

SECTION 11: ASSESSING TRAINEE PROGRESSION ON PLACEMENT OVER THE THREE YEARS OF TRAINING

Background

Expectations of a trainee's performance change as they progress through training, gaining more direct experience of clinical casework and growing into their professional role. However, benchmarking these expectations is a challenge both for the Course and for supervisors.

Part of the problem is that the same sets of fairly high-level competences are assessed in all placements – for example, a capacity for engagement, assessment, formulation and intervention is expected from the start of training. This means that the domains of competence remain largely the same over training, but there is a shift in the criteria used to appraise trainees – for example introducing factors such as the *level* of proficiency, or the capacity to practice skills autonomously, spontaneously and fluently. Over time trainees should show the benefits of learning from a range of contexts and clients, such that their knowledge and skills are readily applied to novel clinical situations, they are able to understand and respond to increasingly complex clinical phenomena and professional contexts, and demonstrate an increasing sophistication in the way they implement interventions. All of this is reflected in the BPS Accreditation Criteria, which identify a core set of 'transferable skills' which underpin the work of Clinical Psychologists: these skills are honed through their application to a wide range of clinical contexts, resulting in the level of performance expected of a qualified Clinical Psychologist.

The challenge is to anchor these abstract ideas in a way which enables them to be rated with reasonable reliability.

Global benchmarks for trainees at different stages of training

The supervisor's feedback form focuses on a number of domains; in each of these supervisors indicate whether they feel the trainee has achieved the right level of competence for their stage of training, or requires further development. Defining specific expectations for each stage of training might be possible, but is probably unhelpful – the result would be a long list that most supervisors would find difficult to apply. Instead it may be more useful to think in terms of global benchmarks which reflect the sense that progression is marked by an increased capacity to manage complexity and to operate autonomously.

Year 1

Knowledge Trainees should be able to draw on basic knowledge about psychological models; while this will be limited initially it is reasonable to assume that this develops over time, in line with academic input and their own background reading.

Competences: Initially there will be an emphasis on generic competences (such as engagement and building rapport), though through the first year there is an expectation that trainees will acquire specific technical intervention skills related to the placement.

Theory-practice links: The capacity to identify theory-practice links and develop hypotheses and formulations may be limited initially, and trainees will usually require explicit and structured support from supervision in order to develop this area.

Supervision and level of autonomy: Trainees are likely to require detailed, structured guidance from their supervisors, but from an early stage they should show an awareness of learning needs, be an active participant in supervision and demonstrate a capacity to learn from feedback. Over the year trainees should be able to take an increasingly active role in identifying the supervision agenda.

Professional style and role: Trainees should demonstrate an understanding of their professional role and that of their colleagues, though at this stage they will be learning about how these roles operate in practice (i.e. in and thought the way services are organised). Even if their role is limited at this stage, they should be able to communicate effectively and professionally with colleagues in formal and informal meetings.

Year 2

Knowledge: Trainees should be able to draw on a reasonably broad range of knowledge of psychological models,

Competences: At this stage trainees should have a reasonable repertoire of basic skills. Generic competences such as engagement should be in place (though allowance needs to be made for adjustment to new client groups or contexts). This being so the focus should be with the development of specific technical intervention skills.

Theory-practice links: A capacity to identify theory-practice links should be evident. While this may require structured guidance from supervisors, particularly in new, complex or high-risk situations, there should be a sense that this is an increasingly collaborative process.

Supervision and level of autonomy: Trainees will still require active, structured guidance, but over the year should demonstrate an increasing capacity to “filter” the material they bring to supervision (i.e. to identify what is relevant/ pertinent) and to structure and organise their presentations. They should also be able to present plans for taking the clinical work forward, along with a rationale for doing so.

Professional style and role: At this point trainees should be able to demonstrate a capacity to reflect on their role and that of others, to bring a psychological understanding of the way in which systems operate, and to be a more active participant in the organisation/ service in which they are working.

Year 3

Knowledge: Trainees should be able to draw on a wide range of knowledge about psychological models, and show a capacity to integrate ideas from across these models.

Competences: At this stage trainees should have a broad repertoire of skills and competences that they are able to apply with some fluency. Trainees should show an increasing capacity to manage clinical contexts characterized by higher complexity/risk.

Theory-practice links: There should be a clear capacity to make links between theory and practice, to integrate ideas and approaches,

Supervision and level of autonomy: Trainees should demonstrate an increasing capacity for autonomy and for self-direction, with the result that supervision should be characterised by an increasingly collegial style.

Professional style and role: Trainees should be able to make an active professional contribution based on their understanding of their role and that of others, to communicate effectively and professionally, and to offer advice/consultancy. They should also be able to reflect on any conflicts within the service organisation and be able to use psychological models to consider how best to work with this.

Appraising competence developmentally – some factors to take into account

The global benchmarks above try to capture the expectations of a trainee at each stage of training. If a trainee is falling below expectation it can be useful to formulate the reasons for this, especially when this reflects an absence of opportunity rather than a deficiency in learning. For example when they start the course first year trainees vary widely – some have extensive clinical experience, some more limited. This means that expectations about their capacities need to be tailored to their prior learning, and supervisors will need to distinguish between difficulties which are developmentally appropriate (the trainee simply needs more experience) and those which may be flagging problems in skills acquisition.

Closely linked to this point, in the early stages of training it can be especially difficult to distinguish between problems of learning which are developmental and will resolve with

more experience, and those which are flagging a substantive problem which will recur, and where early identification is both appropriate and helpful. Perhaps because most psychologists tend to see problems as resolvable (and the spirit of training is that people can change and improve) supervisors can be reluctant to flag concerns, even when problems are apparent. However they need to try to sift the evidence and not make the assumption that improvements will occur at a later stage of training.

Finally, trainees sometimes arrive at placement with less experience of specific clinical procedures or interventions than supervisors might expect. Hopefully initial discussions at the start of the placement will help supervisors formulate the reasons for this. For example, trainees take different pathways through training, and so the problem could relate to the absence of opportunities in previous placements. Equally it could reflect difficulty in learning from experience, and hence reflect a more substantive problem. As above, supervisors will need to reflect on, and collate evidence for, the likely roots of the problem.