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| **University of East London**  **Professional Doctorate in Clinical Psychology** |
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**Placement Contract**

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| **Trainee:** |  | **Supervisor(s):** |  |
|  |  |  |  |
| **Placement No.:** |  |  |  |
|  |  | **Location(s):** |  |
| **Start date:** |  |  |  |
|  |  |  |  |
| **End date:** |  | **Mid-placement** |  |
|  |  | **review date(s):** |  |
| **Placement days:** |  |  |  |
|  |  | **End of placement** |  |
| **University days:** |  | **assessment date(s)** |  |

**1. What are the recommendations from the previous placement? Please list.**

Ensure that the previous *End of Placement Assessment* materials are considered by the trainee and supervisor.

**2. Trainee’s Previous Experience and Knowledge**

What experience and knowledge is the trainee bringing to the Placement?

This should be considered in relationship to the transfer of knowledge and skills to new settings and problems.

What specific knowledge base does the trainee require for this placement?

As the trainee progresses through the programme they will be increasingly clear regarding their individual training needs, gaps in training, areas of strength and areas that need further development.

Whilst specific competencies will develop on each placement, all contracts must have a developmental perspective. In practice this means that the supervisor needs to be fully informed of the trainee’s previous relevant experience and current training needs in relationship to their stage of training.

What teaching relevant to this placement has the trainee received at UEL?

What teaching relevant to this placement will the trainee receive at UEL during the time span of this placement?

(It is helpful for the trainee to provide the relevant UEL timetables and/or module guides at this point).

**3. Induction and Orientation** (first 2 weeks)

Specify plans, for example these should include meeting other professionals and becoming familiar with the service context.

The Trainee ought to be familiarised with the legislative and national planning context of the service.

Trainees must become familiar with the service’s Health & Safety policy and procedures, particularly in relation to off-site working and visits to client homes.

The induction and orientation should take account of the trainee's background knowledge of services for this client group and the cultural and organisational issues specific to the placement.

**4 Competencies Specific to the Placement**

Outline the learning opportunities that are specific to this placement.

For example this would include; working within a specific service context setting; working with specific psychological models of assessment and intervention; carrying out clinical work with specific client groups etc.

Where relevant, outline opportunities for developing competency in working with older adults or people with learning disabilities.

It may be helpful to refer to the summary of core competencies (see Placement Modules Handbook):

Professional & Transferable skills

Assessment

Formulation

Intervention

Evaluation

Research

Personal and Professional Skills

Communication and Teaching

Service Delivery

**5. Supervision**

Specify arrangements and expectations regarding supervision.

Formal supervision time must be for an absolute minimum of one hour per week. The programme requests a minimum of 1.5 hours. Total contact time between supervisor(s) and trainee must be at least 3 hours per week. It is strongly advised to arrange a specific time and day to meet weekly.

Trainees find it particularly valuable when supervisors are clear regarding their expectations of the supervision process and discuss with the trainee what they have found most useful in past experiences of supervision.

Some important questions to consider when setting up supervision are as follows;

* What models/modes of supervision are the trainee and supervisor familiar with?
* How are theory practice links going to be addressed and fostered within supervision?
* What methods of feedback will be used?
* How will difference and power in the supervisory relationship be addressed?

**6. Observation of Clinical Work**

Specify plans for mutual observation and joint assessments.

Live observation: - The trainee must have the opportunity to observe the supervisor working clinically (minimum of 5 times) and the supervisor must observe the trainee working clinically (minimum of 5 times).

Video and Audio Tape: - Trainees are requested to videotape or audiotape (with the client’s consent) at least 1 clinical session whilst on placement. It is expected that the trainee then selects and transcribes portions of the session for detailed review in supervision. This would be in addition to the 5 live observations.

The Record of Observation (RoO) of clinical work form should be completed for every observation of the trainee, direct or taped.

Most trainees need to begin by observing their supervisors, and then moving progressively to more independent work. It is usually helpful to move through clear phases of (a) trainee watches supervisor (b) trainee and supervisor work together (c) supervisor watches trainee. This pattern is easier to follow when conducting assessments. Observation should be seen as a routine part of training, despite the fact that being observed can sometimes be experienced as uncomfortable by trainees and supervisors.

**7. Clinical work**

As a general guideline trainees usually carry around 6-8 ongoing substantive pieces of clinical work at any one time. This is not the number of cases as some clients may not be seen every week and so the number of cases may be higher. Running a group can be considered as 1.5 or 2 pieces of work, depending on how involved the trainee is in the design, set up, and administration of the group. Trainees should usually be seeing clients within the first few weeks and should be building up to a full workload and range of clinical activities in the first 6 weeks.

While it is important that trainees see a reasonable number of persons/contacts for direct work, some of these ‘pieces’ of work could be indirect with staff or carers, or service development or service related research. The service related research project in Year 1 is not counted as one of these pieces of work. It is very desirable that at least one piece of clinical work is undertaken independently by the trainee from the assessment through to termination.

Ensure that a range of clients are seen (e.g., by ethnicity, age, gender, sexuality, social context, presenting difficulties). Will the trainee need to work with an interpreter?

**8. Indirect Clinical Work, Leadership, and Inter Professional Working**

Is there any work with service-users/carers planned? Trainees should at least familiarise themselves with local initiatives for service-user involvement and contribute to such initiatives if possible.

Will the trainee be able to observe/carry out any consultation work? Trainees should gain experience of work with other professionals.

Outline opportunities for developing leadership and service development competencies appropriate to the service context and stage of training.

Inter-professional learning - What opportunities are available for trainees to learn with trainees from other professions? And to take part in case presentation or academic meetings with other professionals?

**9. Regular meetings**

To include allocation meetings, team meetings, department meetings.

Specify how frequently the trainee is expected to attend, and their role in the meeting.

**10.** **Assessment**

What formal psychological models will be used to inform the assessment process?

Specify what experience the trainee will gain in psychometric assessment.

What policies/legislation/clinical skills does the trainee need to be familiar with/competent in with respect to risk assessment?

**11. Formulation**

The trainee should demonstrate skills in using formulations in the following areas:

with clients to facilitate their understanding of their experience,

to plan appropriate interventions that takes the client’s perspective into account,

to assist multi-professional communication and the understanding of clients and their care, and

revising formulations in the light of ongoing intervention and re-formulating when necessary.

Trainee and supervisor should consider how the development of formulation skills will be monitored and assessed on placement. The preparation of short formulations by the trainee prior to supervision can be very helpful.

**12. Direct Clinical Interventions and Approaches to Therapy**

What formal psychological models of therapy are likely to be used on placement? What approaches to therapy will the trainee be exposed to?

Is service delivery organised around any specific models of intervention?

**13. Outcome and Evaluation**

What outcome measures will the trainee become familiarised with? Will the trainee gain any experience in service evaluation?

What methods will be used to gather client feedback on the trainee’s work? Trainees should make use of the UEL service-user feedback form (or the service’s own feedback form). At least two feedback forms should be completed for each 6 month placement. At least one must be completed by the MPR and at least one more by the EPA.

**14. Communication and Teaching**

Supervisors should closely monitor and help develop trainee’s oral communication. Specify any teaching planned

Specify opportunities for the trainee to communicate clinical and non clinical information from a psychological perspective e.g. consultation and service planning.

**15. Research**

Specify any plans for service related research. Doctoral research should be discussed as necessary.

**16. Resources**

What resources will be available? For example is there access to library/computer facilities?

What office accommodation is available for the trainee?

**17. Report Writing and Correspondence**

Supervisors should closely monitor and help develop trainee’s written communication.

Specify policy and expectations with regard to reviewing and signing-off correspondence.

**18. Arrangements for ending placement: What procedures will be followed?**

What are the expectations regarding arrangements for handing over clients, finishing reports etc.

There should be a formal End of Placement Assessment review *before the end of the placement* at which the completed Supervisor's 'End of Clinical Placement Rating form', the Trainee's 'Feedback on Placement form' and clinical log are discussed.

**19. Other Experience**

Specify any additional aims for the placement.

Trainee’s Signature: Supervisor’s Signature:

Date: Date:

Please submit a signed a copy of the agreed contract to Moodle by the deadline.