

## **PASSING AND FAILING PLACEMENTS: GUIDELINES FOR TRAINEES, SUPERVISORS AND PLACEMENT TUTORS**

### **Introduction**

The training programme aims to help trainees develop their competence and creativity as clinical psychologists. Placement experience is an essential part of this process, and for the most part this experience is one that is rewarding for both trainees and their supervisors. For the supervisor, one of the rewards of supervision is to see the trainee develop growing confidence and competence as the placement progresses. The supervisor rightly sees his or her main function as helping this process along through modelling, observation, assessment, feedback, asking questions, encouragement, and continuing discussion of practical and theoretical issues.

### **Placements**

Trainee Clinical Psychologists at the University of Sheffield must pass all placements in order to complete their clinical training and be recommended for the degree of Doctor of Clinical Psychology.

Trainees usually complete four, five month long core clinical training placements in the first two years of their clinical training. The first year usually focuses on work with working age and older adult client groups, and can also include placements in physical health settings. Second year placements usually capture child and family work and work with people with a learning disability (including acquired disability). The third and final year has a different structure, in that, providing other requirements have been satisfied, trainees may elect to have one of the following placement configurations:

- One year long placement (usually 3 days a week)
- Two concurrent, year long placements (usually 2 + 1 days a week), or
- Two, six-month placements (usually 3 days a week).

A placement comprises a number of days working within a clinical psychology specialism under the supervision of a qualified clinical psychologist. The number of days for placements undertaken in years one and two is specified by the Programme and, in order for a placement to be passed, at least 70% of the days specified for standard placements should normally have been completed. Where placements are interrupted by sickness, carer or other leave, consideration will be given as to whether the shortfall is sufficiently disruptive to the Placement Plan that the placement needs to be deferred (see 9.8). Trainees need to consider this requirement in relation to the distribution of their annual leave and study/research leave across the training year, ensuring that a balance is achieved between leave taken during the first and second placement each year.

Third year placements may be undertaken more flexibly as they are often year long, potentially allowing opportunities for more in depth work than in years one and two. Whatever the time distribution, trainees should normally have attended at least 70% of placement days overall. Any shortfall would be considered in the light of the Placement Plan for each placement. Year long placements will be assessed midway (end of Placement 5) and at the end of the year (Placement 6) and so aims for the first and second half of the placement need to be considered separately and articulated on the ACC (see Appendix 14). If the trainee chooses two year long placements in year 3 it is expected that both halves of the placement need to be passed at placements 5 and 6. Year long placements cannot normally be ended partway other than in rare/exceptional circumstances (e.g. the supervisor changes jobs and no other suitable supervisor is available). Such circumstances must be discussed with the clinical tutor and the ending of the placement together with new placement arrangements must be agreed in advance with both the supervisor and Director of Clinical

Practice. It is important to note that any changes to a year long placement is not at the discretion of the trainee.

### **Management Arrangements**

Currently, the training places on the University of Sheffield Programme are funded predominantly by Health Education in Yorkshire and the Humber (the Local Education Training Board) with Sheffield Health and Social Care NHS Foundation Trust (SHSCT) as employer, acting as their agent. Trainees funded in this way are accountable to the Clinical Tutors/Director of Clinical Practice as their line manager(s). Some management functions are delegated to supervisors on a day-to-day basis including the approval of study leave requests, which are counter-signed and approved by Clinical Tutors. International/self-funded students are defined as externally funded trainee clinical psychologists under a License to Operate held within Sheffield Health and Social Care Trust. Although the License is not defined as an employment contract, clear contractual responsibilities are defined and the training requirements/conditions are the same as those appropriate to the duty of a trainee clinical psychologist on the Sheffield Programme. For international/self-funded students overall management functions are administered by the identified clinical tutor/Director of Clinical Practice in liaison with the Unit Director.

The contract of employment/License to Operate and registration with the University are co-terminus and the trainee signs an Entry Agreement when the offer of training place is made. Trainees are therefore contracted employees of (or hold a License to Operate), with Sheffield Health and Social Care NHS Trust (SHSCT) and are registered as postgraduate students of the University of Sheffield. *The employment contract is therefore conditional on being satisfactorily registered with both the University and SHSCT. The License to Operate is also conditional on trainees fulfilling both University and placement requirements.*

Trainees are therefore expected to observe all relevant employment conditions and rules and be subject to the disciplinary procedures of SHSCT and the host Trust in which they are working on a clinical placement. In the event of breaches of discipline, SHSCT and University procedures apply. In the event of failed placements and/or academic submissions, Faculty of Science regulations apply.

### **Factors related to successful placements**

Several factors have been shown to be associated with successful and enjoyable placements. For example, Nelson (1978) identified the supervisor's interest in supervision as a key factor. Others, (e.g. Alderfer & Lynch, 1987; Kilminster & Jolly, 2000, Beinhart, 2004) have suggested that the relationship between the supervisor and supervisee is the single most important factor for the effectiveness of supervision.

These ideas suggest that a focus on both **content** (what will be learned on placement), and **process** (how the learning will take place) is desirable, and that time spent on establishing open and direct communication early in the placement is likely to be associated with a successful experience. Initial attitudes towards the placement can have a powerful effect, as can the expectations that each party brings to the relationship. These are more likely to get in the way if they are not made explicit and negotiated.

### **Things that can get in the way**

- The supervisor feels threatened/defensive about his/her work being scrutinised by another. There is a contingent fear of being 'found out'.

- The trainee feels threatened/defensive and responds on a continuum from apparent excessive dependency to feeling that he/she has to know everything.
- The trainee fears 'getting it wrong' and does not see failure as providing a greater opportunity for learning than 'getting it right'.
- One party has heard rumours about the other on the 'grapevine' and adopts an attitude based on expectations rather than exploring any concerns explicitly with the other.
- The trainee is not interested in the particular specialism and approaches the placement with an attitude of 'getting through it', rather than as offering many learning opportunities.
- There is a clash of expectations with one party expecting a particular model, focus of supervision and supervisor role which differs significantly from that of the other.
- Criticism is perceived as of the person rather than the work undertaken and this is not discussed.

These represent a few instances of issues, which can hinder the development of successful training relationships. It is suggested that these be discussed both at the beginning of a placement and reviewed as the placement progresses. The Clinical Tutors are available as facilitators for the establishment of training relationships through the Initial Placement Meeting, and they welcome being called on should difficult issues prove hard to solve between the supervisor and trainee. They are also pleased to visit where the trainee and supervisor wish to review the placement with a person less directly involved in the placement.

### **Identification of points for trainee development and concerns regarding work performance**

There is a natural tendency, especially during the trainee's first year, for supervisors to want to build up the trainee's self-confidence and make allowances for areas of difficulty. As a general policy this seems entirely appropriate. However, the consequence of overlooking particular points for development in the first year may be that the trainee is faced with a much harder situation in the second or even third year when a problem is identified by a supervisor. The identification of points for development as a joint exercise between the trainee and supervisor provides a positive focus for personal and professional development, which constitutes a fundamental underpinning of training. It is when such points fail to be addressed or development fails to take place that placements become less than satisfactory. Furthermore, if development issues are not picked up/identified early in the training process it may prevent future supervisors and trainees the opportunity to fully ratify the required skill set. A key role of the supervisor is to manage the boundary between 'ordinary' expected development needs which are an indication of stage of training, in contrast to more significant concerns about work performance. Discussion with the Clinical Tutor or the Director of Clinical Practice can be helpful to disentangle this area of complexity.

### **Assessment of Clinical Competence (ACC)**

The 6 clinical training placements are assessed using the 'Assessment of Clinical Competencies' (see appendix 14). The ACC is the learning contract and record of training drawn up between the supervisor and the trainee and overseen/ facilitated by the trainee's clinical tutor. It identifies the goals of learning and the process by which those goals will be assessed and met.

More specifically, the ACC identifies 8 core clinical competencies that are the focus of placement experience and assessment:

1. Personal & Professional Development
2. Therapeutic and Working Alliance
3. Psychological Assessment
4. Psychological Formulation
5. Psychological Intervention
6. Research & Evaluation
7. Service Delivery & Organisation
8. Supervision.

Each core clinical competency has a set of Specific Learning Objectives (what will be done on the placement) and a Placement Plan (how the work will be done on the placement). These guide the work that will be achieved on the placement. An ACC is completed for each placement.

### **Placement monitoring**

- (i) Placements are normally monitored by the Director of Clinical Practice/Clinical Tutor.
- (ii) At the Initial Placement Meeting, the Clinical Tutors aim to contribute to the development of a positive approach to the training relationship through the discussion of expectations, the sharing of information, the provision of resources, the discussion of theory-practice links, and the construction of an agreed Placement Plan which constitutes the content and contract of the work to be undertaken on placement as documented in the ACC. The Trainee, Supervisor/s and Clinical Tutor agree the 'Specific Learning Objectives' and the 'Placement Plan' at the Initial Placement Meeting process. At the beginning of Placement 1, Clinical Tutors usually attend the Initial Placement Meeting at the placement base with the Trainee and the Supervisor/s. There will also be a discussion of how learning will be approached and how the trainee will know if he/she is succeeding on placement.
- (iii) Generally in years 1 and 2 subsequent Initial Placement Meetings are usually held at the University base and are attended by the Trainee and the Clinical Tutor. The Clinical Tutor usually has contact with the placement Supervisor/s in order to ratify the 'Specific Learning Objectives' and the 'Placement Plan'. Subsequent Initial Placement Meetings (Placements 2 to 6) can be held at the placement base. This may be because the supervisor has requested this, the Clinical Tutor considers this to be appropriate and / or the Trainee has specific learning needs (for example, the Trainee has a Training Plan in place due to a prolonged absence, the Trainee has had a 'Borderline' or 'Fail' rating in a previous placement). In year 3 of training the ACC is created by the trainee with their supervisor. A copy is sent to the clinical tutor to be overseen. As long as training is proceeding without difficulty and all learning outcomes have been met hitherto the clinical tutor will attend for the MPV halfway through the year.
- (iv) The IPV will normally be completed within two weeks after the start of each placement.
- (v) The Trainee's progress towards meeting the Specific Learning Objectives is assessed and reviewed at the Mid-Placement Meeting. The Mid-Placement Meeting is attended by the Trainee, the Supervisor/s and the Clinical Tutor, and this meeting must take place with at least 8 weeks of the placement remaining prior to the end date. This 8 week window will allow sufficient time for the Trainee to demonstrate competency development, should 'Borderline' or 'Placement Failure' be identified at a basis for considering the trainee's

development up to this point. There should be an opportunity for both the trainee and supervisor to meet individually with the Clinical Tutor.

- (vi) Should the work originally planned not have occurred, a decision must be made at the meeting regarding the impact of the shortfall on the aims of the placement. Where the shortfall is considered sufficiently serious to undermine these aims, a strategy will need to be worked out. This may include asking another supervisor in the department to provide additional experience, or arranging to negotiate with a supervisor in another department for the additional required experience. In the event of neither strategy succeeding by the end of the placement, assessment of the trainee's performance may be deferred in line with the criteria outlined below.
- (vii) If the supervisor's feedback indicates that the trainee is failing to demonstrate sufficient competence in one or more of the competencies to be rated at the end of the placement, these will be clearly noted in the mid-placement report and an action plan by which the trainee has a full opportunity to address all the areas for development. If the number of these competencies or severity of the inadequacy is sufficient to raise the possibility of the placement being failed, this too should be clearly noted. Reasons for the difficulties should be discussed and a strategy for dealing with them agreed, and documented.
- (viii) The mid-placement meeting also provides an opportunity for the trainee to give feedback about the placement. Where a trainee feels that particular factors have affected her or his work or that the supervisor's assessment of her or his current performance is misleading, this should be communicated by the trainee to the Clinical Tutor or staff member responsible for monitoring the placement.
- (ix) As a general principle, the Clinical Tutor will seek to establish a climate in which any problems can be discussed openly between those concerned as early within the placement as possible.
- (x) It may be agreed that further three-way meetings be held to continue clarification of the points at issue or otherwise help to resolve difficulties. Further meetings between the Clinical Tutor and trainee or supervisor may also be arranged if deemed helpful.
- (xi) **In case of difficulty:** In addition to these formal meetings, a supervisor or a trainee experiencing difficulties in a placement should contact the Clinical Tutor or the relevant staff member to discuss these. An early phone call to discuss a potential difficulty may well avoid things becoming more serious or reaching an impasse. From the point of view of the tutors, such an early call is welcomed and will be responded to with sensitivity and constructive help.
- (xii) Additional arrangements for trainees in their third year who are (i) completing two concurrent year long placements or (ii) completing two six month placements are detailed in Appendix 8.

### **Criteria for passing a placement**

There are three stages in the assessment process of trainee performance on placement made by the supervisor: supervisor ratings for each of the core clinical competencies, an overall supervisor rating for the placement and a final stage in ratifying supervisor assessment of trainee learning which lies with the Board of Examiners.

- i) The first stage is for the supervisor to rate trainee performance for each of the specific 8 competences. The Supervisor is asked to make

- a recommendation of 'Pass', 'Partially Achieved' or 'Fail' for each competence.
- ii) The second stage of the assessment process is on the basis of the total assessment of the competencies, the supervisor rates the trainee as either 'Pass' or 'Fail' for the placement overall. In exceptional circumstances, a recommendation of 'Deferred' may be used. The Supervisor is advised to discuss the overall recommendation at the end of placement with the Clinical Tutor in cases of 'Fail' or 'Deferred' recommendations. The overall decision to pass or fail a placement inevitably involves professional judgement - the supervisors, Director of Clinical Practice/Clinical Tutor and other Programme staff.
  - iii) The final stage is the ratification of the evaluation at the Board of Examiners.

Guidance for the process and criteria that must be met in order to Pass or Fail a clinical training placement has been broken down into: Ratings for each of the 8 core clinical competencies; Ratings for the overall Placement Report, Procedures for Failing a Placement and Changes to the Placement Pathway.

**(i) Ratings for each of the 8 core clinical competencies:**

**PASS** - The Trainee has successfully completed the 'Specific Learning Objectives' for the core clinical competency.

**PARTIALLY ACHIEVED** - The Trainee has made some progress towards completing the 'Specific Learning Objectives' for the core clinical competency. However, the standard observed and achieved is lower than would be expected at the Trainee's stage of training. Additional opportunity to consolidate this area of skill development is required.

**FAIL** - The Trainee has clearly not achieved the 'Specific Learning Objectives' for the core clinical competency to a standard appropriate to their level of training, and there is a clear need to re-assess the competency / competencies on their next clinical training placement. To gain a fail the trainee will have failed to demonstrate an acceptable general level of competence, bearing in mind the trainee's stage of training OR failed to complete specified or sufficient work, as set out in the Placement Plan Section of ACC form OR has been shown to have undertaken work that has not met the standard required and where there is the potential to do harm to the client as a result (e.g., reports that could lead to the patient being denied access to appropriate and necessary services).

**(ii) Ratings for the Overall Placement Report:**

**PASS** - The Trainee has successfully completed the 8 core clinical competencies as agreed at the start of the placement and as reviewed at the Mid-Placement Meeting.

**FAIL** - The Trainee has clearly Failed one or more core clinical competency OR has 3 or more partially achieved ratings within a single placement OR has 3 partially achieved ratings for the same competence over 3 placements OR has been suspended from the Programme through either University or NHS disciplinary/ Fitness to Practise proceedings.

**DEFERRED** - The Trainee has been unable to achieve one or more of the 8 core clinical competencies. This has been solely due to a lack of opportunity

to demonstrate the competency/competencies or to a prolonged absence from the Trainee or the Supervisor. Where a trainee has completed insufficient work in a placement due to factors that may be assessed as beyond her or his control, (e.g. prolonged absence due to illness of supervisor or trainee, lack of suitable referrals) assessment of the placement may, at the discretion of the Examiners, be deferred until a later placement. Such a deferred placement **is not counted as a fail**, the trainee and clinical tutor will need to ensure that future placements are adapted to meet these unmet learning needs. In some limited circumstances this might require an extension or training beyond the normal three year period. Funding of such an extension would be at the discretion of the trainee's employer or sponsoring body.

### **(iii) The Role of the Board of Examiners**

The Board of Examiners will consider the Supervisor's recommendation on the placement, in the context of the trainee's overall progress on the Programme to date. If a trainee has been consistently weak / has not met the standard expected on either previous placement assessments or clinically related coursework, the Board may decide to fail the placement, even if this might not be consistent with the supervisor's recommendation. Similarly, if the Board considers a supervisor's recommendation of a fail to be inappropriate, the Board will reserve the right to pass the placement.

### **Procedures for failing a placement**

- (i) There is probably no task harder or more unpalatable for a supervisor than to fail a trainee after having worked hard to help her or him overcome difficulties. For a trainee and supervisor, being recommended for a failed placement is also likely to be a difficult and painful experience and the issue is likely to engender a good deal of anxiety. For all these reasons there is a need for detailed guidelines on the subject designed for those infrequent occasions when they are needed.
- (ii) In addition, the HCPC and the BPS require an explicit and public statement of the procedure to be followed in the event of a placement being failed.
- (iii) At the end of a placement the supervisor must decide whether to recommend that the trainee should be passed or failed on the placement.
- (iv) If the supervisor is considering recommending a fail or is undecided, it is expected this would be communicated to the Director of Clinical Practice/Clinical Tutor at this stage to talk the matter over. This and any subsequent communication regarding the matter **should be logged by both parties** as they may be relevant to any later evaluation of the decision.
- (v) If the supervisor decides to recommend that the trainee should be failed the following procedures then apply:
- (vi) The supervisor should indicate on the Assessment of Clinical Competency form that the placement is recommended for a fail. This should be shown to the trainee and the reasons for failing clarified. It should be noted at this time that this is a **recommendation** from the supervisor and that the final decision rests with the Examiners. The report should then be sent as soon as possible to the Director of Clinical Practice/Clinical Tutor, and in time for the relevant Exam Board.

- (vii) Where he or she has not already done so, the Director of Clinical Practice/Clinical Tutor will contact the supervisor, the trainee and (where applicable) the person responsible for placement monitoring, to discuss the reasons for the recommendation and to gather any additional information which may be relevant. If not already clear, an effort will be made to address such questions as: Was the trainee made aware of her or his shortcomings at the mid-placement meeting, or at any other time? Were there opportunities for the trainee to do something about these shortcomings? Were there any external factors beyond the trainee's control which interfered with her or his progress? This 'elaboration' phase will be undertaken within as short a period as is reasonably possible.
- (viii) If the trainee wishes, he or she may also discuss the situation with his or her Personal Tutor and/or submit a written account to the Board of Examiners, via the Chair of the Board of Examiners. Trainees are also encouraged to discuss the matter with their Personal Mentor.
- (ix) At the meeting of the Board of Examiners following the above phase, the placement reports will be considered, together with any written submissions and any further information or views obtained from discussions/interviews with the trainee and supervisor by the Director of Clinical Practice/Clinical Tutor and the Personal Tutor. The Board may also consider evidence from other placements, coursework or general performance on the Programme in making a decision. At this meeting the Examiners will make a decision to pass or fail the placement. If the placement is failed the Examiners will also decide what will be required of the trainee by way of rectifying the failure.

It should be noted that the failing of a single placement by itself is usually followed by the opportunity to demonstrate competence on a further placement. The question of failing the Programme does not, therefore, normally arise at this stage, unless progress is generally unsatisfactory.

- (x) The Director of Clinical Practice and Chair of the Board of Examiners will communicate the Board of Examiners' decision to the trainee verbally and in writing as soon as possible by the Chair of the Board of Examiners.

### **Consequences of failing a placement: changes to the placement pathway**

- (i) When an overall placement is failed, the trainee will normally be required to undertake a further placement to demonstrate competency. The content, duration and timing of this placement will depend on how best to meet the learning needs of the trainee and how best to assess those needs and the Board of Examiners will make this decision. A failed core clinical competency or competencies will normally result in this or these being specifically re-assessed on the next placement. The Trainee must pass this competency or competencies on the next placement. Failure to pass the competency or competencies on the next placement will usually be considered as grounds for exclusion from the training course.
- (iii) In some cases this placement may be incorporated into one of the other placements already planned. In other cases a specific placement may be undertaken immediately following the failed placement; during the trainee's third year instead of an optional placement; or may be added on at the end of the third year. Where an extension to the normal three-year training period is required, an extension to the trainee's employment contract would normally be sought, but this would be at the discretion of the trainee's employer. Extension may therefore be on the basis of an honorary contract without remuneration. Such an extension would be no greater than twelve months.



- (iv) Trainee performance will be monitored at relevant University Exam Boards. Initial Placement Meetings will be held at the placement base and special placement measures can be used (for example, additional placement visits, a specific Training Plan developed with the Clinical and Personal Tutors, additional support put in place, as required).
- (v) If a trainee fails to pass the failed competency on the next placement this is normally grounds for exclusion from the programme. If a trainee fails two placements during their training this will normally be grounds for exclusion from the programme.
- (vi) After following due process if the decision is taken to exclude the trainee then this would then be communicated to the trainee's employer and to the LETB and would normally lead to the termination of the trainee's contract of employment and discontinuation of financial support.
- (vii) In the event of serious professional misconduct or professional unsuitability, the Chair of the Board of Examiners may, with the agreement of the Pro-Vice-Chancellor, suspend the trainee from placement work and may include other requirements within the terms of the suspension within the Fitness to Practise regulations. The trainee's relevant employer and Psychology Manager would be notified accordingly. At the same time, the relevant disciplinary proceedings of the trainee's employer would also be set in motion, if appropriate.
- (viii) If as a consequence of (ii) above, the trainee's contract of employment is terminated, the usual NHS appeals procedures will be available to the trainee. If as a consequence of (vii) above, the recommendation by the Board is for the trainee to be excluded from the Programme, the procedures documented in this section will be implemented, with the focus on professional misconduct, fitness to practise.

### **Communication with Supervisors Regarding Failed Placements**

- (i) In the case of a further placement following placement failure, the new placement supervisor must be informed of the failed placement and reasons for failure in order that she or he can help the trainee to address the identified points for competency development and in order that she or he understands the importance of Assessment of Clinical Competence to the future of the trainee on the Programme. The Director of Clinical Practice/Clinical Tutor will discuss with the trainee the means by which this is communicated. The failure and reasons for failure will be fully discussed at the Initial Placement Meeting and the issues to be addressed incorporated in the Placement Plan.
- (ii) Where the trainee passes a further placement, the decision to inform future supervisors of the previous failure will normally be at the discretion of the Director of Clinical Practice/Clinical Tutor in discussion with the trainee. Where there continue to be concerns regarding the points which led to placement failure, these will be addressed in the Initial Placement Meeting in the usual way by reference to the continuation sheet and the identification of points for development.