

## **SECTION 12: OVERVIEW OF PROCEDURES FOR MONITORING PLACEMENTS**

For the purposes of the Examination Board, training is divided into 6 six-month placement periods over three years. The Course formally monitors progress in each placement period through the Mid-Placement Review (MPR) and the End of Placement Review (EPR).

One-year placements are deemed to comprise two six-month placement periods, each part of which requires a Mid-Placement Review and an End of Placement Review.

The MPR meeting involves a college visitor (usually the trainee's course tutor), the supervisor(s) and the trainee.

The EPR meeting usually takes place with the supervisor and trainee alone. However, in cases where significant difficulties have been identified (either at the MPR or at any other stage in the placement) the college visitor will also attend.

Any concerns about the placement which have implications for its overall evaluation must be identified as early in the placement as is possible. For supervisors these concerns will relate to problematic trainee performance or competence; for trainees these will be issues related to supervision or to the organisation of the placement.

These concerns will be raised formally at the time of the MPR. However, if significant issues emerge before or after the MPR, the supervisor or trainee should discuss these with the relevant college visitor in a timely manner.

If, at any stage, the supervisor judges the trainee's performance to be on the borderline of failure, then they must inform College via the relevant college visitor. Any trainee who is at risk of failing a placement should be told as early as possible and given the opportunity to discuss and address the supervisor's concerns.

It is bad practice to introduce new information regarding trainee progress at the time of the EPR. Only in cases where significant new information emerged very late in the placement would this usually be acceptable.

### **MID-PLACEMENT REVIEW (MPR)**

#### **The function of the MPR**

MPRs serve a number of important functions deemed essential by the Committee on Training in Clinical Psychology (CTCP), which accredits courses for the BPS:

'All clinical placements should be visited by a member of the course team at least once during each placement to monitor the clinical experience and supervision provided and to help resolve any problems which may arise.'

The MPR has a dual role. It gives an opportunity for all parties to reflect on progress in a manner which should be facilitative, and in cases where there is no risk of placement failure, it is this aspect which will be to the fore. However, it also has a gatekeeping function, because it should identify

issues which look likely to lead to placement failure – either because of problematic trainee performance or competence, or because of a failure of the placement to provide appropriate experience and/or supervision.

The MPR usually comprises:

- A formal review of the clinical work of the trainee in terms of content, level, the skills and competencies he/she has acquired.
- A formal review of the supervision arrangements to ensure that the placement contract and supervision guidelines are being followed.
- An opportunity to identify targets (clinical, supervisory or organisational) for the second half of the placement.

Although there may be exceptions, it should be the case that trainees who fail placements will have been alerted to this risk at the MPR, and will therefore have had the opportunity to improve their performance.

## **The Process of the MPR**

### ***Timing***

The MPR should take place half way through the placement – reviews held later than this leave too little time to implement any essential recommendations.

For October-April placements this means the review takes place in December-January. For April-October placements the review takes place in June-July.

The review usually takes between 1 and 1 ½ hours.

Because it is more efficient for college visitors to visit placements in the same locality on the same day, it is helpful if MPR dates can be set as early as possible. It is the trainee's responsibility to liaise between the MPR visitor and the supervisor.

### ***Timing for one year placements***

As above, for the purposes of the Examination Board one-year placements consist of two six-month placement periods. This means that each part requires a Mid-Placement Review and an End of Placement Review.

The first MPR will be around December-January, and the second around June-July. Both MPRs will usually be conducted on-site. However, if all is proceeding well at the first MPR, there are no substantive changes to clinical activity or placement organisation, and independent contact with supervisor and trainee confirms that the placement continues to function well, the second MPR may be conducted by telephone or video conferencing.

### ***Structure of the MPR visit***

Section 13 gives specific details of the structure and content of the MPR.

Briefly, the college visitor will outline the aims of the meeting and structure it appropriately. It is a BPS requirement that the trainee and supervisor are seen separately, followed by a joint meeting to give feedback and to agree any targets and 'action points'. This sequence is intended to maximise the opportunity for independent and accurate feedback, and though each of these meetings is confidential, it is usual for important areas of concern to be raised in the joint meeting.

In the meeting with the trainee, the college visitor will review their work and current placement and supervisory experience (with reference to the MPR-EPR form), and agree topics for discussion with the supervisor. In the meeting with the supervisor, the work of the trainee will be discussed (with reference to the MPR-EPR form), and again agreement reached about what should be discussed jointly. In the joint meeting the college visitor, trainee and supervisor will set targets for the remainder of the placement.

After the meeting, the college visitor will record on the MPR-EPR form the agreed targets for the remainder of the placement, as well as any additional issues raised in the MPR, which were not detailed by trainee or supervisor in their completed sections of the form prior to the MPR meeting. A copy is sent to the trainee and supervisor, and a copy retained at college.

## **THE END OF PLACEMENT REVIEW (EPR)**

### **Function of the EPR**

The EPR meeting is an opportunity for giving formal feedback about the clinical skills and competencies of the trainee and for evaluating progress on the placement. It comprises:

- A formal review of the trainee's clinical work in terms of content, level, the skills and competencies they have acquired, with reference to updated ratings and feedback given on the MPR-EPR form;
- A formal review of the supervision, with reference to updated ratings and feedback given on the MPR-EPR form;
- An opportunity to identify targets for the next placement.

### **Process of the EPR**

1) The EPR meeting should be scheduled so that it takes place at least one week before the end of the placement. An appropriate amount of time should be set aside - an hour and a half is probably about right, but longer may be required if there are a lot of issues to discuss.

2) **Before** the EPR meeting supervisors must have:

- a) completed Parts B, D and E of the MPR-EPR form, and
- b) sent a signed copy of the form to college (either posted as a hard copy or (preferably) emailed as a pdf (so that the form we receive includes the supervisor's signature), and sent to [placements-admin@ucl.ac.uk](mailto:placements-admin@ucl.ac.uk).

The rationale for submitting the MPR-EPR form with supervisor's feedback completed to college before the EPR meeting is that the form is equivalent to an Examiner's Report. As such it needs to be prepared and submitted independent of any subsequent discussion or feedback from trainees – as would be the case for any examined piece of work.

**Before** the EPR meeting, trainees must have:

- c) completed Parts A and C of the MPR-EPR form.

3) The EPR meeting should start with the supervisor giving the trainee a copy of the MPR-EPR form with their feedback completed that has been submitted to college, and continue by discussing and reflecting on the formative and the summative feedback with the trainee.

4) After discussion of the supervisor's feedback has been completed the trainee should give the supervisor a copy of the MPR-EPR form with their trainee feedback section completed (Part C).

In this way the trainee can give feedback on the placement without being concerned that this will influence the supervisor's evaluation.

### **Trainee comment on supervisor feedback**

Trainees can comment on the content of the supervisor's feedback using the Trainee comments on supervisor feedback at EPR form, although this is not mandatory. However, they cannot request any revision or redrafting: as above, the supervisor's feedback represents an independent, formal evaluation of their progress. The trainee comment form should be returned to college, along with other placement paperwork.

## **GIVING FEEDBACK IN SUPERVISION, IN THE MPR AND IN THE EPR**

### **Gatekeeping and facilitation**

Feedback serves two purposes. It indicates whether the trainee is at the right level for their stage of training, and whether there are any concerns which may lead to overall placement failure. This 'gatekeeping' aspect of feedback is critical, but contrasts with the more detailed feedback which trainees should be receiving about their capacity to deliver specific competencies.

It is important for trainees to receive both types of feedback; they will be more responsive to constructive feedback about specific areas of functioning if they are clear that their overall performance is satisfactory. Equally, trainees who are at risk of failing a placement need to know this, and to know in what ways they are failing. However, it needs to be recognised that this can place the supervisory relationship under some strain, because the supervisor's evaluative role is made more explicit. This fact needs to be acknowledged and (if necessary) appropriate professional support sought by both parties. Without this, supervisors risk becoming unduly concerned about further upsetting the trainee (and so withholding important feedback), and the trainee risks being caught in a cycle of undue anxiety about monitoring of their performance (thereby reducing their effectiveness still further).

### **The nature of feedback at the MPR**

Mid-placement qualitative feedback is essential both for the trainee and for the supervisor. Feedback should give trainees a clear sense of their overall development and supervisors an indication of the degree to which the placement is achieving its aims; for both parties the MPR should indicate strengths as well as any areas for change and improvement.

The placement visitor has an important role in shaping the review and ensuring that it is a productive, useful discussion, rather than merely a brief check that all is well. Feedback should be detailed, constructive and designed to help the trainee to improve; wherever possible it should be behaviourally specific. The MPR-EPR form helps support supervisors and trainees to structure the discussion.

The process of feedback is of course two-way. Feedback about the placement and the quality of supervision should also be provided by the trainee. The trainee feedback section of the MPR-EPR form can be used to help structure the feedback.

### **Raising concerns about placements prior or subsequent to the MPR**

Though the MPR is the formal setting for evaluating and discussing how a placement is progressing, trainees and supervisors should always feel free to contact the college visitor at any point in the placement cycle if they have serious concerns (either before or after the MPR).

## **The nature of feedback in the EPR**

In an ideal world the EPR should contain no surprises; the MPR should have given the trainee information about their strengths and weaknesses, and the supervisor will know the good and bad points about the placement. This ideal is not always achieved, and the following points should be taken into account to ensure that the Review is a positive and constructive experience for both parties.

The supervisor's feedback section of the MPR-EPR Form (Part D) has space for supervisors to make detailed comments on a range of clinical competencies; this feedback should be discussed with the trainee at the Review and strengths and needs clearly identified. Feedback should be detailed and constructive, wherever possible behaviourally specific, and designed to help the trainee improve his/her performance. As above, supervisors (as good psychologists) should avoid a situation in which they are providing totally negative criticism, since this does not encourage or guide trainees to develop a range of effective and appropriate skills. The supervisor should try to set aside positive or negative personal feelings about trainees when making evaluations.

The trainee's feedback section of the MPR-EPR Form (Part C) lists a variety of qualitative and quantitative features of the placement and the supervision. It is important to discuss feedback about the placement only after the clinical feedback has been given; this ensures that trainees are not threatened by the risk that their criticisms will affect the quality of the feedback about their own performance.

Clearly, feedback is only useful to the extent that it can be heard and acted upon. Under some circumstances the decision to remain silent may be wise. However, in these cases the matter will usually be discussed with the relevant course visitor.

## **Bias in feedback**

As good psychologists we should be alert to the risks of skewing feedback, especially when the judgements being made relate to complex tasks. From observation we know that there are some risks which are worth guarding against:

### ***For supervisors:***

a) Only focusing on the positive, and avoiding any reference to negative issues. This 'cult of the positive' can arise under a range of circumstances. Ironically it can occur because the trainee is performing very well overall, and supervisors find it hard to give detailed comments on specific aspects of performance. However, it also arises when supervisors are reluctant to draw attention to areas which they find hard to raise with trainees. An example would be a very anxious trainee, where supervisors worry that raising their concerns about clinical work would exacerbate anxiety and further diminish performance.

b) Only focussing on the negative, and finding it difficult to find positive aspects of the trainees work. It is worth reflecting on the fact that it is unlikely that any trainee performs so badly that there is nothing they do right. This sort of bias can begin to emerge when trainees fail to achieve an appropriate level of functioning, and do not respond to supervisory input. In these cases it may be that more attention needs to be paid to what the trainee can do, rather than what they can't. However, because rational appraisal can sometimes be difficult when supervisors become frustrated by a lack of progress, an entirely negative appraisal should give rise to self-examination on the part of the supervisor.

### ***For trainees:***

Trainees may feel disinclined to discuss negative placement feedback with the supervisor, and might be particularly concerned about this being written down in a formal report (i.e. the MPR-EPR form).

This usually happens because they are anxious that disclosing their concerns will result in a negative evaluation. For example, they may feel that the supervisor is inclined to judge them negatively, and do not wish to exacerbate this by complaining. Equally they may have (legitimate) personal feelings towards the supervisor or the setting which they fear disclosing in case they are seen as being unprofessional.

Though the power imbalance inherent in training makes it harder for trainees to feel confident about giving feedback, it is important that they contribute to monitoring, and that their views are heard. However, it is recognised that this ideal may prove difficult under some circumstances, and that trainees may wish to report some concerns to a member of college verbally rather than in writing.

### **A summary of tips for good practice**

- Both parties should prepare in advance the feedback to be given. Specifically supervisors and trainees should complete their relevant parts of the MPR-EPR form in advance of the EPR meeting. As noted above, supervisors should send their version of the form, completed and signed, to the course in advance of the EPR meeting. In the meeting, supervisors and trainees use the MPR-EPR ratings from the MPR-EPR form as a guide, but the feedback should be communicated in person at the time of the EPR.
- Feedback should be operationalised, positive as well as constructively critical and illustrated with examples.
- Supervisors and trainees should indicate the means by which clinical competence and the placement respectively might be strengthened.
- Both parties should avoid making global or unsubstantiated criticisms, or general comments on personality. Behavioural specificity is almost always more useful.
- Both parties should avoid presenting only the positive aspects of performance of the placement.
- Feedback about clinical performance should combine both positive and negative information and should ideally be communicated in the context of a good, supportive supervisory relationship. The better this relationship is, the more likely will feedback be listened to and subsequently acted upon. If supervisors or trainees are in any doubt about how to give feedback or what to say, or if they have doubts about whether the placement should be passed or failed, they should contact the MPR visitor for help.
- Supervisors and trainees should be familiar with the guidelines on passing and failing placements and the associated complaints procedures.