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Welcome

Welcome to the Academic Handbook for the University of East Anglia (UEA) Doctorate in Clinical Psychology. This Handbook is designed to be a joint resource for Trainees and Clinical Practice Placement Supervisors. It can be used as a reference text for any issues associated with the Academic components of the Programme.

There are four handbooks in total:

- The Programme Handbook
- The Clinical Practice and Employment Handbook
- The Research Handbook
- The Academic Handbook (this handbook)

Trainees are encouraged to consult this handbook early on in their training, in order that they can work with supervisors to plan their research and clinical work in line with assignment requirements and submission deadlines.

Tips from staff and trainees can be found throughout the Handbook.

Documents which can be found in the University Virtual Learning Environment, Blackboard, are highlighted in orange throughout the Handbooks.
2.1 Overview

Welcome to the University of East Anglia and to the Doctoral Programme in Clinical Psychology (ClinPsyD). This handbook is your guide to the academic component of the Programme. Studying clinical psychology is interesting, fascinating, challenging and demanding. Over the course of three years there will be a variety of opportunities for you to learn from academics, clinicians, service users and each other. You will need to study hard and make the most of your clinical placements and research settings, where you will put what you learn into practice.

Clinical psychology training at UEA is a three-year full time postgraduate research programme and as such is governed by Postgraduate Research (PGR) University Regulations. You will need to familiarise yourself with the regulations, which you will consult at different stages in your training. The content of the Programme reflects both the Health and Care Professional Council (HCPC) Standards of Proficiency and British Psychological Society (BPS) Standards for Doctoral Programmes in Clinical Psychology. Further information about the HCPC and BPS can be found on Blackboard.

The Programme essentially has three main components: academic, clinical and research. This Academic Handbook provides an overview of the academic teaching and learning component of the Programme and assignments relating to the Programme. It should be read in conjunction with the Clinical Practice and Employment Handbook, the Research Handbook and the Programme Handbook.

The curriculum delivered is regularly updated to reflect new developments in the evidence base, contemporaneous literature and current health care practice. The University Virtual Learning Environment, Blackboard, is updated with relevant academic, timetable and assignment information and University policy documents; so we recommend that you visit Blackboard regularly. You can find more information about Blackboard in the Programme Overview Handbook.

2.2 Teaching and Learning

“Clinical psychologists are trained to reduce psychological distress and to enhance and promote psychological wellbeing by the systematic application of knowledge derived from psychological theory and research. Interventions aim to promote autonomy and wellbeing, minimise exclusion and inequalities and enable service users to engage in meaningful interpersonal relationships and commonly valued social activities such as education, work and leisure”

(BPS Standards for the Accreditation of Doctoral Programmes in Clinical Psychology)

2.2.1 Curriculum Content

Teaching is a key part of the Programme and is designed to ensure that Trainees develop as reflective scientist practitioners, who are informed by evidence-based practice. Teaching is
developmental and as Trainees progress though training, they will learn about increasingly complex clinical presentations and how to monitor and evaluate their clinical work using practice-based evidence. Additionally, Trainees will participate in research teaching enabling them to carry out empirical research and apply research skills in clinical settings.

“Clinical psychologists have been trained not only to be critical consumers of research, and ever emerging knowledge bases, but to contribute to this knowledge base through research, with relevant skills benchmarked at doctoral level”

(BPS Standards for the Accreditation of Doctoral Programmes in Clinical Psychology)

Teaching is organised in modules to provide a coherent framework and developmental progression, whilst supporting the development of the HCPC Standards of Proficiency for Practitioner Psychologists. The curriculum has been designed, in line with BPS Accreditation Standards for Clinical Psychology and HCPC Standards for Educational Training. Teaching starts with the fundamentals of clinical psychology practice. Learning objectives in years one and two focus on the development of core competencies in psychological assessment, formulation, intervention and evaluation in Evidence and Values Based Practice, Cognitive Behaviour Therapy, Systemic Therapy and Neuropsychology Modules. Trainees develop generalisable meta-competencies, such as drawing on the psychological knowledge and evidence base from a range of models and interventions, across the lifespan, to facilitate adaptability and change. In year 3, teaching focuses on how trainees can apply transferable skills to work with increasing complexity in specialist fields. Teaching of communication skills starts at the beginning of year one, progresses to teaching on supervision and consultancy, with teaching on leadership becoming a focus in Trainee’s senior year Leadership Module. Research is a central feature of professional doctoral training in Clinical Psychology, with Research Module teaching occurring across all three years. Our aim is to equip you to become sophisticated consumers and producers of research so as to enhance your ability to promote evidenced practice in Clinical Psychology. The development of personal and professional skills and values occurs over all aspects of the Programme.

Detailed descriptions of the Modules, with module outlines, learning objectives and reference lists can be found on Blackboard. The curriculum covers all of the nine BPS core competencies, with each Module mapped onto the BPS competencies covered in teaching: generalisable meta-competencies; psychological assessment; psychological formulation; psychological intervention; evaluation; research; personal and professional skills and values; communication and teaching and organisational and systemic influence and leadership.
Module Title: Evidence and Values Based Practice and Clinical Skills (EVBP)
Module Overview:
Within the Evidence and Values Based Practice Modules, trainees will learn the fundamentals of clinical psychology practice over 3 years. Trainees will develop an understanding of theoretical and evidence bases to inform clinical practice. Core competencies are taught, including engaging clients, working collaboratively and assessment methods, with a number of models introduced.
A reflective scientist practitioner approach to assessment, formulation, intervention and evaluation across the lifespan will underpin knowledge and skill development. Trainees will gain knowledge of the psychological needs of a range of client groups related to: mental health and physical health presentations, presentations of infancy, childhood, youth, adulthood, older adulthood, those with physical and intellectual disability and specialist clinical presentations, including forensic. Disorder specific teaching is provided, including common mental health problems such as anxiety and depression and severe and enduring mental health problems, such as hearing voices and psychosis.
As Trainees progress through training, teaching will address how to work with individuals with increasingly complex presentations, developing generalizable meta-competencies and using multi-modal interventions.

- Ethics & Professional Practice
Ethical practice and codes of conduct will be explicitly addressed in the Evidence and Values Based Practice Modules. Issues concerning the influences of society, cultural and other areas of diversity and equality will be explored. Trainees will be introduced to values relating to professional practice, NHS care and the ethos of critical psychology, service user experience, recovery and wellbeing.
Trainees will gain an understanding of clinical psychology in context, including the history of the profession and development of healthcare systems.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td>Cognitive Behavioural Therapy (CBT)</td>
<td>The Cognitive Behaviour Therapy (CBT) Modules cover the fundamental clinical competencies of CBT. Trainees develop an understanding of the theoretical and evidence base for CBT, skills in conducting CBT assessments, constructing CBT formulations and applying CBT interventions to a range of psychological problems. Trainees will develop the ability to critically evaluate the outcome of CBT work. Advances in theory and practice of CBT will be covered as Trainees progress in training.</td>
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<tr>
<td>Systemic Therapy (SYS)</td>
<td>The Systemic Therapy (SYS) Module aims to familiarise trainees with the history and philosophy of different schools of systemic therapy and enable trainees to incorporate systemic ideas in clinical work. Trainees will develop skills in systemic assessment, formulation and interventions applied with individuals, couples, families, carers and organisations. Basic systemic concepts, including the role of self in therapy, will be covered.</td>
</tr>
<tr>
<td>Neuropsychology (NEURO)</td>
<td>Within the Neuropsychology Module, trainees will gain the knowledge required to conduct a valid applied neuropsychological assessment, develop neuropsychological formulations, link understanding of underlying brain function (and disorders) with clinical assessment, presenting problems and plan and devise interventions. Topics will include basic functional neuroanatomy, clinical interviewing, neuropsychological assessment and formulation, neuropathology of different disorders and rehabilitation, and will cover the role of neuropsychology in clinical psychology more broadly.</td>
</tr>
<tr>
<td>Leadership (LEAD)</td>
<td>The Leadership Module provides opportunities for learning about professional and organisational issues related to leadership, communication, teaching, supervision and consultation. Models of leadership will be introduced and consideration given to leadership in clinical psychology at different career stages. Non-therapy skills will be taught, such as developing skills in indirect influence and leadership in bringing psychological mindedness to services and organisations.</td>
</tr>
<tr>
<td>Research (RES)</td>
<td>The Research Modules are designed to take trainees through all aspects of the process of conducting a doctoral level research project from: planning, design of protocols, methodologies, to analysis and writing-up over three years. It aims to provide trainees with an understanding of both qualitative and quantitative applied research methods and how to put these approaches in the context of clinical research. The module also aims to teach trainees the knowledge and skills to conduct service evaluation and clinical audit, applying research skills in clinical settings. Trainees will</td>
</tr>
</tbody>
</table>
develop an understanding of ethical issues in research and experience of ethical and governance approval processes. Trainees will gain experience in reporting outcomes and identifying appropriate pathways for dissemination. Further details on research teaching can be found in the Research Handbook.

“Clinical psychologists are trained not just to deliver interventions, but also to promote psychological mindedness and skills in other health, educational and social care providers” (BPS Standards for the Accreditation of Doctoral Programmes in Clinical Psychology)

Handy Tip!
Details of the Timetable, Programme Calendar, Teaching and Modules can be found on Blackboard.
Trainees are strongly encouraged to read the Module Outlines. This will help you achieve your learning objectives and make the most of your time in teaching.

2.2.2 Pedagogical Approaches and How Teaching is Delivered
Teaching and learning occurs both within and beyond the University, using a variety of teaching methods and pedagogical approaches. These include:

- Lectures
- E-Learning
- Self-Directed Learning
- Experiential Learning
- Blended Learning and "Flipped Classrooms"
- Peer Supervision Groups
- Role-play
- Formative Assessment and Feedback
- Clinical Supervision
- Research Supervision
- Research Forums and Clinics

ClinPsyD Philosophy of Training, Value and Vision

Trainees on the Doctorate in Clinical Psychology Programme are adult learners who already possess skills, competence and knowledge as they enter our Programme. We adopt a developmental perspective for adult learners that supports, encourages and enhances co-construction in an individual developmental training plan that trainees take increasing responsibility for as they progress through the Programme. Years one and two focus on embedding and consolidating fundamental values, competence and practice, whereas year three becomes a Senior year in training affording reflection on learning achievements and facilitating a mature reflection on the use of transferrable skill to enhance progress towards readiness to become an appropriately autonomous and skilled Professional Psychologist.
Learning styles and Pedagogical Approach

At UEA, on the ClinPsyD, Trainees experience year group, small group and one to one teaching. As PGR students, Trainees apply prior undergraduate knowledge and acquire new knowledge in a range of teaching and practice settings. We expect and encourage trainees to draw upon relevant clinical and professional experiences which they have gained prior to and during training to enhance the depth of engagement in their own self-directed learning. Whilst teaching is research and tutor led at the start of training, Trainees soon progress to become participants in their own learning. We encourage Trainees to develop the skills to become lifelong learners post-qualification. To facilitate this, Trainees are introduced to the principles and processes of self-directed learning, helping them to identify and address their learning needs. An example of this is the self-directed learning resource, designed to facilitate knowledge acquisition, which trainees can develop as a piece of work on placement.

Trainees attend and participate in research led and research based teaching. Research led teaching, that is teaching informed by the evidence base, facilitates knowledge acquisition. Research based teaching, that is inquiry-based learning, is encouraged as trainees progress through training and take more responsibility for their individual learning. Trainees apply this learning in the classroom to their clinical placements. The integration of teaching with clinical placements facilitates the application of theory to practice. Clinical case conceptualisation and formulation skills, for example, are taught both at the University in small tutor facilitated peer supervision groups and on clinical placements with experienced Clinical Supervisors. Clinical placements offer excellent opportunities for inter-professional learning.

Whilst the majority of didactic teaching, lectures and group discussions will be delivered in the classroom, some audio teaching sessions will be made available on the University Virtual Learning Environment (VLE) Blackboard. The VLE enables some sessions to be delivered using blended learning, integrating online learning with learning via discussion groups in and beyond the classroom. It also provides an online resource for Trainees to return to, following the teaching session. Additionally, Trainees have the opportunity to access e-learning on the VLE, such as online statistics teaching, and can participate in online Discussion Boards.

Trainee Tips!

“Although role plays are really scary they are actually incredibly helpful.” 2013 Cohort

“Be interactive!” 2013 Cohort

“You get out of it what you put in” 2013 Cohort

Research teaching aims to develop and improve Trainees’ skills with regard to applied clinical research work. Research teaching sessions have been planned to facilitate developmental progression over the three years, with specific teaching sessions in advance of relevant research assignments. The research teaching is supported by timetabled sessions for consultation with
course staff to develop research plans and supervision sessions with research supervisors. Please consult the Research Handbook for further details on the research elements of the Programme.

Teaching also covers organisational, contextual, professional and ethical issues, which aim to assist in the development of self-reflection and help in identifying goals for skill development.

2.2.3 Teaching: Placement Synchronisation (Block and Teaching Tuesdays)
Trainees attend a five-week introductory teaching block at the start of training. The introductory block includes an induction to the clinical, research and academic elements of the Programme and to the University. Practical, professional and ethical issues are covered. Teaching is designed to ensure that Trainees are equipped with the basic knowledge and clinical skills required to commence their first placement under clinical supervision. Introductory teaching covers engaging clients, working collaboratively and assessment methods.

Teaching placement synchronisation is an important principle on the programme. Teaching is aligned to placements in each block and term throughout each academic year. Teaching blocks are scheduled prior to the start of each placement in Years 1 and 2 and at the start of Year 3. Block teaching in the first two years provides an induction for the four core placements: adult, older people, child and youth, and learning disabilities. Teaching is designed to ensure that Trainees are equipped with the knowledge, theories and clinical skills required to work with client groups across the lifespan. This includes teaching on common, severe and enduring mental health presentations, neurological presentations and presentations of those with physical and intellectual disability from infancy to later life. Trainees are prepared for placement within a framework of over-arching competencies and specialty specific teaching. Developmentally, Block teaching in Year 3 prepares trainees before the start of specialist placements, where trainees will work increasingly with complexity and co-morbid presentations. There is also a teaching focus on non-therapy skills, such as exerting influence and leadership in the third year Block.

Dates for Teaching terms and Blocks can be found in the Programme Calendar. Outside of block teaching takes place on a Tuesday.

<table>
<thead>
<tr>
<th>Teaching</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Term time teaching day</td>
<td>Teaching outside of block takes place on Tuesdays in term time</td>
</tr>
<tr>
<td>Teaching blocks</td>
<td>Year 1: 1 teaching block of 5 weeks prior to placement 1</td>
</tr>
<tr>
<td></td>
<td>1 teaching block of 4 weeks prior to placement 2</td>
</tr>
<tr>
<td></td>
<td>Year 2: 1 teaching block of 4 weeks prior to placement 3</td>
</tr>
<tr>
<td></td>
<td>1 teaching block of 3 weeks prior to placement 4</td>
</tr>
<tr>
<td></td>
<td>Year 3: 1 teaching block of 2 weeks prior to placement 5</td>
</tr>
</tbody>
</table>

2.2.3.1 Accommodation during UEA Teaching Blocks
Accommodation is currently available during the introductory teaching block and subsequent UEA teaching blocks for Trainees who are not based in Norwich. The ClinPsyD administration team can provide further details.

Trainee Tip!

“Get any ‘life admin’ jobs (e.g. repeat prescriptions, sorting accommodation, shopping etc.) done before block teaching.” 2015 Cohort
2.2.4 Timetable
Trainees will need to access the timetable on a regular basis to check for updates. **An electronic version of the timetable is available on Evision with details on Blackboard.**

2.2.5 Programme Calendar
Trainees should familiarise themselves with the Programme Calendar early on in training as it provides details of all teaching, placement and assignment submission dates. **The Programme Calendar is available on Blackboard.**

2.2.6 Attendance at Teaching
Funded trainees are **host** employed as Trainee Clinical Psychologists by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) at Band 6 (**Agenda for change pay scales**). Funded trainees have a contract of employment with CPFT which means that they are expected to comply with the terms of their contract, and follow all Trust rules, **policies and procedures.** It is therefore important that attendance is accounted for on each working day. **Trainees are responsible for signing a register at the start of each teaching session to ensure that their attendance is recorded. If a Trainee is unable to attend teaching, the reason for non-attendance must be reported to the ClinPsyD PGR administrative staff on the first day of absence and it is also important to advise the team when you return to work. In addition, Trainees must also inform their Clinical Practice Placement Supervisor (or the departmental secretary) if they are unable to work.** It is important to arrive promptly at the start of a teaching session and not leave before the end (without good reason and permission from the lecturer). Morning, lunch and afternoon breaks are scheduled and it is respectful and courteous to presenters to be punctual when returning after breaks.

2.2.7 Welcoming External Speakers and Experts by Experience
Programme team staff and NHS external speakers deliver teaching, with contributions from Experts by Experience. The Programme values contributions from external speakers who bring their expert knowledge to the curriculum. Whilst the majority of teaching is provided by clinically qualified psychologists, service users and carers participate and contribute to some teaching. We ask trainees to be sensitive to the needs of experts by experience in teaching sessions. Although many of our contributors are experienced in teaching, some may be new to the University, may be in a new lecture room or may be meeting your year group for the first time. We therefore encourage you to give a warm welcome to all contributors and to assist them with technology, if needed.

2.2.8 The Importance of Teaching Feedback
Anonymised feedback forms are provided for each teaching session on **Blackboard.** There is an expectation that trainees will provide feedback on teaching. Teaching feedback is reviewed to ensure quality and content of teaching. Feedback is also used constructively to inform the future development of the curriculum. Module organisers use this information to provide feedback to external speakers and shape module design. Additionally, teaching feedback is reviewed at Programme staff appraisals. It is, therefore, really important that Trainees tell us what they think and **we ask Trainees to make time to complete feedback on all teaching sessions and return it by the end of each teaching day.** Additionally, reflect and review sessions are scheduled with Year Tutors and the Academic Tutor, providing an opportunity for Trainees to discuss feedback on teaching as a group.
2.2.9 Trainee Research Conference
Details of the Research Conference can be found in the Research Handbook.

2.2.10 NHS Induction
Details of NHS mandatory training can be found in the Clinical Practice and Employment Handbook.

2.2.11 Joint Teaching Day and Summer Teaching Day
Joint teaching days have been scheduled for all three Trainee year groups and Programme staff to attend. Recent topics have included Leadership in the NHS, Paediatric Psychology, How to build positivity in Depressed Clients, Post-Traumatic Stress Disorder in Children and Adolescents, Cognitive Behaviour Therapy with Older People. Details can be found on Blackboard.

A teaching day is organised for all three-year groups to attend in the summer, usually in August. The summer teaching day offers a wide range of teaching, workshop and supervision sessions, where Trainees have the option to select and book sessions which are most relevant to their learning needs and stage of training. Details can be found on Blackboard.

2.2.12 Accessing Teaching during International Placements
In November 2017, the Department of Clinical Psychology will have its first final year student accessing some teaching whilst on placement overseas. The Virtual Learning Environment, Blackboard, will be used to facilitate access to technology enhanced teaching. A range of pedagogical approaches, including blended and online learning, will be used to facilitate adult learning in the senior year.

2.3 Active Participation in Teaching

2.3.1 Programme Expectations in Relation to Teaching
The Programme expects that all Trainees will attend and actively participate in all aspects of the academic programme. Learning is not, and cannot be, restricted to passive listening. Active and experiential learning is an important part of clinical psychology training. It is a requirement of the Health and Care Professions Council that when Trainees participate in clinical teaching they have given informed consent when they are taking the role of service users. For this consent to be meaningful it is important that Trainees understand their rights and the Programme’s expectations.

2.3.2 Possible Stresses Linked to Clinical Teaching
Training to become a Clinical Psychologist offers a wide range of interesting learning opportunities. It can also present personal challenges and it is recognised that clinical teaching can, at times, be stressful. At some point in training it is possible that Trainees will feel uncomfortable or upset by material to which they are exposed. While this is often a transient experience, some Trainees may experience a more sustained impact.

If a Trainee’s level of personal distress is high, it is expected that the Trainee take appropriate action. This would normally include discussion with their Advisor, who can discuss the most suitable strategies for managing the situation. Trainees are encouraged to be proactive and thoughtful with regard to their personal circumstances in relation to teaching sessions. Trainees may find it helpful...
to look ahead in the timetable, and where appropriate, speak with the workshop facilitator or Advisor in order to inform them of any current sensitive issues.

Trainees are advised to consult the BPS Code of Ethics and Conduct.

2.3.3 Disclosure of Personal Information
During academic teaching there should be no pressure on Trainees to disclose personal information that they feel uncomfortable revealing and especially personal information that they do not see as relevant to the task of training. However, the nature of the Programme means that discussion of personal feelings in relation to professional development is often appropriate and necessary, and there is an expectation that Trainees will be open to discussion of these feelings if these are relevant to their clinical work, reflection and professional development.

2.3.4 Support for Trainees
Please see the Clinical Practice and Employment Handbook Section 4.5 for information regarding support systems for Trainees, which include Advisors, Year Tutors, Personal Support Tutors, University Support systems and NHS Support Systems.

The University offers a comprehensive range of supports for students including the UEA Student Support Service
2.4 Assignments and Assessment

2.4.1 Overview

Your learning is assessed throughout the three years of training. There are two types of assessment: **Summative assignments (S)** are an evaluation of learning (Higher Education Academy). Trainees receive a percentage mark, which confers a pass or fail, plus written formative feedback. It is a requirement that a Trainee passes summative assignments in order to progress through each year of training.

**Formative assessments (F)** are part of the process of learning (Higher Education Academy). You will receive constructive feedback to facilitate learning and progression through training. Formative assessments are linked to learning objectives that may relate to academic, clinical or research practice. A good example are the OSCEs as individual learning objectives are identified and shared with supervisors so that developmental learning needs are addressed at the level of an adult learner.

Submission deadline dates for both summative assignments and formative assessments must be adhered to.

The following table provides an overview of the assignments for the 2016 & 2017 cohorts.

<table>
<thead>
<tr>
<th>ASSIGNMENTS CALENDAR</th>
<th>(S) = Summative assignments</th>
<th>(F)= Formative assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year 1</strong></td>
<td>October/November</td>
<td><em>Objective Structured Clinical Examinations (OSCEs 1) (F)</em></td>
</tr>
<tr>
<td></td>
<td>January</td>
<td><em>Open Book Statistics Exam (S)</em></td>
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<tr>
<td></td>
<td>March</td>
<td><em>Pecha Kucha Research Presentations (F)</em></td>
</tr>
<tr>
<td></td>
<td>April</td>
<td><em>Case Report 1 (S)</em></td>
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<tr>
<td></td>
<td>April</td>
<td><em>Supervisor’s Report Placement 1 (S)</em></td>
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<tr>
<td></td>
<td>April/May</td>
<td><em>Trainee Research Presentations (F)</em></td>
</tr>
<tr>
<td></td>
<td>June</td>
<td><em>Thesis Proposal (S)</em></td>
</tr>
<tr>
<td></td>
<td>August</td>
<td><em>Service Related Project Proposal Deadline (F)</em> (This proposal may be submitted earlier in Year 1)*</td>
</tr>
<tr>
<td></td>
<td>September</td>
<td><em>Oral Presentation Placement 2</em>/RPR** Placement 2 (S)*</td>
</tr>
<tr>
<td><strong>Year 2</strong></td>
<td>October</td>
<td><em>Supervisor’s Report Placement 2 (S)</em></td>
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<tr>
<td></td>
<td>April</td>
<td><em>Supervisor’s Report Placement 3 (S)</em></td>
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<tr>
<td></td>
<td>June</td>
<td><em>Objective Structured Clinical Examinations (OSCEs 2) (F)</em></td>
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<tr>
<td></td>
<td>September</td>
<td><em>Service Related Project Report (S)</em></td>
</tr>
<tr>
<td><strong>Year 3</strong></td>
<td>October</td>
<td><em>Oral Presentation Placement 4</em>/RPR** Placement 4 (S)*</td>
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<tr>
<td></td>
<td>October</td>
<td><em>Supervisor’s Report Placement 4 (S)</em></td>
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<tr>
<td></td>
<td>March</td>
<td><em>Thesis Portfolio (S)</em></td>
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<tr>
<td></td>
<td>April/May</td>
<td><em>Supervisor’s Report Placement 5 (S)</em></td>
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<tr>
<td></td>
<td>April/May</td>
<td><em>Case Report 2 / Clinical Practice Report (S)</em></td>
</tr>
<tr>
<td></td>
<td>May</td>
<td><em>Thesis Portfolio Viva (S)</em></td>
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<tr>
<td></td>
<td>September</td>
<td><em>Supervisor’s Report Placement 6 (S)</em></td>
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<tr>
<td></td>
<td>September</td>
<td><em>Oral Presentation Placement 6</em> (S)*</td>
</tr>
</tbody>
</table>
The normal expectation is that trainees will prepare at least two cases for oral examination. It is prudent to have 2 cases prepared in case there is a need to re-present. A second case acts as a safeguard in the event that there are fundamental flaws in an oral examination and re-presentation is required. Trainees are encouraged to select case presentations that they can easily remember.

**Trainees select and present 1 oral case in Year 1 from Placement 2.**

**Trainees select and present 1 oral case in Year 2 from Placement 4.**

*Trainees select and present 1 oral case in Year 3 from Placement 6.

**A recorded-process report (RPR) should be substituted for one oral presentation relating to one of either placements two or four in either Year 1 or Year 2. It is at the discretion of the Trainee which of placements two or four this should be. Trainees are required to give the ClinPsyD administrative Office at least 4 weeks’ notice if they intend to submit an RPR.

**See Programme Calendar for exact assignment dates**

“Assignments, although daunting, do really hone your writing skills and critical thinking. I am learning to be a lot more concise and evidence focussed. By doing them, my confidence has increased. “ 2013 Cohort

“Familiarise yourself with the assignments at the start as it is worth planning everything early” 2014 Cohort

Details of assignments for the 2015 and 2016 cohorts can be found in the cohort Handbooks on Blackboard.

Handy Tip!

The sections in this Handbook on writing case reports and oral presentations are useful to look at early on so that Trainees and Clinical Supervisors can organise clinical work in ways that will help when it comes to preparing work for assessment.

Trainee Tips!

“Always read the guidance on Black Board and print it off so you have it to hand, it’s really useful and helps you target your efforts.” 2013 Cohort

“Use your buddy! They are an invaluable source of information and support and my experience is that everyone in the years above want to support and pass on their wisdom.” 2013 Cohort
The UEA Learning Enhancement Team have developed a study skills toolkit, for more details please see Academic Writing Study Skills

2.4.2 Regulations In Relation To Academic Assignments
The Doctorate in Clinical Psychology Programme is a Postgraduate Research Degree; as such it is governed by the Code of Practice for Postgraduate Research Degree Regulations, Policies and Procedures please see:

Regulations and forms within Postgraduate Research

Concessions and other forms used in Postgraduate Research

Ensuring high standards of research integrity

2.4.3 Assignment Submission Deadlines
It is the responsibility of Trainees to submit work on time and it is the Programme expectation that Trainees will do so. Submission dates for all assessed work (formative and summative) are shown in the Programme Calendar on Blackboard. Trainees are advised to consult the Programme Calendar and submission dates at an early stage of training. Trainees should be self-directed in monitoring and managing their workloads. It should be noted that there will be times throughout the training Programme when Trainees are expected to undertake overlapping pieces of work and/or meet multiple deadlines. There are designated study days for research and assignments but a certain amount of self-study time should also be expected.

2.4.4 General Assignment Submission Instructions

| Format of submission | All assignments must be submitted electronically. Trainees will email a copy of their assignment in a word document and a completed “Declaration of Own Work Form” to assignments.clinpsyd@uea.ac.uk. Do not include copyrighted material in the assignment, including Appendices. Trainees will only need to come into the office to submit their recordings for their Recorded Process Report (RPR). There is separate guidance for submission of the thesis portfolio on Blackboard. For advice or where there are technical problems in achieving an electronic submission, Trainees can hand in their submission on a memory device to the Faculty of Medicine and Health Sciences Postgraduate Research Programmes Office Room 2.30 in The Elizabeth Fry Building. Further details on the procedure for electronic submission can be found on Blackboard. |
| Specific Learning Disabilities see section 2.4.9 | For electronic submissions to ClinPsyD Assignments, Trainees with a specific learning disability (SpLD) are asked to indicate in their submission email that they have SpLD. Trainees are advised to use the following phrase in the electronic submission email; “I have a Specific Learning Disability as recognized by the Student Support Service (formerly the Dean of Students Office). My student number is XXX.” If a Trainee, for whatever reason, fails to
<table>
<thead>
<tr>
<th>Time of submission</th>
<th>The deadline for submitting is 9.30am on the designated hand-in day.</th>
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</thead>
<tbody>
<tr>
<td>Process following submission</td>
<td>The Trainee will receive an automatic response and this will be their receipt of submission.</td>
</tr>
<tr>
<td>Process for assignment feedback</td>
<td>Trainees will receive a PDF of the feedback via email 20 working days after the submission deadline. Trainees will be informed if feedback will be delayed beyond this time.</td>
</tr>
<tr>
<td>Re-submissions</td>
<td>The process above will be repeated for any re-submissions.</td>
</tr>
</tbody>
</table>

### 2.4.5 Specific Assignment Submission Instructions

Some academic assignments have specific additional guidance in relation to submission. Details are provided in the information box relating to each assignment when this is the case.

### 2.4.6 Assignment Presentation Guidance

| Title Page | When completing the electronic submission please include a title page with the following information:  
**Title of Assignment**  
**Number (where applicable, e.g. “Case Report 1”)**  
**Submission date**  
**Word count**  
**Candidate assessment number** (except for the SRP Proposal, Thesis Proposal and Thesis Portfolio where you should use your name and not your number). |
<table>
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<tbody>
<tr>
<td>Abstract</td>
<td>Include a structured abstract summarising the content of the assignment. Abstracts should include key <strong>content</strong> information and not simply be a summary of the structure.</td>
</tr>
<tr>
<td>Presentation Style</td>
<td>Trainees are expected to write up their assignments in ways that meet the standards of presentation appropriate for a professional clinical psychologist (encompassing layout, grammar, punctuation, and spelling). Follow the APA Publication Manual (6th edition) guidance for preparing each assignment. It is important to check that references are complete and correct. Reports should be typed and paginated.</td>
</tr>
<tr>
<td>Word Limit</td>
<td>Word limits for each assignment are provided alongside specific guidance for the assignment. Word limits are absolute and trainees must not exceed them. The examiner can choose to stop reading the assignment once a word limit has been reached. The word count for assignments includes: footnotes and endnotes, references (in the main text), tables, figures and illustrations. The abstract, title page and contents page (where required) will not be included within the word count. In addition, any material in the appendix or reference list shall be excluded from the word count.</td>
</tr>
</tbody>
</table>
| Confidentiality and anonymity | Trainees must ensure that assignments are anonymised. **It is essential that individual trainees, clients, settings and staff cannot be identified throughout the work submitted, including in appendices.**  
An appropriate level of ethical conduct and approval must be demonstrated in assignments. When submitting work, Trainees must ensure that they follow UEA guidelines and adhere to the BPS Code of Ethics and Conduct when using any clinical case material in any submissions. |
It is important that you read the Confidentiality and Consent section in the Clinical and Employment Handbook for a detailed explanation on the use of information about clients and anonymisation standards that are required for Programme Assignments. This includes guidance on removal of names, D.O.B., NHS number, unique identifying features, Trust names, hospital, department or service names and location. Any information that trainees require from electronic or paper records must be accessed before the end of the placement. Trainees will not normally have the right to access records after the placement has finished due to no longer being involved in patient care within the service.

**IMPORTANT: ANONYMISATION IN ASSIGNMENTS**

The Programme considers the breach of anonymisation a serious matter. If anonymity is breached in the presentation of work, this will lead to an **AUTOMATIC FAIL**. It is therefore very important that all information that can identify the client, a trainee, their supervisor, staff and the service is removed from assignment submissions, including the Appendices. Further information on the management of confidentiality can be found on Blackboard Professional Conduct at CPFT and HCPC Confidentiality and BPS Confidentiality.

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**Trainee Tips!**

“Always read through your assignment again carefully just before you submit it to check for any identifying details that might have been missed – especially in appendices e.g. formulation diagrams.” 2011 Cohort

“To anonymise an electronic document such as an approval letter you can cover the relevant sections with black boxes and then save the file as an image and copy the image into your Word document. If you don’t do that the boxes can just be removed!” 2011 Cohort

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**2.4.7 American Psychological Association (APA) Style**

There is an expectation that ALL assignments are consistent with scientific writing and scholarship at a postgraduate level. Assignments should follow the APA guidance on presentation and referencing. Examiners will mark written work with reference to APA guidelines. The only exception to this is with research assignments that are submitted in the form of a peer reviewed journal article, where the journal’s author guidelines specify a different style to APA.

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**Handy Tip!**

At the beginning of training, Trainees are encouraged to purchase a copy of the “Publication Manual of the American Psychological Association, 6th Edition”. Trainees will need to refer to and use this book throughout training for each piece of academic work.
2.4.8 Plagiarism and Collusion Guidelines
Please consult the University policy on plagiarism and collusion, which provides useful guidance on key issues. However, as the Programme is a research degree any suspicion of plagiarism is dealt with under the policy on Misconduct in Research PGR Regulations. For the UEA Learning Enhancement Team guidance on plagiarism please see Plagiarism Awareness.

2.4.9 Disabilities and Specific Learning Disabilities
Details about the services offered by Student Support Service can be found in the Clinical Practice and Employment Handbook and can be discussed with a Trainee’s Advisor. The Student Support Service operates a “sticker” scheme for students with disabilities, to enable them to flag up to markers that they have a relevant disability (e.g. dyslexia). Trainees are required to declare their disability to the Student Support Service in order for such reasonable adjustments to be considered. If eligible for the ‘sticker scheme’, their use is optional and at the discretion of the Trainee. If a Trainee, for whatever reason, fails to attach a ‘sticker’ to their work or notify ClinPsyD in the submission email, they cannot base an appeal against the mark on the grounds of their specific learning difficulty (SpLD). For electronic submissions to ClinPsyD Assignments, trainees are asked to indicate in their submission email that they have a SpLD. Trainees are advised to use the following phrase in the email submission;

“I have a Specific Learning Disability as recognized by the Student Support Service.
My student number is XXX.”

The SpLD notification is communicated to the markers. Use of the ‘sticker’ scheme does not mean that allowance is made for poor presentation; rather they are used for the purpose of advising markers (internal and external) that the script has been produced by a student with a specific learning difficulty (SpLD) and should be marked in accordance with ‘reasonable adjustments’ guidelines approved by the University. Where appropriate, Student Support Services will refer students with disabilities to the Medical School Disability Liaison Officer for Postgraduate Research Students (DLO PG MED) in relation to ‘reasonable adjustment’ needs. Further information can be found at Student Support Service.

2.4.10 Assignment Marking Criteria
All summative assignments, with the exception of the thesis, will receive a pass or fail grade and a specific mark.

For each specific assessment, specific learning objectives are set and the examiners use specific marking criteria. You are advised to consult and refer to the specific Learning Objectives and Marking Criteria for each assignment on Blackboard.

In general, more successful answers have more evidence of critical evaluation within a context of consideration of wider issues, most often evidenced by wider reading concerning the topic and a deeper understanding of the task being addressed.
2.4.11 Marking, Internal and External Moderation of Marks and Formative Feedback

All summative assignments are marked by two members of Programme staff, a primary assessor and an internal moderator, with a selection of assignments and marks reviewed by an external examiner.

Each marker marks the assignment independently, blind to each other’s marks. The primary marker completes a single marking feedback sheet, which also provides formative feedback comments on the different sections or areas covered by the assignment, as well as overall comments highlighting strengths and weaknesses and a grade. The outcome of assessment is relayed to Trainees but remains provisional until ratified by the Programme Board of Examiners.

In the event that there is a discrepancy in marks of more than 10 points, the primary marker and internal moderator must meet in order to moderate this mark, either by reassessment or by adjustment. In the event that moderation is not possible or where one marker accords coursework a fail mark while another marker accords a pass, this assignment will be marked by a third marker and sent to an external examiner.

The thesis portfolio is assessed by an internal and external examiner following the UEA PGR regulations. The external and internal examiner agree an overall grade and make recommendations to the Board of Examiners in terms of awards - see postgraduate regulations for further information.

After meetings of the Board of Examiners, the PGR Officer will inform trainees of the results and any associated recommendations.

2.4.12 Failed Academic Work (excluding Doctoral Thesis Portfolio)

All failed academic work is sent to an external examiner and is ratified at the next scheduled Board of Examiners if the fail stands. The outcome of the Board of Examiners is relayed to Trainees with instructions for resubmission following a ratified Fail. Should a resubmission of a marked assignment be required, Trainees can discuss this with their Advisors. Trainees should not contact the markers directly. In the event that further clarification is required, the Advisor may liaise with the marker in order to maintain the integrity of the marking process, including anonymity and blind marking of re-submissions. Trainees should follow the guidance for required changes on the mark sheet. It is the Trainee’s responsibility to meet the required academic standards. Any resubmission will be assessed as either a pass or fail. All awards are required to be ratified by the Board of Examiners.

Where a failed piece of work is resubmitted and is awarded a pass, the resubmission mark will be capped at 50%.

Where a failed piece of work is resubmitted and is again allocated a fail grade, the trainee’s progress will be discussed by the Board of Examiners, who may make the recommendation that the trainee’s studies are discontinued (see Section 2.4.17 Further Information on Failed Assignments).

2.4.13 Failed Placement

Please consult the Clinical Handbook for information about failure of a placement.
2.4.14 Appeals Procedure
Where the trainee thinks that there are grounds for an appeal in respect of a fail outcome ratified by the Board of Examiners, then they must make this within ten working days of receiving the result. Advice on appeals is available from the PGR Office and also from the Union of UEA students. More information can be found at PGR Academic Appeal.

2.4.15 Extenuating Circumstances and Extenuating Circumstances Forms
Trainees have a professional obligation to bring relevant issues that may impact on any area of their performance on the Programme to our attention at the earliest opportunity. Support mechanisms are more likely to be effective if problems are identified early. Trainees are advised to consult the BPS Code of Ethics and Conduct.

The Programme acknowledges that due to extenuating circumstances there may be times when a trainee is unable to submit a piece of work on time. If an extension is requested solely on the grounds of difficulties of meeting multiple demands, such an extension request is unlikely to be granted. Trainees should be self-directed in monitoring and managing their workloads. Applications for an extension should be discussed with a Trainee’s Advisor, Research Supervisor and or Clinical Supervisor, as appropriate. Trainees should follow the guidance for Extenuating Circumstances (Research Programme Assessment). The procedures for reporting and managing extenuating circumstances, where those extenuating circumstances relate to assessment components managed by a Board of Examiners or by a course team on behalf of the Board of Examiners are outlined in the link above.

These regulations do not apply to requests for extension to thesis portfolio submission deadline, which is dealt with under the concessions rule. If you are unclear about which forms to use when requesting an extension please contact the PGR office for advice.

Trainees should be aware that interruptions and extensions could significantly delay the award of the ClinPsyD, which can have implications in terms of HCPC registration and employment. Trainees are reminded that they are employed on a three year fixed-term contract for the purpose of completing their training and the employer is under no obligation to extend this contract beyond the initial fixed term.

2.4.16 Extenuating Circumstances Panel
The Programme has an Extenuating Circumstances Panel (ECP) in the Medical School. The ECP consists of a pool of academic members (one of whom will act as Chair) appointed by the Head of School.

Consideration of extension requests and Delayed Assessments/Reassessments (DA/R’s) will be undertaken by Extenuating Circumstances Panels (ECPs), or by PGR Service staff acting on behalf of ECPs (excluding thesis portfolio).

If the Extenuating Circumstances Panel uphold a request, then they may make recommendations regarding appropriate and relevant support. This may include more frequent meetings with the
Advisor, advice and support from the Personal Support Tutor, help and support through the Student Support Service, University Counselling Service or Trust Occupational Health Service.

2.4.17 Concessions
In the event that circumstances affect your studies and consideration of a concession is required, please consult the PGR guidance about application for concessions and explanation about what a concession is.

If a trainee anticipates that the thesis portfolio will not be completed on time, they should discuss this with the thesis supervisor. Trainees are required to follow the guidance about application for concessions for thesis and complete the Concession Forms for ClinPsyD Postgraduate Research. If you are unclear about which forms to use when requesting an extension for the Thesis Portfolio, please contact the PGR office for advice.

2.4.18 Failed Assessments And Employment
Where any summative assessment is failed the letter informing the Trainee about this will also include the following statement:

“You are also reminded that in accordance with the Cambridgeshire and Peterborough Foundation Trust’s Capability Procedure (section 10: Employees on training Courses) if you attain a fail at re-assessment and the mark is ratified by the Board of Examiners then your contract of employment will be terminated”.

This statement is included in order to ensure that the Programme complies with the Trust’s Capability Procedure. The employee contract is for the purpose of the trainee completing their training as a Clinical Psychologist, and therefore performance on the course is considered synonymous with capability as an employee. Trainees are advised to consult the Clinical and Practice Handbook on Blackboard and the CPFT Capability Policy and Procedure.

2.4.19 Appeals
Appeals against decisions of the Programme Board of Examiners may be made in accordance with the Senate Appeals Procedure. A copy of this is available from the PGR Officer or Faculty Manager in the Postgraduate Research Programmes Office. Further information is provided in the Information on the PGR Stage 1 Academic Appeals

Appeals must be submitted on the Stage One Academic Appeal form to the Postgraduate Research Office within 10 working days of notification of the result of the Board of Examiners. If you are unclear about the process or which forms to use for Appeal, please contact the PGR office for advice.

2.4.20 Re-assessment
In accordance with general University Regulations, the appropriate fee must accompany any work that is submitted for reassessment. Trainees are advised to see UEA Fees and Charges for details. The letter informing a Trainee of a failed mark following a Board of Examiners meeting will also include a statement based on the Trust’s capability procedure. This makes it clear that a failed re-
assessment will lead to outright failure of the course and dismissal from employment. In these circumstances, Trainees have a right to appeal and this information can be found at PGR Regulations.

2.4.21 Progression, Award and Discontinuation
The following regulations give guidance on how to satisfactorily meet criteria for progression from year to year and for the award of the ClinPsyD in Year 3. Details about discontinuation can be found at Doctorate in Clinical Psychology Awards Regulations.

Following the Regulations on progression of trainees from one year to the next, the Board of Examiners discusses all instances of potential discontinuation for the Programme who then communicates their recommendation to the Head of the Medical School. If discontinuation of registration and studies is a potential outcome, the Board of Examiners invites the trainee’s NHS employer (or a representative) to attend the Board of Examiners to discuss this.
2.5 Research Assignments

The following provides an overview of the research assignments. Detailed guidance on the research assignments of the Programme can be found in the Research Handbook on Blackboard.

2.6 Formative Assessments (Research)

Formative research assessments are designed to facilitate Trainees working towards and achieving learning objectives. Assessments are developmental with feedback provided in order to help Trainees to develop a plan to enhance their research skills and knowledge in a more targeted way. There are 2 formative assessment presentations which are designed to help trainees develop their thesis proposal. There is one formative written assessment designed to help trainees design their service project.

2.6.1 Pecha Kucha

For the purposes of the ClinPsyD programme, the Pecha kucha is a concise research presentation. It is a formative assessment designed to help facilitate the development of the thesis proposal. Details can be found in the Research Handbook.

2.6.2 Trainee Research Presentation

The Trainee Research Presentation is a PowerPoint presentation. It is a formative assessment designed to help facilitate the development of the thesis proposal. Details can be found in the Research Handbook.

2.6.3 Service Related Project Proposal (SRPP)

| Specific Submission Information | The SRP Proposal (SRPP) Form is available on Blackboard and is to be submitted electronically to ClinPsyD assignments. The Trainee’s UEA SRP Supervisor also needs to sign off the proposal using the ‘SRPP Supervisor’s Report’ form (available on Blackboard). It is the Trainee’s responsibility to complete their section of the form and send the form to the UEA SRP Supervisor. |

Trainees carry out a small-scale service related project (SRP) during training. Details of the SRP assignment can be found in the Research Handbook. Teaching is timetabled providing guidance on developing a project idea. Once a potential small-scale project is identified, a SRP Proposal must be written using the SRP Proposal (SRPP) Form. The proposal must be developed in collaboration with the Clinical and UEA Supervisors and submitted as a formative assessment for internal review.

All relevant SRP approvals have to be in place before the Trainee can begin work on the project.
2.7 Summative Assignments (Research)

Summative research assignments are part of the range of means by which the Programme is able to evaluate Trainee progress, and make up part of the formal assessment of Trainees. These include: the statistics exam; thesis proposal; thesis portfolio and service related project report.

2.8 Open Book Statistics Exam

| Time limit: 2 hours |

2.8.1 Learning objectives

The learning objectives of the statistics exam can be found on Blackboard. You are advised to consult and refer to the specific Learning Objectives in the ClinPsyD Assignments Folder for each assignment. You will need to log in to Blackboard - UEA to access this Folder.

2.8.2 Format of the Exam

The content of the exam will include descriptive statistics, inferential statistics, and quantitative aspects of psychological measurement. Trainees can take statistics books (the recommended text is David Clark-Carter’s Quantitative Psychological Research, which includes sample size and power tables) and notes to the open book test. An open book test more realistically mirrors the way in which qualified psychologists seek statistical analysis information.

This is a two-hour exam, and Trainees are required to answer all questions (although there may be choice within a question). The test will be in two parts. The first will comprise a mixture of multiple choice questions, writing short notes, and essays. The second will involve carrying out straightforward statistical calculations and using the tables in the open books.

There are teaching sessions to support the statistics exam in Term 1 of Year 1 and a practice session several weeks prior to the exam.
2.9 Thesis Proposal

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<th>4000 words</th>
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<tr>
<td>Specific Submission Information</td>
<td>In contrast to other assignments, the Thesis Proposal is not blind marked and Trainees should include their name and not their candidate number. The project proposal should be developed in collaboration with the Trainee’s Research Supervisors, who also need to sign off the proposal using the ‘Research Supervisor’s Report’ form (available on Blackboard) before it will be marked. It is the Primary Supervisor’s responsibility to complete and submit this form.</td>
</tr>
<tr>
<td>Specific Assignment Information</td>
<td>As with other summative assignments, the outcome of the Thesis Proposal is either pass or fail. The marking of the Thesis Proposal also forms an internal review of the project for applications for ethical approval.</td>
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</table>

The Thesis Proposal is a summative assignment, which needs to be passed before the study can begin. Detailed instructions about the assignment can be found in the Research Handbook. Teaching is provided on writing a thesis proposal and further resources are also available on Blackboard. You are advised to consult and refer to the specific Learning Objectives in the ClinPsyD Assignments Folder for each assignment. You will need to log in to Blackboard - UEA to access this Folder.

2.10 Thesis Portfolio

| Specific Submission Guidelines | Guidance for presentation and submission of the thesis portfolio is on Blackboard and is in accordance with rules set out in the University Calendar. |

The research thesis will consist of a portfolio of written material comprising a systematic review, an empirical data study, bridging chapters (containing additional information about methodology and results) and a discussion chapter. Detailed instructions about the thesis portfolio assignment can be found in the Research Handbook.

2.10.1 Viva Examination

The thesis portfolio will be examined in a viva with internal and external examiners. Details about the viva can be found in the Research Handbook.

Further guidance about the outcomes of viva examinations, in accordance with University Regulations, can be found here.

Teaching on preparing for and performing in your viva will be provided.
2.11 Service Related Project (SRP) Report

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<tr>
<th>Word Limit:</th>
<th>5000 words</th>
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<tr>
<td>Specific Submission Guidelines</td>
<td>For Service Related Projects a separate copy of the abstract should also be submitted electronically which includes your name and title of the project and not your candidate number. Please label this clearly as the named abstract does not go to the markers. Abstracts should be self-contained in order that they can be fully understood without the need to refer to the rest of the report. If the report is submitted in a journal format the Appendices must include guidelines for authors.</td>
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**IMPORTANT: ANONYMISATION IN ASSIGNMENTS**

The Programme considers the breach of anonymisation a serious matter. If anonymity is breached in the presentation of the SRP, this will lead to an AUTOMATIC FAIL. It is therefore very important that all information that can identify the client, a trainee, their supervisor, staff, the service and the Trust is removed from assignment submissions, INCLUDING the Appendices.

2.11.1 Learning Objectives
Trainees are advised to familiarise themselves with the Research Handbook and Blackboard with regard to the SRP learning objectives. You are advised to consult and refer to the specific Learning Objectives in the ClinPsyD Assignments Folder for each assignment. You will need to log in to Blackboard - UEA to access this Folder.

2.11.2 Guidance and Format of the Service Related Project Report
Please see the Research Handbook for detailed guidance on writing the report.
2.12 Clinical Assignments

Clinical psychologists apply psychological science and theory to help address human problems. Clinical assignments are designed to develop and evaluate the wider development of relevant clinical competencies, reflecting the trainee’s own development through placements and teaching. Clinical Assignments are intended to develop and evaluate skills that will be useful in the ‘real world’ environment of the NHS, reflecting the multiple roles of the Clinical Psychologist. The course promotes a reflective, scientist-practitioner approach, where trainees draw appropriately on available evidence and psychological theory in their approach to understanding and working with clinical problems.

The following guidance will assist with the completion of clinical assignments.

2.13 Formative Assessments (Clinical)

Formative clinical assessments are designed to monitor Trainee progress. Feedback is provided to help Trainees develop their clinical skills and knowledge.

2.13.1 Objective Structured Clinical Examinations (OSCEs)

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<th>Time Limit</th>
<th>4 stations: 30 minutes per station (Including 10 minutes preparation time)</th>
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Over the last few years, the course has adopted Objective Structured Clinical Examinations (OSCEs) as formative assessments, which are intended to help the trainee to adopt a perspective of learning from experience and becoming aware of individualised learning needs. In assessing clinical competencies in vivo, the OSCEs identify individual learning objectives for each trainee. These learning objectives are shared with Clinical Placement Supervisors in the first two years of clinical practice to facilitate clinical competency development.

The Objective Structured Clinical Examinations (OSCEs) are formative assessments. They involve direct observations and objective ratings of clinical practice. The assessors include service users, clinical psychologists from the Region and the UEA Programme team. OSCEs are formative so that the trainee has the opportunity to evaluate their clinical judgement skills and clinical decision-making in a controlled environment where there is no risk of failure or risk to clients. The model is that of an adult learner becoming more aware of their profile of competences prior to embarking on the next stage of training. OSCEs afford trainees the opportunity to reflect on existing skills and competence and to identify learning objectives for the stage of training. These learning objectives are guides to where the trainee should direct their learning so as to enhance their practice and knowledge. Learning objectives are to be shared and discussed with their placement supervisor and with the advisor.

The first year OSCE (end of first teaching block in the first year of training near the start of placement one) is designed to prepare the trainee for their first clinical placement and assesses the trainee’s competence in assessment, intervention, clinical decision-making and use of supervision. The second year OSCE (end of second year teaching) focuses upon competences in leadership and supervision to prepare the trainee for their specialist placements and life after qualification.
Further details can be found on Blackboard. A teaching session is provided to prepare trainees.

2.13.1.1 Learning Objectives
The learning objectives for the OSCEs can be found on Blackboard. You are advised to consult and refer to the specific Learning Objectives in the ClinPsyD Assignments Folder for each assignment. You will need to log in to Blackboard - UEA to access this Folder.

Handy Tip!

Don’t over-prepare for the OSCE! The aim of the OSCE is to assess learning needs, allowing an opportunity to assess the trainees’ skills ‘in vivo’ and also to ensure the trainees have feedback to take to their placement to enable clinical skill development. OSCEs therefore will feed into Learning Objectives for the trainee to satisfy over the course of their placement and during training. The Learning Objectives are developmental and afford the trainee an opportunity to develop an individualised targeted focus on enhancing clinical and research competence and knowledge.
2.14 Summative Assignments (Clinical)

Summative clinical assignments are designed to evaluate Trainee progress, and make up part of the formal assessment and progression through the Programme.

2.14.1 Selecting Clinical Cases to Present for Examination

**Handy Tip!**

Cases do not have to be completed successfully or finished. It may be that a competent piece of work has not brought about major change. The purpose of the assignment is to demonstrate how difficulties have been dealt with and the implications for learning. Joint work is acceptable for submission for examination providing the Trainee has been leading the work and is responsible for a substantial proportion (majority) of it.

The examiners are looking for evidence that trainees can work systematically, safely, and effectively. They will be looking for evidence that trainees are aware of the relevant evidence base and psychological theory with the problem being worked with. They will be looking for evidence that this theory can be applied appropriately in clinical practice. However, the markers will not have seen the client or know the service setting. It is very important, therefore, that Trainees make what they are doing, and why, absolutely explicit so that the examiners do not have to make guesses or unwarranted assumptions about the work.

Trainees are encouraged to seek guidance from Clinical Supervisors to help them to think about clinical work in the required format. Any queries about whether a piece of work is suitable for submission should be discussed with the Trainee’s Advisor, year tutor or placement tutor organiser.

2.15 Case Reports and Clinical Practice Report

<table>
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<tr>
<th>Word Limit</th>
<th>5000 words</th>
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</table>
| Requirements        | 2 Case Reports – Year 1 (Placement 1)  
                      Year 3 (Placement 5)  
                      One of these can be a Clinical Practice Report (e.g. Year 3). |
| Deadlines           | See Programme Calendar (these must be adhered to) |
| Submission Criteria | It is not permitted to use any of the cases that have been prepared for the orals, case report or recorded process reports in any other assessment. This means that if a trainee has prepared a case for orals and did not present it, the same case cannot be used for a case report. |

**IMPORTANT: ANONYMISATION IN ASSIGNMENTS**

The Programme considers the breach of anonymisation a serious matter. If anonymity is breached in the presentation of case reports and clinical practice reports, this will lead to an **AUTOMATIC FAIL**. It is therefore very important that all information that can identify the client, a trainee, their supervisor and the service is removed from assignment submissions, including the Appendices.
Case Reports are **summative** assignments. These guidelines set out the purpose of the reports and provide guidance on writing the reports. In some cases, it may be appropriate to deviate from the recommended format but there needs to be a rationale for this. Trainees should refer to the Clinical Practice and Employment Handbook for information on confidentiality and client consent.

### 2.15.1 Learning Objectives

The learning objectives for the Case Report and Clinical Practice Report can be found on Blackboard. You are advised to consult and refer to the specific Learning Objectives in the ClinPsyD Assignments Folder for each assignment. You will need to log in to Blackboard - UEA to access this Folder.

### 2.15.2 Guidance for Writing Case Reports

**Trainee Tips!**

“Start writing your orals and case reports as you go! Once you have done the assessment you can make notes for your assessment section and so on.” 2014 Cohort

“I found that discharge summary letters were a very helpful tool when prepping an oral or case report.” 2015 Cohort

The learning objectives may be used as a guide for writing of the report.

There is an expectation that all clinical assignments will describe evidence based practice and as such referencing to relevant evidence / guidelines when writing reports is expected.

The report should follow a logical structure, appropriate to the case presented, and will contain a number of sections. It is recommended that case reports include the following headings in their structure and format:

**Reason for Referral**

A concise summary of how and why the client came to be seen.

**Assessment**

An account of the information collected in a logical sequence. It is important to also give the reasons for carrying out the assessment in a particular way. The information in this section should relate to evidence based practice and provide the basis for your formulation, action plan, and outcome evaluation.

**Formulation**

This is your account of how you understand the clinical problem; integrating information about the individuals’ experience of the clinical problem, and other relevant sources of information (e.g. testing and psychometric data), gained through assessment, with relevant psychological theory. If therapy is provided, the formulation lays the basis for the subsequent actions you take.
Formulations may be problem specific (e.g. in relation to a specific anxiety disorder), relating perhaps to maintenance of the problem, or broader longitudinal/developmental formulations, as relevant to the work completed. Questions you may wish to address are: What are the problems? How did they arise? How are they maintained? What are the factors supporting change? What are the intervention goals?

It may be that you are working from a **systemic formulation**. The overarching formulation would be presented in this section. It is helpful to include the ‘problem list’, the context of the ‘system’, the meaning of events to members of the system, and feedback loops.

Whichever formulation is used, this would be an appropriate place to include evidence that you understand the psychological model being used to understand the problem, and also the place to explain your reasoning for using the chosen model/theory/approach. If you have adapted, extended or ‘worked beyond’ a theoretical framework, this is the place to explain why this was necessary. If you have provided intervention that deviates from the evidence base, a robust and clear explanation of why this was necessary in the individual case should be included.

Sometimes people present formulations as a list of important factors or in a diagram. Neither of these is enough on its own. It is important to give an integrated, narrative account that describes how the various factors operate and the psychological processes that underlie the problems. However, a diagrammatic explanation can often help make complex concepts clearer.

**Action plan**

This should follow logically from your assessment and formulation, clearly identifying the goals to be achieved and how. It may also be relevant to refer to professional and ethical issues, for example, informed consent, risk assessment, multidisciplinary working and so on. Don’t forget to consider the client’s goals explicitly.

**Intervention: Implementation of the action plan**

This is not a detailed chronological account of what happened, but should provide the reader with sufficient information to understand the broad nature of any therapeutic work undertaken, flowing also logically from the assessment and formulation. It should present a clear picture of:

- The approach and procedures adopted.
- The general structure of the sessions (if they share a similar format).
- The order and timing in which components were introduced.
- A brief description of the techniques used.
- How the client responded, including at least, the minimum dataset used in practice with the service that the client is attending. Valid and reliable measures of outcome are expected.
- Key issues, problems, and/or themes.
- If you are working from a **systemic perspective** the above may also relate to presenting the ‘Evolving’ formulation. This is a running commentary of hypothesis testing and evolving meaning.
- A brief critical appraisal of relevant theory-practice links.

It may be helpful to give a more detailed account of one session or part of a session as an example of the way you are working and what the session was like.
**Outcome**

You need to present information that demonstrates whether the goals have been achieved. Ideally one would have multiple sources of information, for example, psychometrics, ratings, observations, self-report etc. All case reports must use at least one psychometrically valid assessment measure reporting on pre-post outcome as a minimum. The measures chosen should relate to the goals set and each goal should preferably have a measure(s) of progress. In a systemic case report, you may place greater emphasis on meaning and context. Sometimes, multiple sources of information cannot be achieved in practice. In these cases, report at least one and explain the reasons for limited information. Ideas on how these problems could be overcome would be a good item for the next section. Follow-up information should be given where possible.

**Critical review and self-reflection**

This section is a critical appraisal of your work and what you have learned. Things that are useful to cover are review of the formulation, review of strengths and weaknesses of the clinical work, what you have learned, the personal impact of work, and/or any unresolved issues that might have been dealt with more effectively.

*The report should also contain an Abstract, Reference List, and Appendices.* More detailed guidance on writing case reports is provided on Blackboard.

**Reminder!**

*Sometimes decisions may seem obvious; but nonetheless the rule is 'make things explicit'.*

2.15.2.1 Assessment cases

Sometimes a piece of work is mainly assessment. Assessment cases can provide very interesting material for case reports. This can still be put into a similar format and needs to consider the same issues; referral, initial assessment, initial formulation. The same focus remains on the importance of integrating psychological theory with individual experience and psychometric/test data. The way in which tests or psychometric tools influence the initial formulation should be made explicit, with a rationale for and explanation of the planned more detailed assessment. The action plan and intervention describe the assessment. The outcome is the results and conclusion of the assessment, together with recommendations. This is followed by a critical review. In presenting cases like this it is important to demonstrate how the assessment fits into the overall case management i.e. why was the assessment needed and how did it affect the outcome for the client?

2.15.2.2 Groups

In writing up a group it is not possible to give a full account of what happens to every client within the word limit. One way to deal with this is to write mainly about the group: aims; rationale and theoretical basis; structure; methods; content; assessment measures; systems issues; brief summary of individuals' problems and progress and group dynamics. This can be supplemented with detail about one individual, for example, their initial problems, how they fit the formulation being applied to the group generally, their progress in the group and how they responded to the group. This approach enables the group as a whole to form the focus of the report but also for the examiner to obtain a clear idea of the experience of individuals within it. The mention of 'systems issues' above
refers to factors such as efficiency in dealing with waiting lists or training co-facilitators. It helps to make these factors explicit at all stages of the report because they may well be part of the rationale for the group and thus need to be addressed and discussed in the various sections of the report.

2.15.2.3 Appendices
You need to include any letters or reports that you have written about the work (or explain their absence). Do not include letters or reports written by other people, with the exception of the client’s letter in Cognitive Analytical Therapy (CAT) work, which is useful to include. **It is essential that information that can identify clients, professionals or institutions be removed from any letters or reports.**

The Appendices can also provide supporting material to the report, such as copies of recording sheets and diaries, although in general keep this to a minimum. The report needs to be able to be read without having to look at the appendices, so do not include essential material here. **Do not include copyrighted material in the Appendix.**

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**Handy Tip!**

Case report 1 will be the first written assignment that you submit. Check that you have followed the APA guidance for presentation and referencing. Proof read your report for typos and errors before submitting. Check for anonymity! You do not want to fail an assignment because you have not anonymised the assignment. Getting all this right with your first assignment will help you with this and future assignments.

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Overview guidelines and learning objectives for clinical practice reports, examples of which might include: case consultation, supervision or strategic clinical work such as service design, training interventions, organisational consultation or preparing a bid to provide services is provided on Blackboard. You will need to log in to Blackboard - UEA

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2.16 Oral Case Presentation Examinations (known as ‘the orals’)

Orals are **summative assignments.**

<table>
<thead>
<tr>
<th>Process</th>
<th>For all orals, Trainees present one piece of their clinical work. It is expected that Trainees will prepare at least two cases for oral examination. It is prudent to have 2 cases prepared in case there is a need to re-present. A second case acts as a safeguard in the event that there are fundamental flaws in an oral examination and re-presentation is required. For all cases prepared, trainees will be required to list the age, gender and presenting problem of each case.</th>
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<tbody>
<tr>
<td>Time limit</td>
<td>25 minutes for presentation, plus 15 minutes for questions. Trainees will be asked to stop presenting after 25 minutes.</td>
</tr>
<tr>
<td>Requirements</td>
<td>1 Oral* at the end of Clinical Practice Placement 2 1 Oral* at the end of Clinical Practice Placement 4</td>
</tr>
</tbody>
</table>
1 Oral at the end of Clinical Practice Placement 6
During Years 1 and 2, Trainees select one placement, either Placement 2 or 4, on which to replace the *Oral Case Presentation with a ** Recorded Process Report.

Confidentiality
The oral presentations are audio recorded. The recordings are kept until 3 weeks after the meeting of the Board of Examiners which considers the placement evaluations or until after any subsequent appeal. Trainees can listen to the recording of their oral (with or without their clinical Supervisor) in the Elizabeth Fry Building, but may not copy the recording or remove it from the premises.

**IMPORTANT: ANONYMISATION IN ORALS**
The Programme considers the breach of anonymisation a serious matter. If anonymity is breached in the presentation of an oral, this will lead to an AUTOMATIC FAIL.

Marking & Feedback
A member of the programme team and either another member of the programme team or a clinical supervisor examine orals. Following the presentation, the Trainee will leave the room to allow the examiners to prepare feedback. The Trainee will then be invited back to receive the feedback and will be told the outcome of the oral, pending ratification by the Board of Examiners. A copy of the assessment form will be given to the Trainee and also sent to the Clinical Supervisor for information.

“I was surprised at how much I enjoyed the oral presentations. It felt much more informal than I had anticipated and is an excellent learning opportunity to talk through a case. I would definitely advise … to talk more freely and just use prompt sheets.” 2014 Cohort

2.16.1 Learning Objectives
The general and specific learning objectives for oral presentation of case work, consultation or leadership pieces of work are provided on Blackboard. You are advised to consult and refer to the Learning Objectives in the ClinPsyD Assignments Folder for each assignment. You will need to log in to Blackboard - UEA to access this Folder.

2.16.2 Outcome of Oral Case Presentations
If the outcome is not satisfactory a further oral presentation will be required. Requirements for the further oral presentation will be specified. This might range from a re-presentation of the case with a fuller formulation to a new presentation of one of the other prepared cases. Currently, this additional presentation will normally take place within two weeks. No more than one additional oral presentation will be allowed. All marks are subject to verification by the Board of Examiners.

2.16.3 Assessment of Oral Presentations
When presenting a case orally the same guidelines as for a case report apply. The criteria for passing orals reflects developmental stages of training. As such different criteria may become more relevant at different stages of the programme. Therefore, we recommend that you read the expectations carefully in relation to your stage of training.
2.16.3.1 Assessment Criteria (Applicable Across all Three Years)
The presentation should cover all the required elements within the time limit. These are: Referred Problem, Assessment, Formulation, Intervention, Service setting/inter-disciplinary working, Outcome, and Self-reflection (e.g. impact of work and what has been learned).

Hypotheses and formulations should relate to psychological theories, models and evidence (i.e. the formulation needs to ‘go beyond’ a structure such as the ‘five P’s’). These should lead to a clear psychological rationale for the work carried out; as with case reports, the examiners will be keen to gain a clear understanding of why the trainee took the actions that they did.

The presentation should demonstrate effective communication skills and ethical practice, for example considering the possibly conflicting needs/interests of different people in the relevant system (e.g. family/school/care home).

The obvious constraint on you is time, and therefore your oral presentation will need to be concise with an emphasis on prioritising the key information. The following points are important to consider in preparing for an oral case presentation:

- There needs to be a coherent structure and flow to the presentation, with clear links made between the different sections.
- Use ‘signposting’ to indicate what you are about to talk about. Remember the examiners do not have the benefit of written information.
- You should define the ‘problems’ and the context in which they present themselves.
- When presenting the formulation, visual information is not essential but may be useful. It should not, however, be a substitute for the oral presentation of the material.
- The formulation should introduce a coherent story, a narrative, of how you make sense of the presenting difficulties using appropriate psychological theory.
- Your formulation does not have to be based on a single model. It can make use of elements from more than one theory, but there does need to be at least one specific, explicit psychological model.
- Be clear on what the evidence base is in relation to the client group you are working with. If you are applying an intervention which deviates or goes beyond the evidence base, you should be prepared to explain this clearly.
- Do bring your notes to the oral, but do not read from them verbatim.

Handy Tip!
In orals you will usually cover a brief overview of the context, assessment, formulation, intervention, interdisciplinary context and self-reflection. A common mistake is to spend too long on assessment and not enough time on other sections. Some Trainees find it helpful to practice using a stopwatch or to bring their own count down timer into the oral to refer to.

Other structures for the presentation are appropriate for cases that do not contain an intervention. In such circumstances, follow the guidance for case reports. If in doubt about how to present an oral for a different type of work, Trainees should discuss this with their Advisor.
2.16.3.1.1 Additional aspects for child placement
- Ability to incorporate child’s / young person’s developmental level into assessment, formulation and intervention
- Awareness of systemic models and explicit involvement of family system in assessment and formulation
- Assessment of relevant key aspects of child’s development e.g. cognitive, social, emotional, motor development

2.16.3.1.2 Additional aspects for adult placement
- Awareness and assessment of likely co-morbid psychological and/or physical problems
- Awareness and assessment of common mental health problems and diagnostic criteria
- Awareness of personal history and early experiences in development of self
- Explicit inclusion of client’s personal history in formulation

2.16.3.1.3 Additional aspects for older people placement
- Demonstrates knowledge of the impact of ageing (by drawing upon contemporary and relevant geriatric and gerontological theories).
- Identifies appropriate cohort effects (e.g. impact of growing up in WWII, social norms etc.)
- Uses appropriate assessment procedures or adaptations to intervention procedures as appropriate but in doing so provides a rationale for this use if it is not evidence-based.
- Awareness of psychological consequences of physical illnesses more common in later life (e.g. COPD, Stroke, and Parkinson’s disease) and can assess impact of comorbidity.
- Uses age appropriate formulation models and problem-specific formulations as appropriate.
- Understands that dementias are not an outcome of old age and that different dementias (where appropriate) may have different cognitive profiles.

2.16.3.1.4 Additional aspects for learning disabilities placement
- Appropriate assessment of cognitive impairment / developmental disability
- Appropriate review of developmental history
- Awareness of the impact of biological basis of disability (if this is known for the client)

2.16.3.1.5 Additional aspects for specialist placements
- Demonstrates appropriate knowledge and skills relevant to the specialty at a level that is near to that of a newly qualified psychologist
- Demonstrates either high level knowledge of a specific psychological model or integration of different theoretical models
- Able to work beyond professional guidelines when these do not apply and to provide an explicit rationale for this

2.16.3.2 Specific Criteria for Oral Presentations (Applicable to First Year Trainees)
Additional to the above general criteria, the oral case presentation should demonstrate the following generic skills/qualities

Assessment
- Use of a hypothesis-testing approach
- Use of more than one method of data collection (e.g. interview with client, interview with other informant(s), psychometric measures, idiographic measures etc.)
- Coverage of relevant domains – e.g. problem description (i.e. what, when, how often and so on), problem history, developmental and family history, occupational / educational history and context, functional impact of presenting problems
- Attention to any relevant diversity issues including social class / social inclusion issues
• Attention to risk and its appropriate assessment

**Formulation**
• Presents an understanding of the presenting problem using a clear psychological model and supporting evidence
• Accounts for the information collected during the assessment and links this with the chosen psychological model, clearly incorporating developmental information as appropriate
• Presents evidence that at least key parts of the formulation have been shared with the client/client’s family/clinical team
• Attention to context (e.g. family, school, work, social)
• Identifies specific goals based on the formulation

**Intervention**
• Intervention is clearly linked to the formulation and based on relevant (e.g. NICE) guidelines
• Use of specific psychological interventions
• Development and maintenance of the therapeutic relationship
• Awareness of threats to the relationship
• Appropriate management of risk
• Evaluation of outcome

**Inter-disciplinary working**
• Demonstrates awareness of the role of other professionals and how these relate to clinical psychology

**Self-reflection**
• Reflects on the personal impact of work with the particular client
• Reflects on the use of supervision
• Reflects on what has been learned

### 2.16.3.3 Specific Criteria for Oral Presentations (Applicable to Second Year Trainees)
Additional to the above general criteria, the oral case presentation should demonstrate the following generic skills/qualities

**Assessment**
• Use of a wider range of assessment methods e.g. as listed above, but also observational methods, functional analysis, neuropsychological assessment, as relevant
• Uses medical and other notes to supplement direct assessment
• Considers impact of physical problems, where relevant
• Communicates appropriately with clients and carers

**Formulation**
• Drawing on systems theory and/or theories of group processes in formulating presenting problems
• Drawing on more than one model in formulating problems (may be one dominant model plus some reference to another)
• Formulating staff behaviour, where relevant, as well as client problems

**Intervention**
• Demonstrates further development of therapeutic skills e.g. working with family carers, consulting to / advising other professionals and family carers, clear demonstration of technical knowledge and skills in specific psychological interventions (Behavioural, CBT, CAT, Systemic, Psychodynamic or group work as appropriate)

**Inter-disciplinary working**

• Demonstrates understanding of organisational structures and systems within and beyond the NHS as appropriate to the client e.g. local authorities, private sector, third sector
• Working with staff teams as appropriate, including assisting teams in understanding their clients through use of psychological formulations

**Self-reflection**

• Reflects on the emotional impact of the work
• Reflects on process issues in the work
• Demonstrates clear understanding of the importance of supervision and how this has been used

2.16.3.4 **Specific Criteria for Oral Presentations (Applicable to Third Year Trainees)**

Additional to the above general criteria, the oral case presentation should demonstrate the following generic skills/qualities throughout

• Critical awareness of the relevant research literature and theoretical models – using a clear psychological framework (possibly integrating more than one) but also able to demonstrate how others might have been useful.
• Clear demonstration of skilled use of psychological intervention method(s).
• Demonstrates ability as a rounded scientist-practitioner and reflective-practitioner.

2.17 **Recorded Process Report (RPR)**

The Recorded Process Report is a **summative** assignment.

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<thead>
<tr>
<th><strong>Word Limit</strong></th>
<th>4500 words (excluding the transcript)</th>
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<tbody>
<tr>
<td><strong>Specific Submission Guidelines</strong></td>
<td>When a Trainee plans to submit an RPR from a placement, they must inform the ClinPsyD Programme PGR Office at least one month before the oral presentation at <a href="mailto:clinpsyd@uea.ac.uk">clinpsyd@uea.ac.uk</a>. The submission date will be the date of the orals.</td>
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<td></td>
<td>The recording of the complete 40 - 50 minute session plus a separate file of the 10-minute transcribed extract should be submitted on an encrypted memory stick. The files must be submitted to the PGR Office in either an MP3, WAV or WMV format. It is the responsibility of the trainee to ensure recording quality is good and the dialogue is clear and audible. Markers will refuse to assess an inaudible recording. These will be returned as a fail. Simulations or role-play are not acceptable. The beginning of the 10-minute transcribed segment should be clearly indicated.</td>
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<td>Sessions of longer than 50 minutes may be submitted, with an explanation as to the session length in the report. We do not recommend sessions shorter than 40 minutes are submitted, to ensure you have enough clinical material to comment upon.</td>
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</table>
The word count for the Report and the word count for the Transcript should be stated on the front cover of the report.

<table>
<thead>
<tr>
<th>Confidentiality and Ethics</th>
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<tbody>
<tr>
<td>Recording of sessions should be a routine activity providing clients give permission. A clinical session should not be recorded without the client's permission. Clients must be made aware that the recording and commentary will be treated as confidential by the markers and, if appropriate, an external examiner. Real names may be mentioned in the recording, but do not use real names in the transcript or any other information that might identify the client. 'One-off' recordings to meet the assessment requirements will not be accepted and are considered bad practice.</td>
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<tr>
<td>The recording should be accompanied by a signed Supervisor’s form that confirms they have seen the signed consent form from the client. The supervisor form should be separate from the report as this does not go to markers.</td>
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**IMPORTANT: ANONYMISATION IN ASSIGNMENTS**

The Programme considers the breach of anonymisation a serious matter. If anonymity is breached in the recorded process written report, this will lead to an AUTOMATIC FAIL. It is therefore very important that all information that can identify the client, a trainee, their supervisor and the service is removed from assignment submissions, including the Appendices.

**IMPORTANT: SECURITY OF PATIENT DATA**

Service Providers require all patient data that is taken off-site must be held in a secure and encrypted manner. Please see the Clinical Practice Handbook for further information on this.

### 2.17.1 Learning Objectives

The learning objectives of the Recorded Process Report can be found on Blackboard. You are advised to consult and refer to the specific Learning Objectives in the ClinPsyD Assignments Folder for each assignment. You will need to log in to Blackboard - UEA to access this Folder.

### 2.17.1.1 Guidance for Writing Recorded Process Reports

The purpose of the RPR is to demonstrate both the ability to use clinical skills within a specified theoretical framework and the capacity to reflect critically on one's own work as a clinical psychologist. The markers are assessing the Trainee’s ability to: identify a focus for the clinical work; indicate how this will be achieved; comment upon their ability to carry this out, and comment upon the impact this has upon both client and Trainee.

The Trainee should present a representative piece of their clinical work, which is of a competent standard given their stage of training and illustrates a particular clinical skill or phenomena.
2.17.1.2 Content of the report

The report should follow a logical structure. The learning objectives may be used as a guide for writing the report. Examiners will look for evidence of theory practice links throughout the report. A typical recorded process report will contain a number of sections including:

**Theoretical framework**

This section serves to orientate the reader to the chosen theoretical basis/conceptual framework used. A brief statement of the Trainee’s aim(s) for the session should be included.

**Profile of client**

This section serves to orientate the reader to the client including: pseudonym, gender, age group, physical appearance; the therapist's first impression of the client; referral information; the presenting problem; initial assessment and formulation - it might also be necessary to refer to the theoretical framework being used; contract and therapy plan.

Only include details of the client that are relevant to the therapy process. Although the report will reflect ‘client – therapist’ interaction, the emphasis should be on the therapist rather than the client.

**Introduction to the transcript**

This section provides the examiner with the rationale for selecting the specific transcript. It should also specify the session number (e.g. Session 6 of 12) and describe the intention and purpose of the transcript e.g. ‘I was attempting to use guided discovery to further the client’s understanding of y’.

**Transcript and Commentary**

A transcript should be made of 10 minutes of the recording. Speaker turns must be numbered to facilitate cross-referencing. Leave a double space between each speaker turn or draw a line after each speaker turn.

The report should discuss the moment-to-moment process of the 10-minute transcript. Each piece of commentary is written immediately following the particular part of the dialogue to which it refers. The commentary should be in italics to distinguish it from the dialogue.

The commentary should provide a process analysis and evaluation of therapy skills. It should focus on the intention and impact of the Trainee’s interventions and responses. 'Intention' may reflect the explanatory framework(s) or assumptions of the Trainee. 'Impact' refers to the client’s response to the Trainee’s intervention and the extent to which the Trainee’s intention was achieved.

**Critical Review and Self-Reflection**

This should include: a review of the work in the transcript in relation to the theoretical framework; a self-assessment of the Trainee and an evaluation of the transcript.

The report should also include an Abstract, Reference List, and Appendix. More detailed guidance on the above is provided on Blackboard.
2.17.2 Re-Assessment
As the report has replaced one of the oral presentations, then any reassessment must come from the same placement. Reassessment could mean using the same recording and improving the report using the feedback provided. Or it may be that a different recording is required. As Trainees will be in a different placement when the report is marked, this means it will be necessary to keep a number of recordings from the placement until the mark for the report is known. RPR failure on reassessment is treated the same as other clinical assignments.

**Handy Tip!**
*It is good practice to record and listen to segments of clinical sessions throughout training. Regularly taking segments of sessions to clinical supervision can facilitate the development of assessment and therapeutic skills and assist in preparing you for the RPR.*

2.18 Assessment of Clinical Practice Placements
Please see the Clinical Practice and Employment Handbook for details regarding assessment of Clinical Practice Placements.