Clinical Supervisor Support Program (CSSP) Discussion Paper Submission Template

Submission Process:
Interested parties are requested to provide a submission addressing each of the policy options raised in the CSSP Discussion Paper. Submissions should be emailed to cssp@hwa.gov.au in Word format only by COB 3 September 2010.

CSSP Discussion Paper Policy Options and Questions:

<table>
<thead>
<tr>
<th>Clarity</th>
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<tbody>
<tr>
<td>Policy Option 1: Develop national principles for education and training in the health sector.</td>
</tr>
<tr>
<td>Do you support this policy option?</td>
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</tbody>
</table>

Question 1:
Does your organisation have clinical education and training principles that could be applied to health services nationally?

- If yes, please include in your submission.
- If no, what are the key action areas that you would like included in national principles developed for clinical education and training in Australia?
Response:
Clinical Placements both within and outside the University are an essential and important part of the training regimen.

Clinical supervision should:

Protect patients and provisional psychologists during the stage of learning professional skills and roles.

Promote ethical and professional standards of conduct and service

Support the professional development of provisional psychologists in ways that will increase their effectiveness as future clinical psychologists.

Provide opportunities for students to implement new knowledge and skills with patients.

Equip provisional psychologists with the core competencies and skills deemed necessary for practise as a clinical psychologist.

Train clinical psychologists who are competent to work with patients from a range of different backgrounds, across the lifespan and with different presenting psychological problems and adjustments to life situations.

Give provisional psychologists exposure to a range of clinical presentations, in different settings with a variety of assessment and therapeutic approaches.

Assist provisional psychologists in the application of knowledge and skills gained from tertiary studies in psychology to their work as practicing clinical psychologists.
<table>
<thead>
<tr>
<th>Policy Option 2:</th>
<th>Develop a nationally agreed statement of role and function supervisor/supervision.</th>
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</thead>
<tbody>
<tr>
<td>Do you support this policy option? Yes [x] No [ ]</td>
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</table>

**Question 2:**

Does your organisation have agreed terminology and definitions for the role and function of “clinical supervisor” or “clinical supervision”?

- If yes, please include the definitions in your submission.
- If no, what terminology does your organisation use to describe these functions? What cross-profession terminology do you think should be used in the National Clinical Supervision Support Strategy and Framework?

**Response:**

The clinical supervisor provides supervision of the student undertaking clinical training to develop and implement clinical knowledge, interpersonal skills, case conceptualisation, diagnosis, treatment planning and treatment application. The clinical supervisor also socialises the student to the professional values, understanding, approach and responsibilities required of members of the profession. The clinical supervisor holds ultimate responsibility for the student's work and the welfare of the patient. Throughout a clinical placement, the supervisor evaluates the student's performance and provides feedback and direction, either verbally or in writing. Formal evaluation is provided at mid-placement (Appendix A and B) and at the end of the placement (Appendix C and D). Clinical supervision needs to be undertaken regularly (one hour for every day worked) and in a supportive and nurturing manner that encourages learning, development and reflective practice.
<table>
<thead>
<tr>
<th><strong>Policy Option 3:</strong></th>
<th><strong>Develop an agreed competency framework that defines the knowledge, skills and attributes necessary for quality supervision.</strong></th>
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<tbody>
<tr>
<td><strong>Do you support this policy option?</strong></td>
<td>Yes ☒ No ☐</td>
</tr>
</tbody>
</table>

**Question 3:**
Are there core generic competencies you would like added/deleted? If so, please provide details.

Yes ☒ No ☐

**Response:**

Knowledge of the experience of the supervisee and its related anxieties in the training experience.

**Question 4:**
For organisations delivering professional entry training or other curricula, to what extent are the skills already included in current curricula? Do you support greater coverage of these skills in entry to practice courses? To what extent could this replace post-entry to practice supervision skills development?

**Response:**
Students in the Doctor of Clinical Psychology undertake an introductory-level supervisors' training of 6 hours duration. This covers:

1. Theoretical Perspectives
2. Supervision Styles
3. Developing Supervision Goals
4. Training Methods
5. Supervising Ethics & Professional Issues
6. Delivering Feedback
7. Managing Problems
8. Evaluating Supervision

Post-entry to practice supervision skills require refresher training. The Psychology Board of Australia has proposed that all supervisors undertake refresher courses in supervision training every five years. Training in more advanced supervision skills is also required post-entry to the profession as the individual's perspectives change as their experience develops.

**Question 5:**
For professional associations and registration boards, does education and training form part of the current CPD program?

**Response:**
The Psychology Board of Australia is planning to make supervision training compulsory for all supervisors of psychologists in training.
Policy Option 4:
Develop best practice guidelines and templates for clinical placement agreements between health services and university.

Do you support this policy option? Yes ☒ No ☐

Question 6:
Do you currently have clinical placement agreements in place? Yes ☐ No ☐

- If yes, please include a copy with your submission.
- If no please indicate what should be included in the best practice guidelines.

Response:
To avoid a proliferation of contracts needing to be updated regularly, a state-based general contract with universities that covers roles and responsibilities of Health Services, universities, supervisors and students would work best for psychology.

These must not be too specific. For example, placement allocation procedures need to be developed individually with each service to enable all parties' needs to be met. These cannot be adequately managed at a state level, as the particular needs of students, their individual interests, and areas of prior training or expertise, the guidelines for training (as laid down by the Australian Psychology Accreditation Council) and the supervisors' availability, interests and supervision style cannot be adequately considered.

Question 7:
Do you currently have agreements in place in relation to student documentation? Yes ☒ No ☐

- If yes, please include a copy with your submission.
- If no please indicate what should be included in the best practice guidelines.

Response:
Please see the Student Placement Handbook for the University of Sydney attached. Appendix E and F
Policy Option 5:
Develop a generic training program aligned to agreed core competencies.

| Question 8: Do you provide, or are you aware of, courses that are currently available that address some or all of the generic skills outline above? If so, please provide details. |
|---------|---------|-------------------|
| Yes ☒   | No ☐    |

Response:
The Universities of Sydney and New South Wales have a one day supervision program for supervisors who offer supervision to their students in post-graduate programs in clinical psychology.

| Question 9: Are you aware of a course that could be adapted to align to agreed core competencies that should be considered as part of this project? If so, please provide details. |
|---------|---------|-------------------|
| Yes ☐   | No ☐    |

Response:
See above. The universities are awaiting guidelines from the Psychology Board of Australia to develop accredited programs in supervision training.
**Policy Option 6: Support health services to deliver training locally that builds capacity.**

| Do you support this policy option? | Yes ☒ | No ☐ |

**Question 10:**
Does your organisation have “dedicated clinical educator” positions? If yes, how is this position funded?

**Response:**
The University of Sydney through the School of Psychology funds a Clinic Director training position full-time. The Clinic Director operates the training clinic and is the placement coordinator for all students on field placements. The School also funds a part-time clinical supervisor to supervise within the training clinic. All academic staff on the Doctor of Clinical Psychology program may be considered 'clinical educators' as they teach on the program and supervise in the training clinic.

**Question 11:**
Are there other strategies that build local capacity that you would you like HWA to consider? If so, please provide details.

**Response:**
Ensuring supervision is acknowledged in workloads of supervisors employed by Health Services is the most essential need at this time. This enables supervision to be acknowledged as an important contributor to service delivery that expands services to the public via additional cases managed by student trainees, under the supervision of experienced staff. Appendix F
<table>
<thead>
<tr>
<th>Policy Option 7:</th>
<th>Develop consistent clinical placement assessment tools within disciplines.</th>
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<tbody>
<tr>
<td>Question 12:</td>
<td>Are there consistent clinical placement assessment tools in place for your discipline? If so, please provide details.</td>
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</table>

**Response:**

The University of Sydney, UNSW, University of Wollongong, University of Western Sydney, Macquarie University UNE and Newcastle University have attempted to standardise student contracts and evaluation forms across universities. Research is to be undertaken via a recently awarded ALTC grant to examine the efficacy and reliability of scaled assessment tools vs vignette matching approaches for evaluation of student competencies.

**Question 13:**

What education and training activity would you like to see measured in health services?

**Response:**

Clinical Psychology: Development of clinical, professional, ethical, communication and interpersonal skills all need to be assessed.
### Culture

**Policy Option 8:** Implement a reward and recognition program.

| Do you support this policy option? | Yes ☑ | No ☐ |

**Question 14:**
Does a national award program exist for supervisors in your profession? If so, please provide details.

Yes ☐ No ☑

**Response:**

**Question 15:**
For universities, is there scope to standardise supervisor supports in your organisation? If so, please provide details.

Yes ☑ No ☐

**Response:**
The School of Psychology is able to develop and deliver supervision training in the discipline of clinical psychology and would be able to assist other disciplines in adapting this training to meet the needs of their own trainees.
Policy Option 9: Integrate and recognise supervision as a core component of the clinical role.

Do you support this policy option?  Yes  ☒  No  ☐

Question 16:
Does your organisation currently include education and training as a core function within position descriptions?  Yes  ☒  No  ☐

Does your organisation explicitly recognise the philosophy that education is a part of health practitioner roles? Please provide details below.

Response:
The School of Psychology, University of Sydney, recognises the importance of clinical training and supervision through:

The dedication, development and support of a Clinical Psychology Unit to house, teach and train students in the Doctor of Clinical Psychology program. This includes offices, teaching space, audio-visual room, and a dedicated training clinic with one-way screens and recording facilities. A well equipped test library is available.

Clinical supervision is included in academic staff staff workloads.

Dedicated Clinic Director and clinic supervisor positions are in operation.

Field placement coordination is undertaken by a staff member designated to the role and the time involved is recognised in workload calculation.

All academic and clinical staff in the Clinical Psychology Unit are involved in Mid-Placement Review meetings with field supervisors and students and this is recognised in workload calculation.

Attendance at Clinical Psychology Unit meedtings is expected as part of work roles for all members.

Students are offered a 6 hour introductory workshop of supervision training.
<table>
<thead>
<tr>
<th>Policy Option 10:</th>
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<tr>
<td>Integrate and recognise supervision as a core component of the clinical role.</td>
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<tr>
<td>Do you support this policy option?</td>
<td>Yes ☒</td>
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</table>

**Question 17:**

As a supervisor do you see benefit in developing an online resource to support supervisors? If yes, what information would you like made available online to assist with this role?

**Response:**

The Psychology Board of Australia plans to stipulate 15 hours of pre-reading to be undertaken prior to approved supervision training packages. This would ideally be available online.

Videos demonstrating skills in the development of the goals of supervision with students, giving difficult feedback to students, and responding to students when they do not accept feedback or are upset by feedback would also be helpful.
<table>
<thead>
<tr>
<th>General Comments</th>
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<tbody>
<tr>
<td>It is intended that the strategies contained in the CSSP National Clinical Supervision Support Framework will be applicable across professions and throughout the education and training learning continuum. Do you have any comments or issues that you would like taken into consideration in the development of this framework that have not been covered in previous sections?</td>
</tr>
<tr>
<td>Clinical psychology is concerned to ensure that allocation of students to placements continues according to the current system of individually made arrangements made between the university and specific services or individual supervisors. This enables best fit of students’ interests, educational needs and wishes with supervisor availability, area of expertise and style of supervision.</td>
</tr>
<tr>
<td>Any other general comments</td>
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</tbody>
</table>
To record your rating, place a tick in the appropriate cell. Your rating reflects your judgment of the student’s current level of performance. Rate students in reference to a notional absolute standard of competent professional practice, on a par with a Clinical Psychologist working in their first job upon qualification, not in comparison with performance by peers.

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>CODE</th>
<th>DESCRIPTION OF CATEGORIES</th>
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<tbody>
<tr>
<td>UNSATISFACTORY</td>
<td>UN</td>
<td>Progress is considerably below the rate or standard expected at this stage of training. There may be an absence of a particular feature, poor judgement or performance, inappropriate behaviour etc.; major problems are evident.</td>
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<tr>
<td>NEEDS DEVELOPMENT</td>
<td>ND</td>
<td>Progress is evident but limited and is below the standard expected at this stage of training. There are problems and/or a lack of consistency e.g. displays a rigid adherence to taught rules and is unable to take account of situational factors, discretionary judgment is not evident etc.</td>
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<tr>
<td>DEVELOPING WELL</td>
<td>DW</td>
<td>Is performing well at the level expected at this stage of training.</td>
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<tr>
<td>COMPETENT</td>
<td>COM</td>
<td>Performance has reached professional competency i.e. is on a par with a Clinical Psychologist working in their first job upon qualification.</td>
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</table>
To record your rating, place a tick in the appropriate cell.

### 1. RELATIONAL SKILLS.

**Overall rating:**

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<tr>
<td>a) Ability to form and communicate an empathic understanding to most clients, carers, and significant others.</td>
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<td>b) Competence in counselling skills (e.g. appropriate clarifications, summarisations).</td>
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<td>c) Active, not passive, and responsive listening skills.</td>
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<td>d) Ability to focus session and the client on session objectives.</td>
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**Comments:**

### 2. CLINICAL ASSESSMENT SKILLS.

**Overall rating:**

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<td>a) Efficiency in conducting an adequate assessment.</td>
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<td>b) Appropriate breadth of questioning.</td>
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<tr>
<td>c) Appropriate depth of questioning.</td>
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<td>d) Capacity for assessment through hypothesis testing.</td>
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<tr>
<td>e) Ability and skill to make correct diagnoses and differential diagnoses.</td>
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<td>f) Ability to undertake a Mini Mental Status Examination.</td>
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<td>g) Ability to undertake assessments in a socio-culturally sensitive manner.</td>
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**Comments:**

### 3. FORMULATION AND INTERVENTION SKILLS.

**Overall rating:**

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<tr>
<td>a) Ability to conceptualise and formulate cases.</td>
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<td>b) Ability to plan treatments.</td>
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<tr>
<td>c) Ability to implement intervention skills, covering a wide range of developmental, preventive treatments.</td>
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<td>d) Knowledge of empirically supported treatment methods, eg. CBT, IPT, MI.</td>
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<tr>
<td>e) Skills to conduct empirically supported treatment techniques, eg. CBT, IPT, MI.</td>
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<td>f) Ability to understand the strengths and limitations of applied therapeutic approaches.</td>
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<td>g) Demonstrates flexibility and responsiveness in the application of treatments and/or in the implementation of manualised programs.</td>
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<td>h) Skills to deal with common difficulties in therapy.</td>
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<tr>
<td>i) Assessment of treatment progress and outcome.</td>
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**Comments:**
### 4. PSYCHOMETRIC SKILLS.

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<th>Overall rating:</th>
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- a) Ability to apply theoretical knowledge to select appropriate tests.
- b) Ability to correctly administer correctly common/core tests.
- c) Ability to adequately score tests.
- d) Ability to interpret results and formulate conclusions.
- e) Knowledge of psychometric issues and bases of assessment methods.
- f) Ability to integrate information into a psychometric report.

Comments:

### 5. SCIENTIST PRACTITIONER APPROACH.

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<th>Overall rating:</th>
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</table>

- a) Development of skills and habits in seeking and applying theoretical and research knowledge relevant to the practice of psychology in the clinical setting.
- b) Understanding and application of theoretical and research knowledge related to diagnosis, assessment and intervention.

Comments:

### 6. PERSONAL CAPACITIES.

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<th>Overall rating:</th>
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- b) Affective skills: affect tolerance; tolerance/understanding of interpersonal conflict; tolerance of ambiguity and uncertainty.
- c) Personality/Attitudes: desire to help others; openness to new ideas; honesty/integrity/valuing of ethical behaviour; personal courage.
- d) Demonstrates accurate self appraisal and understanding.
- e) Reflective skills: ability to examine and consider one’s own motives, attitudes, behaviours and one’s effect on others.
- f) Willingness to acknowledge and correct errors.
- g) Ability to identify personal distress, particularly as it relates to clinical work.
- h) Ability to work effectively with diverse others in assessment, treatment and consultation.

Comments:

### 7. ETHICS.

<table>
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<th>Overall rating:</th>
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- a) Knowledge of ethical/professional codes, standards and guidelines.
- b) Recognition and analysis of ethical and legal issues across the range of professional activities.
- c) Seeks appropriate information and consultation when faced with ethical issues.
### 7. ETHICS CONTINUED.

**Overall rating:**

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<tr>
<td>d) Commitment to and compliance with ethical practice.</td>
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<td>e) Understands and maintains appropriate boundaries and displays respectful behaviour towards clients, staff and peers.</td>
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Comments:

### 8. PROFESSIONAL SKILLS.

**Overall rating:**

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<tr>
<td>a) Ability to effectively structure and manage therapy time (e.g. prioritise, set limits), finish sessions on time.</td>
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<td>b) Timeliness: completing professional tasks in allotted/appropriate time (e.g. evaluations, notes, reports, contacting clients); arriving promptly at meetings and appointments.</td>
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<td>c) Demonstrates an organized, disciplined approach to writing and maintaining notes and records.</td>
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<td>d) Organisation and presentation of case material; preparation of professional reports for health care providers, agencies, etc.</td>
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<td>e) Expressive skills: ability to communicate one’s ideas, feelings and information in verbal, non-verbal and written forms for a range of purposes</td>
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<td>f) Undertakes duties such as intake, telephone duty etc. and assists where required with professional tasks.</td>
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<td>g) Conducts self professionally in dress, attitude, language etc.</td>
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<td>h) Demonstrates effective presentation skills e.g. case presentation, group presentation.</td>
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<td>i) Negotiation /management of fees and payments.</td>
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<tr>
<td>j) Ability to work collaboratively with colleagues</td>
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Comments:

### 9. SUPERVISION.

**Overall rating:**

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<tr>
<td>a) Ability to work collaboratively with the supervisor.</td>
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<td>b) Ability to prepare for supervision.</td>
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<td>c) Ability/willingness to accept supervisory input, including direction.</td>
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<td>d) Ability to follow through on recommendations.</td>
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<td>e) Ability to appropriately balance autonomy and dependency needs.</td>
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<td>f) Ability to self-reflect and self-evaluate accurately regarding clinical skills and use of supervision.</td>
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<td>g) Ability to use good judgment as to when supervisory input is necessary.</td>
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Comments:
SUMMARY EVALUATION BY SUPERVISOR

Areas of (i) strength, (ii) most important areas for continued development, and (iii) significant gaps in experience:

It is possible that these data will be considered for inclusion in a research report. Should this occur, identifying details of both Supervisor and Intern will be removed, and data from individual reports will not be published. You are under no obligation to consent to this, and may withdraw your consent at any time without penalty. Data will only be used if both the supervisor and intern agree. If you consent to participating to the use of de-identified data (e.g., group means and trends) in research reports please circle below, Yes (Y) or No (N).

NOTE: Needs development rating will generate discussions between the University, Supervisor and Intern to determine the best way to resolve difficulties.

<table>
<thead>
<tr>
<th>SUPERVISOR’S OVERALL EVALUATION</th>
<th>PASS</th>
<th>NEEDS DEVELOPMENT</th>
<th>FAIL</th>
</tr>
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<tbody>
<tr>
<td>PLEASE LIST OUTSTANDING ADMINISTRATIVE OR CLINICAL REQUIREMENTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPERVISOR’S SIGNATURE</td>
<td>DATE</td>
<td>RESEARCH</td>
<td>Y N</td>
</tr>
<tr>
<td>INTERN’S SIGNATURE</td>
<td>DATE</td>
<td>RESEARCH</td>
<td>Y N</td>
</tr>
</tbody>
</table>
**SELF APPRAISAL BY THE INTERN**

Please give your own views about your learning on this placement. Please identify the areas where you feel you have demonstrated significant development, the areas that you feel that you have been challenged, and the areas that you feel it is important for you to continue to work on and develop.

<table>
<thead>
<tr>
<th>Areas of most significant development:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Most challenging aspects of work on this internship:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Most important areas to continue working on, and significant gaps in experience:</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTERNSHIP #</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td>VISITOR</td>
</tr>
<tr>
<td>SUPERVISOR (S)</td>
</tr>
<tr>
<td>INTERN</td>
</tr>
<tr>
<td>RESULT</td>
</tr>
</tbody>
</table>

**ISSUED RAISED BY THE INTERN** (including level and quality of supervision):

**ISSUED RAISED BY THE SUPERVISOR** (including responsiveness supervision):

**HAS THE INTERN BEEN DIRECTLY OBSERVED?**  YES  NO

**HOW ISSUES CAN RESOLVE:**

**VISITOR’S IMPRESSION OF THE WORKING ENVIRONMENT:**

**OPPORTUNITIES FOR CLINICAL WORK:**

**OBJECTIVE TARGETS FOR THE END OF INTERNSHIP**
The purpose of this survey is to collect your perceptions of your Internship at its completion and for you to have an opportunity to evaluate the supervision process involved. To encourage open and honest feedback, information will be confidential in so far as all data will be maintained by the Internship Coordinator, or Director of Clinical Training (for Clinic Director feedback), and not disclosed to supervisors in a manner that would link individual students to the comments. To answer, please circle the number besides each statement that most accurately reflects the extent to which you agree or disagree with the statement using the following scale:

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**THIS INTERNSHIP HELPED ME DEVELOP:**

|  |  |  |  |  |  |
|---|---|---|---|---|
| 1. Competence and experience in the areas of my contracted goals | 1 | 2 | 3 | 4 | 5 NA |
| 2. Assessment/Initial Interviewing skills | 1 | 2 | 3 | 4 | 5 NA |
| 3. Relationships with clients/patients | 1 | 2 | 3 | 4 | 5 NA |
| 4. Case Formulation skills | 1 | 2 | 3 | 4 | 5 NA |
| 5. Diagnostic skills | 1 | 2 | 3 | 4 | 5 NA |
| 6. Utilisation and interpretation of questionnaires | 1 | 2 | 3 | 4 | 5 NA |
| 7. Psychometric assessment skills | 1 | 2 | 3 | 4 | 5 NA |
| 8. Interpretation of psychometric assessment results | 1 | 2 | 3 | 4 | 5 NA |
| 9. Report Writing/File Keeping skills | 1 | 2 | 3 | 4 | 5 NA |
| 10. Therapy skills/models | 1 | 2 | 3 | 4 | 5 NA |
| 11. Understanding of ethical issues | 1 | 2 | 3 | 4 | 5 NA |
| 12. Sense of identity as a Clinical Psychologist | 1 | 2 | 3 | 4 | 5 NA |
| 13. Understanding of administrative and organisational aspects of the organisation | 1 | 2 | 3 | 4 | 5 NA |
| 14. Understanding of Professional Issues (professional conduct, various roles and duties of a psychologist, etc) | 1 | 2 | 3 | 4 | 5 NA |

**MY SUPERVISOR:**

<p>| | | | | | |
|  |  |  |  |  |  |
|---|---|---|---|---|
| 1. Helped me define and achieve specific goals for myself during the internship | 1 | 2 | 3 | 4 | 5 NA |
| 2. Established an effective and non-threatening supervisory relationship that was collegial and respectful | 1 | 2 | 3 | 4 | 5 NA |
| 3. Was spontaneous and flexible in supervisory sessions | 1 | 2 | 3 | 4 | 5 NA |
| 4. Gave me useful feedback when I did something well | 1 | 2 | 3 | 4 | 5 NA |
| 5. Provided me with the freedom to develop flexible and effective clinical skills | 1 | 2 | 3 | 4 | 5 NA |
| 6. Encouraged and listened to my ideas and suggestions for developing my clinical skills | 1 | 2 | 3 | 4 | 5 NA |</p>
<table>
<thead>
<tr>
<th></th>
<th>Provided suggestions for developing my clinical skills</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Helped me to understand the implications of clinical approaches I used</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>9</td>
<td>Encouraged me to develop different techniques when appropriate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>10</td>
<td>Gave sensitive feedback about problems or weaknesses</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>11</td>
<td>Recognised and encouraged further development of my strengths and capabilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>12</td>
<td>Gave me useful feedback when I did something wrong</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>13</td>
<td>Helped me to reflect on my own practise</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>14</td>
<td>Allowed me to discuss problems that had developed in my internship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>15</td>
<td>Gave time and energy in observing and providing feedback on clinical cases</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
</tbody>
</table>

**PLEASE RATE YOUR SUPERVISOR’S:**

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Style of supervision</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Availability</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Responsiveness to your needs</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Capacity to impart expertise and knowledge</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Management of ethical issues in practice</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Sensitivity and capacity to address personal issues that impact on you in the internship</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Capacity to give support and guidance as required</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>Supervisor suggests relevant readings in theory, research and technique as required</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>Supervisor allowed and encouraged you to develop your own style of working within the model being taught</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>Supervisor's assistance in developing an understanding and management of process in therapy</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>An atmosphere of trust, respect, collaboration, and safety was established</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>Supervisor is prepared for supervision and is able to recall case material from earlier sessions</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>Helped me to reflect on my own practise</td>
<td>1</td>
</tr>
</tbody>
</table>

**PLEASE RATE THE OPPORTUNITIES ON THE INTERNSHIP FOR:**

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Client/patient contact</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Contact and discussion with other professionals or peers</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>A varied caseload</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Capacity to resolve conflict</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Learning new skills and ways of working</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Developing ethical and professional practice</td>
<td>1</td>
</tr>
</tbody>
</table>

**OVERALL WAS THE INTERNSHIP:**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Very</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Worthwhile?</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Stimulating and enjoyable?</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Supportive?</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Well balanced in terms of duties?</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>A pleasant environment in which to work?</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Responsive to your professional and personal needs?</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Set at an appropriate level?</td>
<td>1</td>
</tr>
</tbody>
</table>
OVERALL INTERNSHIP RATING:

<table>
<thead>
<tr>
<th>NOT SATISFACTORY</th>
<th></th>
<th></th>
<th>EXCELLENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

COMMENT ON ASPECTS OF THE INTERNSHIP WHICH WERE MOST HELPFUL AND APPRECIATED? WHY:

WHAT WOULD YOU LIKE TO SEE IMPROVED?

WHAT HAVE YOU LEARNED ABOUT YOURSELF FROM THIS INTERNSHIP?

WHAT ADVICE WOULD YOU GIVE TO OTHER STUDENTS COMING INTO THIS INTERNSHIP?

FURTHER SUGGESTIONS OR COMMENTS ABOUT THE INTERNSHIP.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE
To record your rating, place a tick in the appropriate cell. Your rating reflects your judgment of the student’s current level of performance. Rate students in reference to a notional absolute standard of competent professional practice, on a par with a Clinical Psychologist working in their first job upon qualification, not in comparison with performance by peers.

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>CODE</th>
<th>DESCRIPTION OF CATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNSATISFACTORY</td>
<td>UN</td>
<td>Progress is considerably below the rate or standard expected at this stage of training. There may be an absence of a particular feature, poor judgement or performance, inappropriate behaviour etc.; major problems are evident.</td>
</tr>
<tr>
<td>NEEDS DEVELOPMENT</td>
<td>ND</td>
<td>Progress is evident but limited and is below the standard expected at this stage of training. There are problems and/or a lack of consistency e.g. displays a rigid adherence to taught rules and is unable to take account of situational factors, discretionary judgment is not evident etc.</td>
</tr>
<tr>
<td>DEVELOPING WELL</td>
<td>DW</td>
<td>Is performing well at the level expected at this stage of training.</td>
</tr>
<tr>
<td>COMPETENT</td>
<td>COM</td>
<td>Performance has reached professional competency i.e. is on a par with a Clinical Psychologist working in their first job upon qualification.</td>
</tr>
<tr>
<td>RELATIONAL SKILLS</td>
<td>Overall rating:</td>
<td>UN</td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------</td>
<td>----</td>
</tr>
<tr>
<td><strong>a)</strong> Ability to form and communicate an empathic understanding to most clients, carers, and significant others.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b)</strong> Competence in counselling skills (e.g. appropriate clarifications, summarisations).</td>
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</tr>
<tr>
<td><strong>c)</strong> Active, not passive, and responsive listening skills.</td>
<td></td>
<td></td>
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<tr>
<td><strong>d)</strong> Ability to focus session and the client on session objectives.</td>
<td></td>
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</tbody>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>CLINICAL ASSESSMENT SKILLS</th>
<th>Overall rating:</th>
<th>UN</th>
<th>ND</th>
<th>DW</th>
<th>COM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Efficiency in conducting an adequate assessment.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>b)</strong> Appropriate breadth of questioning.</td>
<td></td>
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<tr>
<td><strong>c)</strong> Appropriate depth of questioning.</td>
<td></td>
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<tr>
<td><strong>d)</strong> Capacity for assessment through hypothesis testing.</td>
<td></td>
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<tr>
<td><strong>e)</strong> Ability and skill to make correct diagnoses and differential diagnoses.</td>
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<tr>
<td><strong>f)</strong> Ability to undertake a Mini Mental Status Examination.</td>
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<tr>
<td><strong>g)</strong> Ability to undertake assessments in a socio-culturally sensitive manner.</td>
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</tbody>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>FORMULATION AND INTERVENTION SKILLS</th>
<th>Overall rating:</th>
<th>UN</th>
<th>ND</th>
<th>DW</th>
<th>COM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Ability to conceptualise and formulate cases.</td>
<td></td>
<td></td>
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<tr>
<td><strong>b)</strong> Ability to plan treatments.</td>
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<tr>
<td><strong>c)</strong> Ability to implement intervention skills, covering a wide range of developmental, preventive treatments.</td>
<td></td>
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<tr>
<td><strong>d)</strong> Knowledge of empirically supported treatment methods, eg. CBT, IPT, MI.</td>
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<tr>
<td><strong>e)</strong> Skills to conduct empirically supported treatment techniques, eg. CBT, IPT, MI.</td>
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</tr>
<tr>
<td><strong>f)</strong> Ability to understand the strengths and limitations of applied therapeutic approaches.</td>
<td></td>
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</tr>
<tr>
<td><strong>g)</strong> Demonstrates flexibility and responsiveness in the application of treatments and/or in the implementation of manualised programs.</td>
<td></td>
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</tr>
<tr>
<td><strong>h)</strong> Skills to deal with common difficulties in therapy.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>i)</strong> Assessment of treatment progress and outcome.</td>
<td></td>
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</tbody>
</table>

**Comments:**
4. PSYCHOMETRIC SKILLS.  
**Overall rating:**

<table>
<thead>
<tr>
<th></th>
<th>NA</th>
<th>UN</th>
<th>ND</th>
<th>DW</th>
<th>COM</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Ability to apply theoretical knowledge to select appropriate tests.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b) Ability to correctly administer correctly common/core tests.</td>
<td></td>
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<tr>
<td>c) Ability to adequately score tests.</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>d) Ability to interpret results and formulate conclusions.</td>
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</tr>
<tr>
<td>e) Knowledge of psychometric issues and bases of assessment methods.</td>
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</tr>
<tr>
<td>f) Ability to integrate information into a psychometric report.</td>
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</tbody>
</table>

**Comments:**

5. SCIENTIST PRACTITIONER APPROACH.  
**Overall rating:**

<table>
<thead>
<tr>
<th></th>
<th>NA</th>
<th>UN</th>
<th>ND</th>
<th>DW</th>
<th>COM</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Development of skills and habits in seeking and applying theoretical and research knowledge relevant to the practice of psychology in the clinical setting.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b) Understanding and application of theoretical and research knowledge related to diagnosis, assessment and intervention.</td>
<td></td>
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</tbody>
</table>

**Comments:**

6. PERSONAL CAPACITIES.  
**Overall rating:**

<table>
<thead>
<tr>
<th></th>
<th>NA</th>
<th>UN</th>
<th>ND</th>
<th>DW</th>
<th>COM</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cognitive skills: problem-solving ability, critical thinking, organized reasoning, intellectual curiosity and flexibility.</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b) Affective skills: affect tolerance; tolerance/understanding of interpersonal conflict; tolerance of ambiguity and uncertainty.</td>
<td></td>
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</tr>
<tr>
<td>c) Personality/Attitudes: desire to help others; openness to new ideas; honesty/integrity/valuing of ethical behaviour; personal courage.</td>
<td></td>
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<tr>
<td>d) Demonstrates accurate self appraisal and understanding.</td>
<td></td>
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</tr>
<tr>
<td>e) Reflective skills: ability to examine and consider one’s own motives, attitudes, behaviours and one’s effect on others.</td>
<td></td>
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<tr>
<td>f) Willingness to acknowledge and correct errors.</td>
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<tr>
<td>g) Ability to identify personal distress, particularly as it relates to clinical work.</td>
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<tr>
<td>h) Ability to work effectively with diverse others in assessment, treatment and consultation.</td>
<td></td>
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</tbody>
</table>

**Comments:**

7. ETHICS.  
**Overall rating:**

<table>
<thead>
<tr>
<th></th>
<th>NA</th>
<th>UN</th>
<th>ND</th>
<th>DW</th>
<th>COM</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Knowledge of ethical/professional codes, standards and guidelines.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Recognition and analysis of ethical and legal issues across the range of professional activities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>c) Seeks appropriate information and consultation when faced with ethical issues.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### 7. ETHICS CONTINUED.

**Overall rating:**

<table>
<thead>
<tr>
<th></th>
<th>NA</th>
<th>UN</th>
<th>ND</th>
<th>DW</th>
<th>COM</th>
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</thead>
<tbody>
<tr>
<td>d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td></td>
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</tr>
</tbody>
</table>

Comments:

- d) Commitment to and compliance with ethical practice.
- e) Understands and maintains appropriate boundaries and displays respectful behaviour towards clients, staff and peers.

### 8. PROFESSIONAL SKILLS.

**Overall rating:**

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Comments:

- a) Ability to effectively structure and manage therapy time (e.g. prioritise, set limits), finish sessions on time.
- b) Timeliness: completing professional tasks in allotted/appropriate time (e.g. evaluations, notes, reports, contacting clients); arriving promptly at meetings and appointments.
- c) Demonstrates an organized, disciplined approach to writing and maintaining notes and records.
- d) Organisation and presentation of case material; preparation of professional reports for health care providers, agencies, etc.
- e) Expressive skills: ability to communicate one’s ideas, feelings and information in verbal, non-verbal and written forms for a range of purposes.
- f) Undertakes duties such as intake, telephone duty etc. and assists where required with professional tasks.
- g) Conducts self professionally in dress, attitude, language etc.
- h) Demonstrates effective presentation skills e.g. case presentation, group presentation.
- i) Negotiation /management of fees and payments.
- j) Ability to work collaboratively with colleagues.

### 9. SUPERVISION.

**Overall rating:**

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Comments:

- a) Ability to work collaboratively with the supervisor.
- b) Ability to prepare for supervision.
- c) Ability/willingness to accept supervisory input, including direction.
- d) Ability to follow through on recommendations.
- e) Ability to appropriately balance autonomy and dependency needs.
- f) Ability to self-reflect and self-evaluate accurately regarding clinical skills and use of supervision.
- g) Ability to use good judgment as to when supervisory input is necessary.
SUMMARY EVALUATION BY SUPERVISOR

Areas of (i) strength, (ii) most important areas for continued development, and (iii) significant gaps in experience:

In order to be awarded a PASS WITH MERIT, an Intern needs to perform in the top 10% of students, and meet all of the following requirements, in addition to the core competencies:

- Demonstrates an exceptional understanding of therapeutic principles and their conceptual and theoretical underpinnings;
- Demonstrates a superior capacity to generate hypothesis testing and formulation within the therapy session;
- Works independently, with minimal supervision, professionally and therapeutically;
- Shows initiative and creativity;
- Is highly professional;
- Contributes significantly to the supervision process and supports all members of the supervision team.

It is possible that these data will be considered for inclusion in a research report. Should this occur, identifying details of both Supervisor and Intern will be removed, and data from individual reports will not be published. You are under no obligation to consent to this, and may withdraw your consent at any time without penalty. Data will only be used if both the supervisor and intern agree. If you consent to participating to the use of de-identified data (e.g., group means and trends) in research reports please circle below, Yes (Y) or No (N).

<table>
<thead>
<tr>
<th>SUPERVISOR’S OVERALL EVALUATION</th>
<th>PASS WITH MERIT</th>
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SUPERVISOR’S SIGNATURE | DATE | RESEARCH Y N
INTERN’S SIGNATURE    | DATE | RESEARCH Y N
SELF APPRAISAL BY THE INTERN

Please give your own views about your learning on this placement. Please identify the areas where you feel you have demonstrated significant development, the areas that you feel that you have been challenged, and the areas that you feel it is important for you to continue to work on and develop.

<table>
<thead>
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<th>Areas of most significant development:</th>
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<th>Most challenging aspects of work on this internship:</th>
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<th>Most important areas to continue working on, and significant gaps in experience:</th>
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EXTERNAL PLACEMENTS HANDBOOK 2011

Doctor of Clinical Psychology / Master of Science/PhD

School of Psychology
University of Sydney
NSW 2006 Australia
Web: www.psych.usyd.edu.au/clinicalpsychology
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1. INTRODUCTION

This handbook is designed to give supervisors and provisional psychologists an introduction to placement requirements for the Doctor of Clinical Psychology degree at The University of Sydney. The purpose of the Handbook is to specify the expectations of supervisors and provisional psychologists for placements.

The Doctor of Clinical Psychology program aims to train clinical psychologists who are competent to work with patients from a range of different backgrounds, across the lifespan and with different presenting psychological problems and adjustments to life situations. This involves providing a broad academic, clinical and research training which builds on the strengths provisional psychologists bring with them to training. The program aims to equip provisional psychologists with the core competencies and skills deemed necessary for practice as a clinical psychologist.

Clinical Placements both within and outside the University are an essential and important part of the training regimen. Placements are arranged to give provisional psychologists exposure to a range of clinical presentations, in different settings with a variety of assessment and therapeutic approaches. During the placements provisional psychologists are expected to learn to make theory-practice links and apply the knowledge learned during the academic teaching.

The aims of clinical supervision are as follows:
- To assist provisional psychologists in the application of knowledge and skills gained from tertiary studies in psychology to their work as practicing clinical psychologists.
- To protect patients and provisional psychologists during the stage of learning professional skills and roles.
- To promote ethical and professional standards of conduct and service
- To support the professional development of provisional psychologists in ways that will increase their effectiveness as future clinical psychologists.

2. THE CLINICAL PSYCHOLOGY UNIT

A team of highly experienced and qualified clinical psychologists and clinical neuropsychologists with specialised expertise staffs the University of Sydney’s Doctor of Clinical Psychology program. The staff undertakes teaching of theoretical models of common clinical disorders and evidence-based intervention strategies. They also provide intensive supervision in early placements, initially using one-to-one observation of most clinical sessions to allow the development of a strong foundation of clinical skills amongst provisional psychologists prior to commencing external placements.

Queries regarding Placements:

For queries relating to Placements, please contact Judy Hyde, Coordinator of External Placements on 9351-2629. For general enquiries about the Course content or program, please contact Dr Caroline Hunt, Director of Clinical Training on 9351-5446.
CLINICAL TEAM

Professor Stephen Touyz, Ph.D.
Interests: Eating Disorders
Admin Responsibilities: Associate Head (Clinic), Coordinator of External DCP Placements
Phone: (02) 9351 2646; Email: stephent.touyz@sydney.edu.au

Professor Alex Blaszczynski, Ph.D.
Interests: Pathological Gambling, Impulse Control Behaviours, Irrational Beliefs, PTSD
Phone: (02) 9351 7612; Email: alex.blasczcynski@sydney.edu.au

Assoc. Professor Caroline Hunt, Ph.D.
Interests: Anxiety Disorders of Adulthood and Childhood, Bullying in Schools
Admin Responsibilities: Director of Clinical Training
Phone: (02) 9351 5446; Email: caroline.hunt@sydney.edu.au

Dr Judy Hyde, M. Clin Psych., PhD
Interests: Personality, Supervision, Models of therapy, Learning Disorders
Admin Responsibilities: Director, the Psychology Clinic, Coordinator of External Placements
Phone: (02)9351 2629; E-mail: judy.hyde@sydney.edu.au

Assoc. Professor Louise Sharpe, Ph.D.
Interests: Health Psychology, Pain Management, Problem Gambling,
Admin Responsibilities: Director of Clinical Research
Phone: (02) 9351 4558; E-mail: louise.sharpe@sydney.edu.au

Dr Maree Abbott, Ph.D
Interests: Post-event Rumination in Social Phobia; Persistent Thought Processes; Anxiety
Phone: (02) 9351 2644; E-mail: maree.abbott@sydney.edu.au

Dr Paul Rhodes, M Clin Psych. PhD
Interests: Process research in family therapy, Personal development of psychologists in training, supervision and professional practice, Qualitative methodologies.
Phone: (02) 9351 6708; E-mail: paul.rhodes@sydney.edu.au

Dr David Hawes, Ph.D
Interests: Child Psychopathology and Conduct Problems, Parenting Practices & behavioural Parent Training, the Neurobiology of Antisocial Behaviour
Phone: (02) 9351 2984. Email: david.hawes@sydney.edu.au

CLINICAL NEUROPSYCHOLOGY TEAM

Dr Sunny Lah, Ph.D
Interests: Paediatric Neuropsychology, Epilepsy, Retrograde Memory, Cognitive Rehab
Admin Responsibilities: Coordinator of DCP/DCN Admissions
Phone: (02) 9351 2648, E-mail: suncica.lah@sydney.edu.au

Dr David Horry, Ph.D
Interests: Adult Neuropsychological Disorders
Admin Responsibilities: Coordinator of DCN External Placements, Test Library
Phone: (02) 9351 4041; E-mail: david.horry@sydney.edu.au
ADMINISTRATION

The external placements are administered by Ms Cindy Li, DipComSec
Phone: (02) 9351 2646; Email: cindy.li@sydney.edu.au

The course is administered by Ms Belinda Ingram, B.Sc.
Phone: (02) 9351 2629; Email: belinda.ingram@sydney.edu.au

3. GUIDELINES FOR DCP PLACEMENTS

3.1. Qualifications of Supervisors

In line with the Australian Psychology Accreditation Council (APAC) requirements, all provisional psychologists are supervised by a clinical psychologist who has at least two years experience post-qualification, and is endorsed, or is eligible for endorsement as a clinical psychologist, by the Psychology Board of Australia (PBA).

More junior clinical psychologists may be involved in supplementing this supervision in limited areas at the discretion of the main supervisor. Where a provisional psychologist works in an educational, social services or other setting, it is preferable that supervision be provided by a clinical psychologist who has full service involvement in the setting concerned. Where this is not possible, day to day supervision may be provided by an experienced generalist psychologist working on-site with formal supervision provided by a clinical psychologist as designated above.

3.2. Honorary Clinical Associate Appointment

Supervisors who undertake supervision with DCP provisional psychologists in placements external to the University need to become members of staff through an honorary appointment. The appointment confers benefits such as access and borrowing rights at The University of Sydney libraries. The staff of the Clinical Psychology Unit at The University of Sydney hold meetings and supervision training annually for supervisors in conjunction with The University of New South Wales. Supervisors will be advised of these meetings by email.

Clinical psychologists who are eligible to supervise provisional psychologists are invited to apply for an Honorary Associate position online at:
and send an update CV (Curriculum Vitae) to Ms Cindy Li as directed.

The University of Sydney offers a three-year honorary appointment as an Honorary Clinical Associate of the School of Psychology to suitably qualified persons.

3.3. Requirements for External Clinical Placements

Provisional psychologists must complete 3 external clinical placements, including:

* A general psychiatric placement (hospital, community mental health)
* An adult placement
* A child or adolescent placement
A placement may be undertaken, and is indeed encouraged, at a site associated with the provisional psychologist’s research.

3.4 External Placement in a place of employment:

Students may seek approval from the Clinical Psychology Unit to undertake and complete one of their external placements in their place of employment. The placements in the Psychology Clinic MUST be completed by all provisional psychologists, regardless of prior experience or current employment status. A maximum of one placement (in line with APAC regulations) at a site of paid employment may be approved by the CPU.

As a general rule, use of a paid placement will only be permitted if a similar placement would have been considered appropriate had it been organised by the Coordinator of External Placements. That is, placements dealing with very similar clinical groups or in the same setting with different patient groups, as other placements undertaken will generally not be considered appropriate.

In order for employment to meet the criteria of an external placement, it should involve either neuropsychological assessment and/or therapy experience with patients. Face to face patient work should constitute at least 50% of the time that the provisional psychologist is employed. The employment should be at least equivalent to the 2 days per week for the duration of the usual placement period (i.e. 48 days) or the provisional psychologist will need to complete additional days to the employment for which they receive payment. The employment should be supervised by a clinical psychologist, who is on site, and who has the requisite two years of post-graduation experience and holds endorsement, or is eligible for endorsement, as a clinical psychologist by the PBA. The supervisor must be appointed as an Honorary Clinical Associate at the beginning of the placement.

A formal application in writing to the Clinical Psychology Unit (CPU) needs to be made in the year prior to the placement taking place and prior to allocations to placements being made in August/September each year. Once an external placement has been allocated, provisional psychologists will NOT be able to substitute paid employment for that placement. The CPU will consider each case on its merits.

The request to the CPU for permission, in principal, to use the employment as a placement needs to include the following:

- placement period for which permission is requested
- nature of the clinical work undertaken during employment (e.g. conducting therapy groups, individual assessment and therapy, neuropsychological assessments)
- the nature of the patient group with whom the provisional psychologist will be working
- the name and qualifications of the proposed supervisor.

The CPU will consider the request at the following meeting and inform the provisional psychologist verbally or in writing of the outcome. If the CPU gives permission, in principal, for the use of the employment as an placement, the provisional psychologist can proceed to plan and commence the placement, subject to the conditions below. However, as is standard, the provisional psychologist will need to submit a Placement Contract within four weeks of the commencement of the placement to the Coordinator of external placements for formal approval.

Where approval is given, all students, without exception, are to clearly differentiate their roles and responsibilities contained in their statement of duties as employees of their agency.
from the roles and responsibilities associated with their clinical placement. Accordingly, each student must in writing establish a clinical log containing the identifier (medical record number or name/initials subject to privacy/confidentiality) of the patient, and the time, duration and date for each session of assessment/treatment. The clinical log for all patients assessed/treated as part of the clinical placement must be countersigned by the external supervising clinical psychologist.

Students are reminded that this is a mandatory requirement for all external placements: breaches of this policy may have serious implications for professional indemnity insurance coverage by and for the University of Sydney.

3.5 Placement requirements:

There are currently two external placement periods: January to June and July to December. The number of hours of patient contact and supervision required are set out in the following schedule:

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<th>TOTAL HOURS</th>
<th>PATIENT CONTACT</th>
<th>SUPERVISION HOURS</th>
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<tr>
<td>Clinical Placement 3</td>
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<tr>
<td>Clinical Placement 4</td>
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<td>150</td>
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<td>(14 hrs x 24 wks)</td>
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<tr>
<td>Clinical Placement 5</td>
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<td>150</td>
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<td>(14 hrs x 24 wks)</td>
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3.6 Insurance Guidelines for External Placements:

The University of Sydney provides professional indemnity insurance cover for the University for claims against it for breach of professional duty by reason of any negligent act, error or omission by University staff, students or volunteer workers whilst engaged in University sanctioned teaching, research and associated consulting work and research and development activities. In the majority of cases, students are allocated to complete their external clinical placement in a setting where they are not employees or contracted on a fee-for-service basis.

3.7 Allocation to Clinical Placements

The Coordinator of External Placements, Judy Hyde, will contact supervisors each year to assess availability for the following year.

A list of placements is made available to current first and second year provisional psychologists in the second semester for placements in the following calendar year. Provisional psychologists meet with the Coordinator of External Placements to discuss their interests and determine a general plan for their placements that will offer them sufficient breadth of experience while supporting their primary areas of interest. Placement allocations are done in August/September for the following year.

When the provisional psychologists have nominated placement preferences for the following year, the Coordinator of External Placements will organise preliminary allocations with the appropriate supervisors. Supervisors then meet with provisional psychologists in order to
ensure that they are happy for the placement to proceed and to negotiate placement days and dates. A letter then will be sent confirming the placements.

3.5. Setting up a Placement

Both provisional psychologist and supervisor should have an opportunity to meet before the placement starts to discuss the range of experiences that are to be provided and the expectations (hours, days of work, etc.) of the provisional psychologist. The general aims of the placement should normally be agreed in advance, and a clinical contract should be written (see shared space on the server for the standard contract) and a Contract Preparation Checklist. The responsibility for the preparation of the clinical contract should rest with the provisional psychologist. Attention needs to be paid in the contract to the range of opportunities available in the placement, and to the needs, interests and previous experiences of the provisional psychologist. Particular efforts should be made to fill major gaps in experience and skill deficits of the provisional psychologist, and records of the provisional psychologist's previous experience and evaluations should be available for this purpose.

The supervisor needs to plan an induction for the provisional psychologist, arrange for cover in the event of annual or other leave and should plan casework in advance. Although physical resources within the health service and other services are frequently inadequate, care should be taken to ensure that the provisional psychologist has access to (at least) shared office space and a desk. There needs to be adequate arrangements for administrative support for placement work and provisional psychologists should be given guidance on the facilities available.

3.6. Placement Content

Supervisors need to ensure that provisional psychologists undertake an appropriate quantity of clinical work. There are dangers in both extremes: too little work reduces the opportunity for learning and too much may reduce provisional psychologist's capacity for planning or reflecting upon the work. Supervisors need to monitor the balance of time spent by the provisional psychologist on work at different levels (direct patient work, indirect and organisational work). Over each external placement, it is expected provisional psychologists will undertake 50% direct patient contact. This is likely to be less at the commencement of the placement and more towards the end. This balance will vary according to the stage of training and the type of placement.

Supervisors need to be alert to the dangers of time being lost at the start of the placement through suitable work not being available and need to take this into account in preparing for the arrival of the provisional psychologist. A log (see Weekly Placement Log on shared server) must be kept by the provisional psychologist of the work they have done in each clinical placement.

3.7. Prior Experience and Placement Rotations

Provisional psychologists vary in the level of experience that they have prior to applying for clinical training. Some provisional psychologists have considerable experience while others are relatively inexperienced. The Doctor of Clinical Psychology program at the University of Sydney takes a developmental approach to clinical supervision. The order of Placements is represented below:
**Intensive Adult Placements 1 & 2.** These placements combine placements in adult and child and family therapy at the Psychology Clinic, University of Sydney, and in psychometric assessment. The Psychology Clinic sees a broad range of presentations. Over the two placements, provisional psychologists build up to a caseload of 4-5 adult cases and conduct at least one adult psychometric assessment. They undertake 2 ongoing cases in child and family therapy in one semester and undertake between 2 and 3 psychometric assessments. Provisional psychologists also have opportunities to run group programs for children and, in some cases, their parents. The early “intensive” placements are supervised by academic and clinical staff and intensive supervision is provided through the use of observation and one-way screens.

**External Placements 3, 4 & 5** External placements can be in any setting where a clinical psychologist is employed. Most placements will be completed two days per week over a 24 week period in either the first or second half of the year, totalling 48 days (see above). If the nature of the placement is such that a more intensive placement would be useful (e.g. 3 days a week) this can be negotiated depending upon the provisional psychologist's availability. Such requirements should be specified on the placement form so that provisional psychologists are aware of requirements prior to allocation.

The core experiences of placement will vary considerably across placements, depending on the service provided, and needs to be as varied as possible.

**4. GUIDELINES FOR CLINICAL SUPERVISION**

The clinical supervisor provides supervision of the student undertaking clinical training to develop and implement clinical knowledge, interpersonal skills, case conceptualisation, diagnosis, treatment planning and treatment application. The clinical supervisor also socialises the student to the professional values, understanding, approach and responsibilities required of members of the profession. The clinical supervisor holds ultimate responsibility for the student's work and the welfare of the patient. Throughout a clinical placement, the supervisor evaluates the student's performance and provides feedback and direction, either verbally or in writing. Formal evaluation is provided at mid-placement and at the end of the placement. Clinical supervision needs to be undertaken regularly (one hour for every day worked) and in a supportive and nurturing manner that encourages learning, development and reflective practice. To the extent that supervision can be viewed as an educational activity, evaluation and feedback are clearly significant components of the process. There are several different forms or methods of supervision which, when combined permit ample opportunity for well-rounded evaluation and feedback for the provisional psychologist. The methods that contribute to the supervisory process include:

- Post-hoc discussion of clinical sessions between supervisor and provisional psychologist.
- Direct observation of clinical session – supervisor either present or observing using one-way screen or audio and/or video-taping of sessions.
- Joint or group supervision with other provisional psychologists.

While the bulk of supervision will take the form of post-hoc discussion, it is essential that some form of direct observation be included during the placement in order to provide detailed accurate feedback to provisional psychologists about their clinical skills.

The supervisor and provisional psychologist need to meet each week for a formal, scheduled supervision session to review cases; this needs to be of at least an hour's duration. Longer supervision may be needed in the earlier placements (e.g. first external placement) and each allocated case should be discussed each week. In addition, it is helpful...
if supervisors are available for informal discussion of matters that arise between formal
supervision sessions. The total contact between the provisional psychologist and supervisor
needs to be more than one hour a week. As the placement progresses, Provisional
psychologists should be encouraged to increase the independence of their work.

Provisional psychologists and supervisors will use supervision to achieve at least the
following:

- Regular weekly supervision sessions, preferably at an allocated time. These sessions
  need to be uninterrupted and reasonable notice should be given if either party is unable
to attend.
- Meetings need to be of sufficient duration for all cases to be reviewed and at least one
  hour weekly.
- Provisional psychologists may be required to bring completed case notes and files to
each supervision session so supervisors can review these to ensure compliance with
administrative requirements.
- If direct observation using the supervisor present or a one-way screen is not available,
  provisional psychologists are expected to audiotape a proportion of their clinical contacts
  for review by the supervisor and feedback provided during supervision sessions.
- Provisional psychologists are expected to read the literature relevant to cases that they
  are seeing. The supervisor will include offering direction and guidance regarding such
  resources.
- Supervisors need to provide ongoing feedback, both positive and negative, regarding all
  aspects of the provisional psychologist’s professional practice on the Weekly Placement
  Log.

In addition to discussing clinical work, it is important for provisional psychologists and
supervisors to have opportunities to observe each other at work. The provisional
psychologist can learn much from observing qualified clinical psychologists at work and
other professionals, if available.

In order for the supervisor to give the provisional psychologist accurate detailed and
constructive feedback regarding their skills it is essential that the provisional psychologist is
observed at various times during the placement to observe progress.

4.1. Supervision

The nature of the supervision provided for the provisional psychologist will depend upon
many factors. Care taken in the early stages to build up a good relationship will enhance its
quality and enjoyment. Supervisors may need to adapt their style of supervision to the stage
in training an provisional psychologist has reached; a more directive approach may be more
suited to provisional psychologists early in training, with a more reflective approach suitin
provisional psychologists later in training. The style will also depend largely on the
provisional psychologist, him/herself. A Supervision Style Checklist is available to assist and
guide development of supervision skills at:
http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

Provisional psychologists and supervisors may find that they have a different orientation or
interests. Where this happens, such differences can lead to interesting dialogues about
particular cases or approaches and enrichment of the work. Nonetheless, provisional
psychologists need to develop understanding of multiple ways of working, respect for
different approaches, and be open to learning in all placements. Ultimately, the patient is a
patient or patient of the organization in which the supervisor is employed and the legal and
professional responsibility rests with the supervisor; therefore, the supervisor’s experience and guidance needs to take priority in determining case direction.

Supervisors need to be prepared to discuss seriously and empathically any general issues of relationships with patients or staff that arise in the course of clinical work. They need to be sensitive to any personal issues that arise for provisional psychologists in relation to patients and be prepared to discuss these in a supportive way when they are considered to affect the provisional psychologists work. The range of personal issues that can be raised by clinical work is wide and includes, for example, over-involvement, dealing with anger and despair, workload and time management problems. However, provisional psychologists are not required to disclose personal information to supervisors unless agreed to in their contract. If the model of supervision requires personal disclosure, this needs to be discussed prior to the placement and contracted at commencement of the placement. Provisional psychologists retain the responsibility to be aware that personal material can affect their fitness or competence to practice. However, if this appears to be the case, supervision is not a substitute for therapy and provisional psychologists are encouraged to seek independent therapy.

4.2. Clinical Reports and Communication

Communication with other members of clinical teams and networks involves both written and verbal reports. Verbal reporting and discussion are often more important than formal written reports in terms of their effects on clinical decisions and action. Since the relative importance of written and oral communication is likely to vary between settings, supervisors will need to identify the most important channels of communication in their placement and assist the provisional psychologist to use these channels effectively and efficiently.

There is a wide variation within the profession in how clinical reports are written and presented, particularly with respect to the amount of detailed information provided. Provisional psychologists need to be acquainted with a variety of report and letter writing styles. Exposure to individual differences between supervisors is constructive where reasons for reporting style are discussed if an issue arises.

Provisional psychologists need to write reports that are appropriate to the recipient (whether this is a professional colleague or a patient), avoid jargon, distinguish clearly between fact and opinion, and provide consistent clarity of expression. They may need to be assisted in managing the potential conflict between communicating fully to professional colleagues and maintaining confidentiality.

5. GENERAL PLACEMENT GUIDELINES

Considerations in drawing up the contract

When provisional psychologists present for their first external placement, they will have had at least 150 hours of patient contact working with both adults and children both for therapy and psychometric assessment. However, many provisional psychologists will have had additional experience prior to commencing their training. Moreover, some provisional psychologists may have gained broader experiences in their early placements than others. At the commencement of the placement the provisional psychologist will provide an up-to-date CV and list of strengths and weaknesses to assist in evaluation of their level of expertise and in determining individual goals for the Supervision Contract.

The Doctorate has been planned to develop confidence and skill in a gradual manner, however, most provisional psychologists will still feel apprehensive prior to their first external
placement. Whatever their prior experience, the transition from close supervision in a known setting to independent work in a new setting with an unknown supervisor is anxiety-provoking.

During placements the provisional psychologist needs to acquire competence in core clinical skills applicable to the patient group with whom they are undertaking the placement. Many of these skills will be able to be generalised from one setting to another and will be further developed and refined in subsequent placements. Other skills might be specific to certain areas of work. In addition to these general functions, only one placement can be undertaken in any particular area, such as with eating disorders or anxiety, as it is important for them to gain a wide range of clinical.

**Monitoring of Clinical Work**


The Weekly Log is a list of the work the provisional psychologist has done throughout the week with comments available for both the supervisor and provisional psychologist to comment on progress.

**Development across the placement:**

1. **Induction and orientation**

   In the first 3-4 weeks the provisional psychologist will need assistance in adjusting to their new role. This may require:
   - A determination of the provisional psychologist's prior experience, competencies, anxieties, special interests, etc.
   - Orientation to the profession and the service e.g. meeting other members of the service, becoming familiar with facilities and equipment available, procedures and access to files, documents on the service’s policy or procedures, informal codes of conduct in the service e.g. lunch places.
   - Orientation to the service e.g. introduction to members of other professions, observation of multidisciplinary meetings, provision of a plan or guide, discussion about distinctive features of the service, provision of a who's who of local managers, local agencies, abbreviations used in meetings (RPAC, MPAG, etc.)

2. **Training in core skills**

   Although provisional psychologists should have core skills in the application of cognitive and behavioural strategies with a range of problems and basic psychometric assessment, depending upon the nature of the placement and the skills required, provisional psychologists may need to acquire some broader basic skills that will help them to function effectively as clinical psychologists with the particular population or in the specific setting of the placement.

   The following is a list of core areas in which specific skills may be helpful, although it is not intended to be either exhaustive or prescriptive. There are many ways of imparting these
skills - active methods of teaching such as instruction, modelling, rehearsal and role playing may usefully supplement observation, deduction and learning through experience.

- **"Office" procedures:** Administering referrals, arranging appointments, responding to cancellations, etc.
- **Professional issues:** related to patient contact: Understanding and respecting confidentiality within the particular service context, issues relating to gender and/or ethnicity.
- **Counselling techniques:** Establishing rapport, engaging patients, skills of listening and reflecting.
- **Assessment techniques:** using relevant standardised assessment procedures with a specific population, as well as learning about the techniques employed in interviewing, such as motivational interviewing.
- **Clinical hypothesis testing:** - i.e. translation of complex constructs into simple questions or observations, and experience at presenting a formulation in form and language appropriate to
  - patients
  - colleagues
  - referrers

- **Selecting an appropriate therapeutic intervention:**
  - utilising relevant academic knowledge
  - basing treatments on a formulation of the problem
  - making use of clinical/social information as predictors of outcome
  - setting realistic targets for outcome

### 3. Clinical cases

- Direct clinical work is expected to form the core of placements so that provisional psychologists can begin to develop assessment and therapy skills appropriate to the setting of each placement. A broad range of experience is required across the placements. No one placement can be expected to provide comprehensive coverage, and supervisors should not feel burdened by trying to find types of cases which they do not normally treat themselves. Provisional psychologists particularly should keep in mind the aim of having a sound training and should try and ensure that their caseloads from across different placements are broad and varied.

### 4. Transition to independent work

In any placement, provisional psychologists may begin by observing their supervisors working with the specific patient group, and then moving progressively to independent work. The speed with which this is done will vary according to the experience and personality of the provisional psychologist and their stage of training.

It is may be helpful to move through clear phases of a) provisional psychologist watches supervisor; b) provisional psychologist and supervisor work together; c) supervisor watches provisional psychologist. This isn't always very easy to arrange but can be helpful.

Cases can be designed to foster and monitor independent work by arranging for the provisional psychologist to follow a case through the three stages of assessment, treatment and follow up, with increasing independence as progress is made.
The issue of independence needs to be considered throughout the placement as part of supervision; there is a delicate balance between restricting an provisional psychologist's opportunity to learn and develop and allowing premature (and therefore probably unstable) autonomy.

5. Report writing and correspondence

Provisional psychologists are trained in professional communication in the Psychology Clinic of the University, but this may be the first time they will undertake this in an external service and they will need appropriate guidance in these matters initially.

6. Contact with mental health services, multidisciplinary team work

Developing a sense of the functioning of the mental health unit within which they are working will be helpful both for the provisional psychologist’s understanding of the placement and their knowledge of the functioning of the health service. Some discussion of management issues will be helpful in deriving a context for the treatments offered, and this will be particularly important where work is done in a multidisciplinary team. All provisional psychologists benefit from an experience of attending a multi-disciplinary meeting (e.g. CMHT, ward round) as part of their placements where possible.

7. Presentation of clinical work

All provisional psychologists need to present a piece of work to people other than their supervisor at least once in their training and preferably in each placement (e.g. department case discussion, multidisciplinary case review, etc.).

8. Research on placement

As part of the Doctor of Clinical Psychology program, one of the three external placements is designed, where possible, to be attached to the provisional psychologist's research project. The association of clinical placement and research interests serves a number of functions:

- It allows provisional psychologists to develop clinical expertise in an area where they have a research interest and specialist knowledge.
- It helps the provisional psychologist to understand the clinical implications of their research.
- It can facilitate relationships within the relevant clinical team and enhance recruitment of participants to their research.

However, because the research projects of different provisional psychologists will have different methods, patient groups and time requirements, the degree to which research work can form a part of the clinical placement will depend on the provisional psychologist’s project and the match between the research and the clinical work. For example, a provisional psychologist completing a treatment outcome trial with a group of patients with a specific problem at a particular site where the research and clinical work were both taking place, could legitimately use some of the placement to conduct the therapy.

A provisional psychologist completing a questionnaire study with patients with a relatively rare medical disorder may consider a more general health placement in the clinical setting from where the participants are to be recruited. In this instance, administering questionnaires would not be a legitimate use of placement time. However, supervisors may facilitate the provisional psychologist working with the team from whom they are recruiting participants and may negotiate for the provisional psychologist to visit clinics and recruit participants as long as it did not interfere with the provisional psychologist’s caseload.
6. REVIEW MEETINGS AND FEEDBACK

There needs to be a formal scheduled meeting, a Mid-Placement Review (MIR) towards the middle of the placement, involving a designated member of the Clinical Psychology Unit of the University: A date for the Mid-Placement Review should be set at the start of the placement and leave enough time for further development in the placement to occur based on the feedback. The purpose of the MIR is to:

- review the progress of the clinical Contract.
- give mid-placement feedback to the provisional psychologist on his/her clinical performance.
- allow the provisional psychologist to comment on the quality of the placement.
- give mid-placement feedback to the supervisor on his/her supervision.
- resolve any difficulties.
- set targets based upon the above for the second half of the placement.

In general, it is expected that the University staff member conducting the MIR will meet with the provisional psychologist and supervisor separately and then to hold a joint meeting. In this way more accurate feedback about the provisional psychologist's performance and about the provisional psychologist's experience of supervision and the organization may be obtained.

Mid-placement feedback is essential for both the supervisor and the provisional psychologist. Supervisors will need to try to set aside positive or negative personal feelings about provisional psychologists when making evaluations. Feedback should be detailed and constructive and designed to help provisional psychologists develop a range of effective and appropriate skills; thus, feedback should be critical but not wholly negative.

MID PLACEMENT REVIEW PROCESS

Setting a Date

- One of the staff of the Clinical Psychology Unit of the University will be assigned to each placement to attend the MIR for each provisional psychologist. The provisional psychologist will be informed of who has been assigned and it is their responsibility to organise a time that suits both supervisor and visiting CPU member. To do this, the provisional psychologist needs to contact both the supervisor and the assigned visiting CPU member to determine their availability.

- As the name suggests, the MIR should take place half way through the placement. Later reviews can leave too little time to make changes and implement any essential recommendations. Reviews conducted too early may give an unclear picture about the amount of work undertaken. However, if the MIR can not be in the middle of the placement, an early review is preferable to a later one.

STRUCTURE OF THE VISIT

It is the visitor’s responsibility to outline the aims and objectives of the MIR and to structure it appropriately. All parties will need to have a copy of the most recent Weekly Log and placement Contract to aid discussion. It is the provisional psychologist’s responsibility to ensure that these documents are available. The Mid-Placement Review is conducted in three stages:
The Visitor meets independently with the provisional psychologist

The Visitor meets independently with the supervisor

The Visitor meets with both provisional psychologist and supervisor

Within these broad areas supervisors, provisional psychologists and the visitor, will all have to provide some feedback on relevant areas. The following points are important when considering the nature of feedback:

- Qualitative feedback is essential both for the provisional psychologist and supervisor.
- Both supervisors and provisional psychologists need to try to set aside personal feelings, either negative or positive, when making evaluations.
- Feedback needs to be detailed, constructive and designed to facilitate change. Evaluations should usually be based around objective factors.
- Situations where the entire feedback is negative should be avoided. For example, wholly negative feedback of a provisional psychologist’s performance is unlikely to facilitate provisional psychologists developing a range of effective therapeutic skills. However, if a supervisor is seriously unhappy with a provisional psychologist’s performance, or any aspect thereof, supervisors need to regard themselves as under an obligation to the profession to indicate this.
- The placement visitor has an important role in shaping the review and ensuring that it is a productive, useful discussion, rather than a quick check to make sure there are no problems.

The exact content of MIR meetings may vary considerably, however, the topics below are thought to be important to each of the three sections:

**VISITOR MEETS THE PROVISIONAL PSYCHOLOGIST**

This part of the MIR is to be able to ascertain accurate feedback about different aspects of the placement from the provisional psychologist’s perspective.

(a) General feedback from the provisional psychologist about the placement and whether they feel happy with the experiences which they are receiving. Ways in which they have dealt with any problems which have arisen.

(b) Issues relating to the working environment such as:

- Office and desk space,
- Integration into the unit,
- Secretarial support and
- Definition of role.

(c) Opportunities for clinical work. The contract and clinical log can be useful here to structure the discussion.

- Range of cases,
- Different types of clinical skills used,
Different formats for therapy (e.g. group, individual, couple etc.), and
Experience in psychometric assessments if relevant.

(d) Level and quality of supervision. General feedback in this area is important, but it is also important to assess particular aspects of the supervision.

- Has the supervisor watched the provisional psychologist in a session? And the provisional psychologist watched the supervisor?
- And in administering a psychometric assessment or part thereof?
- Do the provisional psychologist and supervisor have regular meetings?
- How often and for how long?
- In what way does the supervisor give feedback, structure the supervision sessions?
- What opportunity has there been for direct feedback?
- Has the supervisor suggested and discussed reading material relevant to cases?

(e) Provisional psychologist’s assessment of their own strengths and weaknesses.

- What areas does the provisional psychologist find relatively easy?
- What are the areas which supervision tends to concentrate on?

VISITOR MEETS THE SUPERVISOR

This part of the MIR is to be able to ascertain accurate feedback about different aspects of the placement from the Supervisor’s perspective.

General feedback from the Supervisor about the provisional psychologist and how they are managing with the demands of the placement.

Has this been communicated to the provisional psychologist?
If not, why not? If so, how has the provisional psychologist responded to this feedback?
Are there any areas which have been identified as relative strengths?
Has the supervisor set any particular targets to help the provisional psychologist improve their skills?
Are there any areas of practise which are of concern to the supervisor?

Issues relating to the working environment such as:

Office and desk space,
Integration into the unit,
Secretarial support and
Definition of role.
How does the provisional psychologist manage any difficulties present in the placement?

Opportunities for clinical work: The contract and clinical log can be useful here to structure the discussion.

Range of cases,
Different types of clinical skills used,
Different formats for therapy (e.g. group, individual, couple etc.)
Experience in psychometric assessments.

Any areas which have been highlighted either prior to the MIR or in the discussion with the provisional psychologist can be fed back here.
Supervision: General feedback about the provisional psychologist’s use of and response to feedback.

Has the supervisor watched the provisional psychologist in a session? And in administering a psychometric assessment or part thereof? Do the provisional psychologist and supervisor have regular meetings? How often and for how long? How does the provisional psychologist respond to feedback? Do they tend to change their way of working as a result of feedback?

Supervisor’s assessment of strengths and weaknesses of the placement.

How has the supervisor helped the provisional psychologist to manage any problems? How has the supervisor encouraged the provisional psychologist to utilise placement strengths?

MEETING BETWEEN SUPERVISOR, PROVISIONAL PSYCHOLOGIST AND VISITOR

The main purpose of this meeting is to encourage discussion between the provisional psychologist and supervisor about the issues which have been raised. In the majority of cases, where the supervisory relationship is good, this aspect will be a formality. The content of the discussion will also vary depending upon what has been discussed in the preceding meetings. However, most meetings should encompass the following:

Summary of the strengths of the placement and supervisor from the provisional psychologist’s perspective.

Summary of any difficulties or potential difficulties raised by the provisional psychologist regarding the placement and/or supervisor.

(a) Any limitations of the placement with regard to opportunities for certain types of experiences. Ways in which it is envisaged that these will be overcome in the last three months of the placement should be objectified. If it is clear that for some reason the problem cannot be solved adequately, a course of action should be developed by the visitor in collaboration with other CPU staff, as appropriate.

(b) Summary of the strengths of the provisional psychologist’s performance, from the supervisor’s perspective.

(c) Summary of any areas of performance which may require additional attention in order for the provisional psychologist to reach core competency before the end of the placement. These should be objectified so that the provisional psychologist has clear targets to work towards.

(d) Any other targets which need to be met before the end of the placement also need to be negotiated between the provisional psychologist and Supervisor.

REPORT ON THE MID-PLACEMENT REVIEW

The visitor will prepare a report on the basis of the Mid-Placement Review. The report should be completed by the visitor and a copy given to the provisional psychologist to be signed by themselves and their supervisors. Copies should be retained by all parties.
END OF PLACEMENT REVIEW

At the end of the placement the supervisor needs to give the provisional psychologist full feedback on his/her clinical performance on the Evaluation Form available at: http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

The End of Placement Review (EIR) will usually be a formal meeting between provisional psychologist and supervisor; however, if either party would like an independent person to mediate, the Coordinator of External Placements will arrange to be present or appoint a staff member of the Clinical Psychology Unit to be present. The provisional psychologist should see the supervisor's written assessment. Any major points that the supervisor is concerned about should have been raised well beforehand, at least by the Mid-Placement Review and preferably sooner, to allow the provisional psychologist the time and opportunity to improve their performance. The provisional psychologist must also have ample opportunity to comment on the placement, and evaluate their experience.

Feedback forms and forms for rating clinical competence need to be completed at the time of the End of Placement Review and returned promptly. Supervisors need to complete the ratings for the provisional psychologist for their placement and present this prior to the provisional psychologist being requested to offer verbal and written feedback on the placement.

The provisional psychologist’s self evaluation, which is part of the MIR and EIR forms provide opportunities for provisional psychologists to self-monitor the range and quality of their work. Supervisors will usually find it useful to help the provisional psychologist complete this component of the review at both the MIR and EIR. This should also contribute to the detailed planning of placement contracts as provisional psychologists arrive on subsequent placements. It can identify areas where the provisional psychologist is experienced and where there are gaps in training.

Each provisional psychologist will also complete a provisional psychologists’ Evaluation Form rating and commenting on all aspects of the placement, available at: http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

This form has been adopted by all Universities in Sydney, Newcastle and Wollongong. The provisional psychologist's evaluation needs to be confidential in order to allow them to be open and honest in their evaluation and to raise concerns. Should concerns be brought to the attention of the Coordinator of External Placements at this point, these will be discussed and brought to the attention of the supervisor where appropriate.

As with the Mid-Placement Review, the End of Placement Review should also provide balanced, constructive and detailed feedback to the provisional psychologist. It would be helpful if the supervisor help the provisional psychologist identify gaps in his/her experience to facilitate planning for subsequent placements.

It is important for the supervisor and provisional psychologist to forward their forms and information to information to:

Cindy Li
Administrative Assistant
Clinical Psychology Unit F12
University of Sydney NSW 2006
END OF PLACEMENT REVIEW PROCESS

The End of Placement Review is the time when feedback about the clinical skills and competencies of the provisional psychologist and the experience of the placement are collected formally. In an ideal world the End of Placement Review should contain no surprises; if the Mid Placement Review has been done thoroughly the provisional psychologist will know about his/her strengths and weaknesses and the supervisor will know the good and bad points about the placement. The following points need to be taken into account to ensure that the Review is a positive and constructive experience for both parties.

The nature of feedback

Forms for the End of Placement Review are used by all Universities in Sydney and Wollongong, available at:
http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

Feedback should be discussed with the provisional psychologist at the EIR and the comments written down so that strengths and areas requiring further development may be clearly identified. Personal feelings about provisional psychologists need to be set aside when making evaluations to allow a thorough review of their competencies. Feedback needs to be detailed and constructive and designed to help the provisional psychologist improve his/her performance. It is most helpful to avoid a situation in which supervisors are providing totally positive or negative feedback, which does not encourage or guide provisional psychologists to develop a range of effective and appropriate skills. Feedback about the placement and the supervision, which has been provided, should also be discussed at the EIR. There is a form for the provisional psychologists to use, which lists a variety of qualitative and quantitative features of the placement and the supervision. These forms are kept confidential within the University, however, should issues be raised that require attention, these will be addressed by the Coordinator of External Placements and brought to the attention of the supervisor if appropriate. It is important to discuss the provisional psychologist’s feedback about the placement only after feedback on their clinical and professional performance has been given; this ensures that provisional psychologists are not threatened by the risk that their criticisms will affect the quality of the feedback about their own performance.

It is always easier to focus upon the positive aspects of feedback (what John Marzillier has called ‘the cult of the positive’). It is also the case that, occasionally, an provisional psychologist will feel disinclined for other reasons to discuss negative placement feedback with the supervisor. Occasionally, a supervisor will feel the same. Clearly, feedback is only useful to the extent that it can be heard and acted upon. If a supervisor is in any doubt about raising a particular issue or concern, the matter should be discussed with the Coordinator of External Placements. She will evaluate the issue and advise in individual cases and a staff member of the Clinical Psychology Unit can be available to attend the End of Placement Review if desired. As a general rule both provisional psychologists and supervisors should endeavour to communicate their feedback in ways that are constructive and non-blaming.

Evaluation

There are two versions of the End of Placement Review form located at:
http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

that are used for Placements where the bulk of the clinical work is therapeutic in nature. The second is reserved for Neuropsychological assessment Placements.
Please note the forms are available from:
http://sydney.edu.au/science/psychology/clinical_psychology/internship/internship_forms.shtml

Overall evaluation
Placements are rated as 'Pass with merit', 'Pass', 'Incomplete, or 'Fail'. If supervisors are unsure of the rating, they can contact the Coordinator of External Placements.

Pass with Merit
A pass with merit should be given to provisional psychologists who have demonstrated a level of clinical aptitude and independence which is considered to be at an exceptional level of proficiency for their stage of training. Provisional psychologists who receive a pass with merit should have demonstrated at least a strong level of competence in all areas of clinical skill (e.g. interviewing, assessment, therapy, formulation etc.). The provisional psychologist must perform generally at a level better than 90% of provisional psychologists with the level of training they possess.

Pass
By passing the placement, a supervisor is indicating that the provisional psychologist has learnt and developed appropriate skills and is sufficiently competent to work in a service similar to the current placement as a new graduate under supervision. If there are particular aspects of the provisional psychologist's performance that you would like to highlight, please indicate this in the 'general comments' section on the last page. It is not uncommon to pass provisional psychologists who have some minor difficulties in some areas of clinical or professional functioning. The significance of poor performance in any one area of clinical functioning will depend upon the stage of training and the opportunities available on placement. Thus, provisional psychologists in their first external placement will almost always need more practice and many will need extra help; this is normal and does not necessarily mean the placement should not be passed. However, a provisional psychologist in their second or third external placement who shows difficulties in applying basic clinical skills (e.g. assessment and/or therapy skills) would give rise to concern.

Incomplete
This category allows supervisors who have some concerns about a provisional psychologist's performance to draw these to the attention of the University, without requiring the provisional psychologist to undertake an additional placement. Provisional psychologists who have generally performed at an acceptable level by the end of the placement, but continue to learn at a rate slower than expected or continue to have a particular area of weakness (such as assessment or therapy or establishing rapport) would fall into this category. If an 'incomplete' is awarded, supervisors should not have major doubts as to whether the provisional psychologist will be able to learn the skills eventually, although progress may be slower than expected.

An 'incomplete' signifies to the provisional psychologist that the areas of weakness will require particular attention in the next placement. For provisional psychologists who receive an 'incomplete', particular goals will be set ahead of time for their next placement. Receiving a passing grade is contingent on a member of the Clinical Psychology Unit staff meeting with the next supervisor to ensure that the agreed goals are communicated to the new supervisor. This category gives the provisional psychologist an additional chance to master the areas of difficulty without having to repeat the placement.

This category is also reserved for Provisional psychologists where there is a major concern about their level of competence in one of the major areas given their stage of training. This rating can be used to reflect concern about relatively poor performance at a late stage of
training, about a failure to develop skills across an placement, or serious difficulty in one important area.

If you are concerned about poor performance on a particular item or set of items, please discuss this at the Mid Placement Review and speak to the Coordinator of External Placements. An ‘incomplete’ will result in some further work being required, but would not necessarily mean a repeat of the whole placement. The CPU, which has a more complete overview of the provisional psychologist’s development, will decide the outcome on the basis of the supervisor’s recommendation regarding areas of weakness. If the shortcomings in the provisional psychologist's functioning have been repeated in previous placements, the CPU may decide that the placement should be recorded as failed and repeated.

Fail
A failed placement might result from serious persistent shortcomings in any of the areas covered by the feedback form; i.e. failure to reach minimally acceptable levels of basic clinical competence judged in the context of the stage of training and the opportunities provided by the placement. Examples might include serious lack of sensitivity and responsivity to patients and/or colleagues; unprofessional communication; professional misconduct; failure to complete a sufficient amount of work, etc. If an placement is failed, the provisional psychologist will need to complete another full placement in the same general area of practice as the failed placement. Supervisors of the repeat placement will be informed that the placement is a repeat placement, and a pre-placement meeting to establish goals will be conducted with the provisional psychologist, supervisor and a member of the academic staff.

Report of provisional psychologist progress

Please operationalise your feedback and give concrete examples where you can, and note which areas of clinical activity you have been able to observe directly.

Provisional psychologists will have both strengths and areas requiring further development at every stage of training, and it would be helpful if you could identify these when giving your feedback under each section. This will enable the provisional psychologist and the CPU to monitor personal and professional development throughout training. We have added a section for you to identify specific goals to be carried forward to the next placement, should you feel that this is necessary or would be helpful.

It is not a requirement that you and the provisional psychologist agree about the feedback you give, or that you agree about the overall placement rating. However it is important that you discuss your feedback with the provisional psychologist and that you have this discussion before he/she gives you feedback about the placement (and before you return this form to the course).

RESULTS DEADLINE

The End of Placement Review needs to be completed PRIOR to the official end of the placement. This is due to the University deadline for submission of results being before the end of external placements (ie. the University Semester is 13 weeks whilst the Placement period is 24 weeks).

Therefore the End of Placement Review needs to be scheduled before the end of the placement and all associated paperwork needs to be submitted and signed off by the deadline. The deadline for this, along with a suggested date for the MIR, will be included in

Appendix E
the letter sent to supervisors to confirm the placement. Please plan the end of placement review date well in advance. Students who have not submitted all completed and signed off paperwork for the placement receive an “Incomplete (INC)” grade on their academic transcript.

END OF PLACEMENT REVIEW GUIDELINES

1. CORE CLINICAL ASSESSMENT SKILLS

a) Core interviewing skills - Interactional style and alliance formation
- Can the provisional psychologist engage patients and establish a good and responsive working relationship?
- Can s/he establish an appropriate rapport?
- Does s/he have an appropriate manner? (not too distant or too over-familiar; responsive to patient, clear about professional boundaries; empathic style)
- Can s/he manage difficulties within the session constructively?

b) Core interviewing skills - Technical skills
- Does the provisional psychologist show knowledge of the range of questions appropriate to an initial interview?
- Can s/he ask questions in an appropriate manner?
- Can s/he tailor his/her style and the range of questions asked to the patient's presentation and emerging "story"?
- Can s/he structure the interview appropriately (neither too loose, nor too structured)?
- Does the provisional psychologist show evidence of understanding the significance of patient's communications, by forming and testing hypotheses regarding the patient's difficulties?
- Can the provisional psychologist respond appropriately to patients from differing cultural & ethnic backgrounds?

2. KNOWLEDGE OF PSYCHOLOGICAL THERAPY TECHNIQUES
- Does the provisional psychologist have a sound knowledge of therapy techniques? Which ones?
- Are they able to discuss theoretical issues relating to technique?
- Does s/he have an appropriate knowledge of the empirical basis for interventions?
- Is s/he able to demonstrate a capacity to put theoretical ideas into practice? (ie is their practice recognisably derived from the model they claim to be using?)
- Does the provisional psychologist show appropriate flexibility in their approach? (ie an ability to adapt therapy to patient's needs, especially in relation to patients from varying cultural and social backgrounds)
- Can the provisional psychologist recognise and manage therapeutic impasses?
- Does the provisional psychologist demonstrate a capacity to think flexibly and integrate their ideas?
- Can the provisional psychologist think critically about different therapeutic approaches?

3. FORMULATION OF PROBLEMS
- Can the provisional psychologist integrate the information from interviews or assessments within a sound and coherent framework? (i.e. a framework which accounts for the presentation, is based on theory and which draws on psychological models, and which incorporates social, cultural and (where relevant) biological factors).
- Can the provisional psychologist translate this appraisal into a treatment plan? (i.e. a plan which relates to the formulation).
- Can the provisional psychologist formulate goals for further assessment or intervention?
- Does the provisional psychologist have any identifiable problems in this area? (Common examples would be: neglecting to incorporate important information, being too narrow in their thinking, making premature formulations in the absence of a full assessment, relying on intuition at the expense of theory)

4. PROFESSIONAL STYLE
In describing the Provisional psychologist’s professional style, please consider which ever of the following aspects of professional style that are relevant to this Placement:
i) Professional style - Flexibility
- Is the provisional psychologist able to adapt their personal style to the needs of the patient and of the service?
- Has s/he a capacity to reformulate when necessary and adapt or change therapeutic approach?
- Does the provisional psychologist adhere rigidly or inappropriately to one style of communication, one therapeutic modality or one view of formulation?

ii) Professional style - Persistence with difficult problems or patients
- Does the provisional psychologist show a capacity for interest rather than despair when faced with difficulties?
- Is s/he able to adopt a constructive, yet realistic approach to difficulties? Or over-zealous?
- Does s/he tend to avoid difficult clinical situations?
- Does s/he need a lot of prompting to act in situations which require perseverance?

iii) Professional style - general professional behaviour
- Does the provisional psychologist carry out work reliably?
- Does s/he work independently, responsibly and efficiently?
- Does the provisional psychologist show any lapses of professional behaviour, such as poor timekeeping, cancelling appointments inappropriately, dressing in an inappropriate manner (eg cannot fit in with the demands of the environment).
- Are there any problems managing and organising a reasonable workload and daily schedule?

iv) Professional style - relationships/ co-working with professional colleagues from other disciplines
- Does the provisional psychologist maintain a professional and respectful relationship with other staff?
- (i.e. not too shy, or over-familiar; arrogant; under or over-involved with other staff)
- Can s/he communicate effectively with other staff?
- Can s/he work constructively and co-operatively in clinical situations where responsibilities are shared?
- Can s/he work collaboratively with other professionals and maintain the balance between maintaining his/her professional autonomy and identity, while respecting the values of colleagues.

v) Professional style - Functioning within the organisation/unit/clinic etc
- Does the provisional psychologist show evidence that he/she understands the work context?
- Is s/he able to participate effectively within the unit?
- Does s/he show an understanding of how to communicate within the organisation, and put this into practice?
- Does s/he show an appreciation of how clinical psychology is located within the functioning of the organisation?

5. WRITTEN WORK
- Does the provisional psychologist write files, reports and letters well?
- Are reports written promptly?
- How much correction is normally required?
- Do the reports demonstrate clarity of thought and expression?
- Does s/he need help because s/he writes too much or too little, or uses inappropriate language? (eg too much jargon, language too colloquial)
- Are the reports tailored to the needs of the reader?

6. TRAINING AND TEACHING OTHERS
- Does the provisional psychologist understand the aims of teaching?
- Does s/he present material clearly and effectively?
- Can s/he adapt to teaching different groups?
- Are there identifiable areas for improvement - common problems include being too anxious, inflexible, overly or insufficiently academic, poor style or inadequate visual aids, too much or too little content.

7. USE OF SUPERVISION
Does the provisional psychologist use supervision flexibly to meet training needs? (i.e. to seek reassurance, anxiety reduction, to gain feedback or to learn, as appropriate, asking for advice and guidance)

- Is s/he receptive to feedback?
- Does s/he have a poor response to constructive criticism?
- Does s/he appear not to listen to or act on advice?
- Does s/he actively contribute their suggestions?

8. SELF-APPRAISAL

- Does the provisional psychologist show evidence of being reflexive - ie realistic about his/her capabilities?
- Is s/he unrealistic about their own capabilities and limitations?

SELF EVALUATION CHECKLIST

A. CORE SKILLS

1. Basic engagement skills - establish rapport, engage patient.

2. Provide rationale for procedures and interventions.

3. Data gathering techniques:
   - History taking - knowledge of what to ask and how to ask it
   - Patient self-monitoring (keeping diaries etc.) knowledge of what to collect and how to use
   - Direct observation techniques - collection and use of data
   - Psychometric assessment
   - Networking (data from other sources/agencies) - who to ask and how to use it

4. Clinical hypothesis testing and problem formulation:
   - Utilise and apply relevant academic knowledge
   - Distil implications of data gathered
   - Translation of complex constructs into simple questions or observations for further testing
   - Derive preliminary working formulation
   - Select appropriate therapeutic approach or method of intervention

5. Ability to present formulation, in form and language appropriate to:
   - patient
   - colleagues
   - referrer

6. Agree goals and negotiate appropriate treatment plan.

7. Counselling skills (general).

8. Know about issues related to power imbalances (e.g. gender, sexuality, culture or class) and ability to address these appropriately with patient.

9. Understand, acknowledge and use the therapeutic relationship as part of intervention.

10. Termination - able to end contact appropriately.

12. Evaluation of outcome of clinical work – knowledge of appropriate outcome and their limitations, ability to apply measures.

7. COMPLAINTS

The vast majority of placements are completed successfully to the satisfaction of both provisional psychologist and supervisor alike. Indeed, most supervisors and provisional psychologists find external placements to be a positive experience. Inevitably, however, difficulties occasionally occur and in most instances it is advantageous for both supervisors and provisional psychologists to liaise with the Coordinator of External Placements (Judy Hyde) as soon as possible. Involving the University rarely exacerbates a problem; however, failing to do so frequently does cause difficulties. Neither the provisional psychologist nor the supervisor needs to wait until the Mid-Placement Review to raise a problem. Indeed, a Mid-Placement Review is not the best place to raise serious concerns for the first time.

If seriously dissatisfied about aspects of a provisional psychologist's performance, supervisors should regard themselves as under an obligation to the profession to indicate this to the University and contact the Coordinator of External Placements (Judy Hyde). Similarly, the provisional psychologist also has a responsibility to the University to give feedback about the quality of the placement and the supervision.
# SUPERVISION CONTRACT

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**FORMAL SUPERVISION TIMES**

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**GENERAL GOALS** Separate supervisor and supervisee goals can be specified

**SPECIFIC GOALS**

**OTHER CONTRIBUTIONS** e.g. taking on tasks to assist your Supervisor or the organisation
SUPERVISION METHODS

Supervision may be conducted through providing feedback and direction in:
- Review of audio/video taped sessions, viewing through a one-way screen or co-therapy, as required by the Supervisor
- Case Discussion
- Role Play of interventions
- Professional conduct and presentation.
- Teaching new skills, methods and theoretical understanding
- Material for reading
- Review of reports, progress notes, letters and files.
- Professional, ethical and legal issues and areas of relevance to the work
- Other:

NB. Personal disclosure is not required in supervision and you have the right to refuse to contract for supervision that requires personal disclosure beyond what you are willing to make. However, should your performance be adversely affected by personal circumstances, your Supervisor will need to know in order to make allowances for this in your evaluation. It also needs to be noted that the Supervisor cannot provide counselling or therapy. Your Supervisor may be able to assist you in finding an appropriate referral to a therapist should you feel this would be helpful to you.

SUPERVISOR’S RESPONSIBILITIES

The Supervisor has the responsibility to:
1. Develop the Provisional Psychologist’s competency in the practice of clinical psychology to a level expected early in their professional career.
2. Protect “the health and safety of members of the public” in accordance with the Psychologists Act, 2001.

This means that a Supervisor has facilitative, quality assurance and evaluative roles and functions. Supervisors are responsible for:
- Developing and maintaining a strong supervisory alliance that provides a safe place in which the Provisional Psychologist can develop their professional skills and identity.
- Ensuring the Provisional Psychologist’s work duties provide a sufficient experience of psychology service delivery to meet requirements for their program and professional development needs.
- Ensuring that opportunities are provided to develop competence to the level required.
- Ensuring the Provisional Psychologist acquires a thorough knowledge of professional conduct and ethics and rigorously applies these standards in their work.
- Demonstrating and training skills and competencies, and providing guidance for development as required.
- Monitoring and ensuring the proper standards of the work of the Provisional Psychologist through observation, taping, and/or discussion of cases.
- Providing direction as to readings to enhance skills and theoretical understanding of the work.
- Bringing to the Provisional Psychologist’s attention performance difficulties that directly affect the Provisional Psychologist’s clinical work and recommend a course of action to address the difficulties.
- Providing timely feedback on progress, particularly in areas of concern, in an ongoing manner, on daily logs, and formally at Mid-Internship and the end of the Internship.
- Reporting to the Internship Coordinator or the assigned University representative at Mid-Internship Review when an Provisional Psychologist is not meeting requirements or there are concerns about the Provisional Psychologist’s professional or clinical progress.
- Developing a remediation plan to rectify any concerns, documenting all such concerns and planned action. If problems are not rectified quickly, notifying the Internship Coordinator or assigned University representative.
- Documenting issues of concern and storing these in a secure location to enable clear records to be kept for evaluation purposes as required by the University.
- Ensuring all service delivery by the Provisional Psychologist is adequate in terms of professional standards and the protection of the health and safety of members of the public.
- Intervening directly if the client’s welfare is at risk.
- Ensuring all reports written by the Provisional Psychologist are co-signed by the Supervisor, or Supervisor’s nominee.
- Providing access to supervision when Supervisor is off-site.

PROVISIONAL PSYCHOLOGIST’S RESPONSIBILITIES

The Supervisor is legally and ethically responsible the Provisional Psychologist’s work, but only if the Supervisor has knowingly endorsed that work. The Provisional Psychologist remains responsible for his/her own actions.

You are responsible for:
• Maintaining confidentiality of all client material and not removing any confidential material from the Clinic at any time.
• Identifying your personal goals and negotiating processes for achieving them.
• Reliably attending the Internship and supervision.
• Being punctual and prepared for sessions with clients and for supervision.
• Being open to learning and feedback.
• Keeping your Supervisor informed of all aspects of your work.
• Being open to taped and live observation by Supervisors.
• Recognising that the Supervisor carries accountability for your supervised work, necessitating adherence to the Supervisor’s reasonable instructions.
• Cooperating with ethical problem solving procedures.
• Functioning professionally.
• Gaining your Supervisor’s or nominee’s co-signature on all reports, letters etc. leaving the Unit.
• Consulting your Supervisor immediately if in doubt about any aspect of service delivery, or where clients are at risk.
• Notifying the Internship Coordinator or a member of the CPU if there are unresolved problems with a Supervisor.
• Completing all necessary documentation, such as logs, and submitting this to your Supervisor on time.
• Following the ethical guidelines of the Psychology Board of Australia.
• Completing and submitting the Provisional Psychologists’ Evaluation Form located in the External Internship Manual, which evaluates the Internship experience and the Supervisory experience, at the completion of the Internship. You will also be asked for verbal feedback by your Supervisor and the assigned University representative at your Mid-Internship Review and at Internship completion.

DIFFICULTIES AND DISPUTES

The Codes of Ethics and the Supervision Guidelines of the Psychology Board of Australia of the NSW Psychologists Registration Board state that where an Provisional Psychologist has any concerns with either their Supervisor’s professional conduct or their conduct of supervision, the Provisional Psychologist should initially attempt to discuss these concerns and possible remedies with the Supervisor through the supervision process. If the Provisional Psychologist is unable to raise such concerns directly with the Supervisor, they are encouraged to discuss them with the Internship Coordinator or Director of Clinical Training. If the issue is still unresolved, a meeting with the Supervisor, Provisional Psychologist and the Internship Coordinator can be arranged.

Where issues arise in supervision, sessions can be audio or video taped to ensure an accurate record. Extra support for both parties can be obtained with the involvement of the Internship Coordinator, who may assist through mediation. With the approval of the Clinical Psychology Unit, a change of Supervisor may be negotiated where efforts to resolve the issues have been unsuccessful.

Where a Supervisor has concerns about a Provisional Psychologist’s functioning, development or performance, these must be raised first with the Provisional Psychologist concerned, documented, and brought to the attention of the Internship Coordinator. Where these concerns are serious, with the potential to affect the Provisional Psychologist’s continued progression in the Internship, they need to be brought to the attention of Clinical Psychology Unit, where a decision can be made as to the best way to proceed. Serious concerns need to be reported to the Psychology Board of Australia.

METHODS OF EVALUATION

Feedback will be provided in session and on daily supervision log sheets regarding clinical and professional performance. Provisional Psychologists will also be evaluated on their capacity to work collaboratively with peers and in supervision. A formal evaluation will be conducted at Mid-Internship and at the end of the Internship. These formal evaluations may be delayed to provide an opportunity to further develop specific areas or skills. Further formal evaluation sessions may also be included to track progress. Provisional Psychologists need to complete an anonymous evaluation of the Internship, including the supervision process, at the completion of the Internship. This is in the External Internship Manual.

SIGNATURES

I AGREE TO ADHERENT STRICLY TO THIS CONTRACT AND THE POLICIES AND PROCEDURES OF ___________________________ (organisation) AND TO SEEK CLARIFICATION OF THESE BY MY SUPERVISOR WHERE NECESSARY.

__ ___________________________ ___________________________ ___________________________  
Supervisor Provisional Psychologist Date