>PSY9017; PSY9018; PSY9019; PSY9020; PSY9021, PSY9023</b>
<b>Supplementary Notes</b>
<b>The notional time for this module is 550 hours. This comprises Client contact hours, supervision hours and time devoted to reading, consultation, indirect and service-related work.</b>



## Module

Title: Placement 3

Code: PSY9023

### Core Information

Min Students	6	Managed By	David McCormack
Max Students	30		
CATS Points	50	Taught By	Various
UG/PG	Postgraduate		
JACS Subject	C842		
Course Level	Year 2		
Taught/Research	Research		

### Course Contents

This module consists of practice based learning focused primarily on students gaining competence working in Child and Family, Neuropsychology and/or Intellectual Disability settings with those presenting with psychological and emotional distress and specified mental ill health conditions.

### Skills

Students will develop competence in Systemic and other therapeutic approaches relevant to the clinical setting/client group during this 6-month placement. The relevant competence frameworks (Roth and Pilling, 2008) or standard competency rating tools relevant to the clinical setting will be utilised to guide students in their development of therapeutic skills.

### Descriptive Information

### Compulsory Elements

All of the course elements

### Learning Outcomes

Students are expected to acquire and evidence the following competencies in Adult and/or Older Adult and/or Child presenting with psychological and emotional distress and specified mental ill health conditions while operating from predominately Systemic approaches or approaches relevant to the clinical setting:

1. General Therapeutic competencies - develop knowledge of the model of therapy relevant to mental health problems and psychological/emotional distress of adults/older adults/children/adolescents. Demonstrate competence to work effectively with Adult and/or Older Adult and/or Child and/or Adolescent clients with a range of clinical presentations including the ability to develop a therapeutic alliance, undertake a generic assessment of the client's difficulties and motivation for treatment. Ability to recognise and assess risk to the client or to others. Demonstrate a capacity to work effectively with wider systems relevant to clients (e.g. third sector, user-led systems). Ability to make use of supervision and engage effectively in supervision.
2. Implementing Therapeutic competencies - knowledge of the key elements of the therapeutic approach utilised and rationale for treatment including presenting this to client.
3. Specific therapeutic techniques – Demonstrate a knowledge of cognitive and behavioural approaches to treating mental health problems and psychological/emotional distress of adults/older adults including exposure techniques, applied relaxation and applied tension, activity monitoring and scheduling
4. Assessment and formulation – Ability to demonstrate effective guided discovery and Socratic questioning when conducting assessment. Ability to develop a formulation from assessment and use this to develop treatment plan/case conceptualisation. The capacity to utilise formulation to explicitly inform intervention.
5. Psychological intervention – Demonstrate ability to deliver the treatment plan while maintaining therapeutic alliance and engagement and fidelity to the therapeutic model. Show the capacity to integrate other therapy approaches (if appropriate) in keeping with a tailored formulation.
6. Meta competencies – Demonstrate ability to use clinical judgement when delivering treatment and to use client feedback to modify same if required. Demonstrate capacity to implement the therapeutic approach consistent with its underlying philosophy. Select and tailor therapeutic approach to specific client problems.
7. Psychological research/ Outcome evaluation – Ability to use patient reported outcome measures and self-monitoring to monitor treatment outcomes and contribute to service evaluation/audit. Ability to demonstrate evidence based practice as well as contribute to practice-based evidence.
8. Personal and professional skills and values – Show understanding of professional ethical guidelines and principles and capacity to apply these in clinical practice. Demonstrate personal and interpersonal awareness of self, individual and group processes and their impact on clinical practice. Show capacity to monitor and maintain own fitness to practice and manage a personal learning agenda. Show capacity to work collaboratively and constructively with others respecting diversity of backgrounds, values and views. Demonstrate capacity to recognise and respond effectively to malpractice or unethical behaviour in systems.
9. Communication and teaching - Demonstrate capacity to communicate effectively in speech and writing as required in practice. Demonstrate ability to write clinical reports

and letters and maintain clinical case notes in line with NHS, HCPC and BPS guidance.

10. Organisational and systemic influence and leadership – Demonstrate capacity to promote psychological mindedness in teams and services and to adapt to different organisational contexts for service delivery. Know what is required to influence change through indirect interventions such as consultation, training and working effectively in multidisciplinary teams.

<b>Teaching Methods</b>
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<b>Contact Teaching Methods</b>		
<b>Contact Type</b>	<b>Number of Contacts</b>	<b>Total Duration in Hours</b>
<b>Clinical Practice</b>	<b>1</b>	<b>500</b>
<b>Supervision</b>	<b>20-30</b>	<b>20-30</b>
<b>Non - Contact Teaching Methods</b>		
<b>Contact Type</b>	<b>Number of Contacts</b>	
<b>Fieldwork</b>	<b>1</b>	

<b>Assessment</b>
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<b>Exam Session</b>		
<b>Profile 1</b>		
<b>Element Type</b>	<b>Weight(%)</b>	<b>Duration</b>
<b>Clinical Practice Assessment of clinical competencies</b>	<b>100</b>	

To pass the module you must achieve an overall **Pass** mark. This will equate to achieving an overall minimum rating of 3 in each competence relevant to the placement experience. Where a placement module is Failed overall, it must be retaken in its entirety at the next suitable opportunity. Only one retake attempt will be permitted. **Please note** that retaking the module may not be possible immediately and the student might be required to take a period of temporary withdrawal from studies.

<b>Links</b>
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<b>Pre-requisites</b>
<b>PSY 9011, 9012, 9013, 9014, 9015, 9016</b>

**Co-requisites**

**PSY9017; PSY9018; PSY9019; PSY9020; PSY9021, PSY9022**

**Supplementary Notes**

**The notional time for this module is 500 hours. This comprises Client contact hours, supervision hours and time devoted to reading, consultation, indirect and service-related work.**

**Module****Title: Placement 4 - Specialist****Code: PSY9027****Core Information**

<b>Min Students</b>	<b>6</b>	<b>Managed By</b>	<b>David McCormack</b>
<b>Max Students</b>	<b>30</b>		
<b>CATS Points</b>	<b>50</b>	<b>Taught By</b>	<b>Various</b>
<b>UG/PG</b>	<b>Postgraduate</b>		
<b>JACS Subject</b>	<b>C842</b>		
<b>Course Level</b>	<b>Year 3</b>		
<b>Taught/Research</b>	<b>Research</b>		

**Course Contents**

This module consists of practice based learning focused primarily on students gaining competence working with Specialist populations presenting with psychological and emotional distress and specified mental ill health conditions.

**Skills**

Students will develop competence a range of therapeutic approaches relevant to the clinical setting during this 6-month placement. The relevant competence frameworks (Roth and Pilling, 2008) or standard competency tools relevant to the clinical setting will be utilised to guide students in their development of therapeutic skills.

**Descriptive Information****Compulsory Elements**

All of the course elements

**Learning Outcomes**

Students are expected to acquire and evidence the following competencies in Adult and/or Older Adult and/or Child presenting with psychological and emotional distress and specified mental ill health conditions while operating from evidenced-based therapy approaches relevant to the clinical setting:

1. General Therapeutic competencies - develop knowledge of the model of therapy relevant to mental health problems and psychological/emotional distress of

## 5c. PSY9027 Placement 4

adults/older adults and/or child populations. Demonstrate competence to work effectively with Adult and/or Older Adult and/or Child clients with a range of clinical presentations including the ability to develop a therapeutic alliance, undertake a generic assessment of the client's difficulties and motivation for treatment. Ability to recognise and assess risk to the client or to others. Demonstrate a capacity to work effectively with wider systems relevant to clients (e.g. third sector, user-led systems). Ability to make use of supervision and engage effectively in supervision.

2. Implementing Therapeutic competencies - knowledge of the key elements of the therapeutic approach utilised and rationale for treatment including presenting this to client.
3. Specific therapeutic techniques – Demonstrate a knowledge of evidenced-based therapies for treating mental health problems and psychological/emotional distress across the lifespan.
4. Assessment and formulation – Ability to demonstrate effective guided discovery and Socratic questioning when conducting assessment. Ability to develop a formulation from assessment and use this to develop treatment plan/case conceptualisation. The capacity to utilise formulation to explicitly inform intervention.
5. Psychological intervention – Demonstrate ability to deliver the treatment plan while maintaining therapeutic alliance and engagement and fidelity to the therapeutic model. Show the capacity to integrate other therapy approaches (if appropriate) in keeping with a tailored formulation.
6. Meta competencies – Demonstrate ability to use clinical judgement when delivering treatment and to use client feedback to modify same if required. Demonstrate capacity to implement the therapeutic approach consistent with its underlying philosophy. Select and tailor therapeutic approach to specific client problems.
7. Psychological research/ Outcome evaluation – Ability to use patient reported outcome measures and self-monitoring to monitor treatment outcomes and contribute to service evaluation/audit. Ability to demonstrate evidence based practice as well as contribute to practice-based evidence.
8. Personal and professional skills and values – Show understanding of professional ethical guidelines and principles and capacity to apply these in clinical practice. Demonstrate personal and interpersonal awareness of self, individual and group processes and their impact on clinical practice. Show capacity to monitor and maintain own fitness to practice and manage a personal learning agenda. Show capacity to work collaboratively and constructively with others respecting diversity of backgrounds, values and views. Demonstrate capacity to recognise and respond effectively to malpractice or unethical behaviour in systems.
9. Communication and teaching - Demonstrate capacity to communicate effectively in speech and writing as required in practice. Demonstrate ability to write clinical reports and letters and maintain clinical case notes in line with NHS, HCPC and BPS guidance.
10. Organisational and systemic influence and leadership – Demonstrate capacity to promote psychological mindedness in teams and services and to adapt to different

## 5c. PSY9027 Placement 4

organisational contexts for service delivery. Know what is required to influence change through indirect interventions such as consultation, training and working effectively in multidisciplinary teams.

### Teaching Methods

#### Contact Teaching Methods

Contact Type	Number of Contacts	Total Duration in Hours
Clinical Practice	1	500
Supervision	20-30	20-30

#### Non - Contact Teaching Methods

Contact Type	Number of Contacts
Fieldwork	1

### Assessment

Exam Session		
Profile 1		
Element Type	Weight(%)	Duration
Clinical Practice Assessment of clinical competencies	100	

To pass the module you must achieve an overall **Pass** mark. This will equate to achieving an overall minimum rating of 3 in each competence relevant to the placement experience.

Where a placement module is Failed overall, it must be retaken in its entirety at the next suitable opportunity. Only one retake attempt will be permitted. **Please note** that retaking the module may not be possible immediately and the student might be required to take a period of temporary withdrawal from studies.

### Links

#### Pre-requisites

9011, 9012, 9013, 9014, 9015, 9016, 9017, 9018, 9019, 9020, 9021, 9022, 9023

#### Co-requisites

PSY9024; PSY9025; PSY9026; PSY9028;

**Supplementary Notes**

The notional time for this module is 500 hours. This comprises Client contact hours, supervision hours and time devoted to reading, consultation, indirect and service-related work.



## Module

**Title: Placement 5 - Specialist**

**Code: PSY9028**

### Core Information

<b>Min Students</b>	<b>6</b>	<b>Managed By</b>	<b>David McCormack</b>
<b>Max Students</b>	<b>30</b>		
<b>CATS Points</b>	<b>50</b>	<b>Taught By</b>	<b>Various</b>
<b>UG/PG</b>	<b>Postgraduate</b>		
<b>JACS Subject</b>	<b>C842</b>		
<b>Course Level</b>	<b>Year 3</b>		
<b>Taught/Research</b>	<b>Research</b>		

### Course Contents

This module consists of practice based learning focused primarily on students gaining competence working with Specialist populations presenting with psychological and emotional distress and specified mental ill health conditions.

### Skills

Students will develop competence a range of therapeutic approaches relevant to the clinical setting during this 6-month placement. The relevant competence frameworks (Roth and Pilling, 2008) or standard competency tools relevant to the clinical setting will be utilised to guide students in their development of therapeutic skills.

### Descriptive Information

### Compulsory Elements

All of the course elements

### Learning Outcomes

Students are expected to acquire and evidence the following competencies in Adult and/or Older Adult and/or Child presenting with psychological and emotional distress and specified mental ill health conditions while operating from evidenced-based therapy approaches relevant to the clinical setting:

1. General Therapeutic competencies - develop knowledge of the model of therapy relevant to mental health problems and psychological/emotional distress of

adults/older adults and/or child populations. Demonstrate competence to work effectively with Adult and/or Older Adult and/or Child clients with a range of clinical presentations including the ability to develop a therapeutic alliance, undertake a generic assessment of the client's difficulties and motivation for treatment. Ability to recognise and assess risk to the client or to others. Demonstrate a capacity to work effectively with wider systems relevant to clients (e.g. third sector, user-led systems). Ability to make use of supervision and engage effectively in supervision.

2. Implementing Therapeutic competencies - knowledge of the key elements of the therapeutic approach utilised and rationale for treatment including presenting this to client.
3. Specific therapeutic techniques – Demonstrate a knowledge of evidenced-based therapies for treating mental health problems and psychological/emotional distress across the lifespan.
4. Assessment and formulation – Ability to demonstrate effective guided discovery and Socratic questioning when conducting assessment. Ability to develop a formulation from assessment and use this to develop treatment plan/case conceptualisation. The capacity to utilise formulation to explicitly inform intervention.
5. Psychological intervention – Demonstrate ability to deliver the treatment plan while maintaining therapeutic alliance and engagement and fidelity to the therapeutic model. Show the capacity to integrate other therapy approaches (if appropriate) in keeping with a tailored formulation.
6. Meta competencies – Demonstrate ability to use clinical judgement when delivering treatment and to use client feedback to modify same if required. Demonstrate capacity to implement the therapeutic approach consistent with its underlying philosophy. Select and tailor therapeutic approach to specific client problems.
7. Psychological research/ Outcome evaluation – Ability to use patient reported outcome measures and self-monitoring to monitor treatment outcomes and contribute to service evaluation/audit. Ability to demonstrate evidence based practice as well as contribute to practice-based evidence.
8. Personal and professional skills and values – Show understanding of professional ethical guidelines and principles and capacity to apply these in clinical practice. Demonstrate personal and interpersonal awareness of self, individual and group processes and their impact on clinical practice. Show capacity to monitor and maintain own fitness to practice and manage a personal learning agenda. Show capacity to work collaboratively and constructively with others respecting diversity of backgrounds, values and views. Demonstrate capacity to recognise and respond effectively to malpractice or unethical behaviour in systems.
9. Communication and teaching - Demonstrate capacity to communicate effectively in speech and writing as required in practice. Demonstrate ability to write clinical reports and letters and maintain clinical case notes in line with NHS, HCPC and BPS guidance.
10. Organisational and systemic influence and leadership – Demonstrate capacity to promote psychological mindedness in teams and services and to adapt to different

organisational contexts for service delivery. Know what is required to influence change through indirect interventions such as consultation, training and working effectively in multidisciplinary teams.

## Teaching Methods

### Contact Teaching Methods

Contact Type	Number of Contacts	Total Duration in Hours
Clinical Practice	1	500
Supervision	20-30	20-30

### Non - Contact Teaching Methods

Contact Type	Number of Contacts
Fieldwork	1

## Assessment

Exam Session		
Profile 1		
Element Type	Weight(%)	Duration
Clinical Practice Assessment of clinical competencies	100	

To pass the module you must achieve an overall **Pass** mark. This will equate to achieving an overall minimum rating of 3 in each competence relevant to the placement experience. Where a placement module is Failed overall, it must be retaken in its entirety at the next suitable opportunity. Only one retake attempt will be permitted. **Please note** that retaking the module may not be possible immediately and the student might be required to take a period of temporary withdrawal from studies.

## Links

### Pre-requisites

9011, 9012, 9013, 9014, 9015, 9016, 9017, 9018, 9019, 9020, 9021, 9022, 9023

### Co-requisites

PSY 9024, 9025, 9026, 9027,

**Supplementary Notes**

The notional time for this module is 500 hours. This comprises Client contact hours, supervision hours and time devoted to reading, consultation, indirect and service-related work.