|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | |  |  | |  |  |  |

|  |
| --- |
| **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:** |