

BACKGROUND INFORMATION

SOME QUESTIONS AND ANSWERS FOR CLINICAL SUPERVISORS

Questions Concerning the Organisation of Placements

Q: How are trainees allocated to supervisors and Trusts?

A: There are clear guidelines provided for trainees about the process of allocation of placements in Years 1, 2 and 3. This process involves placement tutors meeting with the year group tutors to consider various factors including supervisor needs, trainee requirements for competency development and experiences and personal needs.

Q: How are the sequence and length of placements planned?

A: The sequence of placements is usually for trainees to work with adults and older adults in the first year, with children and adolescents and people with learning or cognitive disabilities in the second year. However, with the formal adoption of the move towards training people in core competencies, the use of these traditional specialties is changing. The duration of placements is determined with reference to BPS guidelines. The number of days per week on placement varies according to the time of year, with two or three days per week spent on placement during term time and three or four days per week out of term (or semester) time.

Most placements are of four to five months' duration. Where services to adults and older adults are provided by the same service or NHS Trust, year-long integrated placements are provided. These placements combine work with the full range of adults (i.e. young, middle aged and older adults) in an integrated way, with either a single supervisor or two or more supervisors providing experience and supervision across the year. In addition, placements in health psychology settings provide this range of experience and year-long health psychology placements are either a feature of first or third year placements.

Q: How can supervisors know what trainees have learned on their previous placements?

A: There are three potential sources of information. The first and probably most important is the trainee him/herself. A preliminary informal meeting with the trainee prior to the Initial Placement Meeting can be particularly helpful here and may be one of the functions of the pre-placement planning days. Secondly, there is the Summary of Recommendations for Further Development from the previous supervisor, where the supervisor and trainee together note down particular goals for training that have been identified as needing to be carried forward. Supervisors may also view copies of their trainee's previous Assessment of Clinical Competencies (ACC) forms and Log Books describing experiences and competencies gained to date held on the online e-portfolio system called PebblePad. Thirdly, there is the opportunity to discuss with the Clinical Tutor the aims and objectives you have set with your trainee for the placement where reference to the previous ACC form and 'Development Areas' for each competency can be made. For all placements after placement 1, first year, this meeting replaces the Initial Placement Meeting and is usually over the phone, but we are happy to arrange visits in person if you wish for them. As far as possible – although staff changes or shortages mean that it is not always possible – the same Clinical Tutor accompanies each trainee from placement to placement and therefore is in a position to contribute information about previous placements.

Q: What is the online e-portfolio system, Pebble Pad and how do I access it?

A: From September 2017 trainees have completed their placement forms, the ACC, Log of Therapy Competencies, Log of Neuropsychological Competencies and Log of Placement Experiences on an online e-portfolio system called PebblePad. This platform is widely used in Health and Social Care Settings. You will receive an automated email from PebblePad in the first week of your placement that provides you with your log on details and a password to access the system. You will then receive step by step instructions on how to access the system from our placement administrator, Rachel Hill. Once trainees have submitted their forms you will be able to view your trainee's portfolio for the duration of the placement, after which your log in details will expire. There are sections for supervisors to complete on the ACC after the Mid Placement Meeting and at the end of the placement, as has always been the case. There is also now an additional "sign off" page at the end of the trainee Cumulative Logs for supervisors to complete at the end of the placement. If you have any problems accessing the system please do not hesitate to contact Rachel Hill. For discussion of what to include in the supervisor sections or how to use the Logs please discuss with the Clinical Tutor.

Q: Shouldn't all Initial Placement Meetings with the Clinical Tutor take place before the placement actually starts?

A: Some trainees and supervisors prefer this, while others prefer the trainee to have had a week or two getting used to the placement before the meeting takes place. Initial Placement Meetings over the telephone or in person most often take place within the first few weeks of a placement, allowing the trainee some time to settle in and discuss their needs and the work available on placement prior to the IPM. Preferences can be taken into account where possible, although the number of meetings that are undertaken by each Clinical Tutor acts as a constraint. Pre-placement planning days also provide the opportunity for trainees and supervisors to discuss these issues before the placement begins.

Q: Could there be an End of Placement Meeting?

A: This is possible within the constraints of the availability of the Clinical Tutors, although this is not routinely carried out. Previous discussions have indicated that where a choice has to be made between Initial, Mid and End of Placement Meetings, the first two of these are generally felt to take priority. Some Clinical Tutors have been able to organise End of Placement meetings and, wherever there is a particular concern expressed by a trainee or supervisor, an End of Placement Meeting can be arranged. Apart from these scheduled visits, Clinical Tutors are very happy to visit at other times where this would be felt to facilitate a successful placement. Where there are difficulties, early negotiation is most helpful.

Q: How do you deal with a mismatch between the trainee and supervisor, either on a personal or 'paradigm' level?

A: Firstly it should be said that concern about this as a potential problem is far more widespread than its actual occurrence. In the majority of cases supervisors and trainees get on well together and enjoy their shared learning experience. Where such problems do arise, they can often be traced back to lack of clarity over expectations that the supervisor and trainee have of each other's roles. This points to the need to make these expectations as explicit as possible at the start of a placement. The BPS guidelines on supervision are also relevant here. They emphasise a need for mutual tolerance of different values and approaches by the

supervisor and trainee. There is an onus on the trainees to recognise that their role is primarily a learning one and that it is possible to learn from a supervisor whose approach might differ from a preferred method, model or style. Likewise there is an onus on the supervisor to allow, or even encourage, a trainee to question and challenge existing practice, provided this is done in a way that does not undermine the supervisor's working relationships or imply disrespect for the supervisor's competence. Where problems of this kind do arise, it is advisable to contact the Clinical Tutor to discuss the matter and to arrange a meeting, either jointly or separately, with the Clinical Tutor.

Q: Can a trainee be transferred if a placement is not working?

A: This is a very rare occurrence and should not arise if the initial preparation and the Initial Placement Meeting have been carried out adequately. Occasionally the planned experience cannot be provided for some reason, e.g. a supervisor goes off sick for a large part of the placement or a supervisory relationship breaks down completely. In this situation the Clinical Tutor would discuss with those involved the options available: for example, agreeing that certain aims will need to be carried over to a future placement, bringing in an additional supervisor, or (as a last resort) looking for an alternative placement. Arranging a transfer would be the responsibility of the Clinical Tutor, in conjunction with the Joint Clinical Practice Directors and the Programme Director.

Q: What can be done to overcome the stress that trainees experience with frequent placement moves, travelling, and possibly limited opportunity to establish roots?

A: We are very aware of this issue and wherever possible try to arrange for trainees to undertake their placements within a compact area, so that roots and a home base can be built up. However, trainees are likely to be required to travel some distance at some points during their training. Some trainees remain living outside of South Yorkshire and North Derbyshire where our commissioned placements are provided and will, therefore, have greater distances to travel to placement than trainees who live within the region. Staff are well aware of the need for support that trainees have and this is addressed in various ways. The Clinical and Academic staff are available for trainees to contact and we try to be aware of any difficulties trainees may be experiencing. Every trainee also has a 'personal mentor' they can talk to about personal and professional matters, and trainees have an opportunity to meet regularly as a year group to discuss problems arising during their placements. For trainees who are new to the Sheffield area, their most difficult time is probably the first few months and it is important for supervisors to be aware of this and be as supportive as possible during this time. We also have a system of "peer pairing" in which the trainees meet regularly for peer consultation. Evaluation of peer consultation suggests that it is generally viewed as very helpful by trainees and supervisors.

Structure and Organisation of the Training Programme

Q: What do the different 'tutor' terms mean?

A: *Clinical Tutors* have responsibility for managing trainees from a human resources point of view; they are the trainees' line managers and are also responsible for organising and monitoring progress on clinical placements. Clinical Tutors are usually responsible for all or part of a particular intake of trainees, who they follow through their three years of training.

Personal Tutors are members of the University's staff. In this role, Programme staff discuss academic requirements and development as a clinical psychologist with trainees and this may include personal issues relevant to academic development. The tutor meets with the trainees periodically throughout training to take an overview of their progress in all areas – academic, clinical, professional, personal – and help them formulate future learning and career objectives.

Personal and Clinical Tutors undertake yearly appraisal meetings with the trainees that incorporate the Sheffield Health and Social Care Foundation NHS Trust Performance Development Reviews.

Most tutors work for the Programme on a part-time basis and also have clinical commitments within local NHS services.

Q: Who is on committees and what structures exist to give supervisors a voice?

A: *The training scheme as a whole*

A range of sub-committees deal with different aspects of training. These are briefly described below. Interested supervisors have the opportunity to become involved in a number of the sub-committees.

The Programme is managed by the *Programme Training Committee* (PTC), which meets four times a year.

The PTC is widely constituted of the Programme team, representatives from local Psychology Services, the University Psychology department, and trainees. In addition, there are several sub-committees that are responsible for 'Curriculum', 'Selection', 'Personal and Professional Development', 'Clinical Practice', and 'Research'. These sub-committees also have supervisor and trainee involvement and, where appropriate, liaise with local Special Interest Groups.

Q: How can supervisors and University staff get to know who's who?

A: The Programme website (<http://www.sheffield.ac.uk/clinicalpsychology>) includes information about Programme staff and other resources for supervisors. Information about the University staff and about supervisors is also contained in the database held at the Clinical Psychology Unit. Opportunities exist for supervisors and academic staff to meet in the range of meetings and committees mentioned above. The supervisor training programme also provides forums for clinical supervisors and academic staff across Programmes to communicate. In addition, academic staff arrange visits to local services biennially to discuss any issues relating to training.

Q: How is the Programme curriculum agreed?

A: This task is the responsibility of the Curriculum Sub-Committee of the PTC and is carried out in consultation with local Special Interest Groups. Opportunities exist for supervisors to provide teaching sessions and to develop the curriculum alongside University staff. Information regarding teaching interests is kept on the database. If you are interested in teaching on the Programme, we would be pleased to hear from you. The sub-committee reviews feedback collected from teachers and trainees relating to all taught sessions. An

annual review is undertaken prior to the construction of the following year's timetable.

Q: How do supervisors get to know details of Programme content?

A: Supervisors can find out about the content of the curriculum at the supervisors' introductory day held in September of each year and from the Programme Curriculum handbook. During each academic block, trainees are provided with a detailed timetable which they are encouraged to give to, and discuss with, their supervisor. The timetable is not sent to supervisors as changes are frequently made during the year. However, trainees are able to provide up-to-date copies of the timetable (via MOLE) for their supervisors if required.

Q: How do you get to teach on the Programme?

A: By contacting Year Co-ordinators (included in the Programme Handbook) or other members of the Programme Team or the Curriculum Sub-Committee, currently chaired by Lisa Emerson.

Meeting Supervisors' Needs

Q: Can supervisors obtain feedback on their placements?

A: Feedback from the Programme to individual supervisors takes place via the placement audit process. An online feedback form is completed by the trainee on PebblePad. Supervisors will be able to view the form and comment on the trainee's feedback. Clinical Tutors can also add comments. The completed Placement Audit form is moved to a confidential workspace before the trainee's next placement commences ensuring that only the current supervisor can view their own placement feedback. Mid-placement meetings with the Clinical Tutor also provide an opportunity for feedback to supervisors as well as trainees. Further feedback is available at the request of supervisors.

Q: How can supervisors feel more valued?

A: This is not an easy question to which a general answer may be given. Feeling valued probably depends most of all on good working relationships and having one's work appreciated by the people one is most closely involved with, whether colleagues or clients. The main source of satisfaction in supervision is likely to come from the relationship between supervisor and trainee. To this end, trainees are encouraged to view their placements as a two-way process: a trainee who is interested in what the supervisor has to offer, is sensitive to local needs and issues, and conscientious in carrying out assignments, will experience a better placement than one who is disinterested, off-hand or unreliable. Where trainees are aware of these factors – and this is so in the majority of cases – placements are mutually rewarding, often enjoyable, and any difficulties encountered can be tackled jointly. Where this does not happen, this is of concern not just to the supervisor but also to the Programme staff and should be raised at the mid-placement meeting and, if still persisting, commented on in the supervisor's report.

The Programmes recognise the importance of supervisors in a number of ways. These include the representation of supervisors on a number of Committees, the organisation of training and stakeholder events (including Initial and Advanced Supervisor training days), the availability of resources for supervisors and continuing efforts to improve communications with supervisors.

Another approach is to work in a culture in which supervision for all is encouraged and valued. Ideas about the creation of such a culture are contained in Hawkins and Shohet (1989, revised 2000, 2012) – see reference list – and can be incorporated into quality procedures.

Q: What training should be a prerequisite for supervising?

A: The Programmes emphasise the importance of training for potential supervisors. In addition the BPS now requires courses to keep a database of supervisory training undertaken by our supervisors to ensure skills are refreshed at least every 5 years. Supervisor training events and workshops are offered by the Programme. We currently organise Introductory Supervisor Training, known as the STAR (Supervisor Training and Recognition) system, in conjunction with the Leeds and Hull clinical psychology training programmes. The teaching is organised together, the first two days are delivered together and the assessments have been designed and agreed across the three Programmes. The first two days are usually a residential event at the beginning of the year where individuals have the opportunity to meet colleagues from across the Region. The second two days are locally based and usually take place in May and November at Sheffield University, with a smaller group. A month after the end of training it is expected that individuals will submit a portfolio of assessments.

STAR has developed over a number of years and recently has been adopted formally by the British Psychological Society (BPS) as an accreditation structure for applied psychology supervision. A set of Learning Objectives was developed and agreed, against which initial supervisor training is evaluated under the STAR process. These form the basis on which the current supervisor training has been built. By completing the STAR programme, supervisors will be eligible to apply to the BPS Register of Applied Psychology Practice Supervisors (RAPPS).

The Programme also runs an introductory session for people new to supervising trainees, new to supervising on the Sheffield Programme or those wanting a refresher on Sheffield procedures and practices, which usually takes place in September each year. (See Section 2.3 for an information sheet on supervisor learning and development. In addition, a bank of resources – books, tapes and papers – is held at the Programme base by Sharon Keighley. Items are available for loan on request.