Getting the best out of clinical placements: What can we learn from the experience of Trainee Clinical Psychologists?

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UCL Doctorate in Clinical Psychology
Aims:

- Context of the project
- Outcomes
- Implications for practice
Context:

• Health Education England North Central and East London commissioned project

• Explore which factors contribute to both good and poor clinical placements

• Focus on the experiences of trainee clinical psychologists
Part 1: Online survey

• Supervisor/trainee relationship

• Placement factors

• Overall placement experience
Part 1: Participants

Respondents by course
- UCL: 27
- UEL: 45
- Royal Holloway: 49

Respondents by year group
- 1st: 37
- 2nd: 42
- 3rd: 42
Part 1: Overall satisfaction

Trainees' overall rating of the placement

- Fantastic: 32.23%
- Good: 26.45%
- Quite Good: 14.05%
- Mixed feelings: 14.05%
- Quite Poor: 3.31%
- Poor: 4.13%
- Really Poor: 5.79%

Total: 73%
Part 1: Factors associated with poor experience

- Services under pressure
- Supervisors who:
  - are over-stretched / too busy
  - are unresponsive to trainee concerns
  - provide unbalanced feedback (focused on negative)
  - close down discussions of alternative approaches to case work
  - seem uninterested in supervision or don’t offer enough supervision time
Part 1: Factors associated with placement satisfaction

Supervision
Clinical work
Team
Autonomy
Modelling
Theory-practice links
Nature of service
Conclusions:

• Good quality, sensitive, reflective supervision appears to buffer the many challenges trainees face on placements.

• It is a mediator for other placement factors (e.g. clinical work or nature of the service).
Part 2: Focus groups

• Discuss experiences in more detail

• Explore factors that contributed to good & poor experiences
Part 2: Focus groups:

- Three focus groups (total 13 trainees)
- Themes identified under factors that contributed to:
  - good experience
  - poor experience
  - difficulty reporting issues to courses
  - what courses can do to improve this

“I came here mainly because I have had good experiences and I haven't really talked about that, instead it has felt more important to give space to some of the difficult experiences.”
### Part 2: What makes for good and poor experiences?

<table>
<thead>
<tr>
<th>Good experiences</th>
<th>Poor experiences</th>
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<tbody>
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Supervisor / supervision:

“My relationship with my supervisor is so difficult that I can honestly say, I spend more time thinking about how to manage my supervisor than I do thinking about my clients and what I am actually doing on placement, and that’s really difficult to handle.”
Part 2: What makes for good and poor experiences?

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Raising issues with the course:

- *Factors that get in the way of raising issues with the course were:*
  - power imbalance
  - perceptions of close links between some placements & courses
  - feeling blamed for difficulties on placement
  - work-related stress being attributed to the trainee rather than placement difficulties
  - a narrative that trainees should “survive” difficult placements
Difference and diversity:

"When you go into a placement, people don't assume that you are a trainee, so I have been asked "Oh, are you admin?", "Oh are you this?", are you, everything but some kind of clinical role. It's really not a unique experience. And if you don't have the space to reflect on that it leaves you questioning "Am I allowed to occupy this space, in this capacity? Is it okay for me to be here? To be me?". You need someone else to think about this with."

## Part 2: Raising concerns

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<td>Providing feedback to trainees about problematic placements and actions</td>
<td>Ensure trainees are updated at all points when addressing difficulties, giving examples in induction teaching</td>
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<td>Supervisor training e.g. providing updates on course / training requirements</td>
<td>Bullet point aide memoire summarising course expectations, getting feedback from supervisors on what supports them via supervisor training</td>
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<td>Ensuring trainees know what to expect from supervision</td>
<td>Included discussion/exercise in induction teaching, early “check in” with tutors in first placement, meeting with buddies one month into placement to discuss experiences</td>
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<td>Increasing support for trainees from BAME backgrounds and those with physical health</td>
<td>Expanded focus on difference and diversity in supervisor training, exploring further support systems within the course</td>
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Conclusions:

- The majority of trainees had really good experiences
- Where there were difficulties, courses should:
  - Focus on the primacy of the supervisor and quality of supervision
  - Support trainees to raise concerns early
  - Be transparent in procedures, processes and outcomes – so trainees know concerns are taken seriously
  - Provide support around difference and diversity
  - Have a robust tutoring system