**Placement Assignment: Live Skills (PALS)
The Written Component of the PALS**

This document will outline how to produce the written component of the PALS. It should be read in conjunction with the ‘Preparation and Recording’ guidance. We would also recommend that you look carefully at the Trainee Feedback Form (available on the PALS programme handbook webpage) for details of the kinds of evidence that markers are looking for under each domain.

**Content of the Written Component**

The written component of the PALS must include the following;

* PALS front sheet (please use the version on the programme handbook webpage)
* Outline of work undertaken (1500 words)
* Transcription and commentary (1500 words for commentary; please use the template on the programme handbook webpage)
* Critical appraisal (1500 words)
* References/appendices

**The word limits cannot be shared across the whole report or moved to another section.** Appendices and references are not included in the word count. Please place any diagrams/tables (e.g. formulation diagrams) into the appendices.

The PALS Front Sheet and Transcript Template (for the transcription and commentary section) are available on the PALS page of the programme handbook; you must use these templates and copy them into your report. **You MUST include the timestamps for the 30-minute section of your recording and the different transcribed sections – if you do not, your work will not be able to be marked.** There is space to complete this on the Transcript Template document. Please note that the timed section has to be exactly 30 minutes (even if this means cutting off a sentence halfway through).

The written component must be written in line with APA 7 guidance (please see the programme handbook for further information).

You are required to submit the written component to MOODLE, alongside the clinical recording is submitted via OneDrive. All files must be submitted by 9.30am on the day of the deadline. A late or incomplete submission will be subject to the [deadlines policy](http://www.lancaster.ac.uk/shm/study/doctoral_study/dclinpsy/onlinehandbook/deadline_policy/). We recommend that you submit your written component as a PDF file, as sometimes Moodle can affect the formatting of word documents.

***Outline of work undertaken*** – up to 1,500 words**:**

Your markers will read this section of the report first, before watching the clinical recording. Therefore this section should ‘set the scene’ for your markers, and help them understand what the PALS focuses on and what work this has entailed. This

 is an opportunity to demonstrate that you can synthesise appropriate and relevant information, and develop a strategy based on this synthesis of information to formulate a plan for the work.

The work may be model-specific or integrative/eclectic depending on the work described, but you should demonstrate your knowledge of clinical psychology theory, evidence and best practice.

A well-written outline might include…

* A concise account of the placement and service context;
* Relevant background information to the referral or piece of work undertaken, including a clear description of the presenting issue or problem;
* For direct clinical work, information about any assessment undertaken (including any risk and outcome measures used and highlighting any literature and policies drawn from to guide assessment process) and its outcome, linked to a formulation or ‘theory to practice’ explanation drawing on appropriate research/literature to showcase why you took the approach you did;
* For indirect work, a clear rationale for how and why this work came about, with links to relevant psychological theory and appropriate research/literature, which showcases why you took the approach you did;
* A clear description of what the recording shows and how this fits within the wider context of the work (e.g. explaining that the recording shows session #4 of 10, or that it shows the first consultation session with colleagues).

To stay within the word count you may need to make decisions about what aspects of the ‘story’ to present – you may not be able to give full details of everything you did. Consider the report from your markers point of view – there should be a clear and understandable flow to the narrative, so that your markers can identify evidence under the assessed domains.

***Transcription and commentary*** – no word count for transcript, up to 1,500 words for commentary**:**

For this section, you must transcribe two five-minute sections from the 30-minute section of the recording you chose. The transcript is not counted in the overall word limit.

Alongside the transcript, you must provide a line-by-line commentary of up to 1,500 words. This commentary should provide evidence linking the transcript to the competencies being assessed in the report, alongside your reflections on the content of the transcript. This is an opportunity to highlight your competence in the application of particular techniques/principles/concepts and your thinking/decision points/reflections. This section is where you can show that you can reflect in the moment and after the event, being responsive and sensitive to the effect of your actions and new information. You should show how you have learned from this process by adapting your behaviour in the situation, or by discussing how this would influence future behaviour.

A well-written transcript commentary might cover the following areas:

* Highlight areas of application of specific techniques/skill set.
* Describe what you were experiencing and thinking and how this informed your next response(s).
* Link techniques and skills shown to theory and research.
* Reflect on how you were interacting with the person/people in the recording and what skills you used to manage conflict, improve psychological thinking or guide/facilitate change.
* Describe why you did what you did at a specific moment, and clarify your decision-making.

**Please make sure you use the Transcript Template provided on the handbook and include all the information requested.**

***Critical appraisal (reflections/evaluation of work undertaken)* –** up to 1,500 words**:**

This section is your opportunity to demonstrate your skills as an independent thinking practitioner. You need to offer an evidence-based evaluation of aspects of the work you have undertaken. This **must include**:

* Considering and commenting on any professional/ethical issues or challenges which were embedded in in the work undertaken (e.g. risk issues, consent issues, personal challenge, challenging dynamics, safeguarding issues etc.). It is important to assure your markers that you have recognise/managed/reflected on any such issues that arose within the work.

This section might also include:

* Evidence based reflections on alternative approaches you could have taken (e.g. to the assessment process or to outcome measurement).
* Different psychological approaches you might have drawn on in terms of the formulation and intervention, or theories/models that might have guided the work (whether direct or indirect).
* Strengthening the case for what you did by drawing on the evidence base as part of a critical evaluation and offering reflections on why you think it worked well, as well as what you might do differently in future.
* Critical appraisal/consideration of wider service/contextual factors in the work undertaken.

A well-written critical appraisal section will be evaluative in its approach. It will draw on the evidence base to support the reasoning/thinking being described. It will show how reading and learning has influenced reasoning and thinking. The rationales offered will be clear.

The word count is especially tight on this section; you will need to decide what it is most useful to discuss here and it is important to be concise. It is advisable to consider the marking criteria when deciding what to include. For all of the above points you will need to provide clear rationales and reasons for your critical evaluations and reflections, drawing on situation-specific information and the broader evidence base to support your reasoning. The trainee feedback form details the active domains for this assignment and gives examples (indicators) of the kinds of evidence that markers will look for under each domain. Every piece of clinical work is different so you will need to think carefully about how you can demonstrate evidence under each domain.

**Timings**

To submit your PALS, you will need to upload your entire recording onto OneDrive. Please do not upload a large file; if you have accidentally recorded as HD, you may need to convert it to a lower resolution before you submit (see separate guidance in the Preparation and Recording document on the PALS programme handbook webpage).

You will select a **30-minute section** of your recording for marking. You will transcribe **two five-minute sections** from this 30-minute section, using the Transcription Template provided on the handbook page. This template should be copied and pasted into your report. Timestamps should be provided in the appropriate box on the Transcription Template so that your markers know which section of the recording to watch and where they can find the transcribed sections on the recording. For example;



Use the Time column to identify one-minute intervals throughout the transcribed sections, from the start of each.



Each transcribed section should be 5 minutes long (it is acceptable to go a few seconds over or under 5 minutes to transcribe to the end of a client’s statement/response, but if a transcribed section is significantly longer than 5 minutes, the examiners will not assess past the 5-minute mark). Clearly indicate when you reach the end of a transcribed section, then start again from line 1 and 0:00 for the second transcribed section. A continuous 10-minute section from the session should still be transcribed as two separate 5-minute sections.



**Transcription Style Guidelines**

1. *Formatting*

Make it easy for your markers! Begin a new line for each new speaker. Make each label bold to improve readability. We have set up the template so you can use the Tab key to easily move between cells and add/delete rows as needed. Pressing tab when in the last cell on the last row should automatically add a new row and insert a new line number.

1. *Unnecessary Content*

You can shorten ‘filler’ words, e.g. *hm*, *huh*, *mm*, *ah, y’know,* as long as the meaning is maintained. So for example:

|  |  |  |  |
| --- | --- | --- | --- |
| **12** |  | **C1:**  So, you know, I was um referred by err my doctor, err what’s his name, yeah err my GP, yeah, back in um Apr-, no June I think it was, yeah June. |  |

Becomes:

|  |  |  |  |
| --- | --- | --- | --- |
| **12** |  | **C1:**  So I was referred by my GP back in June, I think it was. |  |

You might want to include such filler words, if they are notable/meaningful, or you wish to address them in your commentary.

1. *Incorrect Use of Language*

If a client mispronounces words, transcribe these as they were said. Don’t try to ‘clean up’ the text by removing swearing, slang, grammatical errors or misuse of words or concepts.

However, if an incorrect use or mispronunciation means that the transcript is consequently hard to understand or follow, follow this with your best guess of the correct word or phrase in square brackets with a forward slash before and after the brackets, e.g.

|  |  |  |  |
| --- | --- | --- | --- |
| **56** |  | **C1:**  I pacifically /[specifically]/ told him not to go there, and he goes and done it. |  |

1. *Reporting Speech*

If a client reports something that someone else has said to them, or something they have said to someone else, put this in double inverted commas.

|  |  |  |  |
| --- | --- | --- | --- |
| **42** |  | **C2:**  So I says to him “I haven’t got it”, and he says “Yes you have”. |  |

1. *Overlapping Speech*

If two or more people are speaking at the same time (i.e. overlapping speech) and it is not possible to distinguish what each person is saying, write [cross talk] immediately after the last identifiable speaker’s text and pick up with the next audible speaker.

1. *Pauses and Inaudible Information*

Identify words and phrases that were inaudible or difficult to decipher. Indicate this by typing [inaudible]. If a full sentence or more is inaudible, put the timings in as well, e.g. [inaudible 31.21 – 32.00]. You do not need to transcribe all short pauses that a person makes, unless you feel that this conveys significant information that you wish to respond to in your commentary.

If a client pauses briefly between statements or trails off at the end of a statement (for between two to five seconds), use three ellipses, i.e. . . . between words or at the end of a statement. If there is a longer pause of more than five seconds, use [long pause] to indicate this.

|  |  |  |  |
| --- | --- | --- | --- |
| **23** |  | **C1:**  So I feel. . . I don’t know. . . I feel really [inaudible]. . . it’s hard, you know [long pause]. I just need. . . [inaudible 10.01 – 10.15] |  |

1. *Unclear/Questionable Statements*

If you are not sure about the accuracy of something said by a client, due to ambiguity or difficulty hearing the information, put your best guess in brackets and question marks either side of this, e.g. if you were unsure whether a client said ‘Suffolk’ or ‘Southwark’ you might put:

|  |  |  |  |
| --- | --- | --- | --- |
| **76** |  | **C:**  My family are originally from ?(Southwark)? |  |

1. *Identifying Information*

**You MUST use pseudonyms within the main body of the report** (e.g. John, Jane, Dr Smith). In the transcription section, you can use abbreviated labels for people in the session you are transcribing (e.g. C1 and C2 for clients, P1 for a professional). There is a box to define these labels on the Transcript Template; make any important roles clear to your markers so they know who you are talking about.



If the client refers to someone outside of the session, do not transcribe their name - put in brackets a word or phrase which describes their role or relationship. You only need to give labels to people present in the session. You may need to take similar steps if someone mentions a service, location or other potentially identifying factor (see below regarding identifying information).

|  |  |  |  |
| --- | --- | --- | --- |
| **65** |  | **C1:** And then my mum shouted “C1 stop that!” |  |
| **66** |  | **C2:** Yeah, I did. I was upset. I mentioned it to [partner] later, who said I should tell [CPN] I lost my temper with C1. It was [CPN] who sorted out the referral to [outpatient neuropsychology service]. |  |

*Transcribing Non-verbal communication*

You do not need to transcribe all non-verbal communication. You only need to indicate significant non-verbal communication that is relevant. The examiners will have access to the video/audio file and therefore will be able to see or hear certain important non-verbal communication (e.g. gesticulation or raised volume of voices).

Indicate important non-verbal communication by putting a behavioural description in square brackets, e.g. [sighs] [laughs]. Do not interpret non-verbal communication, e.g. don’t put [nervous laughing] or [bored sigh]. Be consistent with how you indicate behaviours, i.e. always use either [laughs] or [laughing] consistently.

There are two main reasons why you would choose to transcribe non-verbal communication:

1. When you have submitted an audio file which does not communicate important non-verbal communication that you noticed (and/or responded to in the session) but which is not apparent from listening to audio only, for example:
	* You ask a question and the client responds by silently shrugging their shoulders.
	* You ask “Who thinks that?” and a client silently points at someone else in the room.
2. When non-verbal communication was an important part of the therapeutic or assessment process and forms part of either your reflections or your responses in the session, for example:
	* A client is describing distressing experiences and starts laughing; you may wish to transcribe this in order to reflect on the possible reasons for this and your response.
	* You ask a question and the client ignores it and looks away, or shrugs their shoulders; you may wish to transcribe this in order to reflect on the impact of the question and possible alternative questions you could have asked.
	* A client begins to raise their voice and speak more quickly when talking about a particular experience; you may wish to transcribe this in order to reflect on their changing emotional state and how you responded to this.

*9. Commentary style*

We suggest that you write your commentary/reflections in first person – however remember that this is an academic assignment and take care to not be too informal. You do not need to write something in every box – but make good use of your 1500 words.

This guidance cannot cover every eventuality and some interpretation may be required; please discuss with your clinical tutor or the PALS assignment coordinators if you are unsure about how to transcribe something.

**Use of Appendices**

You can include any supplementary information or documents in the appendices. For example, formulation diagrams, outline of training session plans, adapted consent forms. However, you should make reference to and discuss any appendices within the report.

**Anonymity and Identifying Information**

The written component is archived by the programme alongside other written academic work. As such, it is important that the written component (and the transcript which forms part of it) does not contain any potential identifying information, even if this is present on the recording.

Trainees are required to anonymise the information in the PALS report and remove all identifying information relating to the client and service. An identifier is classed as anything which could compromise the identity of the individual(s)/service. This could include: the use of individual's full name; the location of the service base; the address (part or whole) of any individual or service; the name of the trainee’s supervisor, or the name of the NHS Trust where the work was conducted.

Take care to not include any such identifiers in the written component – use pseudonyms wherever possible (but please note such pseudonyms may be considered personal data under data protection legislation). Please make sure you carefully check your appendices for things like email signatures, logos and addresses/locations which might inadvertently cause issue.

Simply highlighting text black in Word does **not** redact it as it can still be seen when highlighted; even if you then ‘print’ the file to a PDF, the text can still be viewed. We recommend actually taking out the text (e.g. saying \***redacted**\* or **XXXXXXXX**). More information is provided on the [service desk](https://helpcentre.lancaster.ac.uk/servicedesk/customer/kb/view/6920350) webpage. For PDF files, it is also not sufficient to ‘draw’ a black box over the text- this can be removed making the text viewable. The university recommends Libre Office, which can be installed by downloading it from the website or using [AppsAnywhere](https://answers.lancaster.ac.uk/display/ISS/AppsAnywhere%2Bhelp). The PDF redaction tools are explained on the Libre Office [webpage](https://help.libreoffice.org/latest/lv/text/shared/guide/redaction.html). Adobe Acrobat Pro also offers redaction capabilities, but the university does not provide off campus access to this software.

Clinical recordings cannot be anonymised/redacted/edited – therefore it is vital that trainees treat these recordings with the highest possible care and caution (see the PALS - Preparation and Recording guidance document for further details).

**Draft Reading of the Written Component**

Trainees are offered the opportunity to submit one draft of the written component of PALS #1 assignment to the programme team for feedback. In order to receive feedback the draft must be submitted by the deadline agreed with the identified draft reader. The programme team do not review the recording. We suggest that you ask your supervisor to review any possible recordings for submission with you.

Draft reading is subsequently available for the submission of any PALS addendums following a fail of the first submission attempt, and for any resubmission attempts.

**Submission**

The written component of the PALS must be submitted by Moodle, along with the Supervisor Declaration Form which confirms that appropriate consent has been sought (this has to be sent by your supervisor to the programme – please see Preparation and Recording for further information). Work is not generally sent out for marking without receipt of the supervisor declaration. The clinical recording is submitted via OneDrive (see separate guidance regarding the recording). All files must be submitted by 9.30am on the day of the deadline, in line with the deadline policy available on the programme handbook webpage.

**Addendum and Resubmission Process**

From December 2023 a new step has been added into the PALS submission processes for those trainees who have indicated they are happy to accept the change in study schedule. This will become the standard process for trainees from the 2024 cohort onwards.

If a first PALS submission does not meet passing criteria, trainees can submit an addendum report of up to 1000 words to address and provide additional evidence for domains which have received a fail (leading to overall assignment failure), with the intention of raising the failed domain(s) to the passing standard. If markers are satisfied that the Addendum achieves this, then the markers can recommend a Pass for the domains they feel assured have reached the passing standard. The PALS is then considered as passed with no further action for the trainee.

If markers are not assured of passing standard, they can recommend that the domain rating(s) remains as fail. If this means the PALS remains as an overall fail – then the trainee moves to the full resubmission of the PALS.

Failure of a resubmission attempt leads to overall programme failure as per existing guidance.

Addendums are subject to the same moderation and external examiner processes as the main PALS reports. Addendums will be sent to the original marker(s) where possible (and if not possible as per current practice when an original marker is unavailable the new marker is asked to work with the feedback and marking of the original marker).

**Deciding to submit an addendum and support**

If you have received an overall fail and you have agreed to the change in study schedule for the addendum option then you can submit an addendum. It is recommended that trainees discuss this option with their tutor pair when they meet to discuss support for the resubmission of the PALS. A plan to support the addendum submission should be agreed during the discussion. The tutor pair will agree which tutor will support the preparation and draft reading of the addendum with you. One draft read will be offered unless there are exceptional circumstances indicating further support is needed.

**Addendum structure**

The addendum structure is flexible and is not pre-set to allow trainees to address the specific points raised by markers. This means the addendum can be structured in a way which best suits the reasons for the fail rating(s). The most important thing to hold in mind is making sure that the addendum is clear and addresses the recommendations to improve the evidence for any failed domains. The trainee is asked to make decisions about what might work best within their work to make best sense to the markers. Discussion with your nominated addendum support tutor is encouraged if the trainee is unsure (most likely to your clinical tutor or another member of your Vertical Tutor Group tutor team).

If a trainee would like to revise parts of the commentary – as per the main PALS submission – words in the transcript section do not contribute to the overall word count, but words in the commentary section do. The trainee can decide to include the whole of the transcript however it may be better to include relevant parts of the transcript and so the most relevant aspects of the commentary can be revised by the trainee in the addendum. If including shorter relevant sections – please orientate your markers to this by including information about the time stamp of the part of the recording the transcript is from (your markers will be given to access to your recording and original report as part of the marking process of the addendum).

Appendices should be minimal and only added to address a markers specific point under a failed domain (e.g. addition or revision of a formulation diagram). Appendices are not to be used to provide additional information beyond the word count limit.

**Submission of Addendum**

The addendum will automatically be expected to be submitted at the next available submission point which is no less than 4 weeks from feedback being sent out. Information regarding the expected addendum deadline will generally be sent with the trainee feedback and will be applied to any submissions made from January 2024 onwards. The addendum submission is 9.30am on the expected submission deadline day and will be subject to the deadlines policy.

**Resubmission**

Typically, PALS which require resubmission will involve a revised written report. We would encourage (wherever possible) that trainees seek to use the same piece of clinical work for a resubmission. This enables trainees to engage with the feedback received on the first submission and use the resubmission to demonstrate evidence required to meet passing standards. This should be discussed with the clinical tutor.