**Guidelines for Split Placements**

**(this guidance supersedes previous guidance for ‘3 plus 1’ placements)**

*These guidelines provide information regarding the specific circumstances of split placements however they should be read in conjunction with the overall placement guidelines contained in Sections 3 and 4 of the Handbook which can be found at* [*https://health.ed.ac.uk/study/postgraduate-taught/dclin-study-resources/doctorate-in-clinical-psychology*](https://health.ed.ac.uk/study/postgraduate-taught/dclin-study-resources/doctorate-in-clinical-psychology)*.*

**Context**

Over the years a variety of split placements have been offered on the University of Edinburgh Programme. Many of these are well established within and across Health Boards (eg a core adult mental health placement two days a week in Primary Care and two days a week in a CMHT or a ‘3 plus 1’ core adult mental health placement where three days in a traditional adult service is complemented by a day in the specialist service a trainee is aligned to – eg forensic or clinical health or neuro).

More recently the university have introduced additional flexible placement models which Health Boards may choose to use, including core placements which are split between two services (eg a core ID placement with two days a week in forensic ID and two days in CAMHS ID) and core placements which are fewer than four days and are augmented by days in another service.

**Main Differences of Split Placements**

There are many possible different types of split placement. For instance some placement are split by geography (trainee works in two or more geographical locations during the week) but have just one supervisor. **These guidelines are focused on placements where there are two supervisors.**

These guidelines apply to core placements in first two years of training.

The nature of a split placement can vary significantly in terms of degree of similarity between the two parts. Splits can range from having two part-time supervisors within one service and one location through to a placement being split between different specialties in different locations.

The following questions are useful to consider in mapping the structure of each split placement:

Are the splits in the same Health Board?

Are the splits both part of the core placement (eg CAMHS ID and Adult ID)?

Are the splits in the same service?

What is the split in terms of balance of days in each part?

Understanding the nature of the split can help inform how the placement is approached for all involved, including supervisors, trainee and local and clinical tutors.

It is useful in advance for all involved with a split placement to acknowledge the ways in which it is different from a full-time placement in one service with one supervisor. These include:

* The requirement for communication between two supervisors, before and during the placement – which will take time which should be taken into account within supervisors’ job plans
* the appropriate workload for each part of the split will be lower because of the need for some elements to be duplicated or coordinated eg supervision, attending team meetings, undergoing any specific training or induction required. This means that across the full placement a trainee may have less direct clinical contact time than if they were only in placement. This is offset by the advantage of having a broader range of experience.
* how much longer it takes for things (including familiarity with team, service, processes and procedures) to ‘get up to speed’ in split placements
* getting ‘up and running’ with particular clients may not take longer than usual but the opportunities to learn from practise and feedback may take longer and this should be taken into account when assessing clinical competence and confidence

**Key Processes**

Paperwork and evaluative processes should be clear to both supervisors and trainee from the start of the placement.

**Local Area Tutors’ Placement Planning**

As for all placements, Local Area Tutors are responsible for planning split placements. As usual these placement plans need to be submitted to the Clinical Practice Director for approval.

**Liaison between Supervisors**

**On all split placements one of the supervisors should be nominated as the coordinating supervisor (even if the split is evenly balanced in terms of time).** The coordinating supervisor would normally be the supervisor the trainee is on placement with most. If the placement is equally balanced re time (eg 2 days a week) then the coordinating supervisor should come from the core placement area. The co-ordinating supervisor is responsible for monitoring and asking about the overall placement experience including workload and how the two parts are working together, including supervision.

Supervisors should meet (face-to-face or virtually) each other prior to the placement, at the mid-placement visits and at the end of placement visit (if one is required). In between these times there will be informal liaison to e.g. monitor workload balance between parts of the placement and agree on Evaluation of Clinical Competence ratings before mid and end of placement.

See checklist below for details of minimum supervision and contact time with supervisors in core placements. Note these are minimum requirements and depending on stage of training, prior experience and complexity of placement / clinical work often more supervision is provided.

**Before the Placement Starts**

Both supervisors should meet to plan the placement (the trainee can attend this meeting but does not need to if this presents practical barriers eg due to being on teaching). The placement guidelines should be used to guide placement planning (see Handbook). If one part of the split is in an area that does not usually have core trainees guidance can be sought from the Local Tutor or Clinical tutor about the learning experiences to offer to trainees.

Attention should be given to the value of having a consistent routine within each week – for supervisors and trainees alike – whilst offering flexibility as necessary – eg to attend particularly meetings – and see note in bold below re teaching weeks.

Supervisors should negotiate and agree the types of cases and other relevant experience they will offer in their part of the placement. It is useful to have an idea of planned caseload and weekly direct and indirect clinical contact time for each part of the placement. As a rough rule of thumb when the placement is up and running 50% of placement time would be in clinical contacts (both direct and indirect) (recognising that the nature of this work will vary depending on type of placement).

**Where it is the first time that the coordinating supervisor has run a split placement the initial planning meeting should be arranged by and include the Local Area Tutor.**

**Supervision**

In line with BPS guidelines the coordinating supervisor will be required to provide supervision for a minimum of an hour a week. The second supervisor provides the trainee with a minimum of 45 minutes supervision per week if two days a week on placement – or minimum of 30 minutes a week if one day a week on placement. Total contact time with supervisors across both parts of the placement is a minimum of 3 hours per week and the coordinating supervisor has a role in monitoring this.

**Observation**

The numbers here are the required minimums, rather than being the desired maximums – additional observations, both ways, will always provide greater opportunities for feedback, learning and competence development. Supervisors should use recording (audio, video or digital) to overcome any pragmatic difficulties in arranging direct observations.

The coordinating supervisor is required to observe the trainee a minimum of 5 times, while the other supervisor is required to observe the trainee a minimum of 3 times. This is designed to allow both supervisors to see a representative range of the trainee’s work in order to give detailed feedback to aid competence development and also provide a valid assessment. It supports trainees to be able to show their competences across a range of sessions rather than a supervisor forming a view based on one or two sessions.

The trainee is also required to observe each supervisor a minimum of 5 times as the supervisors may be working in different specialities and/or in different ways and observations offer a rich learning opportunity for modelling of competences that the trainee is working towards achieving.

**Paperwork**

*Copies of the following paperwork can be downloaded for completion from* [*http://www.ed.ac.uk/schools-departments/health/clinical-psychology/studying/resources/doctorate-resources*](http://www.ed.ac.uk/schools-departments/health/clinical-psychology/studying/resources/doctorate-resources)

*Placement Description*

Each part of the placement should have an up-to-date description of the placement sent to the Local Tutor and forwarded to the Clinical tutor.

*Placement Experience Checklist*

There should be 1 placement experience checklist which identifies which experiences will be available on which part of the placement.

*Placement Supervision Contract*

There should be two standard placement supervision contracts – one for each supervision relationship. They should each specify how workload balance will be reviewed between supervisors on a regular basis – with the coordinating supervisor taking the lead with this.

In addition both supervisors and the trainee should sign off the sheet at the end of these guidelines.

*TURAS Portfolio*

Other placement paperwork is now completed online through TURAS Portfolio which has replaced the paper versions of Weekly logs, Summary of Placement Experience forms and Evaluation of Clinical Competence forms.

*Evaluation of Clinical Competence Form*

**One ECC will be completed on TURAS Portfolio for both mid placement visit and end of placement meeting at the university**. The two supervisors will need to liaise to agree on individual ratings and a global rating. When considering item ratings it may be useful for supervisors to bear in mind that in some situations they will both have evidence in relation to the item (eg use of supervision) and with other items (eg neuropsych) only one of them may have evidence.

It is currently not possible for two supervisors to edit a single ECC form in TURAS. We have asked for this functionality to be added as a priority and we will communicate when this has occurred. In the absence of this, then various ways are possible. The two supervisors can have a joint discussion and only one types agreed joint comments in to the form; one supervisor types their comments into the ECC on TURAS Portfolio and cuts and pastes the other supervisor’s comments in from a Word document that they are sent.

Where either or both supervisors are considering a rating of 4 (for single items on the ECC) or a D or E (for overall rating on ECC) the supervisors should contact the clinical tutor to alert them **as soon as this becomes apparent**.

*Evaluation of Supervision Forms*

Trainees will submit two evaluation of supervision forms (one for each part of the placement) to the Programme at both mid placement and end of placement.

**Mid-Placement Visit**

Both supervisors should ordinarily be present at the mid-placement visit.

**Placement Days during Teaching Weeks**

In weeks where there is just one teaching day trainees retain their study day and (in first four placements) will be on placement three days that week. In weeks with more than one teaching day trainees do not have a study day. It is suggested that they retain their usual days in each part of their placement (i.e. if a trainee has teaching on Monday and Tuesday and is normally in Royal Edinburgh Wednesday and Thursday and the Orchard Clinic on Friday they should stick to this routine).

**In placements 1 and 3 (which run from October to April), there are fortnightly teaching days on Mondays for most of the placement. This should be carefully considered when allocating which days the trainee will be on which parts of a split placement.**

**If, due to the way teaching dates fall, there is concern that trainees are missing a disproportionate amount of time from one part of the placement this should be discussed between both supervisors and the trainee and agreement reached as to how this will be managed.**

**Small Scale Research Project Study Time**

If a three year trainee is doing their small scale research project during this placement (or an RPL trainee has requested to take) their half a day allotted study time for this should ideally come from the ‘larger’ part of the placement. If both parts are equal (eg two days each) then the SSRP time should be discussed and agreed with both supervisors.

**Trouble Shooting**

Any difficulties / disagreements regarding the structuring / planning of the placement should be discussed initially with the Local Area Tutor. Concerns regarding trainee progress / competence development should be raised with Clinical Tutors. Further details are provided in the Handbook.

**Feedback**

The Programme welcomes feedback on these guidelines and on split placements in general. The guidelines have been updated in April 2023. Further feedback should be directed to Local Area or Clinical Tutors in the first instance.

**Split Placement Sign Off Sheet**

We have read the guidelines in relation to split placements and will implement them in relation to this split placement.

Trainee name: Signature and date:

Coordinating supervisor name: Signature and date:

Coordinating supervisor contact details:

Additional supervisor name: Signature and date:

Additional supervisor contact details:

Split Placement checklist

This checklist is designed as a prompt sheet for supervisors to help follow the guidelines.

|  |  |  |
| --- | --- | --- |
| **Stage** | **Task** | **Tick when completed** |
| Pre-placement | Local Tutor plans placement and identifies coordinating supervisor |  |
| Clinical Practice Director approves placement plan |
| If it is the first time the coordinating supervisor has run a split placement the Local Tutor arranges a pre-placement meeting |
| Supervisors for both parts of the placement meet, face-to-face or virtually, prior to the placement start date to plan placement days (bearing in mind the potential impact of teaching days), the placement experiences available and workload balance |  |
|  |  |  |
| Start of placement | A single placement experience checklist is completed to encapsulate both parts of the placement |  |
| Each supervisor has a separate placement supervision contract with the trainee |  |
|  |  |  |
| Ongoing monitoring | The coordinating supervisor provides the trainee with a minimum of 1 hour supervision per week |  |
| The second supervisor provides the trainee with a minimum of 45 minutes supervision per week if two days a week on placement – or minimum of 30 minutes a week if one day a week on placement. |  |
| Total contact time with supervisors across both parts of the placement is a minimum of 3 hours per week and the coordinating supervisor has a role in monitoring this |  |
| The coordinating supervisor needs to have observed the trainee a minimum of **5** times during the placement. |  |
| The other supervisor needs to have observed the trainee a minimum of **3** times during the placement. |  |
| The trainee needs to have observed **each** supervisor a minimum of 5 times during the placement. |  |
|  |  |
|  |  |  |
| Prior to mid-placement visit | Supervisors for both parts of the placement meet prior to the mid-placement visit to review the placement (including workload balance for the trainee) and to agree the ratings on a (single) Evaluation of Clinical Competence Form for the trainee. |  |
| Mid-placement visit | Both supervisors have been present at the mid placement visit. |  |
| End of placement | Supervisors for both parts of the placement have agreed the ratings on the (single) end of placement Evaluation of Clinical Competence Form for the trainee  If an end of placement visit is required, supervisors for both parts of the placement have met prior to that visit |  |