

University of East Anglia – ClinPsyD Programme Evaluation of Clinical Competency Form for Placement Review

Context

Clinical Practice placements are a core component of learning on the UEA ClinPsyD programme. In order to ensure that trainees are able to practice competently once qualified, the course operates a system of clinical competency evaluation throughout practice placements. These competencies relate directly to those laid out by the **British Psychological Society in the Standards for Doctoral Programmes in Clinical Psychology document**, and map onto the **HCPC Standards of Proficiency for Practitioner Psychologists**.

Trainees are evaluated in regards to their competency development at Mid Placement Review, and subsequently at the End of Placement. Areas for development should be discussed at Mid Placement Review, and if specific concerns about competency development exist, an action plan should be developed to allow the trainee the opportunity to address these concerns by the end of their placement. The course expects to observe progressive development of competencies, and the judgments within this form should be made alongside a consideration of the trainee's current stage of training. At the end of the placement, the practice placement supervisor is asked to make a recommendation as to whether or not the placement should be passed. In all cases, a final decision on this issue is taken by the relevant Exam Board at UEA. **This form provides the primary evidence by which this judgment is made.**

Instructions

As an *evaluative* process, the supervisor should complete this form and discuss it with the trainee prior to the Mid Placement Review and also at the end of each placement. Learning objectives for the remainder of the placement (at Mid Placement Review) and for the next placement (at End of Placement Review) will be formulated at the end of the form. Learning objectives will be passed to the next supervisor and to the relevant advisor/course staff to allow for continuity of training.

In arriving at a rating, please consider that learning is facilitated through the use of concrete and specific feedback. The comments space is used to illustrate the reasons for the rating given, and may be particularly useful where performance in a specific area is mixed. In the case of a rating of 'adequate' or 'below expected level' guidance on how to improve competence should also be given.

The following are the definitions to be used for the rating of each item.

A. WELL ABOVE EXPECTED LEVEL: This trainee is performing well above the expected level, with respect to this competency, given the stage of training.

B. ABOVE EXPECTED LEVEL: This trainee is performing above the expected level, with respect to this competency, given the stage of training.

C. AT EXPECTED LEVEL: This trainee is performing at an adequate level, with respect to this competency, given the stage of training. Some improvement is desirable. This is not an unusual rating to be given to trainees with limited experience of the relevant client group. Such ratings might be usefully considered as areas for possible learning objectives – see **Section H**.

D. BELOW EXPECTED LEVEL: This trainee is performing below the expected level with respect to this competency given the stage of training. Improvement is required. Specific action and attention are required to help develop this competency. Specific learning objectives need to be developed – see **Section H**.

N/O - NO OPPORTUNITY TO DEMONSTRATE/ COMPETENCY: The placement has not provided sufficient experience to make any of the above judgments. *This may be used to indicate either that the placement will not provide an opportunity to develop this competency area, or that there has been insufficient opportunity for the supervisor to make a reliable rating by this stage.*

Trainee and Supervisor Details

Date Form Completed:

Trainee Name:

Supervisor Name:

Advisor Name:

Placement Name and Location:

Placement Number:

Primary Client Group:

Placement Start Date:

End Date:

Version of this form:

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Section I: Supervisor's Overall Evaluation

Section A: Psychological Assessment

A1. Session Management

A1.1. Develops and maintains effective working alliances with service users, carers, colleagues and other relevant stakeholders. Seeks informed consent appropriately.

A2. Information Gathering Skills

A2.1 Demonstrates an ability to choose, use and interpret a broad range of assessment methods appropriate to the client, service delivery system, and anticipated intervention.

A2.2 History Taking Skills (including from third parties)

A3. Psychometric and Neuropsychological Assessment Skills

A3.1 Selection of Tests (Chooses tests/measures relevant to client and service in which assessment takes place; chooses measures relevant to type of intervention that may be required; understands the legal and clinical consequences of testing)

A3.2 Administration of Tests (Understands and adheres to structure of test requirements and is sensitive to clients' responses)

A3.3 Scoring of Tests (Tests are scored accurately using correct norms and without significant actuarial errors; conducts appropriate discrepancy analysis)

A3.4 Understanding of Relevant Psychometric Theory and Interpretation of Tests (Understands key elements of psychometric theory which have relevance to psychological assessment (e.g. effect sizes, reliable change scores, sources of error and bias, base rates, limitations etc.); utilises this knowledge to aid assessment practices and interpretations thereof)

A3.5 Providing feedback following testing (Gives sensitive, constructive feedback, pitched to need of client/referrer; conveys an appropriate formulation taking into account clinical and psychometric issues. In rating, consider both written and verbal forms)

A3.6 Uses the neuropsychological assessment to inform the formulation (Is able to take neuropsychological data and integrate it in a meaningful way within a wider clinical formulation)

A4. Risk Assessment and Management

A4.1 Conducts appropriate risk assessment and uses this to guide practice (Is aware of risks and risk assessment / management practices, as appropriate to the client and service setting, e.g. risk of self harm, suicide, neglect, violence, sexual assault. This includes awareness of responsibilities in terms of child protection and protection of vulnerable adults including safeguarding)

A5. Decision-Making following Assessment

A5.1 Decision Making (Makes informed decisions about the best next steps for clients – directs them to other services, if appropriate, and recognises when psychological input may not be appropriate. Involves / refers to other professions appropriately)

A5.2 Making Recommendations (Uses clinical information, including test result, to develop recommendations that identify ongoing treatment needs, future assessment needs, or other appropriate approaches to the clinical problem)

Additional comments for Section A (Psychological Assessment):

(Please make additional comments short and explicit and related to your observations of the trainee)

Section B: Psychological Formulation

B1. Formulation Skills

B1.1 Uses assessment to guide formulation (Formulates presenting problems by integrating information from assessment and theory. Incorporates interpersonal, cognitive, emotional, behavioural, systemic, biographical, cultural, neuropsychological and biological factors where appropriate)

B1.2 Draws appropriately on relevant theory within formulations (Formulations draw upon a coherent framework of psychological theory and evidence; integrating information as appropriate)

B1.3 Takes a shared approach to developing formulations (Formulations develop a shared understanding of personal meaning with the client, and are developed collaboratively)

B1.4 Develops formulations of appropriate complexity (makes justifiable choices about levels of complexity; ensures formulation presented to client is accessible, culturally sensitive and non-discriminatory; is able to hold different 'levels' of formulation for therapist and client if necessary)

B1.5 Multidisciplinary Formulations (Uses formulations to assist multi-disciplinary communication and the understanding of clients and their care)

B1.6 Reformulating (Modifies the hypothesised understanding of the nature of the client's problems in response to new information and / or in the light of ongoing intervention)

Additional comments for Section B (Psychological Formulation):

Section C: Intervention Skills

C1. Basic Therapy Skills

C1.1 Develops Effective Therapeutic Alliance (Develops and maintains effective working alliances with clients, including individuals, carers and services)

C1.3 Manages Therapy Endings (Negotiates endings that are collaborative, constructive and productive for the client and others. Recognises when further intervention is unlikely to be helpful. Provides appropriate onward referral)

C2. Specific skills in therapeutic interviewing

C2.1 Providing a safe space

C2.2 Active listening

C2.3 Goal Setting

C2.4 Feedback

C2.5 Pacing and timing

C2.6 Summarising/reflecting back

C2.7 Hypothesis testing

**C2.8 Management of
Therapy-interfering behaviours**

C2.10 Comments in regards to therapeutic interviewing:

C3. Knowledge and applications of specific psychological models – as applicable to placement.

C3.1 Cognitive Behavioural

C3.2 Systemic

C3.3 Other

Comments in regards to knowledge and application of specific psychological models:

C4. Group Work (as applicable to placement)

C4.1 Understanding of group processes (Awareness and understanding of group dynamics. Demonstrates ability to reflect on group process in supervision, including own contribution to group dynamics. Understands own role within the specific group)

C4.2 Achievement of group aims (Explains concepts clearly; adapts delivery style appropriately to audience and materials; is able to use and manage group members' contributions to facilitate learning/achieve aims of the group. e.g. in making links between group members' experiences and theory)

C4.3 Effective communication in group settings (Attends to, acknowledges and responds with empathy to group member behaviour. Appropriately questions participants)

C5. Specific applications (as applicable to placement)

C5.1 Family Work (Works effectively in a family setting)

C5.2 Systems Work (in relation to individual clients) (Works effectively with multi-agency systems – care homes, residential providers, schools etc – for the benefit of clients)

C5.3 Neuropsychologically based interventions (Works effectively in delivering interventions in response to, or informed by, patterns of neuropsychological deficits, and the goals or concerns of the patient)

Additional comments for Section C (Intervention Skills):

Section D: Communication and Teaching Skills

D1. Communication Skills

D1.1 Written Communication (Completes letters / reports / referrals on time and with appropriate frequency. Presents findings concisely and clearly; explains complex findings clearly; reports are of appropriate length; distinguishes between fact and opinion; includes information that is relevant and appropriate to recipient; written style is professional and sensitive to the recipient's needs; assessment reports accurately summarise key findings of the assessment, and present standardised information and test results appropriately and in an understandable way)

D1.2 Verbal Communications, Formal and Informal (Argues a case and makes constructive interventions at meetings and case conferences. Is appropriate in tone, manner and timing, accounting for needs of the audience. In rating, consider both clinical and non-clinical interactions)

D1.3 Adapts Communication Style Appropriately (accounts for client needs e.g. cognitive, sensory, cohort, cultural)

D1.4 Understands the process (and limitations) of communication through interpreters

D2. Teaching Skills

D2.1 Formal Teaching (Identifies needs of staff in advance to inform adaptations to content and method of presentation; presents material clearly and concisely; uses feedback methods, e.g. use of satisfaction ratings; shows ability to suggest changes to presentations based on such feedback)

D2.2 Presentation Skills in Teaching (Demonstrates competence and confidence in the use of different teaching aids, uses an engaging teaching style)

Additional comments for Section D (Communication and Teaching):

Section E: Personal and professional skills and values

E1.1 Awareness of impact of issues of power, diversity and own values on practice (Understands and values diversity in people's lives and considers the implications for working practices with clients and other professionals; acts in the best interests of clients, recognises the power imbalance between clients and professionals and manages this appropriately; shows awareness of the ethical and legal issues of dual relationships and the potential impact on clients)

E1.2 Engagement with working practices and policies (Complies with the policies and practices of a host organisation with respect to time-keeping, record keeping, meeting deadlines, managing leave, health and safety and good working relations)

E1.3 Develops Strategies to manage own learning needs (e.g. uses supervision to reflect on practice, and makes appropriate use of feedback received)

E1.4 Autonomous Practice (Works at an appropriate level of autonomy for the stage of training, with awareness of the limits of own competence. Accepts accountability to professional and service managers.)

E1.5 Workload Management (In consultation with supervisor, manages a reasonable workload – takes on neither too little nor too much. Achieves balance between agreed placement workload and other training commitments)

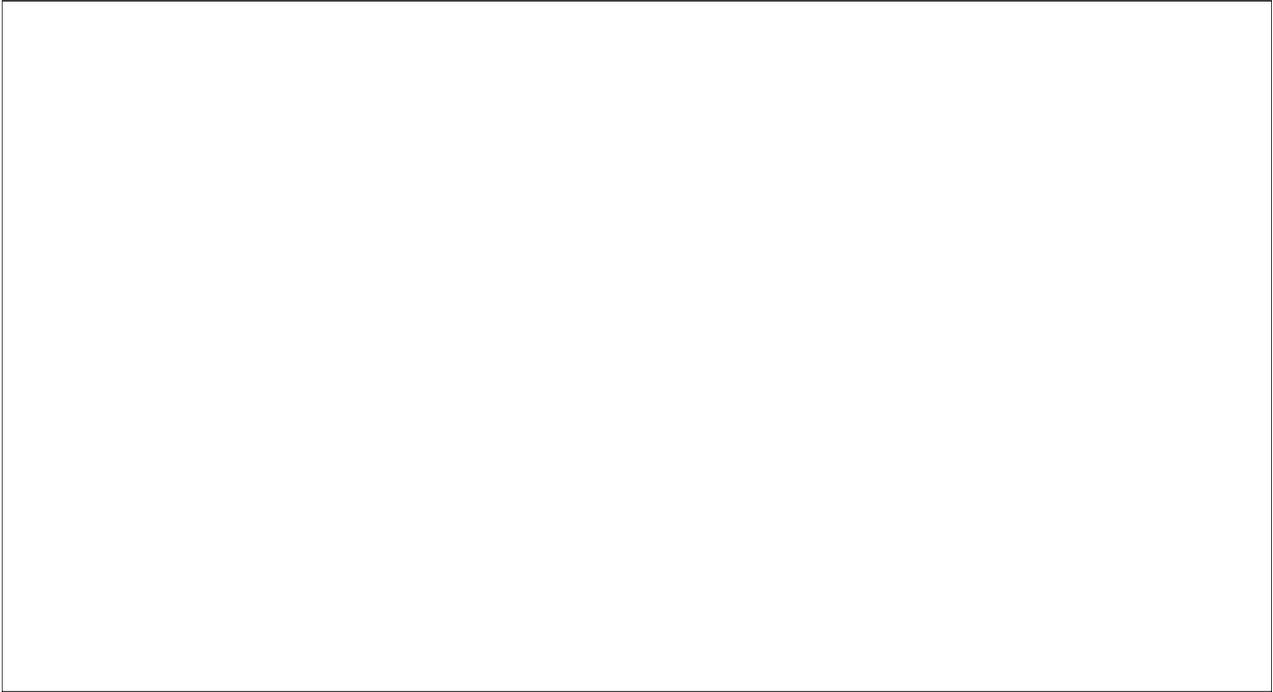
E1.6 Contribution (Demonstrates readiness to get involved by making appropriate contributions to meetings, offering opinions in supervision; demonstrates potential leadership skills)

E1.7 Relationships with Staff (Gets on well with other staff; shows awareness of attitudes and expectations of other staff; reflects on professional relationships)

E1.8 Use of Supervision (Makes appropriate use of supervision and feedback; demonstrates awareness of supervision models; is able to self-reflect and discuss issues openly)

E1.9 Self-awareness/reflective skills (Is aware of own strengths and weaknesses and how they may interact with performance; shows an awareness of the emotional impact of clinical work on self and responds adaptively)

Additional comments for Section E: Personal and professional skills and values

A large, empty rectangular box with a thin black border, intended for the user to provide additional comments for Section E: Personal and professional skills and values.

Section F: Organisational and systemic influence and leadership

F1.1 Awareness of the legislative and national planning contexts for service delivery and clinical practice

F1.2 Awareness of local NHS context (awareness of local organisational structures and procedures, and how these might influence psychology service provision)

F1.3 Providing supervision at appropriate level within own sphere of competence

F1.4 Indirect Influence (Indirect influence of service delivery including through consultancy, training and working effectively in multidisciplinary and cross-professional teams. Brings psychological influence to bear in wider service delivery)

F1.5 Leadership (Demonstrates leadership qualities; shows pro-activity; shows awareness of role of psychology in organisation and ways of influencing service delivery beyond direct clinical care; influences the psychological-mindedness of teams and organisations; contributes to and fosters collaborative working practices within teams; understands leadership theories and models)

F1.6 Quality Assurance (Understands and works with quality assurance principles and processes including systems which collect relevant data on key performance indicators; awareness of processes in providing quality assurance within organisations)

F1.7 Responding to poor practice / practice concerns (Is able to recognise malpractice or unethical practice in systems and organisations and knows how to respond to this; is familiar with 'whistleblowing' policies and issues).

Additional comments for Section F: Organisational and systemic influence and

Section G: Research (with reference to activity on placement)

G1.1 Formulation and design (Identifies and evaluates literature relevant to research aims; makes clear statement of problem and designs investigation capable of providing answers to questions posed; takes into account pertinent ethical issues)

G1.2 Data Collection (Carefully and reliably collects data)

G1.3 Contribution to department research activity (Takes part in journal club discussions, contributes to general research work of department)

G1.4 Actively seeks out relevant clinical research to inform clinical practice, and critically evaluates it

G1.5 Research Dissemination – feeds back findings from clinical research, audit and service evaluation (own and others) to influence clinical practice

Additional comments for Section G: Research

Section H: Learning Objectives

At Mid-Placement review this section should be used to review progress on previous learning objectives and set learning objectives for the rest of the placement.

At End of Placement review this section should be used to recommend learning objectives for future placements. This section should therefore be shared with the next placement supervisor.

Learning objectives can be categorised as essential or desirable. Learning objectives which are marked as essential at MPR should be met by the end of the placement for the placement to be passed. Learning objectives identified at the End of Placement review should be met at the end of the next placement for this placement to be passed.

Learning objectives can typically relate to three broad situations: 1. A lack of opportunity for competency development; 2. A deficit in expected competency development (which should lead to 'essential' learning objectives); 3. Further development in skill of an existing competency. Other learning objectives can be entered here if required.

Individual competencies which have been rated 'Below Expected Level' should lead to remedial learning objectives which address the improvement required. Competencies rated as 'Adequate' might also be specifically considered as areas for possible learning objectives.

Learning Objective 1

Methods/Experiences to help meet this learning objective

Identified by:

Is this?

Learning Objective 2

Methods/Experiences to help meet this learning objective

Identified by:

Is this?

Learning Objective 3

Methods/Experiences to help meet this learning objective

Identified by:

Is this?

Learning Objective 4

Methods/Experiences to help meet this learning objective

Identified by:

Is this?

Learning Objective 5

Methods/Experiences to help meet this learning objective

Identified by:

Is this?

Other remarks in regards to learning objectives:

Section I: Supervisor's Overall Evaluation

For Mid-Placement Reviews, this is the **current classification based on performance so far**.
For End of Placement Reviews, this is the **final classification**:

- A. Overall this trainee is performing very well; above the expected standard, given the stage of training.
- B. Overall this trainee is performing well; at the expected standard, given the stage of training.
- C. Overall this trainee is performing at an adequate standard given the stage of training, however some improvement is desirable. This is detailed within the supervisor's comments and learning objectives.
- D. Overall this trainee is performing at an inadequate standard given the stage of training and improvement is required. There are concerns about their skills, knowledge, practice and / or conduct. These concerns are significant enough that the supervisor recommends that the placement is failed.
- E. There are serious concerns about the trainee's performance and the supervisor has significant concerns about the trainee's ability to practise. The supervisor recommends the placement is failed.

Ratings A to D use the comparator 'given the stage of training'. When a trainee is on their final placement this comparator is in effect 'for someone about to be eligible to apply to the Health Care Professions Council for registration as a Practitioner Psychologist.'

The final decision regarding passing or failing a placement is made at the appropriate Examination Board. The information provided on this form is used as the main basis for this decision.

Supervisor's general comments (include particular strengths, and areas for development. Specify those which are desirable and those which are required. Learning objectives should be recorded on the attached learning objectives' form):

Trainee's Comments:

Section I: Supervisor's Overall Evaluation (continued)

Confirmations by supervisor: this section to be completed at the end of placement

Supervision

Please confirm that supervision was completed in line with the required standards (formal supervision of at least one hour weekly [90 minutes recommended] with at least three hours of available 'contact time' per week)

Pieces of Work

Please confirm that the trainee completed the required number of pieces of work

Attendance / Completion of Minimum Placement Days

Please confirm if the trainee completed the required minimum placement days [see course calendar; this is 80% of available placement days after annual leave is calculated. The calculation to work out the minimum is therefore $(T-13) \times 0.8$ T = Total Number of Placement Days / 13 = Half Annual Leave allowance (rounded down)]

Log Book

Please confirm that the trainee has completed, and you have reviewed, the trainee's own cumulative log-book of clinical experiences and competencies on this placement

Confidentiality and Consent

Please confirm that the trainee has gained appropriate informed consent for clinical work completed, and has gained additional specific consent for any clinical material used for the purposes of training (keeping appropriate written records in the clinical notes using appropriate paperwork).

Please use the space below to record any additional comments:

Section I: Supervisor's Overall Evaluation (Continued)

Before returning this form please ensure the following statements are signed. If you are unable to add an electronic Adobe signature there is space to insert an image of a handwritten signature. Alternatively please print and sign manually.

At Mid-Placement Review, please confirm that:

The Trainee has reviewed the contents of this form and discussed the ratings given with their supervisor. They have been given opportunity to comment and contribute, agrees to undertake the proposed learning objectives, and has had the opportunity to ask questions about the basis of any ratings made.

The Supervisor confirms that the ratings above reflect an accurate evaluation of the trainee's current development of competencies. Learning needs have been discussed with the trainee, who has been set appropriate learning objectives in response to these needs. The supervisor confirms they have explained to the trainee the basis for my overall rating given above.

Signed by Trainee:

Signed by Supervisor:

Date Signed:

Date Signed:

The advisor confirms, after the MPR, that they have discussed the above evaluation with the trainee. A clear action plan has been developed to address any identified learning needs:

Signed by Advisor:

Date Signed:

At the End of Placement Review, please confirm that:

The Trainee has reviewed the contents of this form and discussed the ratings given with their supervisor. They have been given an opportunity to comment and contribute. If learning objectives have been recommended for their next placement, they agree to undertake them. The trainee has had the opportunity to ask questions about the basis of any ratings made.

The Supervisor confirms that the ratings above reflect an accurate evaluation of the trainee's current development of competencies at the end of the placement. Learning needs for the next placement (if applicable) have been discussed with the trainee. The supervisor confirms they have explained to the trainee the basis for the final overall rating given above.

Signed by Trainee:

Signed by Supervisor:

Date Signed:

Date Signed: