Guidelines for Core Adult Mental Health Placements with Two Supervisors
(also known as ‘3 plus 1’ model) May 2018 update

These guidelines provide information regarding the specific circumstances of a core adult mental health ‘3 plus 1’ placement, however they do not supersede the overall placement guidelines contained in Sections 3 and 4 of the Handbook which can be found at http://www.ed.ac.uk/schools-departments/health/clinical-psychology/studying/resources/doctorate-resources.

Context
In the last few years several health boards have developed a core adult mental health (AMH) placement model where trainees are in two departments during their AMH placement. An example of this would be where a trainee is in an adult mental health department for 3 days a week and in a substance misuse service for 1 day a week. Both parts of the placement will be in the same Health Board area. The exception to this is The State Hospital with trainees being in an NHS Lothian Adult Mental Health Department for 3 days and in TSH for 1 day, due to the existing arrangements between the two Boards for core placements.

This model has been called ‘3 plus 1.’

The ‘plus 1’ part of these placements must be seen as an integral part of the experience the trainee is getting within AMH. Although the ‘plus 1’ part will be introducing the trainee to a different placement experience, the content of their clinical work must be driven by the requirements of the AMH placement.

The two parts of the placement must function as a single coherent placement – with the ‘plus 1’ experience complementing the main part of the placement.

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 ‘3 plus 1’ AMH placements. As usual these placement plans need to be submitted to the Clinical Practice Director for approval.

Liaison between Supervisors
Supervisors should meet face-to-face 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.

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 for core AMH placements should be used to guide placement planning (see Handbook). Overall across the two bits of the placement the trainee should receive the same range and amount of placement experience as a trainee on a core AMH placement with 1 supervisor (“It is suggested that a minimum of 12 cases including assessment and treatment cases is achieved for core full time placements, with an average of 15 - 20...... The normal range
of contacts on a full time core placement is usually between 80 - 120 clinical contacts throughout the placement’") (from Handbook).

Supervisors should negotiate and agree the types of cases and other relevant experience they will offer in their part of the placement. Planned caseload and contact numbers should also be agreed for each part of the placement.

Where it is the first time that the AMH supervisor has been involved in a 3 plus 1 placement the initial planning meeting should include the Local Area Tutor and / or Clinical Tutor.

**Supervision**
The 3 day a week AMH supervisor will be the ‘main’ supervisor. In line with BPS guidelines the main supervisor will be required to provide supervision for a minimum of an hour a week with total contact time (including supervision) of 3 hours per week. The 1 day a week supervisor should provide supervision on a weekly basis for at least half an hour with contact time in addition to this as practical.

The 3 day a week part of the placement should be supervised by one supervisor.

**Observation**
The main supervisor is required to observe the trainee a minimum of 5 times, while the plus 1 supervisor is required to observe the trainee a minimum of 3 times. The trainee is also required to observe each supervisor a minimum of 5 times. In the plus 1 the observations should cover the range of activities the trainee has been able to engage in (it is recognised that this range is likely to be more limited than for a trainee on placement full time in the specialty).

**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. The ‘plus 1’ of the placement should have a placement description which reflects the core AMH focus of the placement (rather than a placement description which would be relevant for a specialist placement in this area).

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

**Supervision Contract**
There should be two standard supervision contracts – one for each supervision relationship. They should each specify how workload balance will be reviewed by supervisors on a regular basis.

In addition both supervisors and the trainee should sign off the sheet at the end of these guidelines.
Evaluation of Clinical Competence Form
One ECC will be presented for mid placement visit and one for end of placement meeting at the university. The two supervisors will need to liaise to agree on individual ratings and a global rating. Where, despite discussion, a single rating cannot be agreed then two ratings can be presented. Where one of these ratings is a 4 (for single items on the ECC) or a D or E (for overall rating on ECC) the supervisors should contact the clinical and local tutor prior to the visit to alert them. Where one of the overall ratings being considered at the end of placement is a D or E, then supervisors should contact the trainee’s local and clinical tutor AS SOON AS POSSIBLE so an end of placement visit can be considered.

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.

Weekly logs
Trainees should complete two sets of weekly logs, i.e. one for each placement location/supervisor, as it is not possible for either supervisor to sign off on the activity undertaken by the trainee in the other placement location.

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

Placement Days during Teaching Weeks
In weeks where there is teaching trainees do not get study days. In weeks with 4 or less teaching days trainees should be on placement the rest of the week. 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). 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 Study Time
If a three year trainee is doing their small scale research project during this placement their half a day allotted study time for this (in addition to their usual day a week study time) should come from the 3 day a week part of the placement. (This also applies for Recognition of Prior Learning (RPL) trainees who request to take their half day study during Adult Mental Health Placement)

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 / development should be raised with Local and Clinical Tutors as usual. Further details are provided in the Handbook.

Feedback
The Programme welcomes feedback on these guidelines and on ‘3 plus 1’ placements in general. The guidelines have been updated in September 2014 as a result of a survey of trainees, supervisors and line managers. Further feedback should be directed to Local Area or Clinical Tutors in the first instance.
3 plus 1 Model Sign Off Sheet

We have read the guidelines in relation to the 3 plus 1 placement model and will implement them in relation to this core adult mental health.

Trainee name: 
Signature and date: 

Main AMH supervisor name: 
Signature and date: 

Main AMH base contact details: 

Additional supervisor name: 
Signature and date: 

Additional supervisor contact details:
### 3 plus 1 Placement checklist

This checklist is designed a prompt sheet for supervisors to ensure the 3 plus 1 guidelines have been adhered too throughout the placement.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Task</th>
<th>Tick when completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-placement</strong></td>
<td>Supervisors for both parts of the placement have met, face-to-face, prior to the placement start date to plan the placement experiences available and workload balance, including an estimation of planned contact caseload number</td>
<td></td>
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<tr>
<td></td>
<td>If it is the first time the adult mental health supervisor has run a ‘three plus 1’ placement, the local or clinical tutor should be present at the meeting above</td>
<td></td>
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<tr>
<td><strong>Start of placement</strong></td>
<td>A single placement experience checklist has been completed to encapsulate both parts of the placement</td>
<td></td>
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<tr>
<td></td>
<td>Each supervisor has a separate supervision contract with the trainee</td>
<td></td>
</tr>
<tr>
<td><strong>Ongoing monitoring</strong></td>
<td>The main supervisor (3 day placement supervisor) provides the trainee with a minimum of 1 hour supervision per week</td>
<td></td>
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<tr>
<td></td>
<td>The main supervisor (3 day placement supervisor) provides the trainee with a minimum of 3 hours contact time per week</td>
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<td></td>
<td>The second supervisor (1 day a week placement) provides the trainee with supervision of 30 minutes (minimum) per week.</td>
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<tr>
<td></td>
<td>Across the sum of both parts of the placement (3+1) the trainee has received a minimum of 12 cases (average 15-20)</td>
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<tr>
<td></td>
<td>Across the sum of both parts of the placement (3+1) the trainee has received a minimum 80-120 clinical contacts (direct+indirect)</td>
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<td></td>
<td>The main supervisor needs to have observed the trainee a minimum of 5 times during the placement.</td>
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<tr>
<td></td>
<td>The plus 1 supervisor needs to have observed the trainee a minimum of 3 times during the placement.</td>
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</tr>
<tr>
<td></td>
<td>The trainee has observed each supervisor a minimum of 5 times during the placement.</td>
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<tr>
<td><strong>Prior to mid-placement visit</strong></td>
<td>Supervisors for both parts of the placement have met prior to the mid-placement visit to monitor the workload balance for the trainee and to agree the ratings on a (single) Evaluation of Clinical Competence Form for the trainee</td>
<td></td>
</tr>
<tr>
<td><strong>Mid-placement visit</strong></td>
<td>Both supervisors have been present at the mid placement visit.</td>
<td></td>
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<tr>
<td><strong>End of placement</strong></td>
<td>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</td>
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</tr>
<tr>
<td></td>
<td>If an end of placement visit is required, supervisors for both parts of the placement have met face to face prior to that visit</td>
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