|  |  |
| --- | --- |
|  | *Eval of Supn*  *Eval of Clin Comp*  *Weekly logs*  *Summary plment exp*  *Learning Obj sent*  *Grade to Kirsty/Rosie* |

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**University of Edinburgh / NHS Scotland Clinical Psychology Training Programme**

**END OF PLACEMENT/JOINT ANNUAL REVIEW MEETING FORM**

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Placement Number: 1 2 3 4 5 6**  *Adult*  *Intellectual Disabilities*  *Child / Family*  *Older Adult*  *Specialist 1*  *Specialist 2* |
| **Date of EOP/JAR:** |  |
| **Clinical Tutor:** |  |
| **Line Manager:** |  |
| **Personal Tutor:**  ***Tick if present*** |  |

**General Review of Placement Experience**

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| Name of next supervisor for Learning Objectives to be sent to:……………………….………… |

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| --- | --- | --- |
| *Sufficient days on placement?* |  | *(55 core, 49 placement 5, 52 placement 6)* |
| *Sufficient Cases?* |  | *(for core* *min. 12 full / 6 for half placement)* |
| *Sufficient Contacts?* |  | (*for core min. 80 full / 40 for half placement)* |
| *Number of Observations* ***of*** *trainee* |  | (*min. 5 observations* ***of*** *trainee over placement)* |
| *Number of Observations* ***by*** *trainee* |  | (*min. 5 observations* ***by*** *trainee over placement)* |
| *Number of Structured Assessments* |  | *(min. 3)* |
| *Number of Client Feedback Questionnaires* |  | *(min. 2)* |
| *Viable Placement?* |  | (***If NO: Remedial action is required)*** |
| *Placement Passed?* |  | (***If NO: Remedial action is required)*** |
| *Final Placement Grade*: |  |  |

**Have any specific problems been identified? YES  NO**

|  |
| --- |
| **Problem:**  **Action Required:**  **Timescales & Responsibilities:** |

**Does the trainee know when they will take their SSRP half-day study day? YES  NO**

|  |
| --- |
| *If yes, in which placement?:*  *If in placement 3, is the trainee aware of needing to plan their annual leave to ensure they still meet minimum requirements?* **YES  NO**  *Is the trainee aware that they need to inform their placement supervisor as much in advance as possible?* **YES  NO**  *Has the trainee’s line manager been informed?*  **YES  NO** |

**Academic / Teaching Review**

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| --- |
| *Experience of Teaching*  *Experience of Coursework / Review of Thesis Progress if applicable* |

**Work / Life Balance**

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|  |

**Developmental Progression as a Clinical Psychologist**

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**Other Aspects of Review not Covered Previously**

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|  |

**Need for Further Actions Based on Review: YES  NO**

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| --- |
| *Describe actions not already specified:* |

*After the EoP, the Clinical Tutor should attach this summary to the signed Evaluation of Clinical Competence Form, Summary of Placement Experience (both pages) and originals of Weekly Logs and pass for filing. The grade should be passed to Rosie Wayte, or Kirsty Gardner if Rosie is not available.*

*The Learning Objectives Form should be completed and saved into the trainee’s folder in the confidential information shared space and emailed to trainee, next supervisor and local tutor.*

*The Evaluation of Supervision Form should be retained by the Clinical Tutor for feedback.*