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| **UNIVERSITY OF ESSEX DOCTORATE IN CLINICAL PSYCHOLOGY (DClinPsych)****TRAINEE PLACEMENT AUDIT FORM (PF2)****Confidential report on placement by trainee** |
| This form is to be completed electronically by trainees and handed directly to personal tutors.  |
| **Trainee**  |  | **Placement Supervisor** |  |
| **Placement Stage: 1A 1B 2A 2B 3A 3B** |  | **Training Year** |  | **Trainee Cohort** |  |
| **Trust/ Organisation** |  |
| **Placement Dates:**  | **From:**  | **To:** | **No. of Days on Placement:** |  |
| **Placement Description:** (Child, LD etc.) |
| **Please note: All comment boxes can be expanded in electronic version.**  |
| **Rate each item by making a tick mark (🗸) to indicate your choice** | **Unsatisfactory** | **Minor issues** | **Satisfactory** | **Good** | **Not Applicable** |
| **Physical resources on placement (Access to):**  |  |  |  |  |  |
| * shared office & desk space
 |  |  |  |  |  |
| * telephone
 |  |  |  |  |  |
| * administrative support
 |  |  |  |  |  |
| * secure filing/storage
 |  |  |  |  |  |
| * IT facilities
 |  |  |  |  |  |
| * Photocopier
 |  |  |  |  |  |
| * Test materials if required
 |  |  |  |  |  |
| * Adequate clinical space (consulting rooms etc.)
 |  |  |  |  |  |
| **Placement Induction** |  |  |  |  |  |
| * Planned introduction to placement
 |  |  |  |  |  |
| * Provision of adequate induction and other written materials
 |  |  |  |  |  |
| * Guidance on service policies/procedures
 |  |  |  |  |  |
| * Guidance on local health and safety procedures
 |  |  |  |  |  |
| * Introduction to key people and their roles
 |  |  |  |  |  |
| * Orientation to available facilities
 |  |  |  |  |  |
| * Orientation to service setting, service users and local community
 |  |  |  |  |  |
| * Completion of placement contract within first two weeks
 |  |  |  |  |  |
| **General Placement Activity** |  |  |  |  |  |
| * Progressive introduction to clinical and service activity
 |  |  |  |  |  |
| * Appropriate workload for time/period on placement
 |  |  |  |  |  |
| * Appropriate caseload re. diversity & variety of presenting problems
 |  |  |  |  |  |
| **Supervision arrangements and processes** |  |  |  |  |  |
| * Adequate supervision time (1 to 1 ½ hour direct supervision)
 |  |  |  |  |  |
| * At least 1 hour individual supervision if group supervision used
 |  |  |  |  |  |
| * Supervision times reasonably regular and consistent
 |  |  |  |  |  |
| * Opportunity for observing supervisor’s work
 |  |  |  |  |  |
| * Directly observed by supervisor
 |  |  |  |  |  |
| * Indirectly observed by supervisor – audio/video
 |  |  |  |  |  |
| * Observed or joint work with other professionals
 |  |  |  |  |  |
| * Supervision meetings appropriately negotiated, structured and facilitated
 |  |  |  |  |  |
| * Adequate support for reflection practice
 |  |  |  |  |  |
| * Personal & professional development needs discussed & reviewed
 |  |  |  |  |  |
| * Issues concerning difference and power acknowledged/addressed
 |  |  |  |  |  |
| * Workload discussed and monitored
 |  |  |  |  |  |
| * Guidance on theory-practice links provided by supervisor
 |  |  |  |  |  |
| * Advice on suitable reading / learning opportunities
 |  |  |  |  |  |
| * Provision of positive feedback & support
 |  |  |  |  |  |
| * Provision of constructive critical feedback
 |  |  |  |  |  |
| * Process issues considered within supervision
 |  |  |  |  |  |
| * Assistance given with selection of Clinical Process Report / Clinical Activity Report
 |  |  |  |  |  |
| **Practice learning**  |  |  |  |  |  |
| * Guidance on therapeutic interventions (by supervisor etc.)
 |  |  |  |  |  |
| * Guidance on formal assessment techniques (by supervisor etc.)
 |  |  |  |  |  |
| * Guidance on formulation and re-formulation (by supervisor etc.)
 |  |  |  |  |  |
| **Indirect work & research** |  |  |  |  |  |
| * Opportunities and support for developing clinical leadership
 |  |  |  |  |  |
| * Opportunities for teaching / training other staff
 |  |  |  |  |  |
| * Opportunities for consultation / supervision of other staff by trainee
 |  |  |  |  |  |
| * Opportunities & support for conductive service-related research
 |  |  |  |  |  |
| **Practice Evaluation & Monitoring** |  |  |  |  |  |
| * Placement visited by course staff member
 |  |  |  |  |  |
| * Placement reviewed and log book updated prior to placement visits
 |  |  |  |  |  |
| * Outcome of placement visit used to inform rest of placement
 |  |  |  |  |  |
| * ECC form completed and discussed prior to end of placement
 |  |  |  |  |  |
| * User evaluation form completed prior to end of placement
 |  |  |  |  |  |
| * Inter-Professional evaluation form completed prior to end of placement
 |  |  |  |  |  |
| * Placement learning log book completed/signed by end of placement
 |  |  |  |  |  |
| * Placement feedback form completed and discussed with supervisor
 |  |  |  |  |  |
| * Adequate support available from course staff during placement
 |  |  |  |  |  |

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| **Section 2:** **2.1. Trainee’s comments on Practice Learning Experience:**  |
| What features of the placement have you valued / benefited most from? |
|  |
| What were the major limitations / shortcomings / challenges of the placement? |
|  |
| How could this placement (including induction to placement, resources etc.) be developed or improved?  |
|  |
| **2.2. Trainee’s comments on Supervision:**  |
| Please comment on your experience of supervision on this placement, with reference to the structure, content and process of supervision.  |
|  |
| What aspects of supervision have you valued / found most helpful?  |
|  |
| Please comment on the appropriateness of the supervision to your particular placement goals and developmental / training needs. |
|  |
| How could supervision on this placement be developed or improved? |
|  |
| **Trainee Name: Signature: Date:**  |