 

Universities of Lancaster, Liverpool & Manchester Doctoral Programmes in Clinical Psychology

PLACEMENT CONTRACT

**Trainee:**

**Supervisor(s):**

**Placement Description:**

**Location(s):**

**Dates of Placement:**

**Tutor/ Co-ordinator:**

* **TIMETABLE**

Specify the teaching days, clinical days, research time and study time:

|  |  |  |
| --- | --- | --- |
| Day | Morning | Afternoon |
| Monday | Placement | Placement |
| Tuesday | Placement | Placement |
| Wednesday | Teaching | Teaching |
| Thursday | Placement | Placement |
| Friday | Study | Study |

* **INDUCTION ARRANGEMENTS**

**e.g. Familiarity with:**

[ ]  **NHS Constitutional Values**

[ ]  **Safeguarding Policies & procedures**

[ ]  **Health and Safety**

[ ] **Fire Regulations**

[ ] **Induction File**

[ ] **Equality & Diversity policies**

[ ] **Note taking and report writing style in this service**

[ ] **Arrangements for file management**

[ ] **Ethnic mix and cultural diversity of clients using this service**

[ ] **Supervision Process Issues**

[ ] **Other**

**Please send a copy of this contract to the Programme Assistant - Placements within two weeks of start of placement.**

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| **Monitoring and Evaluation** |
| Recording: A recording of a piece of clinical practice is required on each core placement, for trainees tosubmit as part of their clinical assignments (the DACS portfolio). Please record here a plan to navigate any locally required information governance and/ or consent processes/ procedures, and who will take responsibility for which parts of this plan: |  |
| **Observation:** **It is a Programme expectation that at least TWO assessment sessions and TWO****intervention sessions are “observed” in any of the following ways (please highlight those planned for** **this placement)**:Please note: It is helpful for trainees to make explicit in their records any direct observation of their clinical practice within a model-specific framework, as this may help them demonstrate supervision through direct observed clinical practice should they wish to pursue further training post-qualification. Therefore, please identify any plans for observation within a model-specific framework within the table below:

| **Mode of Observation** | **Target Number** **Of Observations** | **Model-Specific Framework #1** | **Model-Specific Framework #2** |
| --- | --- | --- | --- |
| Joint work  |  |  |  |
| Observation by supervisor  |  |  |  |
| Use of one-way screen/ reflecting team work |  |  |  |
| Use of Audio tape |  |  |  |
| Use of Video tape |  |  |  |
| Other (please specify): |  |  |  |

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| **Any other relevant information** (include foreseeable problems, e.g. time supervisor or trainee will be away from placement, arrangements for cover etc.) |

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| **CURRENT PLACEMENT****General Intended Learning Outcomes from Placement** *(to be developed with reference to competency framework and trainee’s log book)*Identify the main intended learning outcomes for the placement. These outcomes should reflect the competencies a trainee is expected to develop in this service including issues of difference and culture relevant to this placement and themselves. It may be helpful to refer to the supervisor’s assessment of trainee form. The subsequent plan should enable these learning outcomes to be achieved.* Development of psychological knowledge/skills, especially around assessment, formulation, intervention, evaluation.
* Gain experience working with people on Cavendish/Lakeside units
* Develop understanding of how Mental Health Act/Mental Capacity Act are applied in practice
* Learn from and reflect on experience through supervision, observation, and observed practice.
* Familiarise self with and work within professional guidelines and local policy.
* Gain experience working as part of MDT (sharing formulation, attending meetings, advising on care plans)
* Communicate sensitively with clients, their carers/families.
* Adapt assessment, formulation and intervention style to needs of client, considering age and cognitive abilities
* Work within context of inpatient ward, considering engagement/disengagement
* Develop skills in producing systemic formulations, gathering information from a range of sources.
* Contribute to development and running of groups on the wards
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| **Clinical Experience: (range of clients, problems and settings indicating age range, etc., which will be undertaken to achieve these learning outcomes).**Give details of individual and group work expected to be undertaken in different settings. Specify type of involvement expected - e.g. assessment, intervention, consultancy/supervision, direct/indirect work, model(s) to be used. Give an indication of how many clients are expected in each setting. Note that a typical workload for a trainee would be in the region of 6 -8 clients at any one time, given the range of other activities expected. Indicate which cases, if any, will be seen jointly with the supervisor. * Direct work with clients conducting assessment, formulation, intervention and evaluation.
* Caseload / workload to be discussed regularly and managed appropriately
* Group work – to take lead on running recovery group and managing emotions group, contribute to development of new topics for other group sessions
* Integrative approach using different models including CAT, CBT, mindfulness, mentalisation
* Joint working with team, liaising and collaborating with other members of MDT
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| **Psychological Assessment:** Strengths and Intended Learning Outcomes(including developing and maintaining relationships with clients, other staff and services**)** On this placement I hope to understand different purposes of assessment within inpatient service and gain experience of these ways of working. I can utilise existing engagement skills but develop them to fit the needs of clients on the wards. I will manage safeguarding/risk concerns appropriately within local policy/procedures. Note any specific ways in which these learning outcomes can be achieved: Shadowing of supervisor, observed practice, self-directed study, supervision. |
| **Psychological Formulation:** Strengths and Intended Learning OutcomesWhilst I have knowledge of basic formulation techniques (e.g. CBT, 5 P’s), it would be useful to develop these skills and apply them to more complex presentations and systemic information. Knowledge of disorder specific models would be beneficial in approaching a formulation from different theoretical perspectives. Initial formulations will be produced and discussed at supervision/team case discussion meetings. These formulations will also incorporate hypotheses around team working (e.g. splits, dynamics within team). Note any specific ways in which these learning outcomes can be achieved: Experience, self-directed study, collaborative critique/discussion. |
| **Psychological Intervention:** Strengths and Intended Learning OutcomesSetting specific goals and creating collaborative agendas is something I have experience of, but I will need to consider how I adapt these skills to meet the needs of the clients I will be working with. The value of engagement skills and building rapport under difficult circumstances has been considered. Joint work with supervisor and another trainee will also build on my existing experience. Note any specific ways in which these learning outcomes can be achieved: Observation of other staff, experience, reflection on practice in supervision (utilising observations/recordings), self-directed study. |
| **Evaluation:** Strengths and Intended Learning OutcomesI have awareness of commonly used measures (e.g. PHQ, GAD) and am confident using these to evaluate effectiveness, however I will need to think about what measures will be practical, valid and useful within an inpatient setting. Individualised mood ratings or goal based outcomes could be used alongside relevant standardised measures. Building on my understanding of the recovery model will be useful in thinking about how progress towards ‘recovery’ can be measured in a way which is meaningful to clients and staff. We will also need to consider how the groups can be effectively evaluated.Note any specific ways in which these learning outcomes can be achieved: Routine use of individualised and standardised measures. Incorporating information gained into formulation/therapy plan/evaluation. Discussion of evaluation/outcome measures within psychology team and with supervisor.  |
| **Research:** Strengths and Intended Learning OutcomesI will need to use research to guide and support clinical work, using evidence based interventions where possible. Taking a critical approach to literature will be vital, especially when considering an approach that may only have research advovating it’s use with adults in community settings.Note any specific ways in which these learning outcomes can be achieved: Supervision, self-directed study. |
| **Personal and Professional Skills:** Strengths and Intended Learning Outcomes(including attention to issues of diversity. Use of supervision and self care)I will need to use supervision effectively to help manage the emotional demands of the work in addition to balancing a caseload, considering the interaction between my personal wellbeing and professional responsibility. I will also use supervision to help me develop my knowledge of issues surrounding confidentiality / consent in this population, considering the impact of having shared notes on an electronic system. I will continue to build on my skills in organisation and time management. Any issues between supervisor and supervisee should be discussed within supervision wherever possible. Note any specific ways in which these learning outcomes can be achieved: Utilising supervision effectively, reflection on practice. |
| **Communication and Teaching:**  Strengths and Intended Learning OutcomesI will need to build on my communication skills and develop confidence in working with people admitted to the wards. Additionally, I will need to communicate effectively with families and other professionals (e.g. social workers, GPs, psychiatrists, nursing staff). Building working relationships with the staff team on the wards will be vital and supervision should incorporate discussion of these issues. Note any specific ways in which these learning outcomes can be achieved: Supervision, plan and deliver teaching session. |
| **Service Delivery**: Strengths and Intended Learning OutcomesI will develop my knowledge of where inpatient services sit in the NHS, particularly considering the the local and national drivers behind the move to a recovery focused model. My understanding of how clinical psychology contributes to improving this environment will hopefully develop as I move through the placement. Note any specific ways in which these learning outcomes can be achieved: Self-directed study (relevant policy, national guidance), supervision, shadowing.  |
| **Transferable Competencies**: Strengths and Intended Learning OutcomesI feel confident in building good working relationships with adult clients, however working within inpatient services is a new challenge for me. I feel applying my skills in assessment, formulation and intervention to the needs of clients admitted to the wards will be the key learning outcome for this placement. I would also hope to continue the ongoing work with staff teams, building formulation/ psychological approaches into the culture on the wards. Note any specific ways in which these learning outcomes can be achieved: Clinical experience, supervision, joint working. |
| Trainee Assessment, Programme RequirementsY / N Case ReportY / N Service Related Project/PASECompletion of LogbookOther please specify |

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| SupervisionSpecify day(s) and time(s) for regular supervision:Tuesday am, 90 minutes.**It is a programme expectation that trainees observe supervisors early on in the placement on at least TWO occasions.** Plans for observation of supervisor’s work:To arrange dates for observations when assessment sessions have been planned. To shadow other members of the team in the meantime. Date for Completion of Supervisor’s Assessment of Trainee Form:August 2021**Please note that the trainee and supervisor have responsibilities to adhere to the BPS ‘Guidelines on Clinical Supervision’. It is expected that trainee and supervisor will discuss the nature of their supervisory relationship during the process of drawing up this contract. They are encouraged to also draw up a psychological contract about the supervisory relationship. The Supervisory Relationship Questionnaire (SRQ) and Supervisory Relationship Measure (SRM) may be used to facilitate this.** |

**I have read and understood the Programme Completion and Failure** **Document** (sent as part of the placement documentation bundle)

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