

## **Section 2c: Criteria for Passing and Failing Clinical Placements**

### **1. Introduction**

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

### **2. Factors related to successful placements**

1. Several factors have been shown to be associated with successful and enjoyable placements. These are centred on the relationship between supervisor and supervisee, the clarity regarding the expectations of each party, their motivations and prior experiences and the nature, quality and timing of feedback.
2. This suggests that a focus on both content (what will be learned on placement) and process (how the learning will take place) is desirable, and that time spent on establishing open and direct communication early in the placement is likely to be associated with a successful experience.

### **3. Potential Problems**

1. The supervisor feels threatened/defensive about his/her work being scrutinised by another. There is a contingent fear of being 'found out'.
2. The PICT feels threatened/defensive and responds on a possible continuum from apparent excessive dependency to feeling that he/she has to know everything.
3. The PICT fears 'getting it wrong' and does not see failure as providing a greater opportunity for learning than 'getting it right'.
4. One party has heard a rumour about the other on the 'grapevine' and adopts an attitude based on expectations rather than exploring any concerns explicitly with the other.
5. The PICT is not interested in the particular speciality and approaches the placement with an attitude of 'getting through it' rather than as offering many learning opportunities.
6. There is a clash of expectations with one party expecting a particular model and focus of supervision and supervisory role, which differs significantly from that of the other.
7. Criticism is perceived as of the person rather than the work undertaken and this is not discussed.

These represent a few instances of issues that can hinder the development of successful training relationships. It is suggested that these be discussed both at

the beginning of the placement and reviewed as the placement progresses. The Clinical Tutors are available as facilitators for the establishment of training relationships throughout the placement, and they welcome being called on should difficult issues prove hard to resolve between the supervisor and PICT.

#### **4. Monitoring and evaluating clinical placements**

The Programme has developed a number of ways in which clinical skills and competencies can be identified, monitored and encouraged. These include:

1. Placement guidelines, which are included in this Handbook as follows:
  - Section 1b. General Placement Guidelines 1 (a brief introduction to all clinical placements)
  - Section 1c. Placement Guidelines 2 (information regarding the development of core competencies and the provision of clinical experience)
  - Section 3. Additional Information for Placements (e.g. out of region placements, additional notes for final year placements)
2. The Placement Assessment Form (PAF). This includes a summary of the aims and objectives of the particular placement, and takes into account previous experience in terms of identified strengths and areas for development. The PAF also includes descriptions of competencies that need to be demonstrated under ten different headings.
3. A system of monitoring and evaluation of developing clinical skills and competencies that allocates one clinical tutor to a trainee throughout their training. This ensures a continuous and consistent overview of skill and competency gain. Trainee / tutor pairings will only be changed in circumstances of a tutor's absence from work (e.g. due to sickness or maternity leave).
4. A system of monitoring and evaluation of clinical competencies that includes: a meeting involving the Clinical tutor and PICT two to four weeks after the start of the placement to review aims and objectives and two subsequent placement meetings involving the clinical supervisor, the clinical tutor and the PICT. (See Placement Handbook section 2b "Standard Placement Meetings").

These mechanisms ensure that procedures are in place on each placement to see that appropriate individualised learning objectives are identified for each PICT, and that their progress to achieving these aims is systematically monitored during the course of the placement. Feedback on the professional performance of the trainee will primarily be formative in nature, acknowledging strengths and noting priorities for future competency development. However, clinical supervisors also play a crucial gate-keeping role for the profession and must make a summative pass/fail judgement about the adequacy of the trainee's performance. On occasion they may need to register their level of concern about

some aspect of the trainee's professional conduct by recommending that the placement be failed.

The supervisor should normally recommend to the examiners that a PICT passes a placement **unless** in the supervisor's view the PICT has:

(a) Shown serious, persistent failings in one of the ten competency areas covered by the Placement Assessment Form.

OR

(b) Failed to demonstrate an acceptable general level of competence (bearing in mind the PICT's stage of training).

OR

(c) Failed to complete sufficient work, as set out in the Placement Plan (Aims and Objectives), or otherwise agreed at the mid-placement visit, for his or her general level of competence to be assessed.

OR

(d) Has been suspended from the Programme due to either University or NHS disciplinary proceedings arising from a case of serious professional misconduct.

## **5. Failing a clinical placement**

### **i. Assessing the Potential for Failure of a Clinical Placement**

A number of factors are important to take into consideration in relation to this decision:

- The psychologist in clinical training may not be performing to the best of his/her ability because of temporary problems, for example, personal circumstances that intrude on an individual's ability to be physically, emotionally or psychologically present.
- Individuals may describe, define, or interpret criteria in different ways, so that a consensus is difficult reach, e.g. differences of opinion on what constitutes an appropriate caseload, or a detailed enough letter to a referrer.
- Opinions about the unacceptability of behaviours may vary and the relative severity of behaviours may be difficult to agree on.

The training course requires supervisors and PICTs to be as alert as possible to any potential difficulties, disagreements, personal and professional problems that may result in failure of a clinical placement. There is also a requirement that either or both parties be proactive in involving the PICT's clinical tutor in such situations as soon as is appropriate.

The degree and severity of professional and/or personal behaviour that is regarded as unacceptable should be documented, as well as any perceived resistance to change.

The overall aim is that the Clinical Tutor, Supervisor and PICT make sense of what is occurring, and take whatever steps are necessary to try and resolve the situation. If this is not possible, then a recommendation that the placement is failed will be made.

## **ii. Procedures and Processes Involved in the Decision to Fail a Clinical Placement**

The HCPC and the BPS require an explicit and public statement on the procedure to be followed in the event of a placement being failed. The quality of those in clinical training and their supervisors is such that most placements are passed. However, this also creates a problem in that there may be a lack of familiarity with the decision-making and procedures involved in failing a placement. There is also probably no task harder or more unpalatable for a supervisor than to fail a PICT after having worked hard to help her or him overcome difficulties. For those in clinical training being recommended for a failed placement is also likely to be a difficult and painful experience. Thus for everyone involved the issue is likely to engender a good deal of anxiety. For all these reasons there is a need for detailed guidelines on the subject designed for those infrequent occasions when they are needed.

The following procedures should be followed:

a. Any area of concern should be recorded as a matter of course throughout the placement. As soon as *either* the supervisor or PICT has concerns that the placement may be failed, these issues should be openly discussed. The relevant Clinical Tutor should be informed immediately of any such discussions. (In the case of the prolonged absence of the assigned Clinical Tutor, one of the other Clinical Tutors or any other member of the Programme Core Staff Team should be contacted.)

It may be that a phone call is all that is necessary if the discussion between Supervisor and PICT has dispelled concerns and strategies for monitoring subsequent progress are in place. It is more likely that the Clinical Tutor should be invited to a three-way meeting (which can involve initial meetings with Supervisor and PICT separately) that can address the concerns, and plan strategies for tackling difficulties and monitoring progress.

*A written summary of all discussions and subsequent action plans will be completed by the Clinical Tutor, signed by all parties (Clinical Tutor, Supervisor and PICT) and held at the Programme base.*

b. In the case that these discussions have not been able to successfully address the concern raised, then further additional meetings between Supervisor, PICT and Clinical Tutor may need to be scheduled.

*A written summary of all discussions and subsequent action plans will be completed by the Clinical Tutor, signed by all parties and held at the Programme base.*

c. If concerns regarding the possibility of failure of a clinical placement have been raised prior to the Mid-Placement Visit, then these concerns should be revisited at the Mid-Placement Visit. If concerns persist, then part of the three-way meeting should address these concerns and put in place a specific plan of action that clearly outlines the tasks that need to be completed and the criteria for successful completion that would result in a 'pass' recommendation. Further meetings prior to the End of Placement Visit may be scheduled.

*A written summary of all discussions and subsequent action plans will be completed by the Clinical Tutor, signed by all parties and held at the Programme base.*

d. If concerns regarding the possibility of failure of a clinical placement are raised post Mid-Placement Visit, then these concerns should be immediately communicated to the Clinical Tutor. An urgent meeting should be arranged involving the Supervisor, PICT and Clinical Tutor. As above, a considered plan of action needs to be agreed with clear criteria that need to be met for successful completion of the placement. Additional meetings may need to be scheduled.

*A written summary of all discussions and subsequent action plans will be completed by the Clinical Tutor, signed by all parties and held at the Programme base.*

e. If the Supervisor recommends a failure of clinical placement at the End of Placement Visit this needs to be documented in full by the Clinical Tutor. The views and opinions of both Supervisor and PICT need to be recorded, along with all attempts that have been made to rectify the situation. Both the Supervisor and the PICT are invited to provide a written account of the placement and the difficulties encountered, as well as any other information that they wish to be taken into account. The Clinical Tutor will then take all this information to the Examinations Board. In the situations where the trainee has two supervisors who disagree about a recommendation of placement failure, the Examinations Board will take into account all the information presented to it and come to a decision based on this evidence.

f. The Examinations Board will make a decision on whether or not to uphold the Supervisor's recommendation for failure of clinical placement. Whatever decision has been reached, the External Examiner's opinion will be sought prior to the final decision of the Board.

g. The decision of the Examinations Board will be communicated to both the Supervisor and the PICT by the Clinical Tutor. Rights and routes of appeal will also be communicated.

### iii. Criteria for Failure of a Clinical Placement

What follows are illustrative **examples** of behaviour that could lead to failure of a clinical placement. These are linked to each of the ten competencies in the Placement Assessment Form. Depending on the degree, severity, and/or frequency of occurrence, action required by the supervisor could be a telephone call to the Clinical Tutor to discuss the situation, a request for an early placement visit, or a request for an immediate placement visit.

~~Examples have been presented separately for different year groups as the relevant clinical competencies were reviewed and changed in 2014.~~

#### Examples

##### *Personal and Professional Development*

The PICT demonstrates a prejudicial attitude towards a client group or group of colleagues. He/she is unreliable, irresponsible, and lacks a conscientious approach. He/she gives little or no importance to confidentiality or obtaining informed consent. He/she demonstrates an inability to prioritise or manage an appropriate caseload. He/she is unable to recognise when a task is beyond his/her capacity. He/she does not show sufficient consideration and awareness of inherent power imbalances.

##### *Supervision*

The PICT consistently fails to attend supervision sessions. He/she is unwilling to discuss clinical work or allow direct or indirect observation. He/she demonstrates extreme defensiveness or rigid adherence to one theoretical model. He/she seems unable to consider that personal attitudes are directing formulations of clinical work. He/she behaves in an oppressive way towards his/her supervisor. He/she is unable to effectively use constructive criticism and feedback. He/she is unable to discuss both content and process issues in supervision appropriately.

##### *Therapeutic Engagement and Working Alliances*

A PICT demonstrates significant difficulties in engaging with clients, families/carers or colleagues in a way that indicates a major problem in recognising, acknowledging, understanding and/or being aware of the psychological state of another. He/she has inappropriate contact with a client or family/carer. He/she is unable to demonstrate an awareness of the importance of boundary and termination issues. He/she is unable to demonstrate an ability to engage successfully with different levels of organisational systems (e.g. service users, teams, external agencies).

##### *Psychological Assessment*

The PICT shows a significant lack of development in fundamental assessment skills such that relevant information is not obtained and/or procedures are not followed. He/she is unable to adequately select, administer and interpret assessments. He/she does not demonstrate an awareness of the importance of risk assessment and/or appropriate skills in this area.

### *Psychological Formulation*

The PICT is unable to synthesise information in order to use formulations to inform interventions. Theoretical knowledge and theory practice links are absent and/or the socio-political context is not considered. The original formulation is upheld despite contrary evidence. He/she is not able communicate formulations in accessible, culturally sensitive and non-discriminatory language.

### *Psychological Interventions*

The PICT is unable to adapt intervention models to individual needs. He/she is unable to demonstrate knowledge of the relevant theoretical basis and practice guidance frameworks underpinning interventions. He/she is not able to adapt interventions appropriately to individual needs. He/she is unable to consider service users' values and goals when designing interventions. He/she is unable to demonstrate an awareness and understanding of social approaches to intervention (e.g. community, critical, social constructionist perspectives). He / she is unable to demonstrate an awareness and understanding of the impact and relevance of psychopharmacological and other multidisciplinary interventions. He / she is not able to demonstrate an awareness of the limitations of psychological interventions and assess when further intervention may not be appropriate.

### *Evaluation and Research*

The PICT does not adhere to Departmental auditing procedures or any individual evaluative measures without explanation. He/she does not demonstrate the capacity to evaluate processes and outcomes at the individual, organisational and systemic levels. He/she does not conduct research projects in respectful collaboration with stakeholders and within appropriate ethical and governance frameworks (e.g. BPS, HCPC, University regulations).

### *Communication*

The PICT does not adapt their style of communication in response to different levels of cognitive ability, sensory acuity and linguistic fluency. Oral and/or written reports of clinical work are consistently poorly structured, incomplete, imprecise or ill formulated. The PICT is consistently late in submitting work.

### *Teaching and Training*

The PICT refuses to take on a teaching/training role without explanation. He/she takes on a teaching/training role but does not ascertain the objectives or needs of the audience. There is little evidence of preparation for the teaching session and /or no attempt to evaluate the session through self-appraisal or structured feedback mechanisms.

### *Organisational and Systemic Influence and Leadership*

The PICT cannot demonstrate an understanding of the organisational context in which they are working (philosophy, routes of communication, roles and functions) including the legislative and national planning contexts for service delivery and clinical practice. He/she devalues, dismisses or denigrates the experience of service users, families and carers in service planning and delivery. He / she is unable to demonstrate appropriate leadership qualities, e.g. being



aware of and working with interpersonal processes, influencing the psychological mindedness of teams and organisations, contributing to and fostering collaborative working practices. He/she does not recognise the importance of recognising and responding to unethical practice in systems and organisations (including 'whistleblowing' policies and issues). He/she does not consider or value the contribution of other professionals. He/she is unable to recognise, tolerate or accept difference in opinion. He/she is unable to recognise when to seek an opinion from/involve other staff.

## **6. Consequences of failing a placement**

(i) Failure on **two** placements will lead to termination of the PICT's registration on the Programme. This will lead to the termination of the contract of employment.

(ii) Following a placement failure in any of the first three placements, the PICT will be required to undertake a subsequent placement with the aim of showing evidence for the development of competency within the raised area of concern. In the event of a failure on the fourth placement the PICT will be required to undergo a subsequent placement in their third year, which will have implications for choice and duration of the elective placement. In the event of the final year elective placement being failed, the PICT will be required to undertake another appropriate placement (which could be done in a shorter time e.g. 4 months). In this instance, the University would support a request for an extension to the contract of employment whilst the placement was undertaken. If this final placement is also failed, then the PICT will have failed the Programme and will not be eligible for registration with the HCPC as a Clinical Psychologist.

(iii) In the event of serious professional misconduct (as defined in the BPS Guidelines on Professional Practice of Clinical Psychology) the Chair of the Examiners may require the immediate suspension of the PICT's registration with the University following consultation with the Clinical Tutor. The relevant disciplinary proceedings of the PICT's employer would be set in motion.

(iv) As a consequence of (ii) above and the PICT's contract of employment being terminated and the PICT being excluded from the Course, the usual University/NHS appeals procedures would be available to the PICT.

**Revised September 2020**



*On the next page is a flow chart that depicts the process of reviewing a placement and the decision points and processes involved in passing or failing that placement*

*The very bold lines depict the straightforward path to passing a placement e.g.*



*The solid lines indicate formal processes and decision making points e.g.*



*The dashed lines indicate informal and formative processes e.g.*



PROCESSES INVOLVED IN THE DECISION THAT A CLINICAL PLACEMENT HAS BEEN PASSED OR FAILED

