

QUALITY OF CLINICAL PLACEMENTS

Introduction

The question is sometimes asked by trainees - "What happens with respect to information about perceived bad practice in supervision which is given by trainees to Clinical Tutors?"

This document represents an attempt to clarify the current approach of the Clinical Tutors to this sensitive issue. It is important to remember that the vast majority of placements are of a high quality and most are positive experiences for both supervisors and trainees.

The approach of the Clinical Tutors is to prioritise a good training experience for all trainees. This is consistent with a good supervisory experience for supervisors and dependent on a range of factors including the interpersonal and the contextual.

Context

In order to enhance learning opportunities for both supervisor and trainee, a context of openness and trust is generally beneficial. The evaluative component of the supervisor-trainee relationship can induce anxiety and fear of negative evaluation in both parties. One role of the Clinical Tutor is therefore to try to facilitate the construction of an open and trusting relationship. The approach in the first instance is one of prevention rather than restitution of difficulties. They attempt this during placement visits by asking questions regarding the process of supervision, with a view to opening up those areas in which people may experience difficulties (e.g. conflicting expectations of supervision), so that they become topics which may be talked about. A further approach is to encourage 'live' and 'recorded' work, i.e. each party openly showing the other their work, and suggest approaches to feedback and criticism whereby the trainee or supervisor stays in control of this, e.g. by inviting feedback on a particular topic or theme, by self-reflection and critique and by the use of specific methodology, e.g. Interpersonal Process Recall.

It may be noted that the evaluative element of the supervisory relationship affects both the supervisor and trainee and this can lead to reluctance by both parties to be usefully critical. This is supported in the research literature, which suggests that supervisors generally find giving negative feedback very difficult. Although research data may not be available, trainees' experience suggests that it may also be difficult for trainees to give negative feedback to supervisors. Supervisors and trainees may both fear for their reputation in the profession. Trainees fear that they will fail a placement and may concentrate on presenting a façade of competence rather than adopting an open approach to learning. Thus there can be a general reluctance to comment critically by either party.

The first placement in training can be particularly critical for trainees, as this will expose previously unrecognised expectations that may be unrealistically high. There may be a tendency to seek the 'perfect' placement and a failure to recognise the skills and responsibility of the trainee in constructing a satisfactory experience. The possibility of learning from imperfect placements is frequently overlooked. There is diversity of approach in the profession, and expectations of supervision may differ markedly between supervisor and trainee. This inherent tension may be explored and agreements negotiated at the instigation of either supervisor, trainee or both. Clinical Tutors have a role in helping trainees develop realistic expectations of placements, whilst ensuring quality of placements is not compromised beyond professional standards.

The role of the Clinical Tutors is to facilitate quality of training and this involves offering support and development opportunities to both trainees and supervisors. They are therefore non-aligned

with either party in the event of any difficulties arising. The Clinical Tutors recognise that much sensitive information comes their way and they try to deal with this confidentially and sensitively.

Given these issues, the approach of the Clinical Tutors is first and foremost as 'placement-nurturers' rather than 'placement-police'. This may lead to a view that nothing is done about reported poor supervisory practice rather than what actually happens – what is done is kept confidential. Confidentiality makes it more possible for supervisors and trainees to be open with the Clinical Tutors about any difficulties they are experiencing. However, in the event of serious difficulties, the tutors will take the lead.

The Placement Audit provides a more formal opportunity for trainees to evaluate the quality of each placement and trainees are asked to provide feedback after each of their placements. The supervisor has an opportunity to see the feedback and to respond. The clinical tutor is also available for additional discussion. The anonymised results of the audit are used to evaluate general trends across all placements, in terms of both available resources and the experience of training provided.

Action Taken

In the event of a trainee complaining about or being worried about what is happening on placement and bringing this to the Clinical Tutors, a variety of approaches and decisions are taken. The approach depends upon:-

- What the trainee wants the Clinical Tutor to do.
- Whether the difficulty is disclosed during or at the end of a placement.
- The seriousness of the matter.
- Whether the matter concerns the actions of the supervisor with regard to the trainee or to the supervisor's clients.
- Whether the difficulty seems to be specific to a particular placement or whether similar difficulties have been experienced by more than one trainee.
- To what extent the difficulty is to do with what is happening in a team or psychology department at a particular time. This can include interpersonal difficulties between team members in which the trainee becomes triangulated, or arise from pressures upon the department as a whole, e.g. workload issues.
- Whether the difficulty is of the kind where supervisory practice may be regarded as adequate, as opposed to potentially destructive and harmful. To borrow a phrase, 'good enough' supervision is the aspiration. The impact of the contexts in which placements take place cannot be underestimated. There are numerous pressures on supervisors from which trainees may be either protected or to which they may be exposed. These can lead them to negatively evaluate placements. Trainees may inadvertently find themselves the communication conduit for people who are struggling with each other, the non-threatening ears for disaffected staff, or evoke feelings related to the training experience of the supervisor. Trainees need to consider these contextual factors in the light of psychological frameworks,

and in so doing develop an internal supervisor which will enhance their future practice in the profession. The Clinical Tutors try to help trainees to stand back and take a reflective rather than emotionally reactive stance in such instances. This may include helping trainees to develop an explicit understanding of wider organisational issues on placement. It may also reduce the experience that some trainees have had of feeling personally responsible for difficult relationships on placements, that in retrospect they have come to see as a product of organisational dynamics.

- What may be happening for the trainee more generally. Sometimes, as with supervisors, life events or a trainee's more general experience of training may colour attitudes to placements and supervision. The Clinical Tutors take a broad view in trying to understand and help clarify the issues. An approach encompassing such a broad perspective is generally seen as more helpful than locating the blame in a single party.

The following approaches are adopted:

1. The trainee discusses the matter with the Clinical Tutor and together they explore how the trainee might handle the difficulty. Further meetings may be agreed.
2. As a result of this discussion, the Clinical Tutor may meet with the trainee and supervisor together for additional placement visits as required.
3. The Clinical Tutor may subsequently meet with the supervisor to explore how to deal with the particular aspects of the practice, either for the remainder of the placement or with regard to future placements. Supervisors as well as trainees find difficulties in placement painful and often want to work on their supervisory practice.

The majority of difficulties are resolved to a greater or lesser degree by these approaches. In some cases the difficulties are more severe and lead to the following:

1. The placement is terminated early. As this is a 'public' action, trainees and supervisors often prefer other outcomes. However this has happened, albeit with extreme rarity, and such action is taken where the relationship has broken down beyond reconstruction.
2. It is agreed with the supervisor that he or she will not supervise for the Programme under the circumstances in which the level of difficulty has proved untenable. Where this is the case, this is explicitly discussed with the supervisor, and reasons given so that supervisors should not be left wondering why they are not being invited to provide placements. There have been a number of supervisors in Region with whom it has been agreed that for a variety of reasons trainees will not be placed with them. **This is the case irrespective of placement shortages.** Should such a supervisor wish to supervise in the future, a discussion can be initiated with the Clinical Tutors and agreement reached as to what would need to be different in order for the placement to work.
3. In instances where the difficulties arise from wider departmental issues, the Clinical Tutors make whatever interventions are possible for a 'neutral' party. However, this may be limited as the Clinical Tutors do not have an official brief to help departments 'troubleshoot' in regard to such matters. The Clinical Tutors do, however, encourage trainees to respond to such issues, not only at the level of the effects on the person but also as a professional psychologist, using psychological theory to take a more detached view. In our experience, all departments experience phases of development in which staff are under stress and it will be crucial for trainees to learn to manage this effectively.

4. It should be noted that there are many reasons why particular clinical psychologists are not involved in supervising placements, for example the nature of the work, availability of suitable accommodation, conflict with other roles, the need for a break, etc. Assumptions made about this are almost certainly unhelpful.

In taking these latter approaches, it can take time for the Clinical Tutors to accumulate sufficient data to be sure of the appropriate action and they do not usually choose to act precipitately. There is a distinction between supervisory experiences that are difficult but can be useful and those that are difficult and unacceptable.

The success of placements or otherwise is strongly related to the interpersonal relationship between supervisor and trainee. Preparation for placements for both trainees and supervisors is important in the development of a relationship that facilitates learning. Clinical Tutors contribute to the process of preparation through timetabled sessions with trainees, and supervisor training events on making the most of placements. In scientist-practitioner tradition, this draws on the body of research addressing this topic. The Clinical Practice Sub-Committee of the Programme Training Committee at Sheffield monitors and evaluates this aspect of training and welcomes ideas and comments.