 The
      University of Liverpool 

**Supervisor Assessment of Trainee form**

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| **Trainee name** |  |
| **Cohort intake** |  |
| **Placement type** | Core / Direct skills / Indirect Skills / Influencing & Leadership / Speciality |
| **Speciality** |  |
| **Name of supervisor** |  |
| **Placement Base** |  |
| **Dates of placement from and to** |  |

The competencies are arranged in six discreet groupings. Supervisors are asked to rate each competency within each grouping (using the ratings options set out below) and provide additional qualitative information to support the ratings in the text box at the bottom of the grouping. Supervisors are also asked to provide ratings and information at each placement review and at the end of the placement (i.e. final rating). Short placements will typically have **one** review meeting, longer placements **two** review meeting points. This is to provide a record of progress during the placement and pinpoint any areas requiring specific attention during the placement.

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| **Rating letter(s) for use in the rating box** | **Rating** |
| **S** | **Satisfactory** – the trainee is making expected progress – no concerns |
| **D** | **Focus for Development** – the trainee is making good progress with no particular concerns but would benefit from more experience/exposure/opportunities to develop this competency further (if final placement final rating this is given as a CPD recommendation) |
| **C** | **Area of Concern** – the trainee is not making progress as expected – competency development requires specific attention in order to address and improve (if final placement final rating this option is not available to be given) |
| **U** | **Unsatisfactory** – the trainee has demonstrated poor or no progress in their development of this competency |
| **NO** | **No Opportunity** – to undertake work to demonstrate evidence of this competency |

Supervisors are asked to give a final overall rating and summary of the placement at the end of the form at the end of the placement. The final outcome ratings are Satisfactory or Unsatisfactory which are a recommendation to the relevant programme Exam Board.Trainees are asked to comment on the completed form on the final page prior to submission of placement documents to the relevant programme from the supervisors email address.

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| **Grouping 1** | **Competency** | **Descriptions** | **Review 1 rating** | **Review 2 rating** | **Final rating** |
|  |  |  | **Date** | **Date** | **Date** |
| **Communication and Interpersonal skills** | **Verbal and non-verbal communication skills:** | Using clear concise language and conveying complex ideas coherently. Communication is adapted to the needs and understanding of the listener or audience (including when delivering work digitally/on line). Non-verbal communication is inclusive and congruent with the verbal message.  If working remotely, ability to set up equipment to promote good audio-visual quality, lighting and positioning, and boundaries e.g. if the client can't see the therapist while video conferencing because the therapist has sat in front of a window and their face is obscured |  |  |  |
|  | **Written communication** | Is able to convey ideas succinctly and coherently in written formats e.g. letters, reports, presentations etc  Can adapt writing style to meet the needs of the audience the written communication is aimed at. |  |  |  |
|  | **Warmth and empathy:** | Relating respectfully to others, acknowledging the unique perspective of others and not making negative assumptions about their actions. |  |  |  |
|  | **Interpersonal skills:** | Demonstrating an awareness of interpersonal dynamics, social cues and social skills, responding appropriately and sensitively.  Awareness of opportunities and limitations of digital technologies related to clinical engagement/screening and psychological testing/therapeutic relationship and ability to take steps to manage these. |  |  |  |
| **Evidence for this competency grouping (please provide evidence across the grouping)** |  | | | | |
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| **Grouping** | **Competency** | **Descriptions** | **Review 1 rating** | **Review 2 rating** | **Final rating** |
| **2 Personal attributes and processes** | **Self awareness and openness to learning:** | Having insight into own behaviour, emotions and motivations andhow they interact with the work undertaken*.* Demonstrating moving towards resolution of any unresolved issues. Actively seeking and learning from feedback. |  |  |  |
|  | **Personal maturity*:*** | Taking responsibility for own actions and anticipating consequences of own actions. Showing realistic confidence in their own ability and ability to deal with difficult issues. Demonstrating an appropriate level of autonomy. |  |  |  |
|  | **Resilience:** | Coping well with pressure, tolerating anxiety and uncertainty but seeking support where needed. Responds robustly and sensitively in the face of conflict and regulates and manages own emotions. Can meet challenges and shows flexibility when required**.** Engages in appropriate self-care |  |  |  |
| **Evidence for this competency grouping (please provide evidence across the grouping)** |  | | | | |
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| **Grouping** | **Competency** | **Descriptions** | **Review 1 rating** | **Review 2 rating** | **Final rating** |
| **3 Professional behaviour and practice skills** | **Professional skills:** | Uses time effectively and works systematically, anticipating difficulties and taking action in good time. Is punctual, reliable and meets deadlines.  Has awareness of BPS guidance professional practice guidance (including regarding digital best practice) and can demonstrate putting into practice (where relevant). |  |  |  |
|  | **Motivation and Application*:*** | Working hard and with enthusiasm. Committed to completing tasks as well as possible**.** |  |  |  |
|  | **Problem solving and decision making:** | Exercises good judgment in making decisions and can take a creative/flexible approach when needed.  Can clearly articulate the steps taken when reaching a decision. |  |  |  |
|  | **A commitment to inclusivity:** | Demonstrating a clear clinical knowledge, awareness and skills in relation to culture, privilege, power, position and intersectionality.  Specific focus given to the protected characteristics of Race, Sex, Gender, Disability, Age, Sexuality, Religion and Belief; and the important characteristic of Class.  Demonstrating a clear understanding of the issues around inequality and a commitment to inclusive practice.  Demonstrates ability to assess and match client needs/interests/abilities/diversity characteristics and work being undertaken to suitable digital modalities  Arranges and works with translators/interpreters as needed |  |  |  |
|  | **Ethical practice and decision making:** | Practicing in an ethical manner (e.g. respecting boundaries and confidentiality); Has awareness of the complexity surrounding ethical issues and dilemmas, and approaches these in a systematic and balanced manner.  Demonstrates ability to discuss the pros and cons of the digital modality with the client including procedures for outcome monitoring and ability to appropriately manage boundaries if working remotely |  |  |  |
|  | **Keeping records and information governance:** | Keeping recordsin accordance with the requirements of relevant policies and procedures in line with host trust requirements and professional practice guidance – including specific policies related to working digitally (e.g. clinical and information governance requirements – including the data protection Act).   * Demonstrates an ability to take appropriate steps to manage any issues arising with adherence to clinical and information governance requirements. * Demonstrates competence in handling sensitive and personal information and understanding why this is important. * Demonstrates awareness of how employing digital technologies may influence limits of confidentiality e.g. safe recording and transfer of client sessions using secure cloud technology and may have implications for clinical risk management and clinical safety online. |  |  |  |
|  | **Managing a Reasonable Workload:** | Sustaining a full and diverse workload appropriate for the amount of available time on placementand sufficient to facilitate the achievement of the range of required competencies on the placement. |  |  |  |
| **Evidence for this competency grouping (please provide evidence across the grouping)** |  | | | | |
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| **Grouping** | **Competency** | **Descriptions** | **Review 1 rating** | **Review 2 rating** | **Final rating** |
| **4 Indirect skills** | **Teaching:** | Teaching or training others effectively, including establishing a clear rationale and learning outcomes, appropriate planning, selection of materials and mode of teaching or training and evaluation. Demonstrates awareness of pros and cons of online teaching methods and can competently design and deliver live on line training sessions and/or develop appropriate e-learning drawing from a range of different methods (e.g. Vlogs, webinars etc). |  |  |  |
|  | **Consultation:** | Facilitating the learning and reflections of others in clinical and non-clinical work, offering advice and support as appropriate.  Including facilitating systemic intervention for a named client by providing clinical consultation to their families, partners, carers and/or guardians.  Consultations may be on one occasion or more frequently  Ability to use leadership and influencing skills to challenge preconceptions about digital technologies amongst staff teams and assist staff to approach them in a balanced, critically informed way (e.g. by asking to have a meeting remotely) |  |  |  |
|  | **Supervision of others:** | Developing a close ongoing relationship with one person or more to facilitate reflection and learning in a specific clinical or non-clinical context. This would normally take place over a number of sessions or throughout the piece of work undertaken.   * Ability to recognise how employing digital technologies may influence how agreements are made with clients and/or supervisees about confidentiality. * Ability to integrate digital communications into supervision discussions (e.g. text/chat box information) * Ability to adapt to the diversity of characteristics and needs of the supervisees and clients when delivering in person or via digital means. |  |  |  |
|  | **Multi-professional liaison:** | Developing constructive work partnerships across professional boundaries to ensure the best outcome for service users. |  |  |  |
|  | **Facilitating meetings or collaborative projects:** | Facilitating meetings, group decision-making, and consensus building (in person or via digital means). Assisting with conflict resolution where appropriate. |  |  |  |
|  | **Working alongside service users** | Co-creating facilitative and effective partnerships with service users to support meaningful participation in service development and delivery. |  |  |  |
|  | **Service development:** | Making a contribution to the processes involved in improving existing services or developing new services.   * Using the relevant evidence base, consultation skills, networking, influencing and facilitation skills appropriately. This may also include written work (e.g. contributing to proposals, bids, briefs and reports). * If relevant, demonstrates awareness and consideration of how digital technologies may be integrated into service development and delivery e.g. is aware of the process and criteria for approval of Apps and the difference between NHS approved and currently tested in NHS, and other approval sources. * Ability to critically appraise digital tools used for evaluation/research purposes, considering design, methodology, and how aspects of the tool chosen may impact on participant acceptability and the process of analysis |  |  |  |
|  | **Service Audit:** | Understanding the professional, practical and ethical issues involved in undertaking audit and research in a service setting, and in the analysis and dissemination of findings as appropriate**.**  Being able to consider the findings in relation to the service context, and generate ideas for service improvement (as appropriate). |  |  |  |
| **Evidence for this competency grouping (please provide evidence across the grouping)** |  | | | | |
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| **Grouping** | **Competency** | **Descriptions** | **Review 1 rating** | **Review 2 rating** | **Final rating** |
| **5 Clinical skills** | **Assessment:** | Clinical assessment and/or assessment in a broad sense e.g. an individual, a group, a family or a staff team.  To be able to consider the most appropriate mode of assessment whether in person/via digital means taking into account the needs arising (e.g. individual, group, service). Able to consider options for delivery e.g. completion of measures in person, links to online questionnaires via email or screen sharing an electronic questionnaire during a live video chat session; and demonstrates ability in weighing up relevant factors in a critical way in reaching a decision.  In relation to use of formal measures/assessments (including cognitive/neuro) - demonstrates awareness of (for both in person and where relevant digitally delivered):   * Able to consider and decide which assessment is appropriate to apply/undertake * Appropriateness of formal psychological assessment and of relevant inclusion and exclusion criteria * Able to demonstrate awareness of norms and how they apply to the client group * Able to follow and appropriately put into practice the administration of any formal tests/assessments * Ability to critique assessment tools/measures and compare outcomes as needed |  |  |  |
|  | **Formulation:** | Developing formulations is a central competence of the profession. Trainee to demonstrate ability in relation to the following in that formulations:   * Are built collaboratively and have explanatory power and can be revised and reformulated in the light of ongoing work * Inform the understanding of clients, carers and other professionals, * Draw upon psychological theory and evidence, * Incorporate biopsychosocial considerations e.g. health problems, neuropsychological needs and take intrapsychic and social contexts into account and include wider contextual factors for an individual/system e.g. community/political/social/economic factors as appropriate * Guide the best next steps * Can develop a formulation in a broader sense e.g. a systematic understanding of an organisational issue. * Can adapt the collaborative development of a formulation to suit digital working – if working remotely. |  |  |  |
|  | **Intervention:** | Clinical intervention and/or intervention in a broader sense, e.g. at an individual and/or group/organisational level.   * Designed to achieve the best possible outcome for the intended audience * Demonstrate awareness of ‘best fit’ (for client/group/organisation) * Is suitably appraised and reviewed whilst ongoing drawing on outcome measurement as appropriate * Ability to be responsive to new information/ outcome of any ‘intervention in progress’ review outcomes and revise approach appropriately if needed * Where any specific techniques are drawn on that these are applied in an appropriate manner * If drawing on any Apps to support intervention work, demonstrating awareness of relevancy to client group and safeguards/approvals around the use of these * If working remotely ability to adapt digitally informed interventions to the needs of clients from a range of ages and abilities – taking into account specific needs and diversity |  |  |  |
|  | **Evaluation:** | Clinical evaluation and/or evaluation of a non-clinical intervention.   * Ability to select appropriate methods and evaluating in a way which gives a clear picture of outcome in the most respectful and ethical way possible and ability to critique evaluations and their mode of delivery. * If using an app - ability to evaluate the effectiveness and security of the app being used * Ability to monitor and manage outcome data collected (in person or digitally) and integrate this into treatment planning |  |  |  |
|  | **Risk assessment:** | Assessing risk in accordance with the relevant policies and procedures. Demonstrating both a sensitivity to risk issues and a sound knowledge of relevant evidence.  [Knowledge of clinical safety issues (risk) associated with digital/remote therapeutic work](https://www.digitalhealthskills.com/footnote-3) and ability to take appropriate steps to manage. |  |  |  |
|  | **Knowledge and creative application of a specific psychological theory or approach (please specify approach):** | Demonstrating a sound working knowledge of a specific psychological theory or model. This can be applied creatively to match the context where appropriate e.g. making adjustments for accessibility purposes. This can include delivery via digital means with appropriate considerations (e.g. developing a joint formulation when working on line) |  |  |  |

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| **Grouping** | **Competency** | **Descriptions** | **Review 1 rating** | **Review 2 rating** | **Final rating** |
| **6 Contextual knowledge and application** | **Contextual awareness:** | Understanding psychological health problems in social, economic, political and cultural context.  Engaging critically with accepted practice. Showing an understanding of the organisations and agencies involved in health and social care. |  |  |  |
|  | **Community engagement skills:** | Considering contextual factors including culture, social structure, and empowerment to identify community needs, strengths and resources. Identifying key stakeholders and creating and sustaining partnerships with them. |  |  |  |

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| **The BPS require trainees to have worked with service users across a wide 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 (via injury, cognitive deterioration or other means). Please state whether there has been the opportunity for the trainee to do this.** | | | |
|  | N | Age range of clients | Nature of work undertaken |
| Number of clients the trainee has seen with developmental intellectual disability (please include age range of clients and nature of work) |  |  |  |
| Number of clients the trainee has seen with acquired cognitive impairment (please include age range of clients and nature of work) |  |  |  |

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| **Final overall supervisor rating for the placement** (as a recommendation to the relevant programme Exam Board) | |
| **SATISFACTORY**  **UNSATISFACTORY** | |
| **Supervisor summary of placement performance** | **Date** |
|  | |
| **Supervisor summary of recommendations for next placement** | |
|  | |
| **Trainee comments on the SAT form** | **Date** |
|  | |