



THE UNIVERSITY OF
SYDNEY

EXTERNAL PLACEMENTS HANDBOOK

MASTER OF CLINICAL PSYCHOLOGY

2016

Clinical Psychology Unit

School of Psychology

University of Sydney NSW 2006

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1. INTRODUCTION

This handbook is designed to give supervisors and trainees an introduction to external placement requirements for the Master of Clinical Psychology (MCP) degree at The University of Sydney. The purpose of the handbook is to clarify the expectations of supervisors and trainees for external clinical placements.

The MCP program aims to train clinical psychologists who are competent to work with complex patients from a range of different backgrounds, across the lifespan, and with different presenting mental health problems and adjustments to life situations. This involves providing a broad academic, clinical and research training which builds on the strengths trainees bring with them to training. The program aims to equip trainees with the core competencies and skills deemed necessary for practise as a clinical psychologist.

Clinical placements both within and outside the University are an essential and important part of the training regimen. Placements are arranged to give trainees exposure to a range of clinical presentations, in different settings, with a variety of assessment and therapeutic approaches. During the placements trainees are expected to learn to make theory-practice links and apply the knowledge learned during their academic teaching.

Placements are a valuable resource and one that needs to be highly valued. Supervisors who take trainees on placements do so voluntarily, without payment, and in addition to their paid workload. They undertake this work as a service to the profession. They must be appreciated for this generosity.

Supervision is a crucial component of the placement. The aims of clinical supervision are:

- To assist trainees in the application of knowledge and skills gained from tertiary studies in psychology to their work as practicing clinical psychologists.
- To protect patients and trainees during the stage of learning professional skills and roles.
- To promote ethical and professional standards of conduct and service
- To support the professional development of trainees in ways that will increase their effectiveness as future clinical psychologists.

Queries regarding Placements:

For queries relating to external placements, please contact Dr Judy Hyde, Coordinator of External Placements on 9114 4343.

Administration

The external placements are administered by Ms Cindy Li, DipComSec
Phone: (02)9114 4346; Email: cindy.li@sydney.edu.au

2. PRE-PLACEMENT REQUIREMENTS

Registration

All trainees are required to be registered with the Psychology Board of Australia. Trainees are issued with a Certificate of Registration, and registration details may be looked up online on the National Register at:

<http://www.ahpra.gov.au/Registration/Registers-of-Practitioners.aspx>

External Clinical Placement Clearance

Prior to the commencing external placements, trainees must have undergone clinical placement clearance with NSW Ministry of Health 'ClinConnect' system at a compliance checking session on the University Campus. They must be compliant for the term of their upcoming placement in all the following areas in order to commence external placements:

- **National Police Certificate (NPC)**
- **Prohibited Employment Declaration Form - Working with Children Check**
- **Signed NSW Health Code of Conduct form**
- **Student Undertaking Form – NSW Health**
- **Vaccination Record Card for Health Care Worker/Student Vaccinations**
- **NSW Health Vaccination FORM 2 - Tuberculosis (TB) assessment tool**
- **NSW Health Vaccination FORM 3 - Student Undertaking/Declaration**

Other Documents

- **Professional indemnity insurance**

The University of Sydney provides professional indemnity insurance cover for claims against breach of professional duty by reason of any negligent act, error or omission by University staff, trainees or volunteer workers whilst engaged in University sanctioned teaching, associated consulting work and research and development activities.

The professional indemnity insurance form covers students on clinical placements. Students are to download the form and provide their supervisor with a copy for each external clinical placement.

http://sydney.edu.au/audit_risk/insurance/students/index.shtml

http://sydney.edu.au/audit_risk/insurance/students/index.shtml

- External Clinical Placements Handbook

Trainees are required to provide their supervisor with an electronic copy of the handbook for each placement.

- Clinical Placement forms

The Supervision Contract, Weekly Clinic Logs, and Mid and End of Placement forms can be downloaded from the web at:

http://sydney.edu.au/science/psychology/clinical_psychology/internship/intern_forms.shtml

The Trainee's Placement Evaluation Form is completed on Qualtrics. The link is available online at:

http://sydney.edu.au/science/psychology/clinical_psychology/internship/intern_forms.shtml

Forms are to be filed in the clinical placements folder and submitted to the Admin Assistant (Cindy Li). Email to psychology.cpu@sydney.edu.au

3. PLACEMENT REQUIREMENTS

3.1. Qualifications of Supervisors

In line with the Australian Psychology Accreditation Council (APAC) requirements, all trainees are supervised by a registered psychologist who is endorsed as a clinical psychologist by the Psychology Board of Australia (PsyBA); has had two years' experience post-endorsement; and is a PsyBA approved supervisor. In addition, The University of Sydney requires that all supervisors hold post-graduate qualifications in clinical psychology.

More junior clinical psychologists may be involved in supplementing this supervision in limited areas at the discretion of the main supervisor. Where a trainee works in an educational, social services or other setting, it is preferable that supervision be provided by a clinical psychologist who has full service involvement in the setting concerned. Where this is not possible, day to day supervision may be provided by an experienced generalist psychologist working on-site with formal primary supervision provided by a clinical psychologist as designated above.

3.2. Honorary Clinical Associate Appointment

Those who provide supervision for MCP trainees in placements external to the University need to become members of the University staff through an honorary appointment. The appointment confers benefits such as access and borrowing rights at The University of Sydney libraries. The staff of the Clinical Psychology Unit at The University of Sydney holds supervision training annually for supervisors in conjunction with The University of Technology, Sydney. Supervisors will be advised of this training by email.

If a supervisor is not currently appointed as an "Honorary Associate" at the University of Sydney, they will be required to be formally appointed before commencing supervision in order for the student to be covered by the University's insurance. The link below provides information and application forms for supervisors.

Clinical psychologists who are eligible to supervise trainees are invited to apply for an Honorary Associate position online and send an update CV (Curriculum Vitae) to Ms Cindy Li as directed at:

http://sydney.edu.au/science/psychology/clinical_psychology/internship/intern_how_apply.shtml

The University of Sydney offers a three-year honorary appointment as an Honorary Clinical Associate of the School of Psychology to suitably qualified persons.

3.3. Requirements for External Clinical Placements

Trainees must complete 2 external clinical placements, including:

- * An adult placement
- * A child or adolescent placement

One of these must be in a community setting and one in a hospital setting.

A placement may be undertaken, and is indeed encouraged, at a site associated with the trainee's research.

There are currently two external placement periods: January to June and July to December. The number of hours of patient contact and supervision required are set out in the following schedule:

EXTERNAL PLACEMENTS	TOTAL HOURS	EXPECTED PATIENT CONTACT HRS	SUPERVISION HOURS
Clinical Placement 3	336	125	48
Clinical Placement 4	336	125	48

N.B. Variations in scheduled dates/days etc. may be made to suit the supervisor's or trainee's needs providing the total number of days/hours and other requirements are all fully met. A placement cannot be reduced in the amount of time and experience required, but may be extended with the permission of the Coordinator of External Placements if this is offered.

3.4 Pregnancy and placement selection:

It is very strongly recommended that placements in cancer units and hospital units in which exposure to infections, such as Vancomycin Resistant Enterococcus (VRE) with diarrhoea, are not selected when pregnancy is planned or confirmed. Should you become pregnant during such a placement you are required to notify your supervisor and the placement coordinator at the University as soon as possible to ensure adequate precautions are undertaken to ensure proper safety of you and the child.

3.5 External Placement in a place of employment:

The placements in the Psychology Clinic **MUST** be completed by all trainees, regardless of prior experience or current employment status. Trainees may seek approval from the Clinical Psychology Unit (CPU) to undertake and complete one of their subsequent external placements in their place of employment. A maximum of one placement (in line with APAC regulations) at a site of paid employment may be approved by the CPU.

As a general rule, use of a paid placement will only be permitted if a similar placement would have been considered appropriate had it been organised by the Coordinator of External Placements. That is, placements dealing with very similar clinical groups, or those in the same setting with different patient groups as other placements undertaken, will generally not be considered appropriate.

In order for employment to meet the criteria of an external placement, it should involve either psychometric assessment and/or therapy experience with patients. Face to face patient work should constitute at least 50% of the time that the trainee is employed. The employment should be at least equivalent to the 2 days per week for the duration of the usual placement period (i.e. 48 days) or the trainee will need to complete additional days to make up the 125 hours of patient contact required. The employment should be supervised by a clinical psychologist, who is on site, and who has the requisite qualifications. The supervisor must be appointed as an Honorary Clinical Associate of The University of Sydney by the commencement of the placement.

A formal application in writing to undertake a paid placement must be made to the Clinical Psychology Unit (CPU) in the year prior to the placement taking place and prior to allocations to placements being made in each year. However, if an external placement has already been allocated, trainees will NOT be able to substitute paid employment for that placement. The CPU will consider each case on its merits.

The request to the CPU for permission in principal to use the employment as a placement needs to include the following:

- placement period for which permission is requested
- nature of the clinical work undertaken during employment (e.g. conducting therapy groups, individual assessment and therapy, psychometric assessments)
- the nature of the patient group with whom the trainee will be working
- the name and qualifications of the proposed supervisor.

The CPU will consider the request at the following meeting and inform the trainee verbally or in writing of the outcome. If the CPU gives permission in principal for the use of the employment as a placement, the trainee can proceed to plan and commence the placement, subject to the conditions below. However, as is standard, the trainee will need to submit a Placement Contract within four weeks of the commencement of the placement to the Coordinator of External Placements for formal approval.

Where approval is given, all trainees, without exception, are to clearly differentiate their roles and responsibilities contained in their statement of duties as employees of their agency from the roles and responsibilities associated with their clinical placement. Accordingly, each trainee must establish in writing a clinical log containing the identifier (medical record number or name/initials subject to privacy/confidentiality) of the patient, and the time, duration and date for each session of assessment/treatment. The clinical log for all patients assessed/treated as part of the clinical placement must be countersigned by the external supervising clinical psychologist.

Trainees are reminded that this is a mandatory requirement for all external placements: breaches of this policy may have serious implications for professional indemnity insurance coverage by and for the University of Sydney.

3.6 Placements in Private Practices other than where employed

On occasion where trainees are fully registered placements may be arranged in private practice settings. This opportunity is limited to the **final placement only** and to those who have achieved a Pass with Merit in an internal Clinic placement.

3.7 Allocation to Clinical Placements

The Coordinator of External Placements will arrange placements for trainees through personal contact with supervisors. Placements in the Ministry of Health need to be confirmed through the ClinConnect booking system.

A list of placements is made available through a googledoc. Trainees who have undertaken placements in previous years are asked to upload comments to a Placement Document on the googledoc at: <http://www.google.com> > Login: usydclinic Password: clinicF12. Click on the Apps button and select Drive.

Trainees are sent a form to nominate potential placement requests. They complete this form and bring it to a meeting with the Coordinator of External Placements. At this meeting their interests are discussed and a general plan for their placements devised that will offer sufficient breadth of experience while supporting their primary areas of interest.

Placement requests are undertaken from around August – September until all placements are booked. This goes across the first semester of the following year and sometimes includes the final semester. Please see the document on the shared server that outlines allocation of placement procedures.

When the trainees have nominated placement preferences for the following rotation, the Coordinator of External Placements will contact the supervisor and arrange an interview. Trainees will be kept informed of the progress of this process, as it is complex with supervisors not responding, being difficult to contact, being away or having moved to another workplace, complicating this process. Once confirmed and prior to commencing a placement a letter will be sent by the Placement Administrator confirming the placement.

3.8 Placements that require attendance on a Friday morning when Case and Research presentations are undertaken

The CPU Executive has developed a policy for students wishing to undertake a placement on Fridays necessitating absence from Case and Research presentations. This is:

Absence from Case and Research presentations is not permitted unless the following conditions are met:

1. The student is willing to make up the learning by attending a future seminar Case and Research presentation series OR
2. The student is undertaking a regional or rural placement and return for the classes is not practical OR
3. The supervisor proposes a plan to the Clinical Psychology Unit, an agreement is reached, and arrangements are put in place prior to the commencement of the placement that meet the following conditions:
 - a. Presence at the placement on a Friday morning is essential for the success of the placement

AND

- b. The placement offers an equivalent component of case and/or research presentations that meet the requirements for the program of study. Where these requirements can only be partially met alternative seminars must be available and undertaken through the University to enable students to meet the requirements

AND

- c. the student attends and presents at the University Case and Research seminars when required to present.
- d. Where a component of the placement satisfies the requirements for case and/or research presentations the time undertaken in these presentations is **not** counted towards placement hours, but is considered additional and separate, as part of the equivalent academic program.

3.9 Establishing a Placement

Both trainee and supervisor should have an opportunity to meet before the placement starts to discuss the range of experiences that are to be provided and the expectations (hours, days of work, etc.) of the trainee. The general aims of the placement would normally be agreed in advance, and a supervision contract written (see shared space on the server for the standard contract and the Contract Preparation Checklist). The responsibility for the preparation of the supervision contract rests with the trainee. Attention needs to be paid in the contract to the range of opportunities available in the placement, and to the needs, interests, and previous experiences of the trainee. Particular efforts should be made to fill major gaps in experience and skill deficits of the trainee, and records of the trainee's previous experience and evaluations should be available for this purpose.

The supervisor needs to plan an induction for the trainee, arrange for supervisory cover in the event of annual or other leave, and organise casework in advance. Although physical resources within the health service and other services are frequently inadequate, care should be taken to ensure that the trainee has access to (at least) shared office space and a desk. There needs to be adequate arrangement for administrative support for placement work and trainees should be given guidance in relation to the facilities available.

3.10 Placement Content

Supervisors need to ensure that trainees undertake an appropriate quantity of clinical work. There are dangers in both extremes: too little work reduces the opportunity for learning and too much may reduce trainee's capacity for planning or reflecting upon the work. Supervisors need to monitor the balance of time spent by the trainee on work in different areas (direct patient work, indirect and organisational work). Over each external placement it is expected trainees will undertake 50% of the time in direct patient contact. This is likely to be less at the commencement of the placement and more towards the end. This balance will vary according to the stage of training and the type of placement.

Supervisors need to be alert to the dangers of time being lost at the start of the placement through suitable work not being available and need to take this into account in preparing for the arrival of the trainee. A log (see Weekly Placement Log on shared server) must be kept by the trainee of the work they have done in each clinical placement.

3.11 Prior Experience and Placement Rotations

Trainees vary in the level of experience that they have prior to commencing clinical training. Some trainees have considerable experience while others are relatively inexperienced. The MCP program at the University of Sydney takes a developmental approach to clinical supervision. The order of placements is represented below:

Intensive Clinic Placements 1 & 2: These placements combine placements in adult and child and family therapy at the Psychology Clinic, University of Sydney, and in psychometric assessment. The Psychology Clinic sees a broad range of presentations. Over the two placements, trainees build up to a caseload of 4-5 adult cases; 2 child/adolescent and family cases; conduct 2 adult psychometric assessments, and 3 child/adolescent psychometric assessments. Five psychometric assessments are undertaken in total. Trainees may also have opportunities to run group programs for children and, in some cases, their parents.

The early “intensive” placements are supervised by academic and clinical staff and intensive supervision is provided through the use of electronic observation, recordings and one-way screens.

External Placements 3 & 4: External placements can be in any setting where a clinical psychologist is available to supervise clinical psychology work. Most placements will be completed two days per week over a 24 week period in either the first or second half of the year, totalling 48 days (see above). If the nature of the placement is such that a more intensive placement would be useful (e.g. 3 days a week), or a longer less intensive placement would work better, this can be negotiated, depending upon the trainee’s availability. Dates of starting and completing placements can also be varied where necessary (e.g. due to a supervisor’s leave). Such requirements should be specified on the placement form so that trainees are aware of requirements prior to allocation. However, change to the placement schedule does not in any manner obviate the need to meet the required placement days/hours and content.

The core experiences of placement will vary considerably across placements, depending on the service provided and trainee’s experience, and needs to be as varied as possible.

4. GENERAL PLACEMENT GUIDELINES

Considerations in drawing up the contract

When trainees present for their first external placement, they will have had around 150 hours of patient contact working with adults and children/adolescents and families, for both therapy and psychometric assessment. However, many trainees will have had additional experience prior to commencing their training. Moreover, some trainees may have gained broader experiences in their early placements than others. At the commencement of the placement the trainee will provide an up-to-date Curriculum Vitae and list of strengths and weaknesses to assist in evaluation of their level of expertise and in determining individual goals for the Supervision Contract.

The MCP has been planned to develop confidence and skill in a gradual manner, however, most trainees will still feel apprehensive prior to each new external placement, particularly the first. Whatever their prior experience, the transition from close supervision in a known

setting to independent work in a new setting with an unknown supervisor is anxiety-provoking.

During placements the trainee needs to acquire competence in clinical skills applicable to the patient group with whom they are undertaking the placement. Many of these skills will be able to be generalised from one setting to another and will be further developed and refined in subsequent placements. Other skills might be specific to certain areas of work. In addition to these general functions, only one placement can be undertaken in any particular area, such as with eating disorders or anxiety, as it is important to gain a wide range of clinical experience.

Monitoring of Clinical Work

Trainees must keep a log of their clinical experience on a Weekly Clinical Log available at: http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

The Weekly Log is a list of the work the trainee has done throughout the week with comments available for both the supervisor and trainee to comment on progress.

Development across the placement:

4.1 Induction and orientation

In the first 3-4 weeks the trainee will need assistance in adjusting to their new role. This may require:

- A determination of the trainee's prior experience, competencies, anxieties, special interests, etc.
- Orientation to the profession and the service e.g. meeting other members of the service, becoming familiar with facilities and equipment available, procedures and access to files, documents on the service's policy or procedures, informal codes of conduct in the service e.g. lunch places.
- Orientation to the service e.g. introduction to members of other professions, observation of multidisciplinary meetings, provision of a plan or guide, discussion about distinctive features of the service, provision of a who's who of local managers, local agencies, abbreviations used in meetings (e.g. RPAC, MPAG, NLR, FTA etc.)

4.2 Training in core skills

Although trainees should have core skills in the application of cognitive and behavioural strategies and family therapy approaches with a range of problems, and basic psychometric assessment, depending upon the nature of the placement and the skill level required, trainees may need to acquire some broader and deeper skills that will help them to function effectively as clinical psychologists with the particular population or in the specific setting of the placement.

The following is a list of core areas in which specific skills may be helpful, although it is not intended to be either exhaustive or prescriptive. There are many ways of imparting these skills - active methods of teaching such as instruction, modelling, rehearsal and role playing may usefully supplement observation, deduction and learning through experience.

- **"Office" procedures:** Administering referrals, arranging appointments, responding to cancellations, etc.

- **Professional issues:** related to patient contact: Understanding and respecting confidentiality within the particular service context, issues relating to gender and/or ethnicity.
- **Relationship building:** Establishing rapport, engaging patients, skills of listening and reflecting according to the individual patient's presentation.
- **Assessment techniques:** using relevant standardised assessment procedures with a specific population, as well as learning about the techniques employed in interviewing, such as motivational interviewing.
- **Clinical hypothesis testing:** - i.e. translation of complex constructs into simple questions or observations, and experience at presenting a formulation in form and language appropriate to
 - patients
 - colleagues
 - referrers
- **Selecting an appropriate therapeutic intervention:**
 - utilising relevant academic knowledge
 - basing treatments on a formulation of the problem
 - making use of clinical/social information as predictors of outcome
 - setting realistic targets for outcome

4.3 Clinical cases

Direct clinical work is expected to form the core of placements so that trainees can begin to develop assessment and therapy skills appropriate to the setting of each placement. A broad range of experience is required across the placements. No one placement can be expected to provide comprehensive coverage, and supervisors should not feel burdened by trying to find types of cases which they do not normally treat themselves. Trainees particularly should keep in mind the aim of having a sound training and should try and ensure that their caseloads from across different placements are broad and varied.

4.4 Transition to independent work

In any placement, trainees may begin by observing their supervisors working with the specific patient group, and then moving progressively to independent work. The speed with which this is done will vary according to the experience and personality of the trainee and their stage of training.

Cases can be designed to foster and monitor independent work by arranging for the trainee to follow a case through the three stages of assessment, treatment and follow up, with increasing independence as progress is made.

The issue of independence needs to be considered throughout the placement as part of supervision; there is a delicate balance between restricting a trainee's opportunity to learn and develop and allowing premature (and therefore probably unstable) autonomy.

4.5 Report writing and correspondence

Trainees are trained in professional communication in the Psychology Clinic of the University, but this may be the first time they will undertake this in an external service and they will need appropriate guidance initially to adapt to the service requirements.

4.6 Contact with mental health services, multidisciplinary team work

Developing a sense of the functioning of the mental health unit within which they are working will be helpful both for the trainee's understanding of the placement and their knowledge of the functioning of the health service. Some discussion of management issues will be helpful in deriving a context for the treatments offered, and this will be particularly important where work is undertaken in a multidisciplinary team. All trainees benefit from an experience of attending a multi-disciplinary meeting (e.g. CMHT, ward round) as part of their placements where possible.

4.7 Presentation of clinical work

All trainees need to present a piece of work to people other than their supervisor at least once in their training and preferably in each placement (e.g. department case discussion, multidisciplinary case review, etc.).

4.8 Research on placement

As part of the MCP/PhD program, one of the three external placements is designed, where possible, to be associated with the trainee's research project. The association of clinical placement and research interests serves a number of functions:

- It allows trainees to develop clinical expertise and specialist knowledge in an area where they have research interests.
- It helps the trainee to understand the clinical implications of their research.
- It can facilitate relationships within the relevant clinical team and enhance recruitment of participants to their research.

However, because the research projects of different trainees will have different methods, patient groups, and time requirements, the degree to which research work can form a part of the clinical placement will depend on the trainee's project and the match between the research and the clinical work.

4.9 Credit for research work undertaken on placement

For MCP/PhD trainees research work, whether clinically relevant or not, cannot be credited towards placement hours. This is because clinical research is credited towards the registrar program for doctoral graduates by the Psychology Board of Australia and cannot be 'double dipped' in counting towards the MCP program. For example, a MCP/PhD trainee completing a treatment outcome trial with a group of patients with a specific problem at a particular site where the research and clinical work were both taking place, cannot use the hours accrued towards the research as placement hours.

For a MCP trainee who is not undertaking a doctoral program, the use of clinical research hours counts also only towards research.

5. GUIDELINES FOR CLINICAL SUPERVISION

The clinical supervisor provides supervision of the trainee to develop and implement clinical knowledge, interpersonal skills, case conceptualisation, diagnosis, and treatment planning and application, and outcome measurement. The clinical supervisor also socialises the trainee to the professional values, understanding, approach, and responsibilities required of members of the profession. The clinical supervisor holds ultimate responsibility for the trainee's work and the welfare of the patient. Throughout a clinical placement, the supervisor evaluates the trainee's performance and provides feedback and direction, either verbally or in writing. Formal evaluation is provided at mid-placement and at the end of the placement.

Clinical supervision needs to be undertaken regularly (one hour for every day worked) and in a supportive and nurturing manner that encourages learning, development and reflective practice. To the extent that supervision can be viewed as an educational activity, evaluation and feedback are clearly significant components of the process. There are several different forms or methods of supervision which, when combined, permit ample opportunity for well-rounded evaluation and feedback for the trainee. The methods that contribute to the supervisory process include:

- Post-hoc discussion of clinical sessions between supervisor and trainee.
- Direct observation of clinical session – supervisor either present or observing using one-way screen or audio and/or video-taping of sessions.
- Joint or group supervision with other trainees (N.B. only 1/3 of the supervision may be conducted in a group, as opposed to individually).

While the bulk of supervision will take the form of post-hoc discussion, it is essential that some form of direct observation be included during the placement. In order for the supervisor to give the trainee accurate detailed and constructive feedback regarding their skills it is essential that the trainee is observed at various times during the placement to observe progress.

The supervisor and trainee need to meet each week for a formal, scheduled supervision session to review cases; this supervision needs to be of at least an hour's duration. Longer supervision may be needed in the earlier placements (e.g. first external placement) and each allocated case should be discussed each week. In addition, it is helpful if supervisors are available for informal discussion of matters that arise between formal supervision sessions. The total contact between the trainee and supervisor needs to be more than one hour a week. As the placement progresses, trainees should be encouraged to increase the independence of their work.

Trainees and supervisors will use supervision to achieve at least the following:

- Regular weekly supervision sessions, preferably at an allocated time. These sessions need to be uninterrupted and reasonable notice should be given if either party is unable to attend.
- Meetings need to be of sufficient duration for all cases to be reviewed and at least one hour weekly.
- Trainees may be required to bring completed case notes and files to each supervision session so supervisors can review these to ensure compliance with administrative requirements.
- If direct observation via the supervisor being present or a one-way screen is not available, trainees are expected to audio record a proportion of their clinical contact for review by the supervisor and feedback provided during supervision sessions.
- Trainees are expected to read the literature relevant to cases that they are seeing. The supervisor provides direction and guidance regarding such resources.
- Supervisors need to provide ongoing feedback, both positive and negative, regarding all aspects of the trainee's professional practice on the Weekly Placement Log.

In addition to discussing clinical work, it is important for trainees and supervisors to have opportunities to observe each other at work. The trainee can learn much from observing qualified clinical psychologists and other professionals at work.

4.1. Supervision

The nature of the supervision provided for the trainee will depend upon many factors. Care taken in the early stages to build up a good relationship will enhance its quality and

enjoyment. Supervisors may need to adapt their style of supervision to the stage in training a trainee has reached; a more directive approach may be more suited to trainees early in a placement or in training generally, with a more reflective approach suiting trainees as a placement or training generally progresses. The style will also depend largely on the trainee. A Supervision Style Checklist is available to assist and guide development of supervision skills at:

http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

Trainees and supervisors may find that they have a different therapeutic orientation or interests. Where this occurs, such differences can lead to interesting dialogues about particular cases or approaches and enrichment of the work. Nonetheless, trainees need to develop understanding of multiple ways of working, respect for different approaches, and need to be open to learning in all placements. Ultimately, all patients are patients of the organisation in which the supervisor is employed and the legal and professional responsibility rests with the supervisor; therefore, the supervisor's responsibilities, experience and guidance needs to take priority in determining case direction.

Supervisors need to be prepared to discuss seriously and empathically any general issues of relationships with patients or staff that arise in the course of clinical work. They need to be sensitive to any personal issues that arise for trainees in relation to patients and be prepared to discuss these in a supportive manner when they are considered to affect the trainee's work. The range of personal issues that can be raised by clinical work is wide and includes, for example, over-involvement, dealing with anger and despair, and workload and time management problems. However, trainees are not required to disclose personal information to supervisors unless agreed to in their contract. If the model of supervision requires personal disclosure, this needs to be discussed prior to the placement and be contracted at commencement of the placement. Trainees retain the responsibility to be aware that personal material can affect their fitness or competence to practise and it may be in their best interests to inform the supervisor if this is the case so accommodations can be made. However, if this appears to be the case, supervision is not a substitute for therapy and trainees are encouraged to seek independent treatment.

4.2. Clinical Reports and Communication

Communication with other members of clinical teams and networks involves both written and verbal reports. Verbal reporting and discussion are just as important as formal written reports in terms of their effects on clinical decisions and action. Since the relative importance of written and oral communication is likely to vary between settings, supervisors will need to identify the most important channels of communication in their placement and assist the trainee to use these channels effectively and efficiently.

There is a wide variation within the profession in how clinical reports are written and presented, particularly with respect to the amount of detailed information provided. Trainees need to be acquainted with a variety of report and letter writing styles. Exposure to individual differences between supervisors is constructive where reasons for reporting style are discussed if an issue arises.

Trainees need to write reports that are appropriate to the recipient (whether this is a professional colleague or a patient), avoid jargon, distinguish clearly between fact and opinion, and provide consistent clarity of expression. They may need to be assisted in managing the potential conflict between communicating fully to professional colleagues and maintaining confidentiality.

6. REVIEW MEETINGS AND FEEDBACK

There needs to be a formal scheduled meeting, a Mid-Placement Review (MPR) towards the middle of the placement, involving a designated member of the Clinical Psychology Unit of the University.

The End of Placement Review is conducted with the supervisor and trainee alone, unless there have been difficulties identified at the MPR or a supervisor or trainee requests a visitor attend the meeting.

INPAIRED TRAINEES/CONDUCT PROBLEMS/INADEQUATE PERFORMANCE

Fortunately it is rare that trainees perform poorly on external placements, but this can happen. It is essential that any concerns about possible impairment, serious breaches of conduct, or inadequate performance are brought to the attention of the University as soon as possible.

It is important that the University be informed of any behaviour that may constitute notifiable conduct or impairment in order to fulfil its obligations to the Psychology Board of Australia and the supervisor/s involved, as well as its duty of care to the trainee. Should such an issue arise it is important that the supervisor not attempt to manage the trainee alone, but notifies the Coordinator of Clinical Placements, Dr Judy Hyde, on 9351 2629 to obtain guidance and support through the process.

Trainees must not be involved in disciplinary meetings without a member of staff of the University of Sydney being notified and, if at all possible, present at the meeting. After reporting the trainee's difficulties to the University, you may determine that sufficient concern warrants reporting to the Psychology Board of Australia, as may the University. This may be discussed as an option with the University representative present at the disciplinary hearing.

The Psychology Board of Australia under the National Law mandates reporting of 'notifiable conduct' by practitioners, employers and education providers in order to prevent the public being placed at risk of harm. The threshold to be met to trigger the requirement to report notifiable conduct in relation to a practitioner is high; and the practitioner or employer must have first formed a reasonable belief that the behaviour constitutes notifiable conduct. The requirements focus on serious instances of sub-standard practise or conduct by practitioners, or serious cases of impairment of students or practitioners. The National Law protects practitioners, employers and education providers who make notifications in good faith from civil, criminal and administrative liability, including defamation. The National Law clarifies that making a notification is not a breach of professional etiquette or ethics, or a departure from accepted standards of professional conduct. The full requirements and guidelines for mandatory notification can be found at:

<http://www.psychologyboard.gov.au/Standards-and-Guidelines/Codes-Guidelines-Policies.aspx>

MID-PLACEMENT REVIEW

A date for the Mid-Placement Review should be set at the start of the placement and leave enough time for further development in the placement to occur based on the feedback.

The purpose of the MPR is to:

- review the progress of goals of the Supervision Contract.
- give mid-placement feedback to the trainee on his/her clinical performance.
- allow the trainee to comment on the quality of the placement.
- give mid-placement feedback to the supervisor on his/her supervision.
- resolve any difficulties.
- set targets or new goals based upon the above for the second half of the placement.

In general, it is expected that the University staff member attending an MPR visit will meet with the trainee and supervisor separately and then hold a joint meeting. In this way more accurate feedback about the trainee's performance and about the trainee's experience of supervision and the organization may be obtained.

Mid-placement feedback is essential for both the supervisor and the trainee. Supervisors will need to try to set aside positive or negative personal feelings about trainees when making evaluations. Feedback should be detailed and constructive and designed to help trainees develop a range of effective and appropriate skills; thus, feedback should be critical but not wholly negative.

The University will provide a form for the Mid- and End of Placement Reviews. This is used by the trainee prior to the Mid- or End of Placement Review to complete their own reflections and then sent to the supervisor to complete and print.

MID-PLACEMENT REVIEW PROCESS

Each trainee and supervisor needs to complete the Mid-Placement Review form prior to the MPR visit.

Setting a Date for the Visit

- One of the staff of the Clinical Psychology Unit of the University will be assigned to the first and second external placements and by request, where following up concerns, or randomly, to the final placement, to attend the MPR for each trainee. The trainee will be informed of who has been assigned and it is **the trainee's** responsibility to organise a time that suits both supervisor and visiting CPU member. To do this, the trainee needs to contact both the supervisor and the assigned visiting CPU member to determine their availability.
- As the name suggests, the MPR should take place half way through the placement. Later reviews can leave too little time to make changes and implement any essential recommendations. Reviews conducted too early may give an unclear picture about the amount of work undertaken. However, if the MPR cannot be in the middle of the placement, an early review is preferable to a later one.

Structure of the Visit

It is the visitor's responsibility to outline the aims and objectives of the MPR and to structure it appropriately. All parties will need to have a copy of the most recent Weekly Log and Supervision Contract with developed goals to aid discussion. It is the trainee's responsibility to ensure that these documents are available. The Mid-Placement Review is conducted in three stages:

- The Visitor meets independently with the trainee
- The Visitor meets independently with the supervisor
- The Visitor meets with both trainee and supervisor

Within these broad areas supervisors, trainees and the visitor, will all have to provide some feedback on relevant areas. The following points are important when considering the nature of feedback:

- Qualitative feedback is essential both for the trainee and supervisor.
- Both supervisors and trainees need to try to set aside personal feelings, either negative or positive, when making evaluations.
- Feedback needs to be detailed, constructive and designed to facilitate change.
- Evaluations should be based around objective factors.
- Situations where the entire feedback is negative should be avoided. For example, wholly negative feedback of a trainee's performance is unlikely to facilitate trainees developing a range of effective therapeutic skills. However, if a supervisor is seriously concerned about a trainee's performance, or any aspect thereof, they need to regard themselves as under an obligation to the profession to indicate this to the University.
- The placement visitor has an important role in shaping the review and ensuring that it is a productive, useful discussion, rather than a quick check to make sure there are no problems.

The exact content of MPR meetings may vary considerably, however, the topics below are thought to be important to each of the three sections:

Visitor Meets the Trainee

This part of the MPR is to be able to ascertain accurate feedback about different aspects of the placement from the trainee's perspective.

General feedback from the trainee about the placement and whether they feel happy with the experiences which they are receiving. Ways in which they have dealt with any problems which have arisen.

Issues relating to the working environment such as:

- Office and desk space,
- Integration into the unit,
- Secretarial support and
- Definition of role.

Opportunities for clinical work. The contract and clinical log can be useful here to structure the discussion.

- Range of cases,
- Different types of clinical skills used,
- Different formats for therapy (e.g. group, individual, couple etc.), and
- Experience in psychometric assessments if relevant.

Level and quality of supervision. General feedback in this area is important, but it is also important to assess particular aspects of the supervision.

- Has the supervisor watched the trainee in a session? And the trainee watched the supervisor?
- And in administering a psychometric assessment or part thereof?
- Do the trainee and supervisor have regular meetings?
- How often and for how long?
- In what way does the supervisor give feedback, structure the supervision sessions?
- What opportunity has there been for direct feedback?
- Has the supervisor suggested and discussed reading material relevant to cases?

Trainee's assessment of their own strengths and weaknesses.

- What areas does the trainee find relatively easy?

- What are the areas which supervision tends to concentrate on?

What progress has been made towards each of the established goals?

- How has the trainee developed in terms of their established goals?
- What are the areas they have not been able to adequately progress and why?

Visitor Meets the Supervisor

This part of the MPR is to be able to ascertain accurate feedback about different aspects of the placement from the Supervisor's perspective.

General feedback from the Supervisor about the trainee and how they are managing with the demands of the placement.

- Has this been communicated to the trainee?
- If not, why not? If so, how has the trainee responded to this feedback?
- Are there any areas which have been identified as relative strengths?
- Has the supervisor set any particular targets to help the trainee improve their skills?
- Are there any areas of practise which are of concern to the supervisor?

Issues relating to the working environment such as:

- Office and desk space,
- Integration into the unit,
- Secretarial support and
- Definition of role.
- How does the trainee manage any difficulties present in the placement?

Opportunities for clinical work: The contract and clinical log can be useful here to structure the discussion.

- Range of cases,
- Different types of clinical skills used,
- Different formats for therapy (e.g. group, individual, couple etc.), and
- Experience in psychometric assessments if relevant.
- Any areas which have been highlighted either prior to the MPR or in the discussion with the trainee can be fed back here.

Supervision: General feedback about the trainee's use of and response to feedback.

- Has the supervisor watched the trainee in a session?
- And in administering a psychometric assessment or part thereof?
- Do the trainee and supervisor have regular meetings? How often and for how long?
- How does the trainee respond to feedback?
- Do they tend to change their way of working as a result of feedback?

What progress has been made towards each of the established goals?

- How has the trainee developed in terms of their established goals?
- What are the areas they have not been able to adequately progress and why?

Supervisor's assessment of strengths and weaknesses of the placement.

- How has the supervisor helped the trainee to manage any problems?
- How has the supervisor encouraged the trainee to utilise placement strengths?

Meeting Between the Visitor, Trainee and Supervisor

The main purpose of this meeting is to encourage discussion between the trainee and supervisor about the issues which have been raised. In the majority of cases, where the supervisory relationship is good, this aspect will be a formality. The content of the discussion will also vary depending upon what has been discussed in the preceding meetings. However, most meetings should encompass the following:

A summary of the strengths of the placement and supervisor from the trainee's perspective.
A summary of any difficulties or potential difficulties raised by the trainee regarding the placement and/or supervisor.

(a) Any limitations of the placement with regard to opportunities for certain types of experiences or goal attainment. Ways in which it is envisaged that these will be overcome in the last three months of the placement should be determined and itemised. If it is clear that for some reason the problem cannot be solved adequately, a course of action should be developed by the visitor in collaboration with other CPU staff, as appropriate.

(b) Summary of the strengths of the trainee's performance, from the supervisor's perspective.

(c) Summary of any areas of performance which may require additional attention in order for the trainee to reach competency before the end of the placement. These should be objectified so that the trainee has clear targets to work towards.

(d) A review of the placement goals is required with the establishment of new goals where appropriate.

(e) Any other targets which need to be met before the end of the placement also need to be negotiated between the trainee and Supervisor.

Report on the Mid-Placement Review

The University visitor will prepare a report on the basis of the Mid-Placement Review. The report should be completed by the visitor and a copy given to the trainee to be signed by themselves and their supervisors. Copies should be retained by all parties.

MARKING CRITERIA FOR MID-PLACEMENT REVIEW (MPR) (This is under review and may vary on the form)

PASS (P)

The material or clinical practice meets the expected level of competence for the stage of training. A pass is considered to signify work that is of a good to very good standard, according to the relevant expectations.

NEEDS DEVELOPMENT (ND)

The professional and/or clinical practice does not satisfy a basic level of competence. The trainee and supervisor must set clear goals for the remainder of the placement that specify the skills that must be demonstrated prior to the End of Placement Review (EPR) for a pass to be given. The trainee may also need to repeat or complete additional work within a period of time determined by the CPU. The supervisor is required to re-evaluate any further work.

FAIL (F)

The trainee has a sufficiently low level of competence that their continuation would compromise patient care. The trainee will be withdrawn from the placement and a fail recorded.

END OF PLACEMENT REVIEW

At the end of the placement the supervisor needs to give the trainee full feedback on his/her clinical performance on the Clinical Psychology Practicum Competencies Rating Scale CΨPRS.

The End of Placement Review (EPR) will usually be a formal meeting between trainee and supervisor; however, if either party would like an independent person to mediate, the Coordinator of External Placements will arrange to be present or appoint a staff member of the Clinical Psychology Unit to be present. Forms for the End of Placement Review (the CΨPRS) are used by all six Universities in NSW and are available at: http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

The trainee should see the supervisor's written assessment. Any major points that the supervisor is concerned about should have been raised well beforehand, at least by the Mid-Placement Review and preferably sooner where they have arisen in the first half of the placement, to allow the trainee the time and opportunity to improve their performance. The trainee must also have ample opportunity to comment on the placement, and evaluate their experience. Supervisors need to complete the ratings for the trainee for their placement and present this prior to the trainee being requested to offer verbal and written feedback on the placement.

The trainee's self-evaluation, which is part of the MPR and EPR forms, provide opportunities for trainees to self-monitor the range and quality of their work. Supervisors will usually find it useful to help the trainee complete this component of the review at both the MPR and EPR. This should also contribute to the detailed planning of placement contracts as trainees arrive on subsequent placements. It can identify areas where the trainee is experienced and where there are gaps in training.

Each trainee will also complete a trainees' Evaluation Form rating and commenting on all aspects of the placement, available at: http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

The trainee's evaluation needs to be confidential in order to allow them to be open and honest in their evaluation and to raise concerns. Should concerns be brought to the attention of the Coordinator of External Placements at this point, these will be discussed and brought to the attention of the supervisor where appropriate.

As with the Mid-Placement Review, the End of Placement Review should also provide balanced, constructive and detailed feedback to the trainee. It would be helpful if the supervisor help the trainee identify gaps in his/her experience to facilitate planning for subsequent placements.

It is important for the supervisor and trainee to forward their forms and information to:

Ms Cindy Li, Administrative Assistant
Clinical Psychology Unit
Mackie Building K01
University of Sydney NSW 2006

End of Placement Review Process

The End of Placement Review is the time when feedback about the clinical skills and competencies of the trainee and the experience of the placement are collected formally. In an ideal world the End of Placement Review should contain no surprises, although issues may at times arise only in the latter part of the placement and need to be raised and identified as problematic both as they occur and at the EPR. The following points need to be taken into account to ensure that the Review is a positive and constructive experience for both parties.

The nature of feedback

Feedback should be discussed with the trainee at the EPR and the comments written down so that strengths and areas requiring further development may be clearly identified. Personal feelings about trainees need to be set aside when making evaluations to allow a thorough review of their competencies. Feedback needs to be detailed and constructive and designed to help the trainee improve his/her performance. It is most helpful to avoid a situation in which supervisors are providing totally positive or negative feedback, which does not encourage or guide trainees to develop a range of effective and appropriate skills. Feedback about the placement and the supervision, which has been provided, should also be discussed at the EPR. Should issues be raised that require attention, these need to be brought to the attention of the Coordinator of External.

It is important to discuss the trainee's feedback about the placement only after feedback on their clinical and professional performance has been given; this ensures that trainees are not threatened by the risk that their criticisms will affect the quality of the feedback about their own performance.

It is always easier to focus upon the positive aspects of feedback (what John Marzillier has called 'the cult of the positive'). It is also the case that, occasionally, a trainee will feel disinclined for other reasons to discuss negative placement feedback with the supervisor. Occasionally, a supervisor will feel the same. Clearly, feedback is only useful to the extent that it can be heard and acted upon. If a supervisor is in any doubt about raising a particular issue or concern, the matter should be discussed with the Coordinator of External Placements. The issue will be evaluated and advice given in individual cases or a staff member of the Clinical Psychology Unit can be available to attend the End of Placement Review if desired. As a general rule both trainees and supervisors should endeavour to communicate their feedback in ways that are constructive and non-blaming.

End of Placement Review Guidelines

1. CORE CLINICAL ASSESSMENT SKILLS

a) Interviewing skills - Interactional style and alliance formation

- Can the trainee engage patients and establish a good and responsive working relationship that is differentiated to patient needs?
- Can s/he establish an appropriate rapport?
- Does s/he have an appropriate manner? (not too distant or too over-familiar; responsive to the patient, clear about professional boundaries; empathic style)
- Can s/he manage difficulties within the session constructively and therapeutically?

b) Interviewing skills - Technical skills

- Does the trainee show knowledge of the range of questions appropriate to an initial interview?
- Can s/he ask questions in an appropriate manner?

- Can s/he tailor his/her style and the range of questions asked to the patient's presentation and emerging "story"?
- Can s/he structure the interview appropriately (neither too loose, nor too structured)?
- Does the trainee show evidence of understanding the significance of patient's communications, by forming and testing hypotheses regarding the patient's difficulties?
- Can the trainee respond appropriately to patients from differing cultural & ethnic backgrounds?

2. KNOWLEDGE OF PSYCHOLOGICAL THERAPY TECHNIQUES

- Does the trainee have a sound knowledge of therapy techniques? Which ones?
- Are they able to discuss theoretical issues relating to technique?
- Does s/he have an appropriate knowledge of the empirical basis for interventions?
- Is s/he able to demonstrate a capacity to put theoretical ideas into practice? (ie is their practice recognisably derived from the model they claim to be using?)
- Does the trainee show appropriate flexibility in their approach? (ie an ability to adapt therapy to patient's needs, especially in relation to patients from varying cultural and social backgrounds)
- Can the trainee recognise and manage therapeutic impasses?
- Does the trainee demonstrate a capacity to think flexibly and integrate their ideas?
- Can the trainee think critically about different therapeutic approaches?

3. FORMULATION OF PROBLEMS

- Can the trainee integrate the information from interviews or assessments within a sound and coherent framework? (i.e. a framework which accounts for the presentation, is based on theory and which draws on psychological models, and which incorporates social, cultural and (where relevant) biological factors).
- Can the trainee translate this appraisal into a treatment plan? (i.e. a plan which relates to the formulation).
- Can the trainee formulate goals for further assessment or intervention?
- Does the trainee have any identifiable problems in this area? (Common examples would be: neglecting to incorporate important information, being too narrow in their thinking, making premature formulations in the absence of a full assessment, relying on intuition at the expense of theory)

4. PROFESSIONAL STYLE

In describing the Trainee's professional style, please consider whichever of the following aspects of professional style that are relevant to this Placement:

i) Professional style - Flexibility

- Is the trainee able to adapt their personal style to the needs of the patient and of the service?
- Has s/he a capacity to reformulate when necessary and adapt or change therapeutic approach?
- Does the trainee adhere rigidly or inappropriately to one style of communication, one therapeutic modality or one view of formulation?

ii) Professional style- Persistence with difficult problems or patients

- Does the trainee show a capacity for interest rather than despair when faced with difficulties?
- Is s/he able to adopt a constructive, yet realistic approach to difficulties? Or over-zealous?
- Does s/he tend to avoid difficult clinical situations?
- Does s/he need a lot of prompting to act in situations which require perseverance?

iii) Professional style - general professional behaviour

- Does the trainee carry out work reliably?
- Does s/he work independently, responsibly and efficiently?
- Does the trainee show any lapses of professional behaviour, such as poor timekeeping, cancelling appointments inappropriately, dressing in an inappropriate manner (eg cannot fit in with the demands of the environment).
- Are there any problems managing and organising a reasonable workload and daily schedule?

iv) Professional style - relationships/ co-working with professional colleagues from other disciplines

- Does the trainee maintain a professional and respectful relationship with other staff?
- (i.e. not too shy, or over-familiar; arrogant; under or over-involved with other staff)
- Can s/he communicate effectively with other staff?
- Can s/he work constructively and co-operatively in clinical situations where responsibilities are shared?
- Can s/he work collaboratively with other professionals and maintain the balance between maintaining his/her professional autonomy and identity, while respecting the values of colleagues.

v) Professional style - Functioning within the organisation/unit/clinic etc

- Does the trainee show evidence that he/she understands the work context?
- Is s/he able to participate effectively within the unit?
- Does s/he show an understanding of how to communicate within the organisation, and put this into practice?
- Does s/he show an appreciation of how clinical psychology is located within the functioning of the organisation?

5. WRITTEN WORK

- Does the trainee write files, reports and letters well?
- Are reports written promptly?
- How much correction is normally required?
- Do the reports demonstrate clarity of thought and expression?
- Does s/he need help because s/he writes too much or too little, or uses inappropriate language? (e.g. too much jargon, language too colloquial)
- Are the reports tailored to the needs of the reader?

6. PRESENTING MATERIAL TO OTHERS

- Does the trainee present material clearly and effectively?
- Can s/he adapt the content and process of the presentation to different groups?
- Are there identifiable areas for improvement - common problems include being too anxious, inflexible, overly or insufficiently academic, poor style or inadequate visual aids, too much or too little content.

7. USE OF SUPERVISION

- Does the trainee use supervision flexibly to meet training needs? (i.e. to seek reassurance, anxiety reduction, to gain feedback or to learn, as appropriate, asking for advice and guidance)
- Is s/he receptive to feedback?
- Does s/he have a poor response to constructive criticism?
- Does s/he appear not to listen to or act on advice?
- Does s/he actively contribute their suggestions?

8. SELF-APPRAISAL

- Does the trainee show evidence of being reflexive – i.e. realistic about his/her capabilities?

- Is s/he unrealistic about their own capabilities and limitations?

Self-Evaluation Checklist

A. REQUIRED SKILLS

- 1. Relationship skills - establish rapport, engage patient, use active listening and responsiveness, appropriate confrontation, therapeutic response to dynamics and issues that arise in the room.**
- 2. Provide rationale for procedures and interventions.**
- 3. Data gathering techniques:**
 - History taking - knowledge of what to ask and how to ask it
 - Patient self-monitoring (keeping diaries etc.) knowledge of what to collect and how to use
 - Direct observation techniques - collection and use of data
 - Psychometric assessment
 - Networking (data from other sources/agencies) - who to ask and how to use it.
- 4. Clinical hypothesis testing and problem formulation:**
 - Utilise and apply relevant academic knowledge
 - Distil implications of data gathered
 - Translation of complex constructs into simple questions or observations for further testing
 - Derive preliminary working formulation, continue to develop formulation and understanding throughout treatment
 - Select appropriate therapeutic approach or method of intervention
- 5. Ability to present formulation, in form and language appropriate to:**
 - patient
 - colleagues
 - referrer
- 6. Agree goals and negotiate appropriate treatment plan.**
- 7. Understand and be sensitive to issues related to power imbalances (e.g. gender, sexuality, culture or class) and ability to address these appropriately with patient.**
- 8. Understand, acknowledge and use the therapeutic relationship as part of intervention, with understanding of personality factors.**
- 9. Termination - able to end contact appropriately.**
- 10. Written communications - report and letter writing.**
- 11. Evaluation of outcome of clinical work – knowledge of appropriate outcome and their limitations, ability to apply measures.**

OVERALL EVALUATION (These categories are under review and may differ on the form provided)

Placements are rated as 'Pass with Merit', 'Pass', 'Needs Development', 'Identified Difficulties', 'Incomplete', or 'Fail'. If supervisors are unsure of the rating, they can contact the Coordinator of External Placements.

PASS WITH MERIT (PM)

Clinical practice substantially exceeds the expected level of competence for the stage of training. This grade is reserved for work of a first class standard that demonstrates independent thought, originality and comprehensive knowledge of the subject area. In order to be awarded a 'Pass with Merit', a trainee needs to perform in the top 10% of MCP trainees, and meet all of the following requirements, in addition to the core competencies:

- demonstrates an exceptional understanding of therapeutic principles and their conceptual and theoretical underpinnings;
- demonstrates a superior capacity to generate hypothesis testing and formulation within the therapy session;
- works independently, with minimal supervision, professionally and therapeutically;
- shows initiative and creativity;
- is highly professional;
- contributes significantly to the supervision process and supports the clinical team.

PASS (P)

Clinical and professional practice meets the expected level of competence for the stage of training. A pass is considered to signify work that is of a good to very good standard, according to the relevant expectations.

NEEDS DEVELOPMENT (ND)

The level of competence expected at this stage of training in professional or clinical practice has not been met in one or more areas. These are expected to develop over subsequent placements. Clear goals for future placements need to be set by the supervisor and student in order for these competencies to receive priority in future placements. The goals need to be written in Appendix F of the EPR as 'essential targets' and relayed to the Coordinator of External Placements so the future supervisor can be alerted to these areas of developmental need.

This category allows supervisors who have some concerns about a trainee's performance to draw these to the attention of the University, without requiring the trainee to undertake an additional placement. Trainees who have generally performed at an acceptable level by the end of the placement, but continue to learn at a rate slower than expected or continue to have a particular area of weakness (such as assessment, therapy delivery or establishing rapport) would fall into this category. If an 'incomplete' is awarded, supervisors should not have major doubts as to whether the trainee will be able to learn the skills eventually, although progress may be slower than expected.

IDENTIFIED DIFFICULTIES (ID)

The level of competence expected at this stage of training in professional or clinical practice has not been met in one or more areas. These competencies need to be attained to an acceptable standard before a student can be passed in the placement. A remediation plan that targets the area/s of concern needs to be developed and implemented. A final grade will not be awarded for the relevant placement until the competency or competencies have been attained or are unable to be remediated within a reasonable set timeframe.

FAIL (F)

The clinical practice does not satisfy the required level of competence, or the trainee demonstrates unethical or dangerous practice. Any Unit of Study that the trainee is deemed to have failed will have to be repeated. The trainee will be required to re-enrol in any Unit of Study that they have failed. Trainees are only eligible to repeat a Unit of Study once.

Supervisors of the repeat placement will be informed that the placement is a repeat placement, and a pre-placement meeting to establish goals will be conducted with the trainee, supervisor and a member of the CPU staff.

Report of trainee progress

Please operationalise your feedback and give concrete examples where you can, and note which areas of clinical activity you have been able to observe directly.

Trainees will have both strengths and areas requiring further development at every stage of training, and it would be helpful if these are identified when giving feedback under each section. This will enable the trainee and the CPU to monitor personal and professional development throughout training. There is a section to identify specific goals to be carried forward to the next placement and to divide these goals into areas for essential learning in order to reach competence and those for desired learning to enhance development of competencies.

It is not a requirement that the supervisor and the trainee agree about the feedback given or about the overall placement rating. However, it is important that feedback is discussed with the trainee.

Results Deadline

The End of Placement Review needs to be completed PRIOR to the official end of the placement. This is due to the University deadline for submission of results being before the end of external placements (i.e. the University Semester is 13 weeks whilst the Placement period is generally around 24 weeks).

Therefore the End of Placement Review needs to be scheduled before the end of the placement and all associated paperwork needs to be submitted and signed off by the deadline. The deadline for this, along with a suggested date for the MPR, will be included in the letter sent to supervisors to confirm the placement. Please plan the end of placement review date well in advance.

Deadlines for submission of placement forms are available online:

http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

Placements dates are available online:

http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_dates.shtml

6. Placement Submission Requirements

Trainees are to submit their placement folder to the Administrative Assistant on the due date **and** in scanned format to enable the folder to be returned to the trainee after it is assessed by the Coordinator of External Placements.

SCANNING CLINICAL PLACEMENT FOLDERS

- Trainees use photocopier in the Utility room to scan entire clinical placements folder

- Trainees scan clinical placements folder at the end of each clinical placement
- Save file eg. "2010_Placement1_Surname.pdf", "2011_Placement2_Surname.pdf"
- At the end of the final clinical placement, trainees to scan the entire clinical placement folder to file, a total of five files, or combine multiple scanned files to one file
- Save file name including the final year, placements and trainee's surname eg. "2012_Placements_Surname.pdf"
- At the end of the final clinical placement, trainees are to submit on a memory stick, the single scanned file of the entire clinical placements folder to the Administrative Assistant.

- Documents to be scanned for each clinical placement:
Contracts, Mid-Placement Reviews, End of Placements Reviews, Trainee's Evaluations, ALL Weekly Clinic Logs

INSTRUCTIONS FOR SCANNING

Scan all documents for each clinical placement to one file
Load all documents for one clinical placement in the document feeder

1. Press "Send" red button to left of screen
2. Press "E-mail Addr Entry" on the right of the screen
3. Press "E-mail Address" button on screen
4. Enter your email address "abcd1234@uni.sydney.edu.au", press OK
5. Re-enter your email address "abcd1234@uni.sydney.edu.au", press OK
6. Press "Start" green button to right of screen
7. Press "Check" on bottom of screen, to confirm the email address is correct
8. Press "Start" green button to right of screen

Save individual files with year completed, placement # and surname eg
"2010_Placement1_Surname.pdf", "2011_Placement2_Surname.pdf"

Combine multiple scanned files for each placement

to save as one single scan file with final year completed, placements and surname eg.
"2012_Placements_Surname.pdf"

1. Use Adobe Acrobat Pro
2. File > Create PDF > Merge files into a single PDF
3. Drag and drop files > arrange order > click combine files
4. Save file in format "2012_Placements_Surname.pdf"
5. Submit to Cindy on a memory stick the single scan file by due date

7. COMPLAINTS

The vast majority of placements are completed successfully to the satisfaction of both trainee and supervisor alike. Indeed, most supervisors and trainees find external placements to be a positive experience. Inevitably, however, difficulties occasionally occur and in most instances it is advantageous for both supervisors and trainees to liaise with the Coordinator of External Placements as soon as possible. Involving the University rarely exacerbates a problem; however, failing to do so frequently does cause difficulties. Neither the trainee nor the supervisor needs to wait until the Mid-Placement Review to raise a problem. Indeed, a Mid-Placement Review is not the best place to raise serious concerns for the first time.

If seriously dissatisfied about aspects of a trainee's performance, supervisors should regard themselves as under an obligation to the profession to indicate this to the University and contact the Coordinator of External Placements.

Similarly, the trainee also has a responsibility to the University to give feedback about the quality of the placement and the supervision.

We hope both supervisors and trainees will enjoy the placements. Please do not hesitate to contact the Coordinator of External Placements should any assistance be required.