# Individual Training Plan (ITP) Form

Table 1. Summary of placement details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Community Engagement** | **Direct Placement** | **Project Work** | **Indirect Placement** | **Community Placement** | **Leadership Placement** |
| DATE OF MEETING INITIAL/NEW SUPERVISOR | **15.10.21** | **03.01.21** |  |  |  |  |
| PLACEMENT | **Princeport** | **Clinical Health Psychology**  |  |  |  |  |
| LOCATION | **North Lancashire** | **Emmerson Hospital** |  |  |  |  |
| **SUPERVISOR(S)** | **Alex Black** | **Pat White** |  |  |  |  |
| **DATES OF PLACEMENT****FROM/TO** | **15.10.21 – 15.12.21** | **03.01.22 – 30.09.22** |  |  |  |  |
| **DATE OF MID PLACEMENT MEETINGS** |  | **22.03.22** |  |  |  |  |
| **06.07.22** |
| **MID PLACEMENT FACILITATED BY** |  | **Kam Green** |  |  |  |  |
| **Kam Green** |
| **DATE OF END OF PLACEMENT PHONE CALL** |  | **23.09.22** |  |  |  |  |

*A record of all placements completed and the assessment of those placements is kept by the Programme Secretary and reviewed by Programme staff.*

**Section 2 – Planning**

This section provides the opportunity to monitor activity and wellbeing. Reviews of annual leave (Table 2.1) should ensure that leave is being scheduled appropriately and made use of to ensure a positive work/life balance. Any challenges to taking leave (or instances of conducting programme activity whilst on annual leave) should be discussed. It is the trainee’s responsibility to log this information on a rolling basis.

Table 2.1 – Annual leave

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Annual Leave Allowance** | **Days taken** | **Days booked (still to take)** | **Days remaining** |
| **Year 1: September – March** | 15.75 | 15.75 | 0 | 0 |
| **Year 2: April – March** | 27 | 10 | 4 | 13 |
| **Year 3: April – March**  |  |  |  |  |
| **Year 4: March –**  |  |  |  |  |

Table 2.2 – Sickness absence

|  |  |  |
| --- | --- | --- |
| **Period of sickness (dates from – to)** | **Activities missed** | **Return to work interview (date and any actions)** |
| 26.01.22 – 28.01.22 | 1 x teaching, 1x placement day, 1x study day | 24.01.22. Use study time to read teaching slides |
|  |  |  |
|  |  |  |
|  |  |  |

Table 2.3 – Absences from teaching

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Teaching session** | **Teaching strand** | **Reason** |
| 26.01.22 | Intro to leadership and professional influencing | Leadership | Sickness absence |
| 16.02.22 | Child LD/development Problems and Autism | PhysCog | Annual Leave |
|  |  |  |  |
|  |  |  |  |

Table 2.4 – Continuing Professional Development

|  |  |  |
| --- | --- | --- |
| **Date** | **CPD Accessed** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Table 2.5 – Individual support plans

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Strengths of support plan** | **Drawbacks of support plan** | **Actions**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Table 2.5 – Concerns processes

|  |  |  |
| --- | --- | --- |
| **Date** | **Nature of concern** | **Outcome** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Section 3 – Competencies in Clinical Activities**

The table below provides a space to summarise your experiences and feedback from the various clinical components of the programme:

In the competency column, please indicate those competencies you have identified as a *strength* and those you have identified as a *development priority* within the self-assessment exercise (SAE) process.

As you complete each clinical component of the programme, please make a brief note regarding your development of each of the competencies. For clinical placements, please also copy the key elements of feedback from the supervisor’s assessment of trainee (SAT) form, along with the supervisor’s rating.

Table 3.1 – Clinical Activity Feedback

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Experience** | **Community Engagement** | **Direct Placement** | **Project Work** | **Indirect Placement** | **Community Placement** | **Leadership Placement** | **Programme Activity[[1]](#footnote-1)** |
| Number of clients  |  | 23 |  |  |  |  |  |
| Age range |  | 2-46 |  |  |  |  |  |
| Specific population |  | Paediatrics |  |  |  |  |  |
| Developmental delay, cognitive challenge or neurodiversity |  | Psycho-ed group on impact of brain injury2 x neuropsychological test battery |  |  |  |  |  |
| Psychological models used |  | CBT, ACT, narrative |  |  |  |  |  |
| Number of direct contacts |  | 125 |  |  |  |  |  |
| Number of indirect contacts |  | 72 |  |  |  |  |  |
|  |
| **Competency** | **Community Engagement** | **Direct Placement** | **Project Work** | **Indirect Placement** | **Community Placement** | **Leadership Placement** | **Programme Activity**1 |
| 1. Commitment to inclusivity
 | Prioritised engaging with refugee and homelessness charities.  | Reviewed service accessibility following COVID adaptations |  |  |  |  | As part of Pastoral DIG, provided feedback on trainee wellbeing document  |
| **SAT RATING** Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Verbal and non-verbal communication skills
 | Adapted communication for meetings with community members and professionals. Emails to set up meetings. | Feedback on recordings that I adapted language and used silence effectively |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Self-awareness, open to learning

***Development need*** | Reflected on confidence in supervision.Want to feel more comfortable with feedback (e.g. comm skills) | “use of supervision has generally been task focused. Further focus on developing capacity to self-reflect is important within future placements.” |  |  |  |  |  |
| **SAT RATING**Requires attention | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Personal maturity
 | Took responsibility within the group. Developing sense of autonomy. | Able to work autonomously in remote context. Self-motivated - “identified and completed additional tasks for the benefit of the service” |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Warmth & empathy

***Strength*** | Engaged well with people. Open conversations gained lots of relevant information. | Ability to convey warmth and empathy effectively in different contexts (e.g. in brief intervention, to family members in conflict etc) |  |  |  |  | Formative roleplay, this was highlighted as a strength |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Resilience

***Development need*** | Aware of need to be more flexible in managing changes to plans. | At times, became overwhelmed by workload – recognise additional tasks as effort to create certainty, which is not sustainable |  |  |  |  |  |
| **SAT RATING**Requires attention | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Professional Skills

***Development need*** | Need to work on time management – struggled to maintain boundaries of the task | **“**Well prepared and organised in managing the sometimes competing demands of inpatient and outpatient work”. Recognise this was to the detriment of work-life balance though |  |  |  |  | Formative roleplay – time pressure impacted on collaboration and I ran out of time for ending |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Motivation & application

***Strength*** | Enthusiasm and commitment noted by peers and supervisors. | “enthusiastic member of the team”. Motivated to learn as much as possible and get best possible outcome for people I am working with |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Contextual awareness
 | Gained greater understanding of range of context factors I will now be able to consider within formulation | “Developing awareness of the importance of broader context for those accessing physical health services”. Need to consider in future placement contexts |  |  |  |  |  |
| **SAT RATING**Requires attention | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Problem solving & decision making
 | Decision making re information to include within presentation – weighing up goals and priorities | Considered most helpful response to clients. “Needs to develop confidence in clinical decisions” (appropriate to stage of training) |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Ethical practice & decision making
 | Discussed ethics of project within supervision | Used supervision to reflect on dilemmas of consent to engage within context of physical health systems. |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Interpersonal skills

***Strength*** | Able to share observations of group dynamics within the project – felt helpful to the process. | Managed conflict within family appointments, and between client and consultant. |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Assessment
 | Developing confidence in being able to ask people about their lives | Used range of assessment approaches. “Engaged children well in process of assessment” |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Formulation
 | Drawing together all information to create presentation | CBT and narrative. Want to draw on other models within next placement |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Intervention

***Development need*** | N/A | CBT, ACT and narrative (including group). As with formulation, want to broaden knowledge of other models |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Evaluation
 | N/A | Service outcome measures. PHQ-9 |  |  |  |  |  |
| **SAT RATING** | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Teaching
 | Delivered presentation on cross-cohort day | Delivered teaching on learning from community engagement project in a team meeting  |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Consultation
 | Shared general community perspectives with professional organisations | Brief consultation with staff and families as part of inpatient work |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Supervision of others
 | N/A | N/A |  |  |  |  | Developing confidence in sharing opinions within peer supervision group |
| **SAT RATING**No opportunity | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Service development
 | Considered potential implications for future service development within presentation | Worked with supervisor on reviewing attendance policies |  |  |  |  |  |
| **SAT RATING**No opportunity | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Risk assessment
 | Aware of risk management policy within the project – no direct experience | “Able to conduct sensitive and comprehensive risk assessments in challenging circumstances” |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Keeping records and info governance
 | Took notes of meetings and shared with others in my group | “notes were appropriately detailed and recorded in accordance with trust policy” |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Knowledge and creative application
 | N/A | “able to draw on narrative principles from the group, and effectively adapt these to meet the specific needs of a 1:1 client” |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Community engagement skills
 | Considered a wide variety of contextual factors and developed skills in understanding community needs, strengths and resources. Established positive partnerships with stakeholders and was able to link some together | N/A |  |  |  |  |  |
| **SAT RATING**No opportunity | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Facilitating meetings or collaborative projects
 | Developed confidence in asserting my opinion within group decision making | N/A |  |  |  |  |  |
| **SAT RATING** No opportunity  | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Written communication
 | Some input to written presentation | Ending letters: “thoughtful and engaging letters which succinctly communicated key points of their work together”TPA: “clear and considered” |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Working alongside SU
 | Conversations with community members helped to shape the presentation – facilitated community members attending the presentation day | N/A |  |  |  |  |  |
| **SAT RATING**No opportunity | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Multi-professional liaison
 | N/A | Liaison with other MDT members around individual client care. School liaison for 1 client. |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Service audit
 | N/A | N/A |  |  |  |  |  |
| **SAT RATING**No opportunity | **SAT RATING** | **SAT RATING** | **SAT RATING** |
| 1. Managing a reasonable workload
 | Sometimes struggled to manage community engagement alongside other course task.  | Diverse workload – need to determine boundaries re what is ‘reasonable’ |  |  |  |  |  |
| **SAT RATING**Satisfactory | **SAT RATING** | **SAT RATING** | **SAT RATING** |

#  Section 4 – E-Portfolio Summary

Please report your e-portfolio summary percentages (as submitted with your end of placement documentation) in the table below.

Table 4.1 – E-Portfolio Completion Levels

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Community Engagement[[2]](#footnote-2)** | **Direct Placement** | **Project Work** | **Indirect Placement** | **Community Placement** | **Leadership Placement** |
| Cognitive Behavioural Therapy [CBT] | 19% | 54% |  |  |  |  |
| Family Therapy and Systemic Practice [FTSP] | 12% | 34% |  |  |  |  |
| Neuropsychological [NCF] | 3% | 38% |  |  |  |  |
| Cognitive Analytic Therapy [CAT] | 0% | 16% |  |  |  |  |
| Leadership [LCP] | 18% | 26% |  |  |  |  |
| Knowledge outcomes | 6% | 14% |  |  |  |  |

# Section 5 – Development of Research Skills

The table below provides a space to chart and reflect on the development of your research skills through the various research activities that you undertake on the programme.

The research activity column lists the main research activities. The reflection column is a space for you to reflect on your skills and development needs relating to this activity.

Table 5.1 – Research skills

|  |  |  |
| --- | --- | --- |
| **Research activity** | **Reflection on skills and development needs** | **Date** |
| Thesis preparation assignment | * Need to update literature searching skills, statistical skills and confidence with academic writing.
* Completing and passing TPA has increased my confidence in interpreting statistics and academic writing. Still not very confident with writing critically.
* I now have a good understanding of the evidence base for mentalisation based therapy and feel confident to start work on thesis.

Still unsure about how to choose a qualitative method to use for thesis. | Dec 2021April 2022 |
| Thesis proposal | Decided on grounded theory to look at the therapeutic process in MBT. Not confident yet about doing GT, but have found some example papers and am starting to collect key references.  | June 2022 |
| Ethics application  |  |  |
| Systematic literature review |  |  |
| Data collection |  |  |
| Data analysis |  |  |
| Writing up |  |  |
| Publication |  |  |

# Section 6 – Competencies in Academic Activities

The table below provides a space to summarise your experiences and feedback from the various academic components of the programme.

Please summarise the key elements of feedback from the trainee feedback forms, along with rating for ‘active’ assessment domains. Please add columns if needed e.g. when one more than one attempt is made per assignment.

Table 6.1 – Academic Assignment Feedback

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Domain | SAE[[3]](#footnote-3) | TPA[[4]](#footnote-4) | PALS1[[5]](#footnote-5) | PALS23 | PALS33 | PASE[[6]](#footnote-6) | SIPP[[7]](#footnote-7) |
| Collating information and knowledge for specific purpose (gathering) | Drew effectively on personal and professional experiences and utilised helpful self-evaluation tools. | Drew on a broad range of qualitative and quantitative evidence. Well documented search strategy. |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |
| Critical analysis and synthesis (analysing) | Effectively identified assumptions and demonstrated capacity to challenge these.Rationale for strategy could have been clearer. | Combined quantitative and qualitative evidence well to support the points made. Evidence of ability to critically appraise ideas, but could have done more to identify assumptions underlying measures used.  |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |
| Strategy for application (deciding) | Made realistic and specific recommendations for future development  | The rationale for the thesis topic was clearly developed from the review findings. Realistic clinical implications were identified. |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |
| Performance skills (doing) | Surprised myself with how the viva went. |   |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |
| Responsive to impact and learning from experiences (responding) | Open and honest in reflections on learning needs |  |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |
| Communicating information effectively (communicating) | “Areas of lesser confidence were evident in your communication style within the viva”. | Written communication was mostly clear and error free. Occasionally the flow of my argument was not clear. Need to work on spelling out and substantiating each point.  |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |
| Interpersonal skills and collaboration (interacting) |  |  |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |
| Organisational skills (organising) |  |  |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |
| Essential knowledge (knowing) |  |  |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |
| Professional behaviour (behaving) |  |  |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |
| Outcome |  |  |  |  |  |  |  |
| **RATING** PASS | **RATING** PASS | **RATING** | **RATING** | **RATING** | **RATING** | **RATING** |

**Coursework Submission Summary**

The focus here is on the scheduling of submissions to monitor the impact of any changes to submission deadlines on other assignment submissions.

Table 6.2 – Assignment Scheduling

| **Year**  | **Assignment** | **Status of submission** | **Month of submission** | **Outcome** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| 1 | SAE | Submission 1 | November 2021 | N/A |  |
| 1 | SAE | Viva | December 2021 | Pass |  |
| 1 | TPA | Submission 1 | March 2022 |  |  |
|  |  | Submission 2 |  |  |  |
| 1 | PALS #1 | Submission 1 |  |  |  |
|  |  | Submission 2 |  |  |  |
| 2 | SIPP | Submission 1 |  |  |  |
|  |  | Submission 2 |  |  |  |
| 2 | PALS #2 | Submission 1 |  |  |  |
|  |  | Submission 2 |  |  |  |
| 2 | PASE | Submission 1 |  |  |  |
|  |  | Submission 2 |  |  |  |
|  |  | Resubmission |  |  |  |
| 3 | PALS #3 | Submission 1 |  |  |  |
|  |  | Submission 2 |  |  |  |
| 3 | Thesis | Submission 1 |  |  |  |
|  |  | Viva |  |  |  |

# Section 7 – Inclusive Practice

The following questions are intended to help prompt thinking around inclusivity issues throughout training. These should be thought about in advance, and discussed within the ITP meeting.

1. Inclusive practice noted in experiences since last review (e.g. in placement, how does the service ensure it meets the needs of all those in the general local population?)
2. Barriers to inclusive practice noted in experiences since last review (e.g. in placement, challenges to inclusivity in services noted).
3. Focusing on one or two themes/issues that have emerged from questions 1 and 2, what approaches could overcome barriers and improve inclusivity?
4. In what way have service-users been involved in contributing to and influencing the elements of your training since the last review? (For example, organising/participating in service-user led groups, routinely being asked for feedback on their experiences of the service). How could service-user involvement be improved?
5. What are your personal experiences of inclusivity within your training activities since the last review? For example, have you felt that the services you have been working within valued and welcomed diversity amongst staff members? If so, what made this possible? If not, what would help to improve this?
6. How has your thinking about inclusivity issues changed since the point of the last review, and what were the mechanisms that enabled this change?

# Section 8 – Self-Reflection and Action Points

This section provides you with the opportunity to reflect on your development so far, and your plans for the next stage of training. You may wish to complete Parts A and B in advance of the ITP meeting. Part C should be completed after discussion in the ITP meeting.

## ITP 1

PART A: As a developing Trainee Clinical Psychologist, what do you currently feel are your key strengths and areas for development?

|  |  |  |
| --- | --- | --- |
|  | **Strengths** | **Areas for Development** |
| **Clinical[[8]](#footnote-8)** | Warmth and empathyEnthusiasm and commitmentInterpersonal skills | Seeking and responding to feedbackManaging workload – monitoring enthusiasm and sometimes saying no!Broadening knowledge of intervention approaches |
| **Research**  | Enthusiasm for the topic and to learn new research skills | Statistical analysis and interpreting quantitative researchAcademic writing skills |
| **Academic Assignments** | Identifying recommendations | Developing confidence in presentation |
| **Personal and Professional** | Commitment to developing as a trainee clinical psychologist. Enthusiasm for learning from training opportunities | Need to understand more about myself and how my own perspectives impact on my work. |

PART B: What are your key areas of progress since the SAE?

|  |  |
| --- | --- |
|  | **Progress** |
| **Clinical[[9]](#footnote-9)8** | Developing skills in working with younger people with various physical health conditions, delivering groups and administering neuropsychological tests. Working with families. Developing knowledge and skills in applying psychological models. Increased confidence liaising with other services and providing a psychological perspective to medical MDTs. |
| **Research**  | Developing my statistical skills by reading and by engaging with quantitative research in my TPA. |
| **Academic Assignments** | Increased confidence in academic writing. Able to synthesise information effectively and draw appropriate conclusions |
| **Personal and Professional** | Starting to understand more about myself and what I bring to the profession. (I want to explore this more with CAT reformulation) |

PART C: Following discussion in your ITP meeting, what are your agreed action points?

|  |  |
| --- | --- |
|  | **Action Points** |
| **Clinical[[10]](#footnote-10)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

## ITP 2

PART A: As a developing Trainee Clinical Psychologist, what do you currently feel are your key strengths and areas for development?

|  |  |  |
| --- | --- | --- |
|  | **Strengths** | **Areas for Development** |
| **Clinical[[11]](#footnote-11)8** |  |  |
| **Research**  |  |  |
| **Academic Assignments** |  |  |
| **Personal and Professional** |  |  |

PART B: What are your key areas of progress since the last ITP meeting?

|  |  |
| --- | --- |
|  | **Progress** |
| **Clinical[[12]](#footnote-12)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

PART C: Following discussion in your ITP meeting, what are your agreed action points?

|  |  |
| --- | --- |
|  | **Action Points** |
| **Clinical[[13]](#footnote-13)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

**ITP 3**

PART A: As a developing Trainee Clinical Psychologist, what do you currently feel are your key strengths and areas for development?

|  |  |  |
| --- | --- | --- |
|  | **Strengths** | **Areas for Development** |
| **Clinical[[14]](#footnote-14)8** |  |  |
| **Research**  |  |  |
| **Academic Assignments** |  |  |
| **Personal and Professional** |  |  |

PART B: What are your key areas of progress since the last ITP meeting?

|  |  |
| --- | --- |
|  | **Progress** |
| **Clinical[[15]](#footnote-15)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

PART C: Following discussion in your ITP meeting, what are your agreed action points?

|  |  |
| --- | --- |
|  | **Action Points** |
| **Clinical[[16]](#footnote-16)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

**ITP 4**

PART A: As a developing Trainee Clinical Psychologist, what do you currently feel are your key strengths and areas for development?

|  |  |  |
| --- | --- | --- |
|  | **Strengths** | **Areas for Development** |
| **Clinical[[17]](#footnote-17)8** |  |  |
| **Research**  |  |  |
| **Academic Assignments** |  |  |
| **Personal and Professional** |  |  |

PART B: What are your key areas of progress since the last ITP meeting?

|  |  |
| --- | --- |
|  | **Progress** |
| **Clinical[[18]](#footnote-18)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

PART C: Following discussion in your ITP meeting, what are your agreed action points?

|  |  |
| --- | --- |
|  | **Action Points** |
| **Clinical[[19]](#footnote-19)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

**ITP 5**

PART A: As a developing Trainee Clinical Psychologist, what do you currently feel are your key strengths and areas for development?

|  |  |  |
| --- | --- | --- |
|  | **Strengths** | **Areas for Development** |
| **Clinical[[20]](#footnote-20)8** |  |  |
| **Research**  |  |  |
| **Academic Assignments** |  |  |
| **Personal and Professional** |  |  |

PART B: What are your key areas of progress since the last ITP meeting?

|  |  |
| --- | --- |
|  | **Progress** |
| **Clinical[[21]](#footnote-21)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

PART C: Following discussion in your ITP meeting, what are your agreed action points?

|  |  |
| --- | --- |
|  | **Action Points** |
| **Clinical[[22]](#footnote-22)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

**ITP 6**

PART A: As you end training, what do you currently feel are your key strengths and areas for development?

|  |  |  |
| --- | --- | --- |
|  | **Strengths** | **Areas for Development** |
| **Clinical[[23]](#footnote-23)8** |  |  |
| **Research**  |  |  |
| **Academic Assignments** |  |  |
| **Personal and Professional** |  |  |

PART B: What are your key areas of progress since the last ITP meeting?

|  |  |
| --- | --- |
|  | **Progress** |
| **Clinical[[24]](#footnote-24)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

PART C: Following discussion in your ITP meeting, what action points do you wish to focus on as you end training?

|  |  |
| --- | --- |
|  | **Action Points** |
| **Clinical[[25]](#footnote-25)8** |  |
| **Research**  |  |
| **Academic Assignments** |  |
| **Personal and Professional** |  |

Table 6.1 – BPS required experience and skills through practice placements[[26]](#footnote-26)

|  |  |
| --- | --- |
| Service Users – A fundamental principle is that trainees work with clients across the lifespan, such that they see a range of service users whose difficulties are representative of problems across all stages of development. | These include: • a wide breadth of presentations – from acute to enduring and from mild to severe; • problems ranging from those with mainly biological and/or neuropsychological causation to those emanating mainly from psychosocial factors; • problems of coping, adaptation and resilience to adverse circumstances and life events, including bereavement and other chronic, physical and mental health conditions; • service users with significant levels of challenging behaviour; • service users across a range of levels of intellectual functioning over a range of ages, specifically to include experience with individuals with developmental intellectual disability and acquired cognitive impairment; • service users whose disability makes it difficult for them to communicate; • where service users include carers and families; • service users from a range of backgrounds reflecting the demographic characteristics of the population. Trainees will need to understand the impact of difference and diversity on people’s lives (including sexuality, disability, ethnicity, culture, faith, cohort differences of age, socio-economic status), and their implications for working practices.  |
| **SERVICE DELIVERY SYSTEMS** Trainees should have experience of working across a range of healthcare systems and providers. | Providers could be largely within the NHS but may also involve work within third sector, social care, and independent providers encompassing primary and community care, secondary care and inpatient or other residential facilities. The extent to which such placements are used will be dependent on local circumstances. |
| **MODES AND TYPES OF WORK:**  | Trainees should:•undertake assessment, formulation and intervention both directly and indirectly (e.g. through staff, carers and consulting with other professionals delivering care and intervention); • this work should be underpinned by at least two evidence-based models of formal psychological intervention, one of which must be cognitive-behaviour therapy; • however, trainees must be able to work with complexity and co-morbidity and thus draw from knowledge bases across models of therapy, and evidence bases for different interventions and approaches, when appropriate to the needs and choices of the service user; • work within multi-disciplinary teams and specialist service systems, including some observation or other experience of change and planning in service systems; • be critical of their own approach, and aware of how to practise in the absence of reliable evidence, as well as being able to contribute from their work to the evidence base. |

1. Any programme related tasks, to include DIG membership, provision of group supervision etc. [↑](#footnote-ref-1)
2. ‘Community Engagement’ column indicates approximate timing of ITP – there is no expectation to develop therapy specific competencies within the community engagement project. [↑](#footnote-ref-2)
3. SAE – Self-Assessment Exercise [↑](#footnote-ref-3)
4. TPA – Thesis Preparation Assignment [↑](#footnote-ref-4)
5. PALS 1-3 – Placement Assessment – Live Skills [↑](#footnote-ref-5)
6. PASE – Placement Assessment – Service Evaluation [↑](#footnote-ref-6)
7. SIPP – Service Improvement Poster Presentation [↑](#footnote-ref-7)
8. See Table 6.1 for reflection prompts [↑](#footnote-ref-8)
9. [↑](#footnote-ref-9)
10. 8 See Table 6.1 for reflection prompts [↑](#footnote-ref-10)
11. 8 See Table 6.1 for reflection prompts [↑](#footnote-ref-11)
12. [↑](#footnote-ref-12)
13. [↑](#footnote-ref-13)
14. 8 See Table 6.1 for reflection prompts [↑](#footnote-ref-14)
15. [↑](#footnote-ref-15)
16. [↑](#footnote-ref-16)
17. 8 See Table 6.1 for reflection prompts [↑](#footnote-ref-17)
18. [↑](#footnote-ref-18)
19. [↑](#footnote-ref-19)
20. 8 See Table 6.1 for reflection prompts [↑](#footnote-ref-20)
21. [↑](#footnote-ref-21)
22. [↑](#footnote-ref-22)
23. 8 See Table 6.1 for reflection prompts [↑](#footnote-ref-23)
24. [↑](#footnote-ref-24)
25. [↑](#footnote-ref-25)
26. British Psychological Society (2019). *Standards for the accreditation of Doctoral programmes in clinical psychology.*https://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Clinical%20Accreditation%20Handbook%202019.pdf [↑](#footnote-ref-26)