

PERSONAL AND PROFESSIONAL DEVELOPMENT (PPD)

6.1 Introduction

This information provides an overview of the Programme's policy regarding personal support and professional development as discussed and agreed by the Programme Training Committee. This information is available to trainees, Programme staff and supervisors. Implementation of the components of the policy is monitored and evaluated by the Personal and Professional Development (PPD) Sub-Committee. We wish to emphasise that there are opportunities for trainees to strongly influence the discussion and implementation of policy changes and this can be achieved through representation on the PPD subcommittee.

The Programme is committed to enabling the personal and professional development of trainees throughout the three years, and regards this area of training as an essential foundation for future professional development and practice. The Programme staff recognise that throughout the three years of the Programme, trainees face a variety of challenges that are an *ordinary* consequence of professional training as a clinical psychologist and that these issues are relevant to both trainee and qualified psychologists.

The Sheffield Programme aims to meet some of these needs via the PPD teaching, which is overseen by the PPD Sub-Committee. Membership of the Sub-Committee comprises an academic programme team member, a clinical tutor representative, a representative from local NHS services, and trainee year representatives. People offering PPD teaching and other programme team members are welcome to attend.

To be effective, aspects of the PPD training require confidentiality for trainees so that individual concerns can be freely expressed without fear of adversely affecting the trainee's standing with the Programme. On the other hand, it may also be necessary for the Programme Team to be made aware of specific issues arising for trainees out of the training process and to have the opportunity to influence the contents and conduct of the teaching. This balance between confidentiality and communication is an integral part of the PPD process and the PPD Sub-Committee is a useful forum to discuss the way safe and appropriate information is exchanged between the PPD parts of the Programme and the Programme Team.

6.2 Aims

At the centre of PPD teaching lie three interconnected aims: the importance of learning about self; learning about self in systems and groups; and learning the professional requirements of working as a clinical psychologist. With the first aim, it is considered that the role of the clinical psychologist involves actively working alongside people and systems in distress. Learning about such processes will undoubtedly affect the personhood of the trainee as they develop strategies and skills to manage these processes. Personal development in the role of the clinical psychologist is therefore considered an essential focus of training. The second aim, which underpins PPD is to provide trainees with an opportunity to learn about different types of relationships and people in systems and our responses to them. The final aim is to ensure that trainees know the professional requirements of a clinical psychologist.

These aims are supported through the following:

6.3 Informal Support

The Programme staff hope that by adopting a positive and open attitude to personal support, trainees will feel able to approach any member of the Programme Team or their supervisor for advice on both professional and personal issues. It is up to the trainee to negotiate and establish how confidential or open these discussions can be. For new trainees either prior to

or at the very start of their training, a "buddy" system of existing Sheffield trainees is available and organised by the trainees themselves.

6.4 Personal Mentors

The Programme recognises the need for both trainee and qualified psychologists to have opportunities to discuss personal and professional issues, which arise from clinical practice in a confidential and non-evaluative setting. Accordingly, the Personal Mentor scheme has been designed to provide trainees with the opportunity to meet regularly to discuss such issues with an individual who is outside of the formal framework of the Programme but who as a qualified clinical psychologist is aware of, and sympathetic to, the needs of trainees. The content of these discussions is to be negotiated but might include: professional development, placement experiences, personal issues, academic progress, and difficulties with the Programme etc. It should be emphasised that Personal Mentors are an additional source of support for trainees, and should not replace the usual relationships or functions offered by supervisors, Clinical Tutors and other members of the Programme Team. **Meeting with a Personal Mentor is a mandatory part of the training process.**

The following notes are intended to answer questions about the scheme, both for trainees and Personal Mentors.

Aims of the Personal Mentor Scheme

The aim of the scheme is to provide trainees with the opportunity to meet regularly with a qualified clinical psychologist throughout training to discuss their personal and professional development, in a confidential and non-evaluative setting. It is meant to be a source of personal support, which is available throughout training rather than a crisis support system for trainees experiencing difficulties. However, it is hoped that trainees who are encountering such difficulties will feel able to approach their Personal Mentor for additional support. It should be stressed, however, that Personal Mentors are not available as personal therapists, but might act as an advocate for the trainee to ensure an appropriate referral via the Programme if such action is required.

Who are Personal Mentors?

Personal Mentors are qualified clinical psychologists who have expressed an interest and willingness to act in this capacity. Eligibility to occupy the role of mentor includes both a commitment towards supporting trainees through the training process and that the mentor has at least a year's experience of working within the NHS. New trainees are allocated a Personal Mentor by the Chair of the Personal and Professional Development Sub-Committee and/or a Clinical Tutor. The process by which mentors are linked up with trainees is done on the basis of a number of factors, e.g. practical considerations such as minimising travelling time.

Who manages the process?

Once Personal Mentors have been allocated, the Chair of the PPD Sub-Committee will inform both parties. The trainee should then take the initiative in contacting their mentor and arranging the initial meeting. It is recommended that particularly during the first year of training, trainee and mentor should meet at least twice a term. It is the trainee's responsibility to arrange meetings and keep in touch with their mentor. We suggest you make first contact within 2 weeks of receiving their details.

Experience suggests that initially it is useful to meet regularly every one or two months so that the trainee and Personal Mentor can have a chance to get to know each other. This might prevent the trainee feeling that there has to be a major problem before they can meet with their Personal Mentor. After the first year of training, meetings should be arranged on the basis of trainee needs and the need to maintain the supportive relationship. It is important that the trainee's needs in relation to the frequency of meetings be discussed with their Personal Mentor. The trainee should take responsibility for negotiating this with their Mentor.

It is expected that the Mentoring meetings will last throughout training. The boundaries of the relationship and frequency of meetings after the first year are negotiable between mentor and mentee, but discussion of, and agreement on, these are essential. Sometimes trainees have found email contact helpful. Trainees are invited to discuss any difficulties with their personal tutor and/or the Chair of the PPD Sub-Committee.

The expectation is that trainees will visit their mentor during placement time. It is recommended that this is negotiated between trainee and supervisor during the Initial Placement Visit and included in the Placement Contract. Travel expenses can be claimed in the usual way.

Can a Trainee change his/her Personal Mentor?

Yes, if difficulties arise between the mentor and the mentee, which cannot be satisfactorily resolved, another mentor can be allocated via the Chair of the PPD Sub-Committee.

What about confidentiality?

The Personal Mentor / Mentee relationship is considered a confidential, distinct relationship. Exceptions to this might be when the Personal Mentor, after a full discussion and negotiation with the trainee, contacts a member of the Programme Team to raise an issue which the trainee is unable to deal with him/herself. Similarly, at the trainee's request, a member of the Programme Team may alert the Personal Mentor to issues affecting the trainee.

In addition, Personal Mentors and trainees have a professional responsibility to break confidentiality should any risk or professional malpractice issues arise. These should be discussed with the trainee's clinical tutor in the first instance.

Mentoring around specific minority group issues

Occasionally, trainees from a minority group may wish to receive mentoring around specific issues from a clinical psychologist from that group. If this is the case, trainees should approach the Chair of the PPD Sub-Committee.

6.5 Personal Tutor System

Each trainee is allocated a member of the Academic Programme Team who acts as a Personal Tutor. The Personal Tutor will be a member of a trainee's Staff Year Team. The role of the Personal Tutor is to act as a contact within the Programme Team to guide, help and support the trainee and includes:

- Facilitating successful completion of training together with a trainee's Clinical Tutor.
- Acting as a first point of contact for the trainee, should an issue arise.
- Providing general academic guidance and personal support to the trainee.
- Acting as a gateway to other support services provided within the Programme Team or by the University.
- Undertaking annual Personal Reviews of a trainee's progress together with the trainee's Clinical Tutor.

Frequency and Format of Meetings

The initial meeting between a Trainee and Personal Tutor will be an individual meeting and will usually take place within the first two weeks of term in the first year. Other than this personal tutor sessions will be arranged external to the timetables, with tutors and trainees on an individual basis, with an agreement to meet at least once per semester. Trainees are free to arrange individual meetings with their Personal Tutor or to initiate contact via email as necessary.

In the final term, there will be a group meeting and the individual Personal Review which will also involve a trainee's Clinical Tutor.

Personal Tutors may also read and comment on draft work (see Page 7 Assessment Handbook). Trainees are required to give at least two weeks for a Personal Tutor to read and comment on drafts. Personal Tutors do not normally mark the work of their tutees.

Personal and clinical tutors will be responsible for regular review meetings. They are based upon a self-review format and focus on clarifying individual training objectives, providing feedback on performance, overviewing professional development, advising on career options and eliciting feedback from the trainees on the Programme. Personal tutors, if requested, can act as advocates for trainees.

Wherever possible, a trainee will have contact with the same Personal Tutor throughout their training. There are circumstances, however, where this is not possible (e.g. study leave, staff changes). In these circumstances, the Programme will allocate the trainee another academic member of the Programme Team who will take on the Personal Tutor Role.

The trainee has the right to request a change of Personal Tutor under some circumstances (see below).

Confidentiality

Personal Tutors will provide brief reports to the Programme Team and Exam Board about the progress of individual trainees and may take on the role of advocate if necessary. In relation to more personal information, a Personal Tutor would normally always discuss with the trainee the sharing of information. It may be necessary to share information with the Programme Director, Director of Clinical Practice and the Chair of the Exam Board. All information will be handled in a sensitive way. In the event that information is shared with members of the Programme Team, information will remain confidential within the team. Trainees are free to discuss the issue of information sharing with their Personal Tutor at any time.

Can a Trainee change his/her Personal Tutor?

Occasionally, difficulties may arise in the relationship between a trainee and their Personal Tutor. In such cases it would normally be expected that these difficulties would be discussed and resolved as far as possible so that the relationship can continue. Indeed, the ability to develop relationships in the presence of difficulties would be considered a fundamental part of the training process. Because of this and because of the practical difficulties involved, a change would not be considered routinely. However, in exceptional circumstances, where difficulties cannot be resolved satisfactorily, the Programme would wish to support a trainee in changing their Personal Tutor.

- If a trainee is experiencing significant difficulties in the relationship with their Personal Tutor they should approach the chair of the PPD Sub-Committee.
- The aim, wherever possible, would be to address and attempt to resolve the particular difficulty. This might involve the PPD Chair in discussion with the trainee, the Personal Tutor or a three-way discussion between all involved.
- If it is not possible to resolve the difficulty, it may be necessary to change a trainee's Personal Tutor. This will also be done via the PPD Chair. The role of the PPD Chair will be to negotiate with other academic tutors within the trainee's Staff Year Team to identify an alternative Personal Tutor.
- It should be noted that trainees are encouraged to seek input about any matter from any member of the Programme Team. If a Personal Tutor does not have the knowledge or expertise to address a particular matter, they will be able to re-direct a trainee to an appropriate Programme Team member and this would not constitute grounds for changing a Personal Tutor.

6.6 Academic Support Sessions

This year there will be academic support sessions introduced in place of previously named personal tutor sessions. These will be meetings that all the trainee year group attend and will focus on particular pieces of coursework.

Trainees are free to bring academic or other queries relating to the as they wish. Common issues discussed in the first year are the Short Answer Questions and the title for the ACP1 Literature Review.

6.7 PPD teaching

Several teaching sessions within the Professional Issues Theme will be directly relevant to personal and professional development. These include background sessions about the roles and organisation of clinical psychologists within the NHS, ethics, management issues etc. The PPD teaching runs across the three years of training and is based on a developmental model comprising didactic and experiential teaching in year one, Balint-type groups in year two, and a confidential "reflective-practitioner" (RP) group in year three. Professionals external to the Programme Team who have expertise in working with groups facilitate the Balint and RP groups. For both the Balint and RP components, two parallel groups are run, thereby making the groups smaller. The developmental aim is to move trainees from an awareness of self (year one), through how this interacts with our clinical work (year two), and finally to how we feel, react, and respond when working in teams and with other people more generally (year three). Hence, the teaching provides trainees with a facility that, year on year, promotes mutual support, allows them time to share their experiences, and encourages the integration of personal and professional learning. The teaching objectives are to:

- a) Help trainees to develop a "tool kit" of personal and professional skills to enable them to function effectively as professionals and for their professional work to be personally beneficial rather than detrimental.
- b) Facilitate trainees' development of the capacity to integrate personal learning and self-understanding with skill acquisition and with academic knowledge; this integration is seen as central to effective performance of the clinical psychologist's role.
- c) Provide working insight into the interplay between individual, group and organisational factors in the healthcare delivery system.
- d) Enhance the trainee group as a source of mutual support, both within the teaching sessions and via informal contacts throughout training.

What is Reflective Practice?

The notion of reflective practice originated with and was developed by educationalists such as Dewey (1933), Boyd and Fale (1983), Kolb (1984) and by Donald Schön (1987). Schön argued that practitioners are less likely to solve problems only by reference to academic knowledge, but will use their own 'theories in use'. The latter are derived from experience and are often highly individual and unacknowledged (Hancock, 1999). Reflective practice involves thinking about personal experiences including feelings, thoughts and actions, both whilst they are taking place and in later review, with the objective of using the reflections to improve upon and develop practice skills (Hughes & Youngson, 2008).

Background Knowledge in Reflective Practice and Understanding Groups (Year 1)

During the first year, trainees are introduced to the idea of reflective practice during sessions taught by Programme Team staff. In these sessions there is discussion of, and experiential exercises based on, theories of group process. Trainees are encouraged to develop the capacity to reflect on clinical practice and to create an atmosphere with their peers in which there can be open discussion of the effect of work on emotions; the values, beliefs, life histories and ideas that each group member is bringing to their work; and the personal qualities that can help and hinder them in their work. The implicit rules by which the group is interacting are reviewed from time to time in these sessions.

The Balint Groups (Year 2)

A Balint group is an applied reflective practice tool that draws on concepts from psychoanalytic and open systems theory to provide a structured personal professional development experience. They have been traditionally used in health care settings to strengthen people in their work role, thereby increasing the potential for creative or innovative intervention and thoughtful response when working under pressure. A Balint Group values, makes use of and places each participants' unique subjective work experience at the heart of the learning in order to develop an increased capacity for personal professional awareness and thus thoughtful response.

The aims of the Balint groups are:

- To provide a structured and consistent reflective practice framework for the exploration of personal – professional development whilst in a training role.
- To introduce participants to a deeper understanding of factors occurring “under the surface” when working with clients in distress.
- To help facilitate an effective understanding of the basic elements required in containing the psychological health and safety needs of self and others.
- To help trainees understand the impact of working with ‘fragmented’ states of mind and body on individuals and staff teams – i.e. think about the “emotional toxicity” of the work task.

The Group will meet monthly for an hour and a half and over the course of 6 sessions each member will have the opportunity to “muse” about a challenging work situation of their choice (e.g. with a particular client or staff group or training experience). Led by an experienced facilitator the group reflects upon what they have heard with the aim of deepening understanding of factors impacting on the work task. By the end of the course each group member will have had experience of, and opportunity to reflect upon, being in the multiple roles of witness, participant and observer.

The Reflective Practitioner (RP) Groups (Year 3)

Each year group will find their own style and fit within the reflective practice groups. Due to the dynamic nature of group processes it is anticipated that the shape of the group and what is discussed within the group evolves over time. There is a shared responsibility between all members of the group to work through and understand group processes. The description below relates to the current aims and format of the reflective practice groups.

The group provides an opportunity for trainees to meet regularly with their peers to reflect on their experiences in professional practice. The facilitator's role is to help the group members to create a relatively safe space in which people can be open about their emotional, intellectual and behavioural responses to their work as clinical psychology trainees. This can include work with clients, responses to the Training Programme and Programme staff, experiences of supervision and NHS contexts and to each other as peers in the training process along with what it might feel like to have an RP facilitator who doesn't always have the answers. Groups also offer an opportunity for trainees to learn together about the emotional experience of training, and of working alongside others with different

perspectives. It is the intention that the group should provide an opportunity for trainees to express their uncertainties and reveal their vulnerabilities during the training process. It is to this end that the facilitator plays no other major role in training and confidentiality is maintained within the group except where personal safety might otherwise be compromised. Despite these intentions, participants may experience the full range of emotions and sometimes feel uncomfortable. This may well be something to think about within the group context and it is hoped that this will be fruitful learning. However it is recognised that the RP group is not intended as a therapy group for trainees. Should difficulties arise that cannot be managed within the context of the group trainees are encouraged to use the other support systems in place or approach the chair of PPD with their concerns.

For a statement on personal therapy please see section 6.87.

The aims of the RP groups are:

- To provide a regular opportunity for trainees to meet to discuss the impact of training and clinical work on their own personal development as professionals.
- To provide an opportunity to reflect on and learn about groups and team working, including learning about the ways in which each trainee participates in professional groups, what roles they adopt, and how these affect and are affected by the group process.
- To provide an opportunity to discuss training issues in a context in which the facilitator is not directly involved in the Programme. This might involve problem-solving around issues seen as difficult or problematic within the Programme.

Roles

Everyone

The tasks of the facilitator and trainee include:

- Helping to create a kind and thoughtful environment

Facilitator

The tasks of the facilitator include:

- Creating a climate of trust and safety
- Ensuring that ground rules and frameworks for working together are discussed and agreed in a timely fashion and revisited when necessary
- Keeping the group to its agreed session focus and tasks
- Encouraging critical reflection
- Suggesting alternative views/ new ways forward

Trainee

The tasks of the trainee include:

- Discussing and agreeing ground rules and frameworks for working in the group in order to make it a 'safe enough' space to reflect where appropriate.
- Being prepared to talk about and reflect on problematic aspects of training
- Considering cultural, social, ethical and personal issues that may impact on the above
- Listening to and considering others' ideas in relation to one's own material
- Suggesting alternative views/ new ways forward

6.8 Personal Therapy

Although the PPD teaching aims to provide opportunities for mutual support and for trainees to learn about how personal concerns interact with professional development and activities, this does not entail personal therapy. Whilst the Programme cannot resource personal therapy, trainees who require individual therapy can approach any member of the Programme Team directly or indirectly who will consult and assist in making appropriate referral

arrangements. Any such approach will be treated in confidence and not construed as a sign of weakness. Some circumstances will require communicating to placement supervisors and/or other staff and this will usually take place in negotiation with the trainee. The Programme will also endeavour to be flexible in order to help trainees who are experiencing personal difficulties to meet their training objectives wherever possible. Trainees are encouraged to inform Programme Staff if they are experiencing such difficulties. Under these circumstances trainees are, of course, also free to approach the University Counselling Service or Workplace Well-Being (available to SHSC employees).

The Programme Training Committee has endorsed the following Personal Therapy statement:
Personal Therapy: Statement

1. We acknowledge that there are disparate views in the profession about the appropriateness of personal therapy as a component in clinical training.
2. The Programme wishes to support those trainees who take the responsibility for engaging in individual therapy.
3. The choice of the therapist is a matter for the trainee concerned but staff, mentors and other trainees may be approached for discussion.
4. The Programme does not envisage providing financial support for therapy but may advise trainees with negotiation for reasonable fees.
5. We acknowledge that therapy may only be available during office hours but we expect trainees to think through the implications of the timing of therapy in relation to professional issues.

6.9 Summary

We are aware that these systems are flexible and adaptable and that different trainees will use them differently at different times. However, the PPD system is considered a mandatory part of the training experience and should not be considered an optional 'add-on', to be used solely in times of personal crisis. Rather, the personal and professional development process is seen as providing trainees with space and opportunity to reflect on self in work. It is considered a lifelong process that will be continued throughout the career of the individual. Finally, the Programme also acknowledges that the PPD system is not perfect and will be influenced each year by the needs, views and experiences of each training group. Accordingly, the Personal and Professional Development Sub-Committee will review the PPD procedures annually. Please keep us informed as to whether these systems are meeting your needs, through you trainee representatives on the PPD subcommittee.

Recommended Readings

Casement, P. (1988). *On Learning from the Patient*. London: Routledge.

Casement, P. (1990). *Further Learning from the Patient*. London: Routledge.

Hughes, J. & Youngson, S.C. (2008). *Personal Development and Clinical Psychology*. Oxford: BPS Blackwell.

Wosket, V. (1999 reprinted 2001). *The Therapeutic Use of Self*. Hove, East Sussex: Brunner-Routledge.

References

Boyd, E.M. and Fale, A.W. (1983). Reflective Learning; Key to Learning from Experience. *Journal of Humanistic Psychology*, 23, 99-117.

Dewey, J. (1933) *How We Think*. Boston, MA: DC Heath.

Hancock, P. (1999). Reflective Practice – Using a Learning Journal. *Professional Development*, 13, 37-40.

Kolb, D. (1984). *Experiential Learning: Experience as the Source of Learning and Development*. Englewood Cliffs, NJ: Prentice-Hall.

Schön, D.A. (1987). *Educating the Reflective Practitioner*. San Francisco CA: Jossey Bass.

