MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT

Statement of Alistair Finlay
Date: 1 September 2023

I, Alistair Finlay, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry.

The statement is made on behalf of Queen's University Belfast in response to a request for evidence by the Inquiry Panel.

This is my second statement to the Inquiry.

In exhibiting any documents, I will use my initials “AF” so my first document will be “AF/1”

Section 1: Qualifications and position

1.1 I am the acting University Secretary, responsible for the legal, governance and compliance matters of the University. I hold an LLB degree from the University of Glasgow, but I am not, and never have been, a solicitor. I have worked at Queen’s University Belfast since 2016 in several roles. I have overseen the collation of information from different Schools of the University to provide this statement to the Inquiry.

1.2 Professor Michael Brown, School of Nursing and Midwifery and Professor Aidan Feeney, School of Psychology have provided and coordinated the provision of information to provide this statement to the Inquiry.

Section 2: Topics to be addressed

2.1 The topics addressed in this statement are as follows:

i. Matters for clarification/additional information (regarding the matters listed within the schedule provided by the Solicitor to the Inquiry on 14 July 2023).

ii. Placement documents (material that is held in relation to the two student placements undertaken at Muckamore Abbey Hospital in 2016 and 2018, as requested by the Solicitor to the Inquiry on 14 July 2023).

Section 3: Matters for clarification/additional information

3.1 Responses are presented to each of the requests made within the aforementioned schedule (AF/1).

Section 4: Placement documents

4.1 Documents relating to the two student placements undertaken at Muckamore Abbey Hospital in 2016 and 2018 are provided (AF/2).

Section 5: Declaration of Truth

The contents of this witness statement are true to the best of my knowledge and belief. I have produced all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed: 

Date: 1 September 2023

List of Exhibits (Alistair Finlay)

AF/1 Matters for clarification/additional information – responses

AF/2 Placement documents – Muckamore Abbey Hospital, 2016 and 2018

AF/1 – Matters for clarification.

<table>
<tr><th>Matter for Clarification/ Additional Information</th><th>Section of statement/transcript</th><th>Response</th></tr>
<tr><td>The number of applications received to, and places appointed on, the undergraduate courses in nursing, including learning disability nursing, during the timeframe of the Inquiry's terms of reference.</td><td>Transcript pages 9-11.

Statement paragraph 3.5.</td><td>Detailed below are the number of applications and acceptances to the learning disability nursing programme from 2017. It should be highlighted that the number of applications is not all first preference applications.

<table><tr><th>Year of Entry</th><th>Number of LD applications</th><th>Acceptances</th></tr><tr><td>2017</td><td>266</td><td>30</td></tr><tr><td>2018</td><td>281</td><td>41</td></tr><tr><td>2019</td><td>304</td><td>50</td></tr><tr><td>2020</td><td>243</td><td>45</td></tr><tr><td>2021</td><td>314</td><td>39</td></tr><tr><td>2022</td><td>273</td><td>35</td></tr><tr><td>2023</td><td>211</td><td>TBC</td></tr><tr><td>Total</td><td>1, 892</td><td>240</td></tr></table></td></tr>
<tr><td>The commencement date of the pre-registration learning disability nursing course, together with a brief overview of what came before this course by way of specialist nursing training in learning disability.</td><td>Transcript pages 10-11, 27.</td><td>Schools of Nursing and Midwifery moved into the University sector from 1st September 1997. Prior to this the learning disability nursing programme was delivered by the Northern Area College of Nursing with placements in services across Northern Ireland.</td></tr>
<tr><td>The commencement dates of the adult nursing and mental health pre-registration courses.</td><td>Transcript page 27.</td><td>Adult nursing programmes commence mid-September and mid-February each year. Mental health programmes commence in September. The exception for the mental health programmes was no September intake in 2020 as these moved to February 2021, February 2022, and February 2023. Mental health programme delivery has now reverted back to September from 2023.</td></tr>
</table>

Matter for Clarification/ Additional Information	Section of statement/transcript	Response
Any actions taken, responses given or liaison between the Universities and/or the Department of Health in relation to recommendations made affecting Universities in Northern Ireland in the 2009 Workforce Planning Report, commissioned by the Department of Health.	Transcript pages 11-16.	The leadership academics who would have been involved in these actions and in a position to respond to the requested information have since retired. In addition, Queen's Student Information System was developed in 2009 and electronically stores information around student intake. This system is not retrospective and therefore data prior to 2009 for comparison purposes is not readily available.
The number of pre-registration student nurses who have undertaken placements at Muckamore Abbey on the learning disability course or otherwise, during the timeframe of the Inquiry's terms of reference.	Transcript page 18.	Since 1999, 515 learning disability nursing students have been allocated to MAH for practice placements.
Has Muckamore Abbey Hospital been an approved placement setting since 1999? If not, when was it not approved and on what grounds?	Transcript page 19.	MAH has been a QUB approved placement since 1997.
The number of postgraduate nursing students undertaking the MSc in Advanced Professional Practice each year.	Statement section 4. Transcript page 29.	20/21 - 25 students in total, 9 International/16 home 21/22 - 52 students in total, 24 International/28 home 22/23 - 52 students in total, 17 International/35 home
When the MSc in Advanced Professional practice commenced, and a brief overview of what came before this course.	Transcript page 30-31.	The current MSc in Advanced Professional Practice and the ten pathway options commenced in 2021. Prior to that the previous MSc in Advanced Professional Practice and the six pathway options commenced in 2012. From 1997-2012 the MSc in Nursing was delivered.

Matter for Clarification/ Additional Information	Section of statement/transcript	Response
The system in place for the reporting of abusive behaviour observed by a clinical psychology student or observed by an undergraduate nursing student, including the instructions given to a student by way of handbooks or materials.	Transcript page 35-36.	All students are made aware of the NMC 'Code of Conduct' in the Induction week of their programme. This is followed by lectures and tutorials which outline the student's responsibility regarding the Nursing and Midwifery Code of practice. Professional accountability is reinforced at the preparation for practice placement sessions. The procedure for raising & escalating concerns and protocol regarding bullying & harassment are explained to students along with 'Duty of Candor'. Access to this information is also contained in the student's practice placement documentation. All year two learning disability nursing students undertake an induction programme prior to commencing practice placement at MAH. In collaboration with MAH practitioners, this compulsory induction day addresses issues such as, escalating concerns, safeguarding and professional accountability.
The duration of data retention on the central database of nursing placements, including but not limited to: audits and students' evaluations.	Transcript pages 38-39, 42-43.	Data from hard copy audits from 1997 to 2017 was retained on a database. This data was updated on receipt of a new audit. The hard copy of audit forms up to 2017 have not been retained. From 2018 audit forms were received electronically and both the forms and data from the audits are retained in the School's placement management system, InPlace. A regionally approved student evaluation process was rolled out in 2017. Student evaluations from 2017 have been retained on InPlace. The evaluation surveys are available to students on the Monday after the placement concludes. Students have two weeks to submit an evaluation. Prior to 2017 the Placement Office did not receive student placement evaluations. The evaluations are shared with the Trusts. Student evaluations for MAH are regularly requested for meetings with NMC. The training records of all students have been retained since 1997.

Matter for Clarification/ Additional Information	Section of statement/transcript	Response
Whether meetings between Trusts and Universities, or between Universities themselves, in relation to placement settings were documented in the form of minutes and, if so, where those minutes are held.	Transcript page 48-50.	Undergraduate Partnership meetings are held four times a year. Minutes are taken and are available. The school has good working relationships with our practice colleagues. Each placement has a link lecturer and work with the NHS Trust Practice Education Facilitator. Any queries or issues are addressed as they arise. Audits demonstrate the relationships with practice placement, practice education teams and the university and are held by QUB and shared with the University of Ulster and the Open University and the practice placement area. Issues regarding practice placements of students are documented in the practice portfolio and monitored and reviewed by the academic assessor, university link lecturer and practice assessor. Any fitness to practice investigation would involve practice representatives and university academics, with minutes and outcomes available and held by QUB.
The number of students undertaking the Doctorate in Clinical Psychology course annually since 1999.	Transcript page 51.	316. Yearly numbers of trainees are included in the Trainee admin numbers 1999 – 2023 document.
Any explanation regarding the low number of clinical psychology postgraduate students who have undertaken a placement at Muckamore Abbey Hospital.	Transcript page 57.	The vast majority of clinical psychologists working in Intellectual Disability are employed in community facing services. As a result, almost all placement offers received from clinical psychologists working across the five health trust areas are for community facing placements. These community facing placements allow trainee clinical psychologists to work with a broad range of clients with a broad range of presenting issues and are therefore excellent for trainee learning and development. Inpatient ID placements would generally be viewed as more specialist in nature.

AF/2 – Placement documents

The Queen's University of Belfast
Doctorate in Clinical Psychology

Placement Description and Plan

Supervisor [redacted]

Trainee [redacted]

Placement Number 5

Location Muckamore Abby Hospital

Dates ***(From – To; Planned Leave)*** 11-04-16 – 17-09-16

Days of week on placement Mon-Thursday

Placement Experiences

Clinical Presentations ***(adult / child etc.; types of presentations or difficulties; caseload)***

Setting:

- Inpatient Adult LD Setting (Forensic and Mental Health patients), potential for community based forensic cases also.

Presentations:

- Mild LD/Forensic cases (Violence and or sexual violence),sexual offending treatment, emotional deregulation.
- Moderate to mild LD / Mental health issues, Personality Disorder, resettlement

Case load:

- Groups (DBT/new beginnings/social skills) x 3 (4-7 patients per group)
- Staff reflexive practice groups
- 6-8 1:1 cases including assessment and therapeutic work, potential older adult cases
- Team consultations/ training

Primary Therapeutic Model	**Secondary Therapeutic Model**
CBT/Systemic	DBT, Psychodrama

Modes of working ***(direct / indirect; individual – couple – group; multidisciplinary)***

- Direct 1:1

- Groups
- Consultation/team level interventions

Service Delivery Systems (primary / secondary / in-patient etc.)

- Inpatient
- Tertiary forensic community

Psychometric Assessment

- WAIS IV
- DBT outcomes battery
- Questionnaire on Attitudes Consistent with Sexual Offending (QACSO)
- Emotional Problem Scale (EPS)
- Dundee Provocation Inventory (DPI)
- Sexual Violence and Risk 20 (SVR 20)
- Assessment of Risk and Manageability for Individuals with Developmental and Intellectual Limitations who Offend Sexually (ARMIDILO-S)

Research ***(service-related / audit / other)***

n/a

Teaching / Training / Supervision / Consultancy

- Training of staff in reflective practice/forensic theory/ASD awareness
- Supervision: supporting service user as co-facilitator of groups

Engagement with Service Users ***(e.g. seeking service users opinions and experience of psychological and other services; visits to service user forums, advocacy services and user-led services; co-operating with service users on developing and evaluating services; facilitating the involvement of service users in service planning, delivery and evaluation)***

- [redacted]to attend patient forum meetings when possible (TILII-Telling it like it is)

- [redacted] to support service user involvement in group facilitator role

Other Experiences ***(e.g. inter-professional working, consultancy, inter –agency liaison and influence, organisational initiatives and interventions)***

- Weekly MDT meetings
- Monthly Psychology department meetings
- Mental health tribunals

Supervision and Training Plan

Supervision schedule ***(formal and ad hoc)***

- Weekly one hour supervision and adhoc

Mutual observation plan ***(direct / joint working / recorded etc.) NOTE: a record of an observation much be included at end of placement (i.e. one of the observations schedules included in our placement handbook. Please note an observation from needs to now be included in end of placement documentation.***

- Weekly MDT meetings
- Planned mutual observation of risk assessment
- DBT and other group facilitation
- Planned treatment observation also

Supervision model / style / expectations / framework

- Hawkins and Shoet model

Trainee Goals / specific targets / requirements *(also refer to previous end placement form)*

- Older adult cases x2
- Group based therapeutic interventions
- Longer term therapeutic work
- Systemic work with teams

Reading / Knowledge Base to Inform Placement

- The adapted sex offender treatment programme - theory manual-Ministry of Justice
- Adapted DBT Group Skills Training Program for Forensic Clients with ID or Cog impairments : Auckland, New Zealand
- I can feel good- Adapted DBT programme –Rampton UK
- Skills training manual for treating BPD- Linehan
- Working with people with learning disabilities and offend behaviour-Chaplin et al
- The treatment of sexual offenders with developmental disabilities- Lindsay

Arrangements for Consent

It is a requirement that all service users, if possible, are aware they are being seen by a trainee and give consent to this and its implications (discussion with supervisor etc). Arrangements in organisations differ but, at a minimum, verbal consent should be obtained from clients and a note made in client's records. Written consent should always be obtained when using client material for university work e.g. a case study. If the arrangements for obtaining consent from clients to be seen by a trainee are different from above, please outline:

Normal consent procedure applies

Checks	
All relevant organisational policies reviewed (e.g. Health and Safety, Equality and Diversity etc)	**Yes** / No
Health and Safety Checklist Reviewed	**Yes** / No
Honorary Contract Attained if relevant	**Yes** / No

(Most Trusts no longer require honorary contracts for BSO employees)	
Mid-Placement meeting Date	23.06.16
Supervisor's Signature / Date	[redacted] 3/6/16.
Trainee Signature / Date	[redacted] 3/5/16.
Course Tutor Signature / Date	[redacted] 13/5/16

2015-16

Queen's University Belfast
The School of Psychology
Doctorate in Clinical Psychology

Placement Health and Safety Checklist (Supervisor)

A requirement of the D.ClinPsych course policy on Health and Safety is that a record should be kept of the Health and Safety provisions made by every placement location. Consequently we would be grateful if you would complete the following checklist. It may also be discussed at the placement planning meeting. On completion please return it to the Placement Tutor.

Name of supervisor [redacted]

Location of placement Muckamore Abbey Hospital.

Do you have a written Health and Safety Policy? yes/~~no~~

Do you provide Health and Safety instruction to trainees who come on placement? yes/~~no~~

Have you made an assessment of potential risks to a trainee on placement with you? yes/~~no~~

Are the results of Risk Assessment implemented? yes/~~no~~

Are Risk Assessments regularly reviewed? yes/~~no~~

Do you have a formal procedure for reporting accidents or incidents involving the trainee that may place the trainee at harm? Yes. yes/~~no~~

Do you have procedures to be followed in the event of serious/imminent danger to trainees or others? yes/~~no~~

Will you report to the University all recorded accidents involving trainees or incident involving the trainee that may place them at harm? yes/~~no~~

Will you report to the University any trainee illness that might be attributable to the placement? yes/~~no~~

Signed [redacted] Date 20/4/16

Queen's University Belfast
The School of Psychology
Doctorate in Clinical Psychology

Trainee Health and Safety Induction Checklist

Name of Trainee [redacted]

Placement location MUCKAMORE ABBEY HOSPITAL

Supervisor [redacted]

Start Date 11/4/16

The following Health and Safety checklist will normally be addressed early in your placement, generally during the first week. They will also be discussed at the placement planning meeting. It is your own responsibility to ensure that this is done, so bring to the attention of your supervisor any issue that is not covered within the first week. Please check off each item as it is addressed by writing in the date on which this occurred. Please add in any extra topics that you may cover, especially with regard to any special Health and Safety risks and/or safeguards specific to your placement. On completion this checklist should be signed by yourself and your supervisor and given to the Placement Tutor.

Health and Safety Induction	**Dates**
Safety policy received	20/4/16
Emergency procedures	20/4/16
Fire procedures and location of fire extinguishers	20/4/16
Accident and Incident reporting procedures explained	20/4/16
Location of accident book	20/4/16
Location of First Aid boxes	20/4/16
First Aid arrangements (inc. names of First Aiders)	20/4/16
Rules about smoking	20/4/16
Other issues (Please note anything of relevance)	20/4/16

Signed [redacted] (Trainee) Date 20/4/16

[redacted] (Supervisor) Date 20/4/16

The Queen's University of Belfast
Doctorate in Clinical Psychology

Mid-Placement Review – Trainee Feedback

Supervisor [redacted]

Trainee [redacted]

Placement Number 5

Days completed on placement to date 40 (as of 30/06/16)

1.Review of Placement Plan

Progress / special circumstances / changes / targets for second half?

Progress:
Variety of MH and Forensic LD cases. Currently actively seeing five cases (4 forensic/ 1MH) for a variety of prolonged periods of assessment and intervention. Assessments include intellectual functioning, risk assessments, pre DBT assessments, Challenging Behaviour assessments, profiling ASD traits, environmental assessments. Interventions include motivational work prior to sexual offender interventions, coping skills , staff management of behaviours, staff education and training. Formulation meetings for frontline staff.

1 day per week dedicated to MDT meeting/DBT consultation.
Attends and co facilitation of weekly DBT group
Developing ASD awareness training for staff roll out
Providing consultation/ guidance to behavioural support staff re: Challenging Behaviour case
Attendance at 3 day ID faculty conference
Attendance at 3 day adapted DBT training
Attendance at cyber crime seminar- ½ day

Special circumstances: Study leave and annual leave has reduced the number of days on placement. 2 episodes of illness have also impacted days on placement

Targets for second half: Continue with DBT group, deliver staff training, complete risk assessments. Begin additional 1:1 therapeutic cases. Provide guidance to nursing students on brief therapeutic intervention, co facilitate mens social skills group in MH ward

Supervision – Number Formal Hours	Supervision – Number Contact Hours
[redacted] (9) [redacted] (1) **Total :10**	Weekly MDT meetings: 10 (4 hours in length) DBT Consult: 4 x 2 hrs Formulation meetings: 2 x 2 hours Joint sessions: 4 x 1 hr

	Consultancy: 1x1 hr **Total: 59**
Supervision – Experiences of Mutual Observation	**Log Book / Record Clinical Experience Up to Date?**
See above	Yes as of 23.06.16
Supervision – Comment on use and experience of supervision	
I have really enjoyed supervision on this placement. Adapting to working within an inpatient setting can be difficult especially when some of the most fruitful work can be simple informal discussion with staff and clients when on the wards. I feel myself and both supervisors share similar values when it comes to working with these populations and this has allowed supervision to be open. Both supervisors have been supportive and encouraging while also going above and beyond to impart their specialist knowledge and ensure that I can be involved in every aspect of psychology within this setting	

2.Mid-Placement Review of Core Competencies *(Please circle your best fit evaluation of your progress to date and elaborate in summary section 3 if appropriate; This mid-placement evaluation should NOT preclude changes with fuller information at end of placement)*

2.1 Transferrable Skills *(e.g. psychological knowledge; critical and reflective evaluation)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

2.2 Psychological Assessment *(engagement, interview, observation, psychometric, interpretation etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

2.3 Psychological Formulation *(within coherent framework with logical link to intervention etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

2.4 Psychological Intervention *(theory-therapy links, therapeutic processes and skills, integration etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

2.5 Evidence Based Practice / Research *(draws on evidence related to practice, service evaluation)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

2.6 Personal and Professional Skills *(ethics, legally informed practice, diversity, critical self-reflection, personal development, interpersonal relationships, work organisation etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

2.7 Communication and Teaching *(clarity, style, teaching, training, supervision, written communication, records etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

2.8 Service Delivery Skills *(adapt to organisation, consultancy, leadership, establish and maintain a safe working environment etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

3.Summary of Strengths, areas requiring attention and targets

Strengths perceived to date

I believe I have adapted well to inpatient working but wish to engage in more 1:1 Therapeutic work. I think my style of communication with staff and patients is appropriate and foster good working relationships. I also believe I am cognisant of the impact that culture can have on clients and staff. I am developing the necessary interventions skills and would like to learn more specific techniques for working with sexual offenders and the theory around understanding such offences.

Areas requiring attention

Continued attention towards developing therapeutic skills for working with this population, I need further practice in completing risk assessments and developing treatment plans, linking work to psychological theory

Targets for second part of placement

Continue with and increase number of therapeutic cases
Build up a greater knowledge of theory surrounding this population
Implement systemic intervention with staff teams

4.Checks

End-Placement meeting Date	
Supervisor's Signature / Date	[redacted] 30-6-16
Trainee Signature / Date	[redacted] 30-6-16
Course Tutor Signature / Date	[redacted] 30-6-16

2015-16

The Queen's University of Belfast
Doctorate in Clinical Psychology

Mid-Placement Review – Supervisor Feedback

Supervisor [redacted]

Trainee [redacted]

Placement Number 5

Days completed on placement to date 40

Review of Placement Plan

Progress / special circumstances / changes / targets for second half?

Progress

[redacted] has adjusted very well to work in a forensic setting, acquiring new skills in assessment and risk management. [redacted] has engaged with a range of clients with a variety of needs and stages of progress. This has included extended assessment work with early stage patients, risk assessment using structured clinical guidelines, group and individual therapeutic interventions.

The client group has been adult males, primarily with forensic needs. The presentations are complex involving not just forensic histories but with personality disorder, ASD, substance misuse and uncertainties regarding legal status in relation to meeting the criteria for detention under MHO or transfer from prison custody.

[redacted] previous experience in ID is strongly in evidence in how [redacted] approaches all of the work given to [redacted] is forming strong relationships with both patients and the staff team. Shows confidence in offering knowledge, ideas and opinions in both supervision and MD settings. Has developed understanding of assessments in forensic context and the use of DBT in addressing treatment targets. Taken maximum opportunity to be involved in a range of work including consultations, formulation meetings and staff development and training.

Special Circumstances

[redacted] has needed to take some research leave and has had 2 periods of short illness. [redacted] proactively sought to ensure that research leave caused minimal interruption to work and has managed [redacted] time very well on placement.

Targets for Second half

Build up Individual casework including sexual offending booster intervention

Continue to deliver group work – DBT to forensic patients and co-facilitate mental health social skills group

Next stages of risk assessment for sexual offending using structured clinical guidelines, forensic report writing

Input to staff training – formal and informal

Supervision – Number Formal Hours	Supervision – Mutual Observation
9 hours individual 4 x 2 hour DBT consultation sessions	MDT – weekly x 10 Joint case – 4 sessions Formulation x 2

Supervision – Comment on trainee use of supervision

[redacted] prepares well in advance of supervision, brings appropriate case related issues . Is open to wider discussion and new perspectives. Is reflective and keen to get direction to further reading or materials. Has been able to raise views on ethical issues relating to restrictive practices in an inpatient setting and have productive discussions about need to balance risk management and restrictions.

Mid-Placement Review of Core Competencies *(Please circle your best fit evaluation of your progress to date and elaborate in summary section 3 if appropriate; This mid-placement evaluation should NOT preclude changes with fuller information at end of placement). More detailed description of the competencies is given in the placement handbook.*

1. Generalisable Meta-competencies *(e.g. capacity to draw across psychological and other knowledge bases and apply these in a critically reflective way, capacity to work effectively with a range of clients and systems)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage
E.

2. Psychological Assessment *(engagement, interview, observation, psychometric, interpretation etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

3. Psychological Formulation *(within coherent framework with logical link to intervention etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

4. Psychological Intervention *(theory-therapy links, therapeutic processes and skills, integration etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

5. Outcome Evaluation *(e.g. capacity to crucially evaluate outcome, capacity to utilise this information to quality assure personal work and service outcomes)*

E. Strength
(F.) Appropriate *at this Stage*
G. Requires Specific Attention
H. Insufficient Information to Evaluate At this Stage

6. Psychological Research *(e.g. capacity to draw on evidence related to practice, and to understand and conduct research or service evaluation)*

A. Strength
(B.) Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

7. Personal and Professional Skills and Values *(e.g. understanding ethical guidelines and their application, awareness of individual and groups process, capacity to monitor and maintain own fitness to practice, capacity to work collaboratively and engage in supervision)*

A. Strength

B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

8. Communication and Teaching *(e.g. clarity, style, teaching, training, supervision, written communication, records etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

9. Organisational and Systemic Influence and leadership *(e.g. capacity to exert influence and leadership and promote psychological mindedness in teams and services, capacity to adapt to context, capacity to influence change through consultations, training and teamwork, capacity to recognise and respond to unethical behaviour in systems)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

Summary of Strengths, areas requiring attention and targets

Strengths shown to date

Engagement with clients, frontline and mdt staff, excellent feedback from all
Reflective thinking and input to formulation meetings, consultations and mdt case reviews
Co facilitation in group work is emerging as strength
Assessment and psychometric skills
Knowledge of ID and ASD and ability to take and make opportunities to share with a range of staff to promote service for patient

Areas requiring attention

More hours doing what has been outlined for second half of placement. Possibly moving more of time away from consultation to direct interventions.

Targets and requirements for second part of placement

Further development of risk assessment skills using structured professional guidelines
Further group work – DBT skills development
Further individual therapeutic input in forensic areas

Checks	
End-Placement meeting Date	
Supervisor's Signature / Date	[redacted]
Trainee Signature / Date	[redacted] 30-6-16
Course Tutor Signature / Date	[redacted] 30/6/16

The Queen's University of Belfast
Doctorate in Clinical Psychology

End-Placement Review – Trainee's End of Placement Review

Supervisor [redacted]

Trainee [redacted]

Placement Number 5

Review of Placement Experiences

Any special circumstances? *(e.g. split placement, absence of supervisor/ trainee for long period, illness, major upheaval in placement setting etc.)*

Study leave and annual leave reduced number of days on placement during the initial half of the placement with two episodes of physical illness also occurring. Some days disrupted during the second half of the placement due to interviews and upheaval in placement with movement of wards and clients.

Summary of Key Placement Experiences *(Please detail types of experiences gained on placement e.g. individual, group work, consultations etc, how far has it been fulfilled, gaps, etc.)*

Clients- worked with 13 clients in total (8 forensic, 4 severe mental health, 1 older adult) with a variety of presentations (violent offending, sexual offending of adults and children, challenging behaviour, severe mental ill, drug induced psychosis, substance misuse, autism, attachment problems, dementia) and this was a combination of assessment only, risk assessments 1:1 sessions, group sessions and consultation . This also included working with ward staff, MDT and providing staff training and consultation.

Completed:

WAIS IV	Designed and facilitated ASD training for staff
Risk of Sexual Violence Protocol (risk assessment)	Provided regular consultation/guidance of Behavioural support staff re: individual case
Co facilitated weekly DBT sessions	Attended 3 day ID Faculty conference
Acted as 1:1 DBT therapist for two individuals	Attended 3 day adapted DBT training
Co facilitated numerous formulation meetings/peer supervision	Attended ½ day cybercrime training
Designed and delivered tailored training on Autism and behaviours that challenge to forensic staff	1:1 therapeutic sessions for motivational issues Observed reflective practice training for staff
Attended weekly MDT meetings (5 hours /week)	1:1 sessions for assessment of placement planning issues

Assessment of behaviours that challenge and development of guidance for frontline staff for working with 2 individuals displaying violence

Attended and provided psychology input to emergency planning meetings for individuals presenting with highly risky and dangerous behaviours

Log Book. *(Please bring log book to end of placement meeting. Is there any gaps identified in log book in terms of experience?)*

None noted

Review of Supervision Arrangements

Review of Supervisor-Trainee Arrangements *(Please comment on the extent have you and your supervisor been able to maintain an open and constructive relationship. Please comment on your use of supervision, the feedback you have received and the level of independence expected of you.)*

I found supervision to be excellent during this placement. I believe my working relationship has been constructive and fruitful. I have explicitly asked for criticism to highlight the areas of my professional practice which need to improve and my supervisor has been honest in this regard. We have been able to discuss not just the 1:1 / group work but also the broad cultural and systemic issues of working with both forensic patients and in an inpatient setting. I believe this placement and supervisor relationship had fostered in me a degree of confidence that I had previously lost during the course and my supervisor has shown faith in both my judgment and ability to work independently with complex cases and staff teams

List opportunities to observe supervisor? *(Client contact, consultation, teaching, meetings etc.)*

Staff training sessions x2
Weekly MDT sessions (1 per week 4-5 hours)

1:1 therapeutic work with client (x4) Risk assessments (x1) Community placement review / planning meeting (x1) Psychology team meetings (x2) Emergency planning meetings (x2) Weekly DBT consult meetings
List opportunities to be observed by supervisor? *(Client contact, consultation, teaching, meetings etc.)*
1:1 therapeutic work with client (x4) Weekly MDT sessions (1 per week 4-5 hours) Staff training session Weekly DBT consult meetings Emergency planning meetings (x2)

Supervision – Number Formal Hours:	**Total number of pieces of clinical work:** *(cases, group work, consultations etc)*
24	13 cases 7 weekly DBT groups 15 consultations 1 co worked case observation case 20 MDT meetings
Total number of days on placements:	**Total numbers of hours of supervised practice:** *(multiply the number of days on placement by 8)*
65	**520**

Trainee Goals and Targets

Trainee goals/specific targets/requirements: *(to what extent has trainee goals/specific targets/requirements been met during the course of the placement?*
Unable to run mens health group due to time constraints, all other targets met

Future goals/targets: *(please comment on future goals, targets etc in the light of this placement)*
Complete full intensive training in DBT facilitation. Examine avenues for psychotherapy training for individuals with Learning Disability training. Examine the possibility of equivalency training for forensic psychology

Trainee's Self-Ratings

How would you evaluate you own performance on placement in each of the following areas? *A rating of 5 is 'excellent', 4 highly competent', 3 'competent', 2 'not competent' and 1 'very poor'.*

1	**Generalisable Meta-Competencies**					
1a	Capacity to draw on psychological knowledge and thinking.	1	2	**3**	4	5
1b	Generalising and synthesising prior knowledge and experience	1	2	3	**4**	5
1c	Ability to make decisions and judgements of complex issues	1	2	**3**	4	5
1d	Ability to collaborate with service users, carers and others in advancing psychological initiatives	1	2	3	**4**	5
1e	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
2	**Psychological Assessment**					
2a	Form and maintain effective alliances	1	2	3	**4**	5
2b	Ability to choose, use and interpret a broad range of assessment methods	1	2	**3**	4	5
2c	Competence in procedures related to the administration of measures, interviews etc	1	2	**3**	4	5
2d	Understanding and using psychometric theory	1	2	**3**	4	5
2e	Risk assessment	1	2	**3**	4	5
2f	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
3	**Psychological Formulation**					
3a	Ability to develop formulations based on theory and evidence	1	2	**3**	4	5
3b	Ability to develop formulation from multiple theoretical models	1	2	**3**	4	5
3c	Capacity to construct a formulation collaboratively	1	2	**3**	4	5
3d	Reflecting on and revising formulations if necessary	1	2	3	**4**	5
3e	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
4	**Psychological Intervention**					
4a	Implementing intervention on basis of formulation	1	2	**3**	4	5
4b	Therapeutic Process and Skills	1	2	**3**	4	5
4c	Skills in specific therapeutic approaches (e.g. CBT, systemic, psychoanalytic)	1	2	**3**	4	5
4d	Evaluation and Recognising Limits of Therapy	1	2	3	**4**	5
4e	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
5	**Evaluation**					
5a	Capacity to monitor outcomes across different dimensions of functioning	1	2	**3**	4	5
5b	Utilise outcome data to reflect on personal and organisational practice	1	2	**3**	4	5
5c	Knowledge of outcome frameworks	1	2	**3**	4	5
5d	Knowledge of psychometric theory	1	2	**3**	4	5
5e	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
6	**Research**					

6a	Evidence relevant to practice	1	2	**3**	4	5
6b	Service evaluation/audit	1	2	**3**	4	5
6c	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
7	**Personal and Professional skills and values**					
7a	Ethics and legally informed practice	1	2	3	**4**	5
7b	Awareness of diversity and socio-cultural contexts	1	2	**3**	4	5
7c	Ability to use feedback and manage learning needs	1	2	**3**	4	5
7d	Work organisation and time management	1	2	**3**	4	5
7e	Interpersonal relationships	1	2	3	**4**	5
7f	Personal development	1	2	**3**	4	5
7g	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
8	**Communication and teaching**					
8a	Clarity and effectiveness	1	2	**3**	4	5
8b	Ability to adapt style to context	1	2	3	**4**	5
8c	Use and understanding of supervision	1	2	**3**	4	5
8d	Written communication (including records)	1	2	**3**	4	5
8e	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
8.	**Organisational and Systemic Influence and leadership**					
8a	Ability to adapt and contribute to organisation	1	2	3	**4**	5
8b	Indirect influence of service delivery	1	2	3	**4**	5
8c	Leadership	1	2	**3**	4	5
8d	Recognise and respond to unethical practice	1	2	3	**4**	4
8e	Other (define)	1	2	3	4	5
	Overall Rating	1	2	3	**4**	5

Supervisor's Signature / Date [redacted] 11-8-16

Trainee Signature / Date [redacted] 11-8-16

Course Tutor Signature / Date [redacted] 11/8/16

The Queen's University of Belfast
Doctorate in Clinical Psychology

End-Placement Review – Supervisor Evaluation

Supervisor [redacted]

Trainee [redacted]

Placement Number 5

Days completed on placement 65

Review of Placement Experiences

Any special circumstances? *(supervisory relationship, leave, split supervision, illness etc.)*

Ward moves in last few weeks caused some upheaval and access to patients.
In early part of placement [redacted] had some brief periods of illness.
Times for interviews have been facilitated.

Review of placement plan *(how far has it been fulfilled, gaps, etc.)*

Group work : [redacted] has extended [redacted] role in co-facilitating DBT skills group following attendance at DBT training (Sakdalan). These group sessions were on a weekly basis over the course of the placement. [redacted] was able to take lead role following training. Group consisted of male in patients and out patients , some with forensic history and additional needs related to mental health and personality disorder.

Dynamic risk assessment (Sexual violence): [redacted] has worked through all the stages of conducting a sexual violence risk assessment – RSVP. [redacted] has produced a high standard of work and captured in a professional report.

Systemic work with teams: [redacted] has made significant consultation inputs to team working with complex individual cases. Has also participated in some reflective practice sessions and formulation meetings.

Older adult case – undertook dementia assessment

Overall, all goals set for placement have been met.

Opportunities to observe trainee? *(client contact, consultation, teaching, meetings etc.)* ***NOTE: a record of an observation much be included at end of placement (i.e. one of the observations schedules included in our placement handbook)***
Observation of [redacted] delivering teaching session on ASD to staff group in forensic unit – 12 attendees. Excellent planning, delivery and engagement of audience. Feedback very positive. Observation of [redacted] in 1-1 therapeutic session with forensic patient undertaking motivational assessment and development work. Observation of [redacted] in many MDT meeting and team formulation sessions. All of above observed evidence of skills at very high level.

Supervision – Number Formal Hours	**Clinical Logbook Validated?**
24	**yes**
Communications assessed? *(written work etc.)*	**Other sources of Information?**
[redacted] has written case reports and in-depth extensive risk assessment and management report to a highly professional standard - RSVP.	**Feedback from ward staff , MDT and service manager - verbal**

End-Placement Review of Core Competencies *(Please comment on each core competence to support end-placement rating scale marks. It is useful to highlight both strengths and targets for development in order to help trainee, future supervisors and course team to plan for future placements)*

Generalisable Meta-competencies *(e.g. capacity to draw across psychological and other knowledge bases and apply these in a critically reflective way, capacity to work effectively with a range of clients and systems)*
[redacted] has worked with a wide range of clients including those with forensic needs, mental health, personality, trauma, ASD and substance misuse. [redacted] has consistently demonstrated excellent therapeutic skills in working with patients with ID and in adapting to find most effective ways to establish relationships to do the work required. [redacted] has taken an holistic approach to the work in an inpatient setting , considering the environment, the interaction of staff and the impact of staff attitudes and beliefs on the overall client presentation. [redacted] has shown strengths in working with staff in consultation and informal settings to promote staff confidence and understanding of their role in assessment and treatment.

Psychological Assessment *(e.g. capacity to form and maintain effective alliances; ability to choose, use and interpret range of assessment methods including interviews, observation and psychometrics; capacity to monitor and evaluate risk; awareness of social and organisational contexts).*

[redacted] has definite strengths in assessment, has undertaken a range of interview and psychometric assessment including DBT pre assessment package. [redacted] has also undertaken complex risk assessment of a client with sexual offending treatment needs. Again, [redacted] has shown evidence of being able to adhere to the standards of assessment protocols but also to be attuned to the clients' more informal communication and to the impact of wider issues that impact on the information being sought from the assessment.
Has used new tools in sex offending attitude scales, assessments related to personality difficulties in DBT programme

Psychological Formulation *(e.g. within coherent theoretical framework with logical link to intervention; incorporates interpersonal, societal, cultural and biological factors, uses formulation to help clients understand their experiences, capacity to revise in light of new information).*

[redacted] has undertaken a significant amount of formulation work during this placement. [redacted] has contributed to a number of team based session exploring complex cases. [redacted] has been involved in behavioural formulations for those engaged in DBT and in more cognitive model such as 5Ps with forensic clients. Systemic considerations were also central to overall case consideration and in identifying treatment targets and responsivity issues. A definite strength and in working collaboratively in this area.

Psychological Intervention *(e.g. capacity to implement therapeutic plans based on a formal psychotherapeutic model; informed by other perspectives and socio-cultural factors, capacity to maintain a therapeutic alliance; implement therapeutic plans in indirect ways and through others; therapy specific skills).*

[redacted] has evidenced skills in individual and group treatment . [redacted] has co facilitated DBT skills group and has been able to consider additional adaptations to material to meet specific client learning needs. [redacted] has undertaken individual therapeutic work with clients using DBT framework and in undertaking motivational sessions for a client early in treatment. A number of the clients [redacted] has worked with have presented with high levels of challenging behaviour and have given [redacted] the opportunity to demonstrate [redacted] resilience to work that can be emotionally testing for those in the therapist role. Client feedback has been very positive in relation to their experience of [redacted] involvement with them

Outcome Evaluation *(e.g. capacity to critically evaluate outcome, capacity to utilise this information to quality assure personal work and service outcomes)*

[redacted] has used our outcome framework including client satisfaction and gathering of pre post intervention psychometric and behavioural data. [redacted] was not required to engage in analysis of this during this placement.

Research *(e.g. can identify and draw from evidence related to practice; audit and service evaluation skill; other research skills).*

[redacted] applies extensive of knowledge of evidence base in ID to [redacted] work. [redacted] has read widely, attended relevant training in forensic work and is competent in picking up relevant theory to inform formulation and practice.

Personal and Professional Skills and Values *(e.g. understanding ethical guidelines and their application, awareness of individual and groups process, capacity to monitor and maintain own fitness to practice, capacity to work collaboratively and engage in supervision)*

[redacted] is fully aware of professional and ethical issues and adheres to guidelines of our professional bodies. These are often very clearly in evidence in case discussions in supervision.
[redacted] engages in appropriate reflection on all aspects of the work with clients in individual and group settings. [redacted] shows awareness of [redacted] own response to clients and makes good use of supervision to explore. Over the course of the placement [redacted] has shown increasing levels of confidence in [redacted] own ideas and opinions on cases and in considering more creative ways to allow cases to progress and

patients to engage.

Communication and Teaching *(e.g. clarity and effectiveness across different modalities; capacity to adapt to audience; preparing and delivering teaching and training; understanding of supervision process for supervisor and supervisee; supporting others in application of psychological skills; written communication – including records).*

This is a definite strength , [redacted] communicates clearly and with impact in team discussions – informal and formal MDT type meetings. [redacted] is clearly at ease in adapting [redacted] communication to people with ID and ASD drawing on [redacted] high level of previous experience.
I have observed [redacted] delivering a formal training session on ASD to a staff group and [redacted] excels in this regard – clear consideration of teaching goals, audience engagement and focus on learning points to be achieved.

Organisational and Systemic Influence and leadership *(e.g. capacity to exert influence and leadership and promote psychological mindedness in teams and services, capacity to adapt to context, capacity to influence change through consultations, training and teamwork, capacity to recognise and respond to unethical behaviour in systems)*

[redacted] engages in effective interactions with staff on a daily basis. [redacted] style and [redacted] knowledge enable these to have a maximum value even if the duration is brief. The ward team have held such interactions in high regard. [redacted] contribution in weekly MDT and DBT consultation meetings has grown steadily over the placement and [redacted] inputs are always appropriate and effective to the issue , often prompting new areas for thought.
There is strong evidence that [redacted] will work very well if integrated into a MDT team and would always be relied on for leadership on complex issues even if not in the formal role of team leader.

Summary

Supervisor summary *(key points; strengths; summary of future targets).*

[redacted] has met [redacted] placement goals showing strengths across all areas of work. [redacted] has adapted to working in an-patient setting and coped well with the often acute levels of distress and challenge that come with this [redacted] has also demonstrated the skills and attitudes that would augur well for further work in a forensic setting, has shown excellent assessment and analytical skills and self-awareness of the impact of client histories and current presentations.
[redacted] also excels in building team relationships and carving out roles where [redacted] can achieve progress through others for clients. [redacted] is resilient and persistent .

[redacted] is an excellent trainer and could fit into a teaching role in any organisation.

If [redacted] continues to be interested in Forensic psychology, I would encourage [redacted] to seek further opportunities to develop skills beyond what has been possible in this placement. [redacted] clearly enjoys and thrives on working with complexity and so I would hope [redacted] career opportunities take [redacted] quickly to work that will foster this.

Trainee Comments *(having read and discussed supervisor feedback).*

Having read these comments I find them highly complementary which is most likely reflective of the positive experiences I have had while on placement in this setting. The hospital can at times be a challenging environment to work in however my supervisors and broader Psychology staff offered support and encouragement which lead to fostering the perfect environment for a fruitful placement. This is the perfect placement for any person with a particular interest working with ID or forensic settings

2015-16

Summary Rating Form

Supervisor [redacted] Trainee [redacted]

Placement type & location Intellectaul disability Inpatient Muckamore abbey
Dates 11/4/16 – 17/8/16

CLINICAL PLACEMENT RATINGS *The rating scales below are completed on the basis of the supervisor's experience of the trainee on placement. The trainee is rated against the standard expected at his/her level of training and in the context of the agreed placement plan. A rating of 5 is 'excellent', 4 highly competent', 3 'competent', 2 'not competent' and 1 'very poor'.*

1	**Generalisable Meta-Competencies**					
1a	Capacity to draw on psychological knowledge and thinking.	1	2	3	4	**5**
1b	Generalising and synthesising prior knowledge and experience	1	2	3	4	**5**
1c	Ability to make decisions and judgements of complex issues	1	2	3	**4**	5
1d	Ability to collaborate with service users, carers and others in advancing psychological initiatives	1	2	3	**4**	5
1e	Other (define)	1	2	3	**4**	5
	Overall Rating	1	2	3	**4**	5
2	**Psychological Assessment**					
2a	Form and maintain effective alliances	1	2	3	4	**5**
2b	Ability to choose, use and interpret a broad range of assessment methods	1	2	3	**4**	5
2c	Competence in procedures related to the administration of measures, interviews etc	1	2	3	**4**	5
2d	Understanding and using psychometric theory	1	2	3	**4**	5
2e	Risk assessment	1	2	3	**4**	5
2f	Other (define)	1	2	3	4	5
	Overall Rating	1	2	3	**4**	5
3	**Psychological Formulation**					
3a	Ability to develop formulations based on theory and evidence	1	2	3	**4**	5
3b	Ability to develop formulation from multiple theoretical models	1	2	3	**4**	5
3c	Capacity to construct a formulation collaboratively	1	2	3	**4**	5

3d	Reflecting on and revising formulations if necessary					
3e	Other (define)	1	2	3	**4**	5
	Overall Rating	1	2	3	**4**	5
4	**Psychological Intervention**					
4a	Implementing intervention on basis of formulation	1	2	3	**4**	5
4b	Therapeutic Process and Skills	1	2	3	**4**	5
4c	Skills in specific therapeutic approaches (e.g. CBT, systemic, psychoanalytic)	1	2	3	**4**	5
4d	Evaluation and Recognising Limits of Therapy	1	2	3	**4**	5
4c	Other (define)	1	2	3	**4**	5
	Overall Rating	1	2	3	**4**	5
5	**Evaluation**					
5a	Capacity to monitor outcomes across different dimensions of functioning	1	2	3	**4**	5
5b	Utilise outcome data to reflect on personal and organisational practice	1	2	**3**	4	5
5c	Knowledge of outcome frameworks	1	2	**3**	4	5
5d	Knowledge of psychometric theory	1	2	3	**4**	5
5c	Other (define)	1	2	3	**4**	5
	Overall Rating	1	2	3	**4**	5
6	**Research**					
6a	Evidence relevant to practice	1	2	3	**4**	5
6b	Service evaluation/audit	1	2	3	4	5
6c	Other (define)	1	2	3	4	5
	Overall Rating	1	2	3	**4**	5
7	**Personal and Professional skills and values**					
7a	Ethics and legally informed practice	1	2	3	4	**5**
7b	Awareness of diversity and socio-cultural contexts	1	2	3	4	**5**
7c	Ability to use feedback and manage learning needs	1	2	3	4	**5**
7d	Work organisation and time management	1	2	3	**4**	5
7e	Interpersonal relationships	1	2	3	4	**5**
7f	Personal development	1	2	3	**4**	5
7g	Other (define)	1	2	3	4	5
	Overall Rating	1	2	3	4	**5**
8	**Communication and teaching**					
8a	Clarity and effectiveness	1	2	3	4	**5**
8b	Ability to adapt style to context	1	2	3	4	**5**
8c	Use and understanding of supervision	1	2	3	4	**5**
8d	Written communication (including records)	1	2	3	4	**5**
8e	Other (define)	1	2	3	**4**	5
	Overall Rating	1	2	3	4	**5**
8.	**Organisational and Systemic Influence and leadership**					
8a	Ability to adapt and contribute to organisation	1	2	3	4	**5**
8b	Indirect influence of service delivery	1	2	3	4	**5**
8c	Leadership	1	2	3	**4**	5
8d	Recognise and respond to unethical practice	1	2	3	**4**	4
8e	Other (define)	1	2	3	4	5
	Overall Rating	1	2	3	4	**5**

Supervisor's Signature:..... Date: 11-8-16

Trainee's Signature:..... Date: 11-8-16

Course Tutor's Signature:..... Date: 10-8-16

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[redacted]

Supervisor's Signature / Date 11-8-16

Trainee Signature / Date 11-8-16.

Course Tutor Signature / Date 11-8-16

2015-16

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clinical

Observations from Process Recording

Observing a trainee in a piece of clinical work is an essential component of all placements. We recognise in a small number of placements of psychodynamic orientation this is not appropriate. In these situations, we ask the supervisor use this form to comment a least one set of process notes (either and entire session or part of a session).

Observations of trainee performance in a session (with a group, an individual, a family, or staff consultation) is a formative learning experience. However, placement rating should be informed by these observations.

Session (Brief Description of context): team formulation session with forensic patient , increase in challenging behaviour to staff and patients – physical and sexual assaults.
Trainee: [redacted]

Date: 7/7/16 **Supervisor** [redacted]

How would you evaluate the trainee performance in the session in each of the following areas? *A rating of 5 is 'excellent', 4 highly competent', 3 'competent', 2 'not competent' and 1 'very poor'. Note N/A if unable to rate item.*

1	**Demonstrating Professional Therapeutic Engagement**					
	Professional therapeutic engagement demonstrated (e.g. genuine, active listening, empathy)	1	2	3	**4**	5
Comments						
[redacted] **created the environment for those present to offer information ideas and opinions , responded in reflective and non-judgemental manner and facilitated other views.**						
2	**Creating a Secure base**					
	Creates a safe environment for the client	1	2	3	**4**	5
Comments						
Also good awareness of the emotions of some of those attending and helping to contain and feel able to participate in focused work on formulation.						

3	**Formulation**					
	Offers hypotheses or interpretations appropriately	1	2	3	**4**	5
Comments						
Able to pull in wide range of information and views and link to theories of presenting difficulties in light of attachment, offending and personality difficulties. Natural style is to offer tentatively which promotes further debate and exploration. Able to seek agreement for working hypothesis and way forward.						
4	**Facilitating Mutual Understanding**					
	Check the client understands and facilitates disclosure	1	2	3	4	**5**
Comments						
Worked very well with differing views and hypothesis. Acknowledged and reinforced value of sharing information and exchange. Encouraged difference and reflection on this. Summarised story and checked in well in a style that promoted openness and healthy challenges.						
5	**Session Structure**					
	Session framework is appropriate	1	2	3	**4**	5
Comments						
Created structure for session effectively. Worked well with cognitive formulation framework and in also drawing in some psychodynamic and systemic understandings.						
6	**Therapy Specific Skills and Techniques**					
	Uses therapy specific techniques appropriately	1	2	3	**4**	5
Comments						

2015-16

[redacted]

Supervisor's Signature / Date 11-8-16

Trainee Signature / Date 11-8-16

Course Tutor Signature / Date 11/8/16

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Placement Description and Plan

Supervisor	[redacted]
Trainee	[redacted]
Placement Number	Placement 2
Location	Muckamore Abbey Hospital
Dates *(From – To; Planned Leave)*	09/10/2017 - 28/02/2018
Days of week on placement	Monday-Wednesday

Placement Experiences

Clinical Presentations ***(adult / child etc.; types of presentations or difficulties; caseload)***

The service provides inpatient, assessment and intervention facilities for adults with learning disabilities and mental health needs or behaviour that challenges. The trainee will work with clients whose level of intellectual and social functioning ranges from mild to severe levels of impairment. Clients may have genetic conditions (e.g. Down's Syndrome) and other health conditions (e.g. diabetes) which may impact upon their health and wellbeing. Clients present with a range of mental health needs related to mood difficulties, the impact of trauma, attachment styles and emotional regulation difficulties. Neurodevelopmental presentations across the lifespan, to include dementia. The psychological impacts associated with transition (at both a personal and systemic level) is a key feature for many clients. The trainee will work with clients with a range of communication difficulties, including clients with Autism Spectrum Disorder.

Anticipated case load: 4-6 clients on the caseload. [redacted] will engage in short-term solution-focused work with service users as their needs present while they attend the inpatient service. It is hoped that there will also be an opportunity to engage in longer-term pieces of work as length of admission and client needs dictate. Group work is also possible.

Primary Therapeutic Model	**Secondary Therapeutic Model**
Dialectical Behaviour Therapy/Systemic/Positive Behaviour Support	Attachment Narrative

Modes of working ***(direct / indirect; individual – couple – group; multidisciplinary)***

Direct: [redacted] will have an opportunity to attend Dialectical Behavioural Therapy groups, which are offered to forensic and non-forensic service-users. As part of the DBT group [redacted] may meet with clients individually to assist in the consolidation and application of strategies learnt in the group.
[redacted] will co-facilitate group interventions. It has been planned that [redacted] will co-facilitate a " Moving On" group which helps clients foster skills to manage the changes associated with moving from the hospital to a community setting. [redacted] will also help facilitate a Money Management Group with colleagues in Occupational Therapy. This group aims to improve client's financial understanding and management, while providing key information regarding client's capacity to independently manage finances.

[redacted] will have an opportunity to engage in applied behavioural assessments and interventions such as completing a functional analysis of behaviours and will assist in developing Positive Behaviour Support strategies. [redacted] will complete an eligibility assessment with a client attending Community Intellectual Disability Services and will compose a written report based on the findings of this assessment.

Indirect: [redacted] will attend multi-disciplinary, post-admission and therapeutic meetings. [redacted] will have an opportunity to engage in case discussion and will use psychological theory and knowledge to develop formulations of service-users difficulties and discuss evidence-based interventions.

Consultancy: At meetings and on the ward [redacted] will consult with staff from Psychiatry, Nursing, Social Work, Day Services and Behavioural Support. [redacted] will share knowledge of evidence-based psychological practice and will discuss its application in client care. There may be opportunity to engage with external agencies (.e.g. private placement providers) to support individual clients, as part of the ongoing resettlement process within the hospital.

Service Delivery Systems (primary / secondary / in-patient etc.)

Inpatient service providing assessment and treatment planning for people with a learning disability and additional mental health difficulties or behaviour that challenges.

Psychometric Assessment

[redacted] may have an opportunity to complete neuropsychological assessments. This is dependent largely on the clients who are admitted to service during [redacted] placement. [redacted] will potentially have an opportunity to complete assessments of intellectual functioning (WAIS-IV) and/or dementia assessment.

Research *(service-related / audit / other)*
N/A
Teaching / Training / Supervision / Consultancy
[redacted] will have an opportunity to offer teaching on Autism Spectrum Disorder for colleagues in nursing. There may also be an opportunity for [redacted] to attend teaching on Dialectical Behaviour Therapy and Attachment Narrative Therapy offered within the service. [redacted] will have an opportunity to present a case to the multidisciplinary team and seek feedback and collaborative input from colleagues.
Engagement with Service Users ***(e.g. seeking service users opinions and experience of psychological and other services; visits to service user forums, advocacy services and user-led services; co-operating with service users on developing and evaluating services; facilitating the involvement of service users in service planning, delivery and evaluation)***
[redacted] may have an opportunity to attend meetings with The Patient Council and observe their engagement in developing and evaluating services. [redacted] will also meet with patient advocates who attend multi-disciplinary meetings. [redacted] will observe members of the team collecting service-user outcome measures for DBT groups. These measures will be used to evaluate and plan future DBT groups offered by the service.
Other Experiences ***(e.g. inter-professional working, consultancy, inter –agency liaison and influence, organisational initiatives and interventions)***

Inter-professional working is essential to person-centred service delivery. [redacted] will work with Occupational Therapy, Social Work, Psychiatry, Daycare and Behaviour Support Staff. [redacted] will attend DBT consultations with Forensic Psychologists and Behaviour Nurse Therapists.
[redacted] will have the opportunity to attend peer-supervision on a monthly basis with member of the psychology service and colleagues in Behavioural Support (inpatient and community services).

Supervision and Training Plan

Supervision schedule ***(formal and ad hoc)***

[redacted] will receive weekly formal supervision for 1hr. Ad hoc supervision can be sought as needed.

Mutual observation plan
What is going to be observed (e.g. clinical sessions, consultations, meetings or other areas of work?). What is the method used? (e.g. direct/joint working/recorded etc)

NOTE: a record of an observation should be included at end of placement (e.g. one of the observations schedules included in our placement handbook). Please note evidence of an observation needs to now be included in end of placement documentation. We would normally expect clinical sessions to be observed at some point but it may be appropriate to observe other aspects of the trainees work.

[redacted] will observe [redacted] directly on the inpatient ward, during clinical sessions, multidisciplinary meetings, formulation sessions with staff teams, teaching and training sessions and DBT consultations.

[redacted] will engage in joint working with [redacted] will be observed directly on the inpatient ward, clinical sessions, group therapeutic contexts, consultations and meetings. [redacted] will be directly observed in individual clinical sessions.

Supervision model / style / expectations / framework

Process model of supervision, Hawkins & Shoet. Supervision will be scheduled weekly and [redacted] can also seek guidance or support ad hoc as necessary.

Trainee Goals / specific targets / requirements ***(also refer to previous end placement form)***

To develop experience in the application of psychological assessment, formulation and intervention with people with a Learning Disability in an Inpatient.

- To develop the skills to provide person-centred, individualised psychological assessment, formulation and intervention for people with a learning disability.
- Engage in multi-disciplinary team working and contribute to service intervention at a group and microsocial level.
- To complete a functional analysis of behaviour which may inform positive behaviour support provision.
- To develop formulation and intervention skills which draw on Behavioural Theory, Dialectical Behavioural Theory, Systemic Theory and Attachment Narratives. Psychological theories will be used in an integrative manner where appropriate to develop accurate and helpful formulations and interventions.
- Provide psychological assessment, formulation and intervention with people who have mild, moderate and severe levels of intellectual impairment.
- Develop an understanding of organisational and professional issues (e.g. detainment, MH assessment) that may arise in course of working in an Inpatient Learning Disability Service.
- To communicate flexibly with service-users who have a range of communication preferences, styles and difficulties.

Reading / Knowledge Base to Inform Placement

Positive Behaviour Support Framework local policy and national literature. Attachment Narrative Therapy Dialectical Behaviour Therapy BPS documents and NICE guidelines on Challenging Behaviour; psychological therapies and people with intellectual disabilities.
Arrangements for Consent
It is a requirement that all service users, if possible, are aware they are being seen by a trainee and give consent to this and its implications (discussion with supervisor etc). Arrangements in organisations differ but, at a minimum, verbal consent should be obtained from clients and a note made in client's records. Written consent should always be obtained when using client material for university work e.g. a case study. If the arrangements for obtaining consent from clients to be seen by a trainee are different from above, please outline: [redacted] will ensure that service-users are aware that [redacted] is a trainee clinical psychologist. At a minimum [redacted] will obtain verbal consent from service-users and will record this in the client's electronic record.
Arrangements if Supervisor is on protracted unexpected leave (who should trainee approach for supervision):
[redacted] Consultant clinical / forensic psychologist

Checks	
All relevant organisational policies reviewed (e.g. Health and Safety, Equality and Diversity etc)	Yes / No
Health and Safety Checklist Reviewed	Yes / No
Honorary Contract Attained if relevant (Most Trusts no longer require honorary contracts for BSO employees)	Yes / No
Mid-Placement meeting Date	16 January 2018
Supervisor's Signature / Date	[redacted] 16/1/18

Trainee Signature / Date	[redacted] 16.1.18.
Clinical Tutor Signature / Date	[redacted]

The Queen's University of Belfast
Doctorate in Clinical Psychology

Mid-Placement Review – Trainee Feedback

Supervisor [redacted]

Trainee [redacted]

Placement Number Placement 2

Days completed on placement to date 31

Sickness/ Other Absence (no. of days) 6

Review of Placement Plan

Progress / special circumstances / changes / targets for second half?

I have observed the multidisciplinary team delivering person-centred, individualised care for clients with mild to severe levels of intellectual and social functioning impairment. At meetings and on the ward I have discussed service-user's presentations and where appropriate have offered psychological knowledge to develop formulations of service-user's psychological difficulties.

There has been reduced opportunity early in the placement to engage in 1:1 interventions with clients. This has been due to the unpredictable nature of admission times and the acute presentations of clients. I have recently met with 3 clients and commenced psychological assessment with the view to offer psychological intervention if appropriate. [redacted] and I have discussed the difficulty ensuring opportunities to complete psychometric assessments. Therefore we have contacted Community ID Services and arranged that I will complete an "eligibility" assessment and written report to develop my competencies in psychometric administration and interpretation.

I have helped co-facilitate two group programmes for clients. In collaboration with a colleague in OT I have facilitated a skills-based group which focuses on developing service-user's understanding and management of finances. I have also co-faciliated a group for people awaiting discharge to community placements. This group focuses on helping clients develop strategies to manage the challenges of the transition to living in the community.

It was hoped that I would be able to attend the Dialectical Behaviour Therapy (DBT) group. However due to reduced service-user participation this group has been postponed. I attend weekly DBT consult sessions and may have the opportunity to present a case to the group for discussion.

In the second half of the placement I will complete a financial capacity assessment for a service user on admission to the hospital.

Supervision – Number Formal Hours	Supervision – Mutual Observation
7	34 hours (18 hours - ward meetings; 8 hours - DBT consult, 6 hours - on ward with clients and staff)

Supervision – Comment on trainee use of supervision

Supervision has primarily focused on identifying direct client work and building up a case load which is consistent with the learning goals/requirements outlined in the placement plan. Although there has been some difficult commencing direct work with clients, I have attended several ward rounds where client presentations and systemic interventions are discussed. I have used supervision to discuss multidisciplinary working and the role of psychological formulation in understanding client difficulties.

It is anticipated that as I engage in further direct client work supervision will focus on the development of f .nulation skills in Attachment Narrative Therapy and Dialectical Behavioural Therapy. We have used supervision to discuss assessment measures and their application to clinical practice in an inpatient setting.

Ongoing systemic issues within the hospital and their impact on clients and staff have been discussed. This has informed my knowledge of how teams respond to reduce the negative effects of systemic stresses for clients and their families.

Mid-Placement Review of Core Competencies *(Please circle your best fit evaluation of your progress to date and elaborate in summary section 3 if appropriate; This mid-placement evaluation should NOT preclude changes with fuller information at end of placement). More detailed description of the competencies is given in the placement handbook.*

1. Generalisable Meta-competencies *(e.g. capacity to draw across psychological and other knowledge bases and apply these in a critically reflective way, capacity to work effectively with a range of clients and systems)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

2. Psychological Assessment *(engagement, interview, observation, psychometric, interpretation etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

3. Psychological Formulation *(within coherent framework with logical link to intervention etc.)*

A. Strength
B. Appropriate *at this Stage*
C. Requires Specific Attention
D. Insufficient Information to Evaluate At this Stage

4. Psychological Intervention *(theory-therapy links, therapeutic processes and skills, integration etc.)*
A. Strength B. Appropriate at this Stage C. Requires Specific Attention **D. Insufficient Information to Evaluate At this Stage**
5. Outcome Evaluation *(e.g. capacity to crucially evaluate outcome, capacity to utilise this information to quality assure personal work and service outcomes)*
A. Strength B. Appropriate *at this Stage* C. Requires Specific Attention **D. Insufficient Information to Evaluate At this Stage**
6. Psychological Research *(e.g. capacity to draw on evidence related to practice, and to understand and conduct research or service evaluation)*
A. Strength **B. Appropriate *at this Stage*** C. Requires Specific Attention D. Insufficient Information to Evaluate At this Stage
7. Personal and Professional Skills and Values *(e.g. understanding ethical guidelines and their application, awareness of individual and groups process, capacity to monitor and maintain own fitness to practice, capacity to work collaboratively and engage in supervision)*
A. Strength **B. Appropriate *at this Stage*** C. Requires Specific Attention D. Insufficient Information to Evaluate At this Stage
8. Communication and Teaching *(e.g. clarity, style, teaching, training, supervision, written communication, records etc.)*
A. Strength **B. Appropriate *at this Stage*** C. Requires Specific Attention D. Insufficient Information to Evaluate At this Stage
9. Organisational and Systemic Influence and leadership *(e.g. capacity to exert influence and leadership and promote psychological mindedness in teams and services, capacity to adapt to context, capacity to influence change through consultations, training and teamwork, capacity to recognise and respond to unethical behaviour in systems)*
A. Strength **B. Appropriate *at this Stage*** C. Requires Specific Attention D. Insufficient Information to Evaluate At this Stage

Summary of Strengths, areas requiring attention and targets
Strengths shown to date

I communicate in a flexible manner with clients who have a range of communicative needs and preferences. In group sessions and on the ward I have established rapport with clients. Clients appear comfortable to approach me on the ward and share personal information if they are distressed.

I have increased my understanding of inter-professional working in an inpatient context and the important role Psychological Services play in this. Where appropriate I have shared psychological knowledge effectively with colleagues to help develop an understanding of clients distress from a psychological perspective.

While working with clients with complex and enduring mental health difficulties I have drawn on psychological knowledge from earlier training experiences and my developing knowledge of DBT to understand how psychological, social and biological factors may be implicated in different presentations.

Areas requiring attention

I feel through further experience of working 1:1 with clients I will improve formulation and intervention skills and be able to draw on DBT, Systemic Theory and Attachment Narratives in a more integrative manner as appropriate.

Targets and requirements for second part of placement

- To further develop the skills to provide person-centred, individualised psychological assessment, formulation and intervention for people with a learning disability.
- To complete a functional analysis of behaviour which may inform positive behaviour support provision.
- To develop formulation and intervention skills which draw on Behavioural Theory, Dialectical Behavioural Theory, Systemic Theory and Attachment Narratives. Psychological theories will be used in an integrative manner where appropriate to develop accurate and helpful formulations and interventions.
- These formulations will be shared with staff in Muckamore and where appropriate with community staff to support their understanding of the psychological needs of clients moving to the community.
- To engage in behavioural assessments which will inform the understanding of behaviour that challenges and contributes to formulation of client difficulties and appropriate interventions.
- To complete psychometric assessments as part of an eligibility assessment with Community ID services.
- To complete a financial capacity assessment for a service user on admission to hospital.

Checks	
End-Placement meeting Date	28/2/18
Supervisor's Signature / Date	[redacted] 16/1/18
Trainee Signature / Date	[redacted] 16.1.18
Clinical Tutor Signature / Date	[redacted]

The Queen's University of Belfast
Doctorate in Clinical Psychology

End-Placement Review – Trainee's End of Placement Review

Supervisor [redacted]

Trainee [redacted]

Placement Number Placement 2

Sickness/ Other Absence (no. of days) 6

Review of Placement Experiences

Any special circumstances? (e.g. split placement, absence of supervisor/ trainee for long period, illness, major upheaval in placement setting etc.)
Due to the acute nature of clients' psychological difficulties and the variability of admission duration it was difficult to determine if there would be opportunities to complete psychometric assessments. Therefore in the second half of the placement [redacted] and I contacted the Community Intellectual Disability Service to arrange assessment with a client referred to this service. An eligibility assessment was arranged with Community ID Services. I completed an assessment of intellectual and adaptive functioning, provided feedback to the client and next of kin, and compiled a written report to share with the client and referrer.
Summary of Key Placement Experiences (Please detail types of experiences gained on placement e.g. individual, group work, consultations etc, how far has it been fulfilled, gaps, etc.)

Individual Therapy

- I provided psychological assessment, formulation and intervention for clients with intellectual disability who were admitted to the inpatient service.
- I worked with clients whose level of intellectual and social functioning ranges from mild to severe levels of impairment.
- The clients I met with individually for therapeutic sessions presented with acute and enduring mental health difficulties such as psychosis and bi-polar affective disorder.
- I engaged in direct and indirect psychological assessment of clients psychological presentation.
- I integrated individual therapeutic work with a more systemic team-based approach to help facilitate positive psychological changes for clients.
- My psychotherapeutic work was informed by psychological models which have been adapted to an intellectual disability services such as, Systemic Therapy and Dialectical Behaviour Therapy.
- Interventions were adapted to client's needs and were focused on realistic goals.
- Where appropriate I administered pre and post outcome measures.

Group Work

- I co-facilitated a "Moving On" group for service-users who are awaiting to be discharged from the inpatient service. This group focuses on helping clients to develop strategies to manage the challenges of the transition to living in the community.
- In collaboration with a colleague in Occupational Therapy I have facilitated a skills-based group which focuses on developing service users understanding and management of finances.

Risk

- I have worked with clients who present as a risk to themselves and others. I requested MAPA training so that I could work confidently and safely with clients who are physically aggressive.

Organisational Skills

- I maintained professional standards of record keeping and note taking, and developed my organisational skills.

Supervision

- Supervision was used to improve the quality of my work with clients and further my professional development. Frequently I engaged in case discussion and collaborative formulation with [redacted]. These discussions were helpful in allowing me to manage the challenges of working with clients with complex psychological presentations in a service which was negotiating a number of systemic issues throughout my placement.

Psychometric Assessment

- I conducted an "eligibility" assessment in Community Intellectual Disability Services, gaining experience of administering, scoring and interpreting the WAIS-IV and ABAS-3.

Gaps

- As expected therapeutic contact with clients was often disrupted by fluctuations in clients psychological presentations (e.g. psychosis). However when client's needs were not met effectively in direct therapeutic work I engaged with the multidisciplinary team and to provide indirect psychological intervention.

Log Book. *(Please bring log book to end of placement meeting. Is there any gaps identified in log book in terms of experience?)*

Review of Supervision Arrangements

Review of Supervisor-Trainee Arrangements *(Please comment on the extent have you and your supervisor been able to maintain an open and constructive relationship. Please comment on your use of supervision, the feedback you have received and the level of independence expected of you.)*

During the placement I have been able to maintain a constructive relationship with [redacted]. Supervision was used to discuss direct client work, systemic issues in the service, professional development and effective multidisciplinary working. Early in the placement there were some difficulties identifying direct client work. However later in the placement I have had opportunities to use supervision to discuss direct and indirect client work. I have felt comfortable to reflect on client work from different perspectives (e.g. CBT, Systemic, Positive Behaviour Support). Ongoing systemic issues within the hospital have been discussed. This has informed my knowledge of how teams respond to reduce the negative impact of systemic issues on clients and their families. In supervision we have discussed opportunities for learning and professional development through engagement with the wider service and different individuals/teams within the service. Furthermore it has informed my understanding of team dynamics and client-service attachment styles.

List opportunities to observe supervisor? (Client contact, consultation, teaching, meetings etc.)

- Weekly ward meetings
- Post-admission meetings
- DBT consult sessions
- Direct and indirect work with clients and colleagues on the ward
- ASD training with staff

List opportunities to be observed by supervisor? *(Client contact, consultation, teaching, meetings etc.)*

- Weekly ward meetings
- Individual Therapy – Observed in intervention appointment with client
- Case formulation discussion with MDT
- Contact with client's family

Supervision – Number Formal Hours:	**Total number of pieces of clinical work:** ***(cases, group work, consultations etc)***
12	**16**
Total number of days on placements:	**Total numbers of hours of supervised practice:** ***(multiply the number of days on placement by 8)***
48	**384**

Trainee Goals and Targets

Trainee goals/specific targets/requirements: (to what extent has trainee goals/specific targets/requirements been met during the course of the placement?
• I communicated in a flexible and sensitive way with clients who have a range of communication preferences, styles and difficulties. • I developed my therapeutic skills to provide person-centred, individualised psychological assessment, formulation and intervention in a inpatient intellectual disability service. • Through multi-disciplinary meetings, consultation on the ward and collaborative working I contributed to service interventions at a group and microsocial level. • I developed my formulation and intervention skills and drew on Dialectical Behavioural Theory and Systemic Theory in my work with clients. Where appropriate theories were integrated to develop accurate and helpful formulations and interventions. • I provided psychological assessment, formulation and intervention with people whose intellectual and social functioning ranged from mild to severe levels of impairment. • My understanding of organisation and professiona issues (e.g. capacity) that arise in the course of working in an Inpatient Learning Disability Service developed.
Future goals/targets: (please comment on future goals, targets etc in the light of this placement)

- To gain experience working with clients presenting with common psychological presentations including: GAD, OCD and Panic Disorder.
- To work with clients experiencing acute mental health problems in an adult mental health service.
- I would like experience working from a psychodynamic framework at a future placement.

How was service user feedback collected on placement (e.g. satisfactions questionnaires, discussion of SU experience)? How will that feedback influence your practice?

On commencing the placement I was aware I should be pro-active in seeking regular feedback from clients in an Intellectual Disability Service given the variability in communicative style of clients. Feedback was typically sought from clients through direct discussion at different stages of the therapeutic process. Feedback was used to inform adaptations to style, pace and content of sessions for each individual. It was evident that feedback improved the rapport in therapeutic relationships. My experience of receiving valuable feedback from clients in this placement will influence me to more regularly check in with the client's experiences in therapy regardless of the clinical population.

Clients gave me valuable insight into their experience through feedback. Clients informed me if a session had too much content and I adapted future sessions according to their guidance. At different stages of the therapeutic process clients informed me that they did not wish to attend psychological sessions for different reasons. I used this feedback to review my therapeutic approach and to decide how and when to reengage with clients.

Feedback was received in an impromptu manner on the ward. I was approached by clients who had attended group work I had co-facilitated and they shared their appreciation for these group sessions. They informed me that they missed the group and would like to attend any future groups that were offered by The Psychology Service. I do not feel that these responses would have been captured had outcomes been sought directly after final group sessions. This demonstrated the importance of giving clients space and time to consolidate and reappraise their experience of a therapeutic group.

Trainee's Self-Ratings

How would you evaluate you own performance on placement in each of the following areas? *A rating of 5 is 'excellent', 4 highly competent', 3 'competent', 2 'not competent' and 1 'very poor'.*

1	**Generalisable Meta-Competencies**					
1a	Capacity to draw on psychological knowledge and thinking.	1	2	**3**	4	5
1b	Generalising and synthesising prior knowledge and experience	1	2	**3**	4	5
1c	Ability to make decisions and judgements of complex issues	1	2	3	**4**	5
1d	Ability to collaborate with service users, carers and others in advancing psychological initiatives	1	2	3	**4**	5
1e	Other (define)	1	2	3	4	5
	Overall Rating	**1**	**2**	**3**	**4**	**5**
2	**Psychological Assessment**					
2a	Form and maintain effective alliances	1	2	**3**	4	5
2b	Ability to choose, use and interpret a broad range of assessment methods	1	2	**3**	4	5
2c	Competence in procedures related to the administration of measures, interviews etc	1	2	**3**	4	5
2d	Understanding and using psychometric theory	1	2	**3**	4	5
2e	Risk assessment	1	2	**3**	4	5
2f	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
3	**Psychological Formulation**					
3a	Ability to develop formulations based on theory and evidence	1	2	3	**4**	5
3b	Ability to develop formulation from multiple theoretical models	1	2	3	**4**	5
3c	Capacity to construct a formulation collaboratively	1	2	3	**4**	5
3d	Reflecting on and revising formulations if necessary				**4**	
3e	Other (define)	1	2	3	4	5
	Overall Rating	1	2	3	4	5
4	**Psychological Intervention**					
4a	Implementing intervention on basis of formulation	1	2	3	**4**	5
4b	Therapeutic Process and Skills	1	2	3	**4**	5
4c	Skills in specific therapeutic approaches (e.g. CBT, systemic, psychoanalytic)	1	2	**3**	4	5
4d	Evaluation and Recognising Limits of Therapy	1	2	**3**	4	5
4c	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5

5	**Evaluation**					
5a	Capacity to monitor outcomes across different dimensions of functioning	1	2	**3**	4	5
5b	Utilise outcome data to reflect on personal and organisational practice	1	2	**3**	4	5
5c	Knowledge of outcome frameworks	1	2	**3**	4	5
5d	Knowledge of psychometric theory	1	2	**3**	4	5
5c	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
6	**Research**					
6a	Evidence relevant to practice	1	2	**3**	4	5
6b	Service evaluation/audit	1	2	3	4	5
6c	Other (define)	1	2	3	4	5
	Overall Rating	1	2	**3**	4	5
7	**Personal and Professional skills and values**					
7a	Ethics and legally informed practice	1	2	3	**4**	5
7b	Awareness of diversity and socio-cultural contexts	1	2	3	**4**	5
7c	Ability to use feedback and manage learning needs	1	2	3	**4**	5
7d	Work organisation and time management	1	2	3	**4**	5
7e	Interpersonal relationships	1	2	3	**4**	5
7f	Personal development	1	2	3	**4**	5
7g	Other (define)	1	2	3	4	5
	Overall Rating	1	2	3	**4**	5
8	**Communication and teaching**					
8a	Clarity and effectiveness	1	2	3	**4**	5
8b	Ability to adapt style to context	1	2	3	**4**	5
8c	Use and understanding of supervision	1	2	3	**4**	5
8d	Written communication (including records)	1	2	3	**4**	5
8e	Other (define)	1	2	3	4	5
	Overall Rating	**1**	**2**	**3**	**4**	**5**
8.	**Organisational and Systemic Influence and leadership**					
8a	Ability to adapt and contribute to organisation	1	2	3	**4**	5
8b	Indirect influence of service delivery	1	2	3	**4**	5
8c	Leadership	1	2	3	**4**	5
8d	Recognise and respond to unethical practice	1	2	3	**4**	4
8e	Other (define)	1	2	3	4	5
	Overall Rating	1	2	3	**4**	5

Supervisor's Signature / Date [redacted] 21/3/18

Trainee Signature / Date [redacted] 21/3/2018

Clinical Tutor Signature / Date [redacted] 21/3/18

The Queen's University of Belfast
Doctorate in Clinical Psychology

End-Placement Review – Supervisor Evaluation

Supervisor [redacted]

Trainee [redacted]

Placement Number 2

Days completed on placement 48

Sickness/ Other Absence (no. of days) 6

Review of Placement Experiences

Any special circumstances? *(supervisory relationship, leave, split supervision, illness etc.)*

[redacted] had an opportunity to engage in some work based in the community learning disability service (eligibility assessment) and was supervised by a community based clinical psychologist for this individual piece of assessment work. [redacted] experienced some illness and subsequent sick leave at the beginning of the placement, which impacted upon some opportunities to establish therapeutic caseload.

Review of placement plan *(how far has it been fulfilled, gaps, etc.)*

[redacted] completed a range of clinical experiences including individual therapeutic work with clients across a range of intellectual and social ability levels, mental health presentations and behavioural challenges. [redacted] also worked closely with the wider MDT utilising systemic approaches and opportunities to share psychological formulation and intervention strategies. [redacted] contributed to the delivery of staff training session about ASD. There were also opportunities to engage in co-working with other members of the hospital MDT in devising and delivering therapeutic intervention groups with clients.

It had been hoped that [redacted] would complete a capacity assessment for a client in relation to their decision to move into supported living accommodation; however, the patient was discharged from hospital before this was possible.

Opportunities to observe trainee? *(client contact, consultation, teaching, meetings etc.) **NOTE: a record of an observation much be included at end of placement** (i.e. one of the observations schedules included in our placement handbook)*

Client contact; sharing of a psychological case formulation with the ward MDT; meetings and a contribution to a staff training awareness session re ASD all provided opportunities to observe [redacted] practice.

Supervision – Number Formal Hours	**Clinical Logbook Validated?**
12	**Yes**
Communications assessed? *(written work etc.)*	**Other sources of Information?**
Written reports and verbal sharing of formulation with wider MDT; communication with clients observed during session.	**Community supervising psychologist, other members of MDT; client feedback**

End-Placement Review of Core Competencies *(Please comment on each core competence to support end-placement rating scale marks. It is useful to highlight both strengths and targets for development in order to help trainee, future supervisors and course team to plan for future placements)*

Generalisable Meta-competencies *(e.g. capacity to draw across psychological and other knowledge bases and apply these in a critically reflective way, capacity to work effectively with a range of clients and systems)*
[redacted] demonstrated ability to draw across psychological knowledge bases. For example, being able to use knowledge and theory related to health anxiety presentation gained in [redacted] first placement to inform [redacted] therapeutic work in this placement. [redacted] showed capacity for independent learning as necessity arose and was able to adapt CBT approaches to be effective within the intellectual disability population. [redacted] was able to develop a range of therapeutic alliances with different clients. Indeed clients appeared keen to work with [redacted] and were able to express this to [redacted].
Psychological Assessment *(e.g. capacity to form and maintain effective alliances; ability to choose, use and interpret range of assessment methods including interviews, observation and psychometrics; capacity to monitor and evaluate risk; awareness of social and organisational contexts).*
[redacted] encountered some barriers to forming and maintaining effective alliances with some clients due to their fluctuating mental health presentations. I was impressed by [redacted] perseverance and commitment to endeavouring to establish therapeutic relationships where possible yet [redacted] skill in also being able to delicately balance this with acknowledging and respecting a client's wishes if they ultimately did not wish to engage at that time. [redacted] showed skill in being able to independently identify and employ different assessment

processes as appropriate e.g. use of behavioural rating scales, ABC records as well as systemic practices of collaboratively exploring family genograms with clients.

Throughout the placement, [redacted] developed good insight into the impact of the social and organisational context of the inpatient setting in relation to the clinical psychology role and associated challenges that this could entail.

Psychological Formulation *(e.g. within coherent theoretical framework with logical link to intervention; incorporates interpersonal, societal, cultural and biological factors, uses formulation to help clients understand their experiences, capacity to revise in light of new information).*

[redacted] showed good ability to formulate client presentations and experiences and link this with intervention as appropriate.

In relation to a specific client, [redacted] was able to develop a psychological formulation drawing on biopsychosocial factors and present this coherently within a positive behavioural support framework. This piece of work was of very high standard and has been welcomed as highly useful by the MDT in supporting the particular individual.

[redacted] made effective use of supervision to reflect upon and further develop [redacted] formulation skills.

Psychological Intervention *(e.g. capacity to implement therapeutic plans based on a formal psychotherapeutic model; informed by other perspectives and socio-cultural factors, capacity to maintain a therapeutic alliance; implement therapeutic plans in indirect ways and through others; therapy specific skills).*

Due to the nature of this inpatient setting, much of the intervention follows a systemic and consultation model, working collaboratively with the other professionals as part of the MDT and liaising with families and other community agencies. [redacted] showed great capacity to engage with other professionals to work alongside ward and medical staff to implement therapeutic support plans.
[redacted] incorporated CBT, systemic and positive behaviour support models to inform and deliver [redacted] interventions.

Outcome Evaluation *(e.g. capacity to critically evaluate outcome, capacity to utilise this information to quality assure personal work and service outcomes)*

[redacted] showed ability to independently reflect on effectiveness of interventions and discuss appropriately with me about re-formulation of intervention in light of further information as [redacted] work with clients progressed.

Research *(e.g. can identify and draw from evidence related to practice; audit and service evaluation skill; other research skills).*

[redacted] showed ability to research areas of psychological knowledge within the existing evidence base and apply this to [redacted] practice both at an individual level with clients and at a service level with nursing and medical colleagues, by way of sharing information in an accessible format to advise and support [redacted] intervention approaches.

Personal and Professional Skills and Values *(e.g. understanding ethical guidelines and their application, awareness of individual and groups process, capacity to monitor and maintain own fitness to practice, capacity to work collaboratively and engage in supervision)*

[redacted] has demonstrated a high level of professional skill in relation to consideration of ethical issues. For example in relation to seeking informed consent from clients, [redacted] has used individual supervision to reflect on how an individual's fluctuating mental state can impact their ability to provide informed consent to intervention as well as how the process of seeking consent may in itself adversely impact mental state of paranoia, for instance. [redacted] has also been able to show evidence of ability to work collaboratively with the wider multi-disciplinary team and family system when considering capacity to consent issues and ensure best practice.

Communication and Teaching *(e.g. clarity and effectiveness across different modalities; capacity to adapt to audience; preparing and delivering teaching and training; understanding of supervision process for supervisor and supervisee; supporting others in application of psychological skills; written communication – including records).*

[redacted] has shown personal and professional development during [redacted] placement with regard to [redacted] communication during the supervision process.

[redacted] made effective contributions to the delivery of therapeutic groups and training sessions. When communicating a psychological formulation to other professionals, [redacted] evidenced a warmth and respect for the client whilst providing great clarity in [redacted] presentation of the information. [redacted] was able to able to respond and adapt accordingly to [redacted] audience at this time.

Organisational and Systemic Influence and leadership *(e.g. capacity to exert influence and leadership and promote psychological mindedness in teams and services, capacity to adapt to context, capacity to influence change through consultations, training and teamwork, capacity to recognise and respond to unethical behaviour in systems)*

[redacted] has shown leaderships skills to an appropriate level of this stage of [redacted] training. From an organisational perspective, I believe that this placement has provided useful opportunity for [redacted] to develop [redacted] capacity to adapt to context. Through [redacted] collaborative working, I believe [redacted] has been successful in helping to promote psychological mindedness within the ward based teams.

Summary

Supervisor summary *(key points; strengths; summary of future targets).*

[redacted] has been a great asset to our service during [redacted] placement at Muckamore Abbey Hosptial. [redacted] conveys genuine warmth and interest in [redacted] approach with clients and colleagues alike. [redacted] has demonstrated strength in perseverance during difficult situations as well as a capacity to critically reflect, on a personal and professional level, in relation to some of the therapeutic challenges that [redacted] has encountered during the placement. [redacted] appears to have a natural affiliation to working systemically, which I believe [redacted] will continue to develop as [redacted] training progresses. [redacted] showed great drive to developing [redacted] individual therapeutic skills within the intellectual disability setting. [redacted] may benefit in future placements from the opportunity to further develop [redacted] knowledge and skills related to service and organisational intervention and leadership.

Trainee Comments *(having read and discussed supervisor feedback).*

I feel the end of placement review captures the range of learning experiences I had on placement. It reflects the opportunities to develop my assessment, formulation and intervention skills in an Inpatient Intellectual Disability Service. I have enjoyed working from a Systemic Theory perspective and hope to have an opportunity to do this as I progress in my career as a Clinical Psychologist.

Summary Rating Form

Supervisor [redacted] Trainee [redacted]

Placement type & location Muckamore Abbey Hospital – learning disability inpatients. Dates Oct 17 – Feb 18

CLINICAL PLACEMENT RATINGS *The rating scales below are completed on the basis of the supervisor's experience of the trainee on placement. The trainee is rated against the standard expected at his/her level of training and in the context of the agreed placement plan. A rating of 5 is 'excellent', 4 highly competent', 3 'competent', 2 'not competent' and 1 'very poor'.*

1a	Capacity to draw on psychological knowledge and thinking.	1	2	3	(4)	5
1b	Generalising and synthesising prior knowledge and experience	1	2	3	(4)	5
1c	Ability to make decisions and judgements of complex issues	1	2	3	(4)	5
1d	Ability to collaborate with service users, carers and others in advancing psychological initiatives	1	2	(3)	4	5
1e	Other (define)	1	2	3	4	5
	Overall Rating	**1**	**2**	**3**	**(4)**	**5**
2a	Form and maintain effective alliances	1	2	3	(4)	5
2b	Ability to choose, use and interpret a broad range of assessment methods	1	2	3	(4)	5
2c	Competence in procedures related to the administration of measures, interviews etc	1	2	3	(4)	5
2d	Understanding and using psychometric theory	1	2	3	(4)	5
2e	Risk assessment	1	2	(3)	4	5
2f	Other (define)	1	2	3	4	5
	Overall Rating	**1**	**2**	**3**	**(4)**	**5**
3a	Ability to develop formulations based on theory and evidence	1	2	3	(4)	5
3b	Ability to develop formulation from multiple theoretical models	1	2	3	4	(5)
3c	Capacity to construct a formulation collaboratively	1	2	3	(4)	5
3d	Reflecting on and revising formulations if necessary					(5)
3e	Other (define)	1	2	3	4	5
	Overall Rating	**1**	**2**	**3**	**4**	**(5)**
4a	Implementing intervention on basis of formulation	1	2	3	(4)	5
4b	Therapeutic Process and Skills	1	2	(3)	4	5
4c	Skills in specific therapeutic approaches (e.g. CBT, systemic, psychoanalytic)	1	2	3	(4)	5
4d	Evaluation and Recognising Limits of Therapy	1	2	3	(4)	5
4c	Other (define)	1	2	3	4	5
	Overall Rating	**1**	**2**	**3**	**(4)**	**5**

5a	Capacity to monitor outcomes across different dimensions of functioning	1	2	(3)	4	5
5b	Utilise outcome data to reflect on personal and organisational practice	1	2	(3)	4	5
5c	Knowledge of outcome frameworks	1	2	(3)	4	5
5d	Knowledge of psychometric theory	1	2	(3)	4	5
5e	Other (define)	1	2	3	4	5
	Overall Rating	**1**	**2**	**(3)**	**4**	**5**
6a	Evidence relevant to practice	1	2	3	(4)	5
6b	Service evaluation/audit	1	2	(3)	4	5
6c	Other (define)	1	2	3	(4)	5
	Overall Rating	**1**	**2**	**3**	**4**	**5**
7a	Ethics and legally informed practice	1	2	3	(4)	5
7b	Awareness of diversity and socio-cultural contexts	1	2	(3)	4	5
7c	Ability to use feedback and manage learning needs	1	2	3	(4)	5
7d	Work organisation and time management	1	2	3	(4)	5
7e	Interpersonal relationships	1	2	3	(4)	5
7f	Personal development	1	2	3	(4)	5
7g	Other (define)	1	2	3	4	5
	Overall Rating	**1**	**2**	**3**	**(4)**	**5**
8a	Clarity and effectiveness	1	2	3	(4)	5
8b	Ability to adapt style to context	1	2	3	4	(5)
8c	Use and understanding of supervision	1	2	3	(4)	5
8d	Written communication (including records)	1	2	3	4	(5)
8e	Other (define)	1	2	3	4	5
	Overall Rating	**1**	**2**	**3**	**4**	**(5)**
8a	Ability to adapt and contribute to organisation	1	2	3	(4)	5
8b	Indirect influence of service delivery	1	2	(3)	4	5
8c	Leadership	1	2	(3)	4	5
8d	Recognise and respond to unethical practice	1	2	3	(4)	4
8e	Other (define)	1	2	3	4	5
	Overall Rating	**1**	**2**	**3**	**(4)**	**5**

Supervisor's Signature: [redacted] Date: 21/3/18

Trainee's Signature: [redacted] Date: 21/3/18

Clinical Tutor's Signature: [redacted] Date: 21/3/18