# TABLE OF CONTENTS (Course Handbook)

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 1</td>
<td>Overview of the Programme</td>
<td>1</td>
</tr>
<tr>
<td>Section 2</td>
<td>Academic Programme and Assessment</td>
<td>12</td>
</tr>
<tr>
<td>Section 3</td>
<td>Student Support</td>
<td>29</td>
</tr>
<tr>
<td>Section 4</td>
<td>Personal and Professional Development</td>
<td>37</td>
</tr>
<tr>
<td>Section 5</td>
<td>Communication</td>
<td>44</td>
</tr>
<tr>
<td>Section 6</td>
<td>General Issues</td>
<td>47</td>
</tr>
<tr>
<td>Section 7</td>
<td>Annual Leave and Related Issues</td>
<td>53</td>
</tr>
<tr>
<td>Section 8</td>
<td>Health and Safety Policy</td>
<td>55</td>
</tr>
<tr>
<td>Appendix 1</td>
<td>Research Interests in the School of Psychology</td>
<td>61</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Service User Involvement</td>
<td>70</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Staff Charter</td>
<td>76</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Entry Level Agreement</td>
<td>79</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>Marking Guidelines</td>
<td>82</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>Managing Communication in Groups/Transition Groups</td>
<td>87</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>Appraisal</td>
<td>92</td>
</tr>
<tr>
<td>Appendix 8</td>
<td>Personal and Professional Development</td>
<td>97</td>
</tr>
<tr>
<td>Appendix 9</td>
<td>Course Resources</td>
<td>109</td>
</tr>
<tr>
<td>Appendix 10</td>
<td>Procedures for working on Electronic Documents</td>
<td>111</td>
</tr>
</tbody>
</table>
**Introduction**

Welcome to the Doctoral Programme in Clinical Psychology. This handbook contains an overview of the course, a description of the academic programme and an account of the course regulations and procedures. These have been developed over a period of many years and are intended to assist you in negotiating the road to completing your training. It is vital that you familiarise yourself with the regulations and general content of the course handbook.

From time-to-time you will receive memos from the course team outlining minor changes to items in the handbook. These are usually developed through discussion between trainees and the course team. Sometimes these memos contain explanations or elaborations of existing policy, but from time-to-time they will involve minor policy changes. It is essential that you retain those memos, preferably with your securely stored copy of this handbook! This handbook should be read in conjunction with the College Calendar, the PSI Accreditation Guidelines and your HSE employee handbook if appropriate.

**Section 1: Overview of the programme**

**(i) The School of Psychology**

The School of Psychology is a rapidly-developing and research-active School, with a strong commitment to excellence in teaching, training and research apprenticeship at graduate and undergraduate levels. The School has three main research strengths; Neuroscience and Cognition, Health, Clinical and Counselling, and Culture Systems and Development. Members of the School receive significant research funding from many sources, including the Wellcome Trust, the Health Research Board and the European Union and many other sources. Research income directly to members of staff over the last number years has exceeded £2 million in total.
The four year undergraduate course confers eligibility for graduate membership of the Psychological Society of Ireland. The School has a large research postgraduate programme, comprising approximately 50 Ph.D. students carrying out research doctorates. It also offers six taught postgraduate courses a Doctoral Programme in Clinical Psychology for professional clinical psychology training, a Doctorate in Counselling Psychology and a Masters in Applied Psychology and a Post-graduate Diploma in Applied Behaviour Analysis and an M.Sc. in Applied Behaviour Analysis.

The School of Psychology is committed to excellence in training at all levels, and aims to offer a knowledge base and a set of skills that not only equip students for the many careers that exist in psychology, but also prepare students intellectually for other careers. Psychology is a branch of science that demands clear, rigorous thinking, numeracy and the ability to define, study and solve problems in complex, changing settings. Psychology trains students to be aware of the factors influencing human thinking, feeling and behaving, as individuals and in groups. Such abilities are transferable to many different spheres of life.

(ii) The Doctoral Programme in Clinical Psychology
The course or its predecessors, the Course leading to the B.P.S. Diploma in Clinical Psychology and the M.Sc. in Clinical Psychology have been in existence since 1979.

The three year programme is organised by the course team who are based in the School of Psychology at Trinity College. The course is run in partnership with the Health Service Executive (Eastern Area) and the majority of clinical placements are within the region. All course staff have close ties with the HSE and have a public service clinical commitment. The majority of trainees are sponsored by the HSE and have a commitment to
employment within the health service upon graduation. The course is designed to provide high quality post-graduate professional training in Clinical Psychology leading to the award of a doctoral qualification. The course is designed to produce clinical psychologists who are equipped with the skills to respond flexibly to the changing demands of the Irish health and related services. A core value in the course is the emphasis on linking theory and practice, informed by the reflective scientist practitioner philosophy of integrated training in research methods, academic knowledge and clinical experience. The course holds P.S.I. Accreditation and has been recently restructured to conform to January 2009 revised Accreditation Criteria.

(iii) Administration and Staff

The course is located in the School of Psychology at Trinity College, which is headed by Prof. David Hevey. The day-to-day running of the course is managed by:

Prof. Kevin Tierney, Course Director, Associate Professor
Ms. Sinead Fitzgerald, Director of Clinical Coordination, Adjunct Associate Professor.
Mr. John Davenport, Clinical Coordinator, Assistant Professor
Ms. Mary Fell, Clinical Coordinator, Adjunct Associate Professor.
Prof. David Hevey, Lecturer/Head of School, Associate Professor
Prof. Charlotte Wilson, Lecturer in Clinical Psychology, Assistant Professor
Prof. John O’Connor, Lecturer in Clinical Psychology, Assistant Professor
Prof. Mathew McCauley, Lecturer in Clinical psychology, Assistant Professor
Ms. Ann Matthews, Course Administrator
Ms. Sheila McCormack, Course Secretary
## D.CLIN. PSYCH.

### COURSE STAFF CONTACT DETAILS

<table>
<thead>
<tr>
<th>Name</th>
<th>Extension</th>
<th>Email Address</th>
<th>Office Hours</th>
</tr>
</thead>
<tbody>
<tr>
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<td><a href="mailto:tiernen@tcd.ie">tiernen@tcd.ie</a></td>
<td>Monday – Wednesday 9a.m. - 5p.m.</td>
</tr>
<tr>
<td><strong>Course Director</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Sinead Fitzgerald</strong></td>
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<td>Monday - Thursday 9a.m. - 5p.m.</td>
</tr>
<tr>
<td><strong>Clinical Director</strong></td>
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<td></td>
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</tr>
<tr>
<td><strong>David Hevey</strong></td>
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</tr>
<tr>
<td><strong>Research Tutor (p.t.)</strong></td>
<td></td>
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<td><strong>Charlotte Wilson</strong></td>
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</tr>
<tr>
<td><strong>Lecturer in Clinical Psychology</strong></td>
<td></td>
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<td><strong>John O’Connor</strong></td>
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</tr>
<tr>
<td><strong>Lecturer in Clinical Psychology</strong></td>
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<tr>
<td><strong>John Davenport</strong></td>
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<tr>
<td><strong>Lecturer in Clinical Psychology/ Clinical Coordinator.</strong></td>
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<td></td>
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<tr>
<td>Name</td>
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<tr>
<td>Mary Fell</td>
<td>1521</td>
<td><a href="mailto:mfell@tcd.ie">mfell@tcd.ie</a></td>
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</tr>
<tr>
<td>Clinical Co-Ordinator</td>
<td>086-3835119</td>
<td></td>
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<tr>
<td>Mathew McCauley</td>
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</tr>
<tr>
<td>Lecturer in Clinical Psychology</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sheila McCormack</td>
<td>2425</td>
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</tr>
<tr>
<td>Secretary</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ann Matthews</td>
<td>3915</td>
<td><a href="mailto:amatthew@tcd.ie">amatthew@tcd.ie</a></td>
<td>Monday - Thursday 9a.m.-5.30p.m.</td>
</tr>
<tr>
<td>Administrator</td>
<td></td>
<td></td>
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# Staff Research Interests

<table>
<thead>
<tr>
<th><strong>D.CLIN. PSYCH</strong></th>
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<tbody>
<tr>
<td><strong>Course Director</strong></td>
<td></td>
</tr>
<tr>
<td>TIERNEY, Kevin, BA (Mod), PhD., Dip Clin Psych.</td>
<td>Behavioural analysis; applied behaviour analysis. Proxy measurement of mental health, Attachment and Disability</td>
</tr>
<tr>
<td>HEVEY, David Research Tutor BA, MA (NUI), PhD (TCD)</td>
<td>Psychological aspects of Coronary Heart Disease, Health psychology, Quality of life assessment, Psychological models of health behaviour, Stress, Emotional expression and health.</td>
</tr>
<tr>
<td>Name</td>
<td>Title</td>
</tr>
<tr>
<td>--------------------</td>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>DAVENPORT, John</td>
<td>Clinical Coordinator</td>
</tr>
<tr>
<td>FELL, Mary</td>
<td>Clinical Coordinator (Part-Time)</td>
</tr>
<tr>
<td>O’CONNOR, John</td>
<td>Lecturer in Clinical Psychology (Part-Time)</td>
</tr>
<tr>
<td>MCCCAULEY, Mathew</td>
<td>Lecturer in Clinical Psychology (Part-Time)</td>
</tr>
<tr>
<td></td>
<td>BA., PGDip., MSc., PGDip, PGCHE, ClinPsyD.</td>
</tr>
</tbody>
</table>

Research interests of other members of the School of Psychology are given in Appendix 1.
(iv) **Programme Outcomes:**

The course aims to train students who on completion will be equipped to function as independent career grade clinical psychologists in the Irish health service under appropriate supervision.

On successful completion of this programme, students should be able to:

**Knowledge and skills development:**

1. Discuss in detail and critique the psychological literature relevant to delivery of clinical psychology services; including a variety of theoretical perspectives, a broad overview of the relevant recent empirical literature and the factors that cause and maintain psychological distress;

2. Competently use psychometric assessment instruments and synthesise information derived from such assessments to construct sound psychological formulations from which to derive psychological interventions for use in clinical settings;

3. Describe and competently use a range of psychological interventions and therapies relevant for a wide range of client groups and settings;

4. Describe the organisational and management structures of the Irish health services and other contexts in which clinical psychologists provide a service, including relevant legislation and policy documents;

5. Competently design and conduct psychological research and contribute to the advancement of the knowledge base of the profession and to the dissemination of such findings.
Personal and Professional Development:

6. Act in such a manner as required to fulfil the professional role of a clinical psychologist;

7. Act in their professional work in a manner that demonstrates insight and an awareness of own personal strengths and learning needs with a view to enhancing practice;

8. Demonstrate personal sensitivities, qualities, abilities and competencies required to establish, maintain and conclude professional therapeutic relationships with clients and to develop and maintain professional relationships with peers, tutors and colleagues;

9. Articulate and reflect upon the principles of ethics and value systems that underpin clinical practice;

10. Work safely, effectively and autonomously as a clinical psychologist;

(v) Service User and Carer Involvement

From 2012 the course team developed the involvement of service users and carers across a range of elements of the course including the creation of a People Panel to consult on selection, assessments, research, teaching and placements. (i) Teaching: You will be asked to attend teaching with and by the service user/carers group. These sessions can be challenging and emotional and you will be asked to contribute to discussion. (ii) Research: You will be encouraged to engage with the service user/carers group to develop your research ideas and translate these ideas into a project that is worthwhile and respectful. (iii) Placements and clinical supervisors will hold a significant role in building opportunities for trainees to become involved with service users and carers, to develop their
responsiveness to their needs both in training and post qualification, to develop the philosophy, values and actions that validate and empower service users and carers. The three levels of service user / carer involvement in placement are

- **Level One** – *individual care planning*, for example, incorporating advocacy and support for clients across different aspects of their health care
- **Level Two** – *involvement in community and service delivery, for example*, by finding out how clients can give feedback; attending meetings of service users linked to the placement; conducting service research on some aspect of service user involvement.
- **Level Three** – *Involvement in national strategic policy development*, for example, visiting national service user / carer groups, asking local groups about their wider participation activities (see Appendix 2).

**(vi) Disability**

In keeping with College Policy, the course is committed to universal access and will actively work towards providing reasonable access and support to enable all students to successfully complete the course. You are directed to the Disability Service Website [www.tcd.ie/disability/index.php](http://www.tcd.ie/disability/index.php) for further information. In particular you should refer to the College Code of Practice for Students who have a disability that require accommodations and students are encouraged to indicate this at the point of application. However, if this is not done the Course Director should be informed of the disability as early as possible so that the process of engagement can in initiated. It is also possible that a disability could arise during a course. This could be due to an accident or the occurrence of a psychological difficulty that interferes with the trainee’s capacity to engage with aspects of the course. In such a
circumstance it is important that course staff are informed as soon as possible.

The online academic skills resource provided by the Disability Service since 2011 - Skills4Study Campus - has now been replaced by a Blackboard module ACADEMIC SKILLS FOR SUCCESSFUL LEARNING, designed by Student Learning Development, which will be available to all students from http://mymodule.tcd.ie/

**(Vii) Staff Pledge**

The staff team have developed a Staff Pledge that specifies the teams shared values and agreed code of Conduct. All staff have endorsed this document which is contained in Appendix 3

**(Viii) Entry Level Agreement**

All new students on the course are required to sign up to an Entry Level Agreement. This document was developed following consultation with trainees and other stakeholders. It outlines the standards of behaviour expected of all trainees on the course (see Appendix 4).
Section 2 – Academic Programme and Assessment:

(i) **Preamble:**
This section:
- describes the academic programme,
- gives an overview of how the academic programme is organised and, how it relates to the clinical placements and research programme,
- describes the assessment schedule,
- describes course regulations relating to academic progression.

The assessment schedule and progression regulations relate to clinical placements and the research programme as well as to the academic programme. For this reason it is necessary to briefly describe these aspects of the course here. However, more complete descriptions of these aspects of the course are contained in two separate documents; the “Research Guidelines” and the “Clinical Guidelines”.

(ii) **Attendance:**
Trainees are expected to attend a minimum of 90% of scheduled classes. Non-attendance must be accounted for by annual leave, certified absence due to illness or in exceptional circumstances time off to pursue other course activities such as research related activities. In cases where leave from the academic block is sought to pursue other course activities prior approval must be obtained from the Course Director. Trainees are required to sign an attendance sheet each day lectures are scheduled and must inform staff if they have to leave before classes have ended. In addition the course operates a leave card system that tracks annual leave throughout training. Trainees who fail to attend at least 90% of the academic programme will be required to complete supplementary coursework. On research days it is expected that students be on campus and be available if needed to meet with course staff in relation to
dissertation supervision and other matters. Research days outside of the third year research block cannot usually be scheduled on a Friday. If there are compelling reasons for scheduling a research day to be on a Friday prior approval must be obtained from the Course Director and an appropriate signing in procedure agreed.

The academic day begins at 9a.m. Between 9a.m. and 10a.m. students are often free to engage in academic related activities such as individual consultations with staff and library work. Lectures usually begin at 10a.m. but in some cases they will begin at 9a.m. The afternoon input will run from 2p.m. – 5p.m. Lunch (1 hour), Clinical Coordinator Review Meetings, Pre-Placement Meetings, Appraisal Meetings, Year Tutor Meetings, Feedback on Submissions and Research Supervision may be scheduled at any time during the day

All students must be in class at least five minutes before the commencement of a lecture.

(iii) Course Structure:
The course is full-time and lasts three years. The academic programme consists of fourteen academic modules over three years. Table 1 gives an overview of the course.
Formal Assessments and Progress requirements

- Problem Based Learning - Activity and Presentation
- Report of Clinical Activity 1,
- 1st Year Exam (Adult, Advanced and Research Methods)
- Report of Clinical Activity 2
- Small Scale Research Project
- Problem Based Learning - Activity and Presentation
- Report of Clinical Activity 3
- 2nd Year Exam (Child and Intellectual Disability)
- Report of Clinical Activity 4
- Specialist Topic Presentation
- Dissertation
Teaching is scheduled in intensive blocks of four or five weeks preceding the placements in years 1 and 2 and in the form of day release during the placement. Specific timetables will be provided each year outlining the precise times of lectures, workshops, case study presentations and seminars within the teaching blocks and other academic days.

**Year Tutor**

A member of staff acts as the year tutor for each year of the course.

1st Year  Charlotte Wilson & Mathew McCauley  
2nd Year  Kevin Tierney  
3rd Year  Kevin Tierney

The year tutor has overall responsibility for the organisation and scheduling of activities during the academic year. This includes the scheduling of assignments and examinations. The year tutor also acts as a point of contact with the year group and will organise occasional meetings with the year group. The year tutor oversees the academic part of the programme for their particular year group. In particular they

- Liaise with module co-ordinators about the teaching input for the year
- Organise the necessary assessments and take the lead in marking them.
- Liaise with the year group and with teachers to solicit feedback and to follow-up issues arising from this
- Are the person to approach about any issues arising out of the academic programme
- Feedback to the course team about the academic progress of the year group.
Module Co-ordinator

Each module has a module co-ordinator. The module co-ordinator is responsible for timetabling the various activities associated with the module. This includes arranging lectures, seminars etc. and in consultation with module contributors developing, scheduling and marking appropriate assessment (course work or examination) for the module.
**Table 2: Assessment Schedule for Year 1:**

**Year 1**

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<td>SSRP Proposal</td>
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<td>SSRP Submission</td>
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<td>Thesis Outline</td>
<td>Progress Requirement</td>
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<td>RCA 1 Presentation</td>
<td>Progress Requirement</td>
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<tr>
<td>RCA 1 Submission</td>
<td>Formal Assessment</td>
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<tr>
<td>RCA 2 Presentation</td>
<td>Progress Requirement</td>
</tr>
<tr>
<td>PBL Presentation</td>
<td>Formal Assessment</td>
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<tr>
<td>PBL Submission</td>
<td>Formal Assessment</td>
</tr>
<tr>
<td>Examination</td>
<td>Formal Assessment</td>
</tr>
</tbody>
</table>

Continuous assessment of research methods in the form of class-based exercises will take place throughout the course – this is a progress requirement. You will be issued with yearly assessment schedules as you progress through the course.

Full modules outlines will be provided by module coordinators. These will outline the syllabus, teaching methods and assessment associated with each module. Indicative reading is provided but students are expected to read beyond the reading lists provided. In particular, students are expected to read the relevant journals associated with each module and to consult any reading material recommended by course contributors. Detailed module descriptions are contained in the college module database.
(iv) Placements:
The placement programme is described in a separate document. Placements account for approximately 55% of the time spent in Clinical Training. The scheduling of placements in year one is summarised in the year planner. Placements are assessed by clinical supervisor evaluations of clinical competence and four reports of clinical activity.

(v) Research:
There are two major components to the research programme. A small-scale service based research project and a large-scale project on which the dissertation is based. The objectives and management of the research programme are outlined in a separate document.

(vi) Teaching and Assessment Methods:

a) Teaching is mostly through lectures, interactive classes, case presentations, problem based learning exercises and student-led seminars. Student led seminars and case presentations are particularly important in developing a student’s confidence and presentation skills. Approximately 50% of the academic teaching is conducted by the academic staff associated with the course. The remainder is delivered by practising clinical psychologists within the region, members of the TCD School of Psychology and other professionals with specialist knowledge. Interactive computing facilities are used for teaching research methods.

The teaching curriculum includes topics that are directly relevant to clinical practice, as well as relevance to research. However, there are topics that are designed to make you think more broadly about being a clinical psychologist. The curriculum is not designed simply to prepare you for placements.

Teaching sessions include didactic teaching, but much of the teaching will involve case discussion, role plays and discussion of clinical, ethical and
personal issues. These can have a personal impact, which we acknowledge. As well as attendance at teaching sessions we do expect engagement with the content and process of these sessions. This may include taking part in discussions, role-plays, disclosing appropriate personal material and being reflective about your own beliefs, roles and personal and professional identity. At times you may feel challenged and uncomfortable and we recommend that you work through this using appropriate supports (see section 3). Please see Appendix 6 as to how we attempt to manage communication in such group settings.

We expect that information shared in teaching sessions regarding individuals, whether clients or colleagues, is kept confidential.

At times sessions are cancelled due to circumstances beyond our control. If we can, we will replace these sessions. If we do not have enough time, we will aim for a member of staff to provide input. If this is not possible then we expect students to find appropriate ways of using the time. This may require students to be ready to undertake personal study without notice. In addition, when sessions are cancelled we will ask for materials to be provided and if possible we will replace the session at the next available opportunity. Unfortunately, this may mean postponing the sessions to the next block.

We recognise that the academic programme cannot fully cover all topics that you will need, and personal study is recognised as an important part of learning during the course.

An important aspect of the academic programme is the use of Problem Based Learning (PBL). PBL is an alternative to didactic lecturing that involves the use of key problems in professional practice as a focus and stimulus for student activity. PBL promotes the acquisition of knowledge through a staged sequence of problems. It encourages discovery, teamwork and active learning. PBL is used in two ways on the course. Sometimes it is used within a teaching session
as one activity among a range of teaching methods. For example a three hour lecture could involve didactic instruction, role play and a PBL exercise. Here a PBL activity compliments a range of other teaching methods to provide a stimulating and engaging learning experience. Other times a PBL is used as the only teaching method for a particular topic. Here students are presented with a problem, the solution of which requires them to collaborate in the discovery, synthesis and integration of new information. These PBL exercises culminate in a group presentation. In first year the class will be split into four groups which will be assigned clinical scenarios that require engagement with the literature on professional, legal and ethical issues as applied to clinical practice. A similar exercise is used in the second year Intellectual Disability block.

We will ask for regular feedback about teaching sessions to help us plan teaching in future years.

b) Assessment varies according to the requirements of the modules and may be coursework and/or examination. Course work can be essays, reports of clinical activity, small-scale projects or statistical workshops. Descriptions of the assessments associated with each module are given in module descriptions and a timetable of the assessments in Year 1 is given in Table 2.

This table contains two types of assessments: formal assessments that are subject to the Pass/Fail criteria outlined in Section 2 (ix) of this document and progress requirements that students are required to satisfy to proceed to the next stage of the course. To continue on the course students must satisfactorily complete these progress requirements. However, a failure at the first attempt on these assessments will not be subject to the conditions outlined in Section 2 (ix).

Marking guidelines for academic assessment are included in Appendix 6 of this document. Guidelines for marking Reports of Clinical Activity will be supplied in a separate document.
PBL’s (Problem Based Learning) these are essays of 3000 words (excluding an abstract and references).

(vii) Reports of Clinical Activity/Case Studies:
Trainees submit four reports of clinical activity in the first two years of the course. They submit one from each of the core clinical areas (adult, child and intellectual disability) and one other. The guidelines and marking criteria are provided in a separate document. These four Reports of Clinical Activity are part of the formal assessment schedule and their submission dates are indicated in Table 2. In addition to the written submission, trainees also make a verbal presentation of each case. These sessions are attended by other trainees and one member of the course team. The presentations provide trainees with an opportunity to obtain feedback from others on the case. In addition, the attending staff member completes a feedback form that is shown to the trainee and retained in the academic file. Although these presentations are not part of the formal course assessment they are a progress requirement and must be completed satisfactorily before the trainee is permitted to progress to the next stage of the programme.

In addition to the formal case presentation, trainees are required to attend a case selection meeting. These meetings provide guidance on the selection of an appropriate case study. The meetings are attended by a mixed group of 6-8 first year and second year trainees and two members of staff. Each trainee is required to briefly describe one or two cases from their clinical work that they are considering for submission as a Report of Clinical Activity. They are then provided with advice and feedback to assist in making an appropriate choice of case.

(viii) Marking:
All coursework is marked independently according to agreed guidelines, by two members of staff. A first marker and a moderator. A sample of all work is sent to one of the external examiners to ensure comparability of standards with
other programmes. All work, with the exception of the dissertation, is marked anonymously. An agreed mark is arrived at by the two markers who then collate their separate observations onto an agreed report which is returned to the trainee along with a copy of the submission.

(ix) **Pass/Fail Criteria:**
Students must pass all formally assessed elements of the course. Students who fail to satisfy the Court of Examiners in any formal assessment may be permitted, at the discretion of the Court, to represent themselves on one occasion only for supplementary written examination, supplementary coursework or repeat placement. Where candidates are required to repeat coursework, take a supplementary examination or repeat a placement, the work must achieve a pass mark. Any candidate who receives a failing mark for any piece of supplementary coursework, repeat examination or repeat placement will normally be required to withdraw from the course.

A candidate who fails a total or more than three pieces of assessment at the first attempt will normally be required to withdraw from the course. In addition, a candidate who fails more than two placements or two reports of clinical activity at the first attempt will normally be required to withdraw from the course.

Failure of any clinical placement on the grounds of **serious professional misconduct** will result in irreversible and outright failure and the student will be required to withdraw from the course.

Candidates who have failed items of assessment, who have not exceeded the threshold for exclusion from the course, may be permitted to progress to the next year of the course at the discretion of the Court of Examiners. If however, a candidate is deemed unsuitable across a number of areas, the Court may recommend suspension from the course until satisfactory work is submitted.
In the context of a single placement being deemed a Fail, at the first attempt, the Course will determine what level of competencies must be achieved by the trainee in the immediate ‘Repeat’ placement and where possible the Course will seek to consolidate these competencies within the remaining time, thus not requiring an extension in time to the contract for training. Where the Course determines additional placement experience is required to achieve the requisite level of competency, this would normally result in a request for an Extension to the trainee’s contract for training. The course will enter into negotiations with the relevant employer seeking an extension to the term of the contract to enable the trainee to complete course requirements.

Students must attend the academic programme and attend for an ‘Progression Review’ with the Course Director. A candidate with a significant non-attendance record may receive a non-satisfactory rating and may not be permitted to advance with the class.

Unsuitability for training or a lack of fitness to practice constitutes sufficient grounds for exclusion of a candidate from training. Unsuitability for training includes a breach of the Psychological Society of Ireland’s Code of Ethics and/or an inability or unwillingness to uphold appropriate professional standards of behaviour in terms of constructive relationships with others (including clients, peers, tutors, supervisors or other professional or staff groups – (Health Service or University). Such unsuitability may lead to significant problems in training which by themselves have not led to repeated placement failure or failure or a resubmitted piece of work. Unsuitability also involves an inability or unwillingness to use feedback on interpersonal difficulties in a constructive way. Decisions relating to fitness to practice and related matters are governed by University policy.

(x) Review of Decisions:
The procedures for appeals of decisions by the Court of Examiners are described in Part 2 of the University of Dublin Calendar. Normally appeals
should be received within one week of communication of results and in preparing an appeal students should contact the Postgraduate Advisory Service at pgsupp@tcd.ie. The Graduate Students Union also provide advice and support in this context.

The School of Psychology Postgraduate Appeals Procedures are posted on the local postgraduate page of the School website.

(xi) Transition Groups
Transition groups have been run since 2009, with each year group meeting with an external facilitator for a one day workshop at the end of each academic year. Course staff initiated these so as to offer trainees a dedicated, non-evaluative space where they can reflect as individuals and as a group on their learning experiences and journey through training at a point of transition from one year to the next. These groups typically involve structured individual and small group tasks, guided imagery, poetry, movement and group discussion to help trainees reflect on the past year/s. Trainees are given information on the history structure and process of these group.

As a course, we consider these groups to be a vital aspect of personal and professional development and of training in clinical psychology. Accordingly, we consider attendance at these to be mandatory and ask that no annual or other leave be taken on that day. However, we also understand that such groups can give rise to some concerns. If there are particular personal circumstances that might prevent a trainee from attending a transition group, we ask that the trainee inform a staff member, and subsequently meet with two designated staff members to explore these concerns with no predetermined outcome. To this end, having provided information as described above, we ask trainees to sign a form indicating consent to participate in the group, or indicating if they would like to meet with course staff to discuss their attendance (see Appendix 6).
(xii) **Progression Review:**
Each student will meet with the Course Director or nominee and one other member of staff at the end of each academic year. At this meeting the student’s assessment profile for the year will be reviewed. This will provide an opportunity to formally review academic progress and to discuss future plans. At this meeting the entire portfolio of academic and clinic assessment will be discussed and a summary of progress will be prepared by the Course Director. On the basis of this report, the Course Director in conjunction with the Court of Examiners will make a recommendation to the Dean of Graduate Studies about whether the student should be allowed to proceed to the next academic year.

(xiii) **Retaining your training portfolio:**
It is course policy to retain all documents relating to the assessment of students on the course for three calendar years after graduation. After this all paper records will be shredded. In the years after you graduate you may need to ask us to provide a detailed account of your academic and clinical record on the course. For example, graduates wishing to register as psychologists overseas may require such a document. Often these registration boards require a level of detail in the descriptions of your training record that is not retained in the course office. For this reason it is vital that you personally retain a full record of all your assignments, logbooks and placement evaluations for the entire duration of your training. While you are in training, copies of all of these are retained in the office. You should make copies of your own personal records and retain these securely as the course will only retain such records for one year after your graduation. Graduates of the course who wish the course team to provide a transcript of their academic and clinical record will be asked to bring their own copies of their records to enable us to comply with such a request.
(xv) Plagiarism:
The college policy on plagiarism is outlined in documents contained on a central repository hosted by the library and is located at http://tcd-ie.libguides.com/plagiarism. It includes the following:

(i) The 2015-2016 Calendar entry on plagiarism for undergraduate and postgraduate students;
(ii) The matrix explaining the different levels of plagiarism outlined in the Calendar entry and the sanctions applied;
(iii) Information on what plagiarism is and how to avoid it;
(iv) ‘Ready, Steady, Write’, an online tutorial on plagiarism which must be completed by all students;
(v) The text of a declaration which must be inserted into all cover sheets accompanying all assessed course work;
(vi) Details of software packages that can detect plagiarism e.g. Turnitin.

It is essential that you familiarise yourself with this policy.

(xvi) Submission of Coursework:
All coursework must be submitted to the course office by the due date. All submissions must be received in the office by 9a.m. on the submission date and an electronic copy of your submission must be emailed to Ann Matthews at Ann.Matthews@tcd.ie on the Friday prior to the submission date. Submissions must be in firm binding and ready for marking with a cover sheet. It is not permissible for students to collate their documentation when they arrive in the office. Four bound, typed copies of each piece of work must be produced (one complete copy to be retained by you).

A cover sheet must be attached and filled in with each submission. These can be obtained in the course office. To ensure anonymity, you should only write your name on one of the three submitted copies (this signed copy will be retained by the course for moderating by the External Examiner). The two
unsigned copies will be used for marking by course staff. Please ensure you have included your student number on all submitted copies.

A number of important procedures apply in the case of RCA submissions.

- Three soft-bound copies of the RCA should be submitted to the course. In addition a separate full copy (i.e. including appendices) should be retained by the trainee.
- An electronic copy should be emailed to Ann Matthews on the Friday prior to the submission date.
- Each submitted copy should contain a cover sheet but only one of these should be signed. All other copies should be anonymised. Student numbers should be printed at the top of each page of every submission. Only one copy of the proof read sheet and supervisor declaration should be submitted in the signed copy.
- All submissions must be securely bound with spiral binding.
- All binding to be completed prior to submission i.e. students cannot assemble submissions in the course office.
- Critical review to be stapled and included loose at the back of all three submissions.
- This cover sheet should indicate whether the case involved an intervention or an assessment and should indicate the word count for both the case description and critical review.
- Prior to submission of the written case the case will be presented orally to a member of staff and a group of fellow students. Following this presentation and any feedback received one additional opportunity for post-presentation feedback will be allowed.

In the case of all course work submissions, failure to submit work within course deadlines will result in the piece of work receiving a failing grade. The Court of Examiners may, in the case of trainees who are prevented by illness or other sufficient cause from taking or completing the whole or part of an examination,
or submitting work on time or who performance is deemed to have been substantially affected by illness or other sufficient cause, permit the candidate to complete or take the examination or coursework at an approved subsequent date.

Feedback will be returned to students within 30 days (6 working weeks). Within one week of a meeting of the Examiners, students will be sent written feedback on their submission. It is a progress requirement that all students meet with the staff member who has marked their submission to receive individual feedback. This should be done in a timely fashion.

(xvii) **Extenuating Circumstances:**

If for medical or other extenuating circumstances a trainee is unable to submit course work by the due date, an application for an extension must be made to the Course Director. Relevant documentation should be submitted to support the application. If the application is successful, the trainee will be given an extension certificate which will indicate the new agreed submission date. This should be attached to the submission which should be made in the normal way.

In cases where an extension is granted to the dissertation submission date, it should be noted that the extension applies only to the date of submission and **not** to the research write-up block. When such extensions are awarded, students should discuss with the placement co-ordinator how the transition to placement will be managed.

(xviii) **Word limits:**

Coursework that exceeds the stated word limit will be returned to candidates with a failing grade and must be resubmitted within a week of the original submission date. The failing mark will be replaced by a pass mark on receipt of a satisfactory resubmission. The original failure will be considered as a failure at the first attempt and is covered by the pass/fail criteria described in Section 2 (viii).
(xix) Mobile Phones:
Mobile phones must be turned off during all classes such as presentations, seminars, lectures and workshops. Failure to turn off a phone will result in the student being required to leave the class and repeated failures will be reported to the Course Director.

Section 3 – Student Support:
The course sees the personal development of trainees as being an important element of their training as clinical psychologists. To this end, an effort is made to foster a climate in which personal development is encouraged. In addition, it is recognised that the demand placed on trainees can be considerable and that it is necessary and appropriate for trainees to seek support.

It is unlikely that any single system will meet all needs, but a variety of means have evolved as the Course has developed, to provide opportunities for personal development and support. The major components are described below. In addition to this network of support, the Course attempts to reduce unnecessary stress by providing trainees with clear expectations and boundaries.

The current model of personal support on the Clinical Psychology Doctoral programme in Trinity College evolved following a review of the personal support structure which highlighted a need for more attention to be paid to the developmental nature of trainees’ experience over the whole course of training. To develop the personal support system, the Course established a new role of “Mentor”, independent of the formal structures of the Course, who would be available to the trainee on a regular basis throughout training. This was the first tier in a two tier system, the other element included is a recommendation for individual psychotherapy. These tiers are supplemented by support from Course staff trainee peers and clinical supervisors.
In October each year, clinical tutors are appointed to the course and one of these carries responsibility for the implementation of the revised personal support system and is referred to as the Personal Support Tutor.

(i) **Appraisal.**

The appraisal system comprises a mid-year appraisal meeting with a designated member of staff. The staff member will follow the trainee through the whole course of training. The appraisal system has a number of functions.

- To provide a designated member of staff with an overview of the progression of each student across the different areas of the course.
- To provide the staff member with an overview of progress and obstacles to progress that will enable him/her to act as an advocate for the student where this is appropriate
- To provide information to the staff team from individual students about the management and delivery of the course in general
- To provide each student with an opportunity to reflect on progress to date across course activities.
- To provide an opportunity to set long-term and short-term learning objectives.

At each meeting nine areas of trainee functioning are appraised and discussed. These include:

- General Review of trainee’s progress
- Review of progress in clinical development
- Review of progress in conducting, presenting and writing-up of Reports of Clinical Activity
- Review of progress in academic development
- Review of progress in research requirements
- Self-care skills
- Equal Opportunities Issues
- Target Setting
- Summary of overall development
support about how this could be arranged. Financial assistance is not, however, provided for this. (see Appendix 7).

**Group Therapy**

The course arranges occasional group work/therapy sessions. These sessions fulfil a number of objectives and attendance at these sessions is compulsory.

**(ii) MENTORING SCHEME**

*Background*

At the beginning of the course trainees are given the name of an experienced clinician from the Region, with the intention that this person will act as their mentor throughout the course.

The primary role of the mentor is to provide a stable and continuous external professional focus for the trainee throughout the three years of training. Hopefully mentors will help support their trainee’s professional development by acting as an independent ‘sounding board’, offering a regular opportunity to discuss and review their experiences on the course and to place these into a broader perspective. The mentor will develop knowledge and understanding of the trainee’s background, ongoing experience of the course, and aspirations for the future. They also offer more general support. However, meetings are not ‘therapy’ and advisors are not therapists; although it is very likely that personal issues will be discussed in meetings, the emphasis should be on professional matters.

*Procedure*

Trainees are asked to arrange an initial meeting with their mentor; hopefully this will form the basis for further contacts. However, if (for any reason) a trainee is unhappy with the person to whom they have been allocated, they can contact their Honorary Support Tutor (or any other member of staff) and
request reallocation. Trainees are not under an obligation to justify this request – the priority of the course is simply to make sure that trainees feel comfortable with their advisor and that they experience them as being of benefit.

The plan is for meetings to continue throughout training. How frequently visits take place is for the trainee and advisor to decide, though for the contact to be meaningful at least two visits a year seems sensible.

Meetings are confidential; the mentor will not be involved at any stage in the trainee's supervision, and there is no direct feedback between mentors and the course.

**Practical Arrangements**

The timing and venue for meetings are left to the trainee and mentor to negotiate. For convenience, some pairs have met in the workplace outside of work hours. Meetings may be from 1-2 hours duration. Trainees are entitled to take time from their academic time to meet with their mentors.

It can be useful to discuss mutual conceptions of the mentor relationship at the outset, how the trainee would like to use the contact and where boundaries will be drawn.

**Policy**

1. The scheme should operate in a way that ensures continuity, confidentiality and impartiality.
2. The mentor for any particular trainee will not act as a clinical supervisor to that trainee at any time.
3. Mentors should meet at least two times per year. Regular contact should be scheduled, rather than waiting for problems to arise.
4. The clinical trainee may additionally request to see their mentor at any time, and mentors should attempt to respond to such a request within a short period of time.
5. Contact between the mentor and the trainee will remain entirely confidential, including details of the time and content of meetings.
6. Trainees or mentors who consider that the pairing is unsatisfactory and wish to change should approach the co-ordinator of the scheme. The trainee will be assigned a new mentor.

(iii) Seeking psychological therapy and psychiatric support while on the course

While training is usually an exciting and stimulating experience, it can also be challenging and sometimes stressful. It is not at all unusual for trainees to go through periods when they feel overwhelmed or upset. Making a judgment about when to seek support is not always easy; especially because these periods of stress can be fairly transient, and in some ways learning to manage them is part of the learning process. Equally, even mental health professionals can be reluctant to seek help because they somehow feel that they should be able to cope by themselves, even when they know that they are finding this a challenge.

Making a judgment about when a problem needs to be addressed is not easy, but the course aims to ensure that trainees can seek advice and support in a reasonably timely manner. We also hope that the ethos of the course counters any sense of stigma attached to mental health problems in trainees or in staff – after all, if we are true to the values of our own profession we should accept our own potential vulnerability, and be open to taking appropriate steps when we know that we are not managing as well as we might.

There are two broad reasons for seeking therapy while on the course.
Some trainees feel personal therapy would help them to understand themselves better, and hence be more effective as psychologists. Their aim is not to resolve specific problems or symptoms but to have the opportunity to reflect at a more general level.

Some trainees on the course experience psychological difficulties which interfere with their personal or professional functioning. For these individuals the motivation for seeking therapy (alone or in conjunction with more medically-based interventions) is because their problems are impacting on their lives in a significant manner.

Trainees who are experiencing a mental health problem which impacts on their capacity to undertake the course, and especially their capacity to undertake clinical work, are encouraged to talk to a member of the course team - hopefully the Course Director. Although we understand the reluctance of trainees to reveal problems to members of the course, we can use our professional contacts to try to locate the most appropriate therapist - not always an easy task for individual trainees, especially if they are already feeling distressed.

Sometimes trainees might be best served by a standard HSE mental health referral through their GP. This will certainly be the case if their problem is more appropriately addressed by a combination of psychological therapy and medication, or by medication alone.

**(iv) Additional Supports**

**The Course Staff**

Trainees in all years have the opportunity of discussing any difficulties with the Course staff on an individual basis. This can occur at the regular formal training review meetings, at mid-placement visits or on an “as required” basis. It is clearly important for both trainees and staff to create and maintain an
atmosphere in which this form of support is effective. Each trainee’s Clinical Coordinator, who sets up and monitors placements, has regular contact with the trainees in a particular year which usually helps to establish her/him as an important source of support. If it is considered by a member of staff that issues raised could interfere with engagement with aspects of the course (in particular clinical work) it may be necessary to share information with other members of the course team.

**Individual Consultations with Clinical Coordinators**
The Clinical Coordinator may approach trainees or trainees can approach the Coordinator individually to discuss any difficulties with the Course or any personal difficulties which are interfering with training. If there is a wish or need to consider personal therapy, the Coordinator might help the trainee to arrange this, but would not take on such a role her/himself.

**Course Meetings**
Trainees also have regular hour long group meetings with Course staff. These meetings provide a regular forum for communication between staff and trainees. The issues that arise in these meetings include information giving and discussion of problems/issues arising from the Course.

**Supervisors on Placement**
Trainees have clinical supervisors throughout the three years of training. Many potentially problematic issues are faced by trainees during their clinical work; these issues need to be addressed during the course of supervision and their successful resolution provides a crucial source of support and learning. Adequate supervisor training is, therefore, essential and is given priority by the Course.

**Peer Support**
There is a clear recognition that trainees are an important source of support to each other. This support comes from both within and between the year groups.
An attempt is made by the Course to encourage this by holding induction weeks in which all years are present and by arranging parallel teaching days at Trinity College.

**Professional Status**

It is a course requirement that you join PSI and maintain your membership throughout the course. Failure to do so may result in suspension from the course.
Section 4 – Personal and Professional Development
(Course Policy on Personal and Professional Development – see Appendix 8).

Introduction
Because the Course places a strong emphasis on the development of a wide range of clinical and academic skills, it can be easy to lose sight of the fact that clinical training should be a time of personal and professional development, and that training can be a demanding experience. On this basis Course policy, and more importantly Course practice, is oriented towards creating conditions that support personal and professional development, and offering systems designed to ameliorate stress.

To be more specific, the Course values the development of personal and professional skills which are rooted in self-awareness in relation to feelings and values, such as the capacity to reflect on one’s practice, an ability to un-defensively recognise one’s own limitations, an openness to new learning, and a sense of how personal feelings can be legitimately incorporated into professional life. It also considers a capacity to care for oneself a critical part of practice, since balancing personal needs against work demands can be difficult to achieve. These are valuable skills in their own right, but there is some consensus that practitioners with these capacities are more likely to engage well with their clients and colleagues, and hence work more effectively and productively.

The Course attempts to foster a climate in which personal development and of self as professional is seen as a legitimate part of professional training. This is especially important given that at times the demands placed on trainees are considerable, and that to some extent an experience of personal stress is normative. Trainees need to know that the Course takes this perspective, and feel able to seek support without feeling this will be counted against them.

The Course follows a number of principles in order to actualise these aims.
Diversity
The Doctoral Programme in Clinical Psychology is strongly committed to issues of diversity and inclusion and seeks to produce culturally competent clinicians and researchers. Diversity is recognised as being complex and multidimensional and may include nationality, origin, race, religion, culture, sexual orientation, socioeconomic status, age and physical ability.

Diversity awareness is highlighted in individual modules, requirements for reports of clinical activity, research teaching and more recently, through the provision of diversity awareness training for trainees, staff and supervisors.

The issue of diversity is always considered at course selection meetings and the course seek to employ selection procedures that minimise barriers to participation in training related to membership of any marginalised group.

The need for staff and trainees to be sensitive to issues of diversity and differences are reflected in the student Entry Level Agreement and Staff Pledge to Trainees.

Course structures and procedures
The Course aims to ensure that it operates in a way that reduces unnecessary stress by minimising uncertainty and maximising the clarity and transparency of its procedures.

a) Trainees should be clear about the expectations of the course in relation to academic, clinical and research standards.

b) Trainees should be fully informed about course structures, such as the various support systems available to them.

c) Trainees should understand the roles of individual members of the course staff.
d) Course staff should be aware of their roles and responsibilities in relation to trainees, and make it as easy as possible for trainees to access support associated with their roles.

In practice the Course should:

e) Ensure that trainees have regular scheduled access to their Year Tutor with the aim of maintaining support and facilitating development.

f) Ensure that there is easy access to clear written information about every aspect of its functioning, available in hard copy through the Course Handbook, the Clinical Placement Guidelines, the Research Guidelines, and the Clinical Supervisor Handbook are also available on the Course webpage.

g) Endeavour to maintain clear channels of accountability through its various committee structures, enabling trainee feedback to be heard, and acting on that feedback as appropriate, and particularly when it becomes clear that communication or organisation is creating difficulties for trainees.

h) Ensure that trainees are given appropriate professional supervision and support related to the various aspects of the programme they are undertaking (academic, research and clinical).

i) Have in place feedback and auditing systems to monitor the efficacy of its support systems, and ensure that action is taken when it becomes clear that supervision or support is not adequate or is failing.

**Personal and professional development in the teaching programme**

The Course aims to structure the teaching programme in a manner that fosters openness to learning and development. It should include teaching on the various support systems, on the management of stress, and schedule sessions that enable discussions of the various transitions inherent to training. It should also include sessions that enable discussion of the various personal transitions inherent to training. It should also include sessions which will enable the year cohort as a whole to reflect on its development and progress through training.
(a) Input on professional issues seeks to impart an understanding of the profession of clinical psychology, of relevant legislation and policy, of ethics, of its relationship with wider organisations, diversity, nature of service delivery, legal aspects of work and responsibilities. There is also a focus on increasing independence in the acknowledgement of transitions, supervision, planning for continuing professional development and professional regulation.

(b) Methods of teaching and evaluation also contribute to personal and professional development. For example at an experiential level through reflective practice groups in the development of therapeutic skills and impact of clinical practice on developing competencies and at a conceptual level through the use of problem based learning activities and development of critical reviews within the Reports of Clinical Activity.

**Year Tutors, Clinical Coordinators and systems for developmental review**

The Course aims to put in place support systems that are genuinely facilitative rather than simply reactive to problems. This is critical, because this stance is one of the most fundamental ways in which the Course can represent its commitment to trainee development, and make the process come alive for the trainee. At the start of each year each cohort of trainees is allocated a Year Tutor who meets with the cohort at regular intervals throughout the year and is available for individual sessions as required. At the start of the Course each trainee is allocated a Clinical Coordinator who meets with them at regular intervals throughout their first placement. The purpose of these meetings is to ensure the development of a supportive relationship between individual trainees and a member of the Clinical Coordination Team. Across the three years of training this system is maintained with each trainee having regular meetings with a member of the Clinical Coordination Team. Meetings usually involve discussion of clinical, professional or personal issues.
Along with other members of the Course Team, Clinical Coordinators and Year Tutors will also participate in mid and end of year appraisals. These are developmental reviews which aim to clarify individual training objectives, provide feedback on performance, an overview of each trainee’s professional development, advice on career options and elicit feedback on the Course from the trainee. Meetings will usually involve discussion of academic, clinical, professional and personal issues.

**Personal Support Systems**

It is important to give trainees ready access to systems of personal support in order to demonstrate that these are potentially integral to the process of training.

To achieve these aims it will ensure that trainees are fully informed about the various systems of support open to them, including one of the most readily available sources of support, the Student Counselling Service on campus.

The Course recognises that under some circumstances it can be inappropriate for Course staff to act both as facilitators and appraisers. This can be the case when trainees are having significant difficulties on the Course, and the Year Tutor or Clinical Coordinator is involved in the appraisal of failure. Although this is not invariably problematic, where it is clear the trainee – team member relationship is under strain, the Course will usually assign trainees to an additional staff member, usually on the basis of trainee choice, who can act as the support to the trainee. Trainees should be informed that such requests will not influence the appraisal process.

Because of the inevitable strains between appraisal and facilitation, the Course offers trainees support from Personal Mentors. These are qualified clinical Psychologists with whom the trainee meets to discuss personal and professional issues arising out of training, but in confidence and outside of the Course. Mentors will be people who usually are not directly associated with the supervision or evaluation of the trainee. The scheme is intended to
enable personal and professional development throughout training rather than being used for crisis management or personal therapy. The Course recognises that personal therapy as central to personal and professional development of trainees. While the vast majority of trainees engage in personal therapy at some stage in training on a voluntary basis the Course is moving to mandating a minimum amount of time (24 sessions) for all trainees from 2013 onwards. It is intended that time for the mandated sessions will come from placement, with 1.5 hours of placement time allotted to each session. Thinking about the implications of this for placements, the Course requires that it be arranged so as to minimise impact on placement activity, for example, arranged at the beginning or end of the working day.

Physical Disability and Mental Health Difficulties
The Course recognises that trainees with physical disability or mental health difficulties may experience additional levels of stress. The Course will take responsibility for making appropriate adaptations the enable trainees to undertake and complete the Course. It will do this by consultation with the trainee regarding their needs, liaison with the TCD Disability Service and with the Occupational Health department of the Trainee’s employing organisation.

The Course recognises that disability comes in many forms, and that not all disability is immediately apparent. It also acknowledges that individuals with a disability are keen for this not to be the characteristic by which they are defined, and that a failure to proactively to make appropriate adaptations can – inappropriately- make their disability a focus of attention. On this basis the Course team will signal their willingness to discuss such matters, and to demonstrate a willingness to be responsive to need. It is often the clinical placements that present the greatest challenge to adaptation for individuals with disabilities. On this basis the Course will:

a) Represent its concern by asking trainees explicitly about their needs
   (For example at placement planning meetings)
b) Make it clear that in order to meet these needs, individuals will be privileged over peers in placement allocation.

**Physical Illness**
The Course recognises its responsibility to trainees who suffer significant physical illness while on the Course. While medical advice and prognosis are obviously important, the Course will take steps to ensure that on recovery trainees are offered appropriate additional support in order to help them complete their studies.

**Trainees who act as carers**
Trainees with significant duties as parents or as carers may, at times, find that these impose restrictions on their capacity to undertake aspects of the Course. The Course will be responsive to these concerns, and it is part of the Clinical Coordinator role to discuss appropriate accommodations for example to placement allocation where it is clear they are required.

**Summary**
The course facilitates trainees’ management of their emotional and psychological wellbeing by encouraging the use of appropriate supports in monitoring and addressing ongoing sources of stress. Trainees are encouraged to use, among their supports, the following course provisions: reflective practice groups; Year Tutor; personal therapy; placement supervision arrangements; regular ‘business meetings’ with course staff; support from Clinical Coordinators; Mentors and personal therapy. Information about how these various principles are realised in practice can be found in the Course Handbook, Clinical Placement Guidelines and in the Supervisors’ handbook which contain information about the personal and professional support systems.
Section 5 – Communication:
Communication between the course team and trainees is essential to ensure the smooth running of the programme. The course has developed a number of formal and informal procedures to achieve this. Each of these procedures serves a different function.

Communication between trainees and course staff, HSE (or other employer) Psychology and Administration is a regular feature of this programme. While there are formal course meetings between course staff and all trainees and with individual year cohorts of trainees, there are a number of other opportunities and to get best use of these we feel it would be of benefit for trainee representatives and individual trainees to be aware of these pathways, which include, Course Steering Committee Meetings (Quarterly); Director of Clinical Coordination(your HSE Psychology Line Manager) & Director of Psychology HSE meetings(monthly), Course Staff meetings (monthly) and the Course Management meetings(fortnightly).

Communication with Course Staff
Each cohort nominates 2 Class Representatives to act as liaison on their behalf with the programme. The course staff has nominated a Year Tutor as a first point of contact to meet with trainee representatives from a specific cohort and via this route items may go forward to the agenda of any of the above meetings. When initiating contact with any member of the Course staff we recommend sending an email to the relevant party outlining the issue of substance. As staff we envisage responding to all emails with 2 working days, however given the multiple demands on trainees and staff, a follow up email should be sent after 2 days have passed without response. Telephone contact details are available for all staff as an additional channel of communication and follow up. All communication with course staff should be via your college email account. Any communication via a personal email account will be ignored as the source cannot be verified.
Communication with the HSE

The Director of Clinical Coordination as line manager is the designated contact between trainees and the HSE and trainees should channel their communication on matters of employment to the Director of Clinical Coordination and copied to the Director of Psychology (HSE) and the Course Administrator. In addition, regular meetings with the Director of Psychology are arranged to support communication between trainees and their employer.

Course Meetings

A course meeting takes place once a year and is attended by all three year groups and the course team. Its purpose is to facilitate communication about general training issues with and between year groups and the course team. The meeting is chaired by the course director. Agenda items for this meeting must be of a general nature and should be submitted in writing by an agreed date approximately one week before the meeting. Items may be submitted by individual trainees, staff members or class representatives.

Year Meetings

These meetings are convened on a regular basis by year tutor. They provide an opportunity for trainees to give feedback about the course and to raise issues of concern in an informal forum. The meeting also allow the year tutor to inform trainees about issues and plans relating to the programme. Items raised at these meetings will be discussed by the course team at the earliest opportunity and a response given at the next year meeting where possible.

Class Representatives

Each group will elect a class representative. This person can request a meeting with the course director, year tutor or director of clinical coordination to raise issues of immediate concern that cannot be delayed until the next scheduled year group meeting. The course team will also use the reps as a means of
communicating ongoing decisions and urgent items of information with the year
groups. In addition the trainee group as a whole will elect a representative to
the Steering Committee who will represent their views at this important policy
development forum.

**Private consultations**
Students may arrange private appointments with any member of staff to
discuss issues specific to themselves. Such meetings may require to be
arranged in advance.

**Electronic mail**
Email addresses of staff should be used as an additional channel of
communication. You must take responsibility for checking this regularly. All
communication with course staff should be via your college email account. Any
communication via a personal email account will be ignored as its source cannot
be verified.

**Notice Board**
The course noticeboards are maintained and should be consulted on a regular
basis, these are located opposite room 0.20. Updates to timetables, notice of
meetings, workshops and seminars of interest are routinely posted on this
notice board.
Section 6 – General Issues:

Transcripts:

Students and graduates are entitled to request copies of their academic transcript from the appropriate course office in the School of Psychology. A minimum of 7 working days notice is required for such requests.

Continuation Year:

It is not possible for students registered on postgraduate taught programmes to register for a continuation year and pay a reduced fee. Students who do not complete their postgraduate taught course in the required time will have to re-register and pay full annual fees in the continuing year (see page G15 of the College Calendar part 1 regarding fees).

Graduate Students’ Union:

Located on the second floor of House 6, the Graduate Students’ Union is an independent body within College that represents postgraduate students throughout College. Upon registration, all postgraduates are automatically members. It is run by two full-time sabbatical officers; this year they are the President, Ryan Kenny and the Vice-President, Sarah Smith. As the head and public face of the Union, Ryan is responsible for strategy and policy formulation, whilst sitting on a wide range of committees. Sarah is the Union’s Education and Welfare Officer and advises students on matters such as academic appeals and supervisor relationships. She’s also here to help on more personal matters, such as financial concerns, illness and bereavement. Any discussions about such concerns are treated with the strictest confidentiality. They may be contacted at either: president@gsu.tcd.ie or vicepresident@gsu.tcd.ie.
The Postgraduate Advisory Service

The Postgraduate Advisory Service is a unique and confidential service available to all registered postgraduate students in Trinity College. It offers a comprehensive range of academic, pastoral and professional supports dedicated to enhancing your student experience.

Who?
The Postgraduate Advisory Service is led by the Postgraduate Support Officer who provides frontline support for all Postgraduate students in Trinity. The Postgrad Support Officer will act as your first point of contact and a source of support and guidance regardless of what stage of your Postgrad you're at. In addition each Faculty has three members of Academic staff appointed as Postgraduate Advisors who you can be referred to by the Postgrad Support Officer for extra assistance if needed.

Contact details of the Postgrad Support Officer and the Advisory Panel are available on our website: http://www.tcd.ie/Senior_Tutor/postgraduate/

Where?
The PAS is located on the second floor of House 27. We’re open from 8.30 – 4.30, Monday to Friday. Appointments are available from 9am to 4pm.
Phone: 8961417
Email: pgsupp@tcd.ie

What?
The PAS exists to ensure that all Postgrad students have a contact point who they can turn to for support and information on college services and academic issues arising. Representation assistance to Postgrad students is offered in the area of discipline and/ or academic appeals arising out of examinations or thesis submissions, supervisory issues, general information on Postgrad student life
and many others. If in doubt, get in touch! All queries will be treated with confidentiality. For more information on what we offer see our website.

If you have any queries regarding your experiences as a Postgraduate Student in Trinity don’t hesitate to get in touch with us.

**Photocopying:**
Lisa Gilroy, Chief Technical Officer in the School will issue you with a photocopying card to the value of €30.00. This amount is renewed annually. If this card runs out during the year you must bear the cost of topping it up yourself. Please keep this card as it will do you for the duration of your training.

**Berkeley Library:**
The main psychology collection of books and journals is housed in the Berkeley library on the second floor and recent issues of Journals are to be found in the **Periodicals Room** in the basement of the new Ussher library, where there is also a photocopying facility. General reference books, various indexes and a computer-based CD ROM database for psychology books and journal articles (called **PSYCHLIT**) are to be found on the ground floor of the Berkeley. Materials that have been specifically reserved for your use by course staff are held “on reserve” and may be requested from the counter on the ground floor. **Some of these arrangements are subject to change with the recent completion of the Ussher library. See noticeboards for updated information.** Please note that most Journals are not on open shelves but have to be requested from the “stacks”. Less frequently used materials have to be brought on request from the library depository in Santry. Because the TCD library is a copyright archive, receiving by law all published materials in the British Isles, borrowing rights are restricted. The **Student Lending** collection is currently housed in the 1937 **Reading Room.** It tends to contain books specifically recommended by staff for student borrowing. It may also be worth
checking out the **Hamilton Library** where an increasing number of psychology books can be found. **Liz Gleeson** is the librarian with special responsibility for Psychology – but all library staff will assist you with any problems, enquiries etc.

**Computing Facilities:**

**School Computers**

The School has two computer laboratories; one (room 1.34) that contains 40 iMacs and a scanner (text and graphics) and the other (room 1.32) contains 14 iMacs on the first floor. The laboratories are for student use, and are booked for undergraduate and postgraduate classes at regular times during term. At other times they will be available for individual use by undergraduates between 9.30 am and 4.45 pm Monday to Friday. You are advised to consult the notice boards and the “Rules and Regulations” file in the shared folder on each computer for information on the facility, such as opening hours, booking conventions, availability for testing subjects, printing arrangements, and so on. A mono laser printer (PSYLAB) is located outside the laboratories and a colour laser printer (PSYFIRST) is located outside room 1.19. The laser printers are operated by a card system, and the cards may be purchased from the card dispenser, located outside the laboratories, at €3 (250 units) or €6 (520 units) each. Monochrome laser printer charges: A4 – 3 units, A4 double-sided – 6 units. Colour printer charges: A4 – 15 units. The cards may also be used in, the photocopier on the ground floor and outside room 1.19. Advice about the use of the computers should be sought from Lisa Gilroy or Ensar Hadziselimovic (room1.30).

**College Computers**

You are advised to read the Guide to Computing in College, available from the ISS homepage, for information on the many and varied computers available and for access to an e-mail account.
School Psychometric Tests and Testing

All test materials in the School are listed in a database file on the Psychology web pages. Further details are available from the Chief Technical Officer, Lisa Gilroy. To borrow material, you should consult with and obtain permission from your supervisor, and ensure that Lisa Gilroy is appraised of the permission. No test manuals may be taken out of the School. No testing procedures or distribution of questionnaires should be undertaken without prior permission from your supervisor. Testing material is usually copyright and should not be duplicated. You will need to let Lisa Gilroy know well in advance if you require additional test materials to be ordered from the suppliers - it can take several months. You are advised to restrict your research requirements to tests currently available in the School as, apart from supply delays, new tests can be very expensive to purchase.

Laboratory space

If you require laboratory space for carrying out experiments, interviews, tests or using equipment, special arrangements can often be made through your supervisor.

Safety and Security

You should familiarise yourself with the School Safety Statement available on the Psychology Local web pages and get to know the layout of the entire School as soon as possible, taking note of the various points of exit which you might use in the event of a fire. Fire drills are held from time to time and Lisa Gilroy is the School's Safety Officer. Lisa Gilroy, Ensar Hadziselimovic and Siobhan Walsh are our Fire Wardens. Please inform any of them of any potential sources of danger or problems of safety which you may notice.
We have had a number of security problems in the past, from full-scale burglaries to daytime theft of personal effects. To comply with regulations, by order of the Board, during lecture terms the School is closed to undergraduates from 5.45 pm, including the School computer lab, except when there is scheduled teaching or where special arrangements have been made. Please note that it is **against the law to smoke in a public building such as the School**. Eating and drinking are also not allowed in the School (excepting designated areas and official receptions).

**Noticeboards:**

There are several noticeboards located on both floors of the School.

**Course Resources**

The course maintains its own stock of psychometric tests for teaching purposes (see Appendix 9). During teaching blocks these can be taken out by trainees for practice sessions. If you borrow a test you have to sign it out and sign it in on return. If you do not sign it in on return you may be held accountable if the test goes missing. When you sign the test out, you should ensure that all of the items are present as the test will be checked on return to ensure that nothing has gone missing. If you use a scoring sheet for practice purposes, this should be shredded afterwards. These tests can also be used for research and in very exceptional circumstances can be borrowed for clinical placements.

In addition to psychological tests the course also maintains a stock of audio visual equipment which can be borrowed for teaching and research. The equipment includes video cameras, tape recorders and tripods. If you borrow any recording device you should ensure that it is used in a manner that complies with the Data Protection Act and also that any images or data are erased prior to returning the equipment.
Client Data
Guidelines for the removal of confidential information (see Appendix 11).

Section 7 – Annual Leave and Related Issues

Annual leave
Trainees are permitted to take up to 22 working days of annual leave subject to local arrangements of the HSE/St. Patrick’s Hospital.

Leave is allocated in relation to the financial year, which runs from 1st April to 31st March of the following year. Thus, first year trainees beginning employment for the first time will be allocated ten days annual leave to be taken between 1st October and 31st March the following year. It is not possible to carry over leave days from one financial year to the next. However, in extraordinary circumstances, an application to the Director of Psychology/ Head of Psychology/ Principal Clinical Psychologist, as appropriate, requesting special permission to do so can be made in writing.

Annual leave is subject to requirements already outlined above, where trainees are expected to attend 90% of scheduled classes, and prior approval must be sought for absence during academic blocks. Also, certain minimum periods of time must be spent in placements. As a rule of thumb, no more than two weeks leave should be taken per placement. Trainees are expected to inform supervisors and the relevant clinical coordinator about any planned annual leave from placement as early as possible, preferably at pre-placement meetings. While trainees are entitled to annual leave, they need to be aware of clinical responsibilities when arranging annual leave during their placements. Any deviations from this practice should be discussed in advance with the Director of Clinical Coordination. The course secretary and the secretary of the Psychology Department, must be informed regarding intended annual leave prior to the leave being taken for trainees employed by the HSE.
**Other Forms of Leave**

All requests for other forms of leave will be considered by the Course Director in consultation with the course team and are subject to relevant University and employer regulations. Contractually, trainees are entitled to 26 weeks of paid maternity leave, plus 16 weeks unpaid maternity leave. In cases where extended leave is given, and a trainee is unable to complete the course requirements within the three year period covered by the salary, the trainee may be permitted at the discretion of the Course Director, to complete his/her studies beyond the three year period. The course will enter into negotiations with the relevant employer seeking an extension to the term of the contract to enable the trainee to complete course requirements. Given the national economic difficulties there is no guarantee that this additional time will be funded. Any queries regarding these and other forms of leave (eg., compassionate leave, marriage leave, etc.) can be directed to Clinical Coordinators and/or Catherine Kennedy, secretary to Gerard Perry at 8467154.

In terms of College regulations, students who are required to take extended leave from the course are covered by the College Calendar, Part 2, entries 1.9 and 3.7. Essentially these stipulate that students who for illness or other cause are absent for more than one month will be required to take leave of absence from the course and be readmitted in the following academic year.

**Leave Due to Illness**

All sick leave extending for longer than two days must be certified, that is, subject to the production of satisfactory medical evidence covering the period of absence from the course. Where trainees have periods of certified sick leave, they are required to apply for social welfare benefit. This amount is in turn then deducted from their salary. There must be reasonable expectation that the trainee will be able to resume and complete studies within the three years of the course. Any trainee may be required to submit him/herself to an independent medical examination before these regulations are applied.
In cases where a trainee has missed placement time, classes or private study for an extended period through illness, it may not be possible to complete all of the course requirements within the three-year period and in the required sequence for which the salary is provided. Attendance at placement will be monitored by course staff either directly or indirectly via liaison with supervisors.

All medical certificates for those employed by the HSE should be lodged with the secretary of the Psychology Department of the HSE at 1st Floor, Ballymun Health Care Facility, Main Street, Ballymun, Dublin 9. 018467154.

**Section 8 – Health and Safety Policy**

**1.0 General Statement**

1.1 It is the policy of the Trinity University Doctorate in Clinical Psychology to safeguard in as much as is reasonably practicable, the health, safety and welfare of trainees.

1.2 As appropriate in view of the nature of the profession of Clinical Psychology care is exercised with regard to both the physical and emotional wellbeing of trainees during their training.

1.3 Care is exercised with regard to the trainee’s health and safety both within the University and while on placement locations.

1.4 The safeguards and procedures referred to in this document are in accordance with:

   i. The University Safety Policy
   
   ii. The HSE Employee Handbook and the HSE Corporate Health and Safety Policy

1.5 Trainees are reminded that, in accordance with the Health and Safety policy, it is their duty as employees to carry out their work in a manner which is safe and absent from risk to their own health and
to the health of any other person or persons who may be affected by their acts or omissions.

2.0 Health and Safety within the University

2.1 It is the policy of the course to safeguard the well being of trainees within the premises of the University in accordance with the School of Psychology Safety policy.

2.2 The Course is informed of Health and Safety requirements within the school both directly and through ongoing representation, from the Aras an Phiasaigh Building Committee.

2.3 Issues of general health and safety relevant to the University as well as local rules and procedures relevant to the School of Psychology and the building in which it is housed are addressed in the DClinPsych Induction programme. Training is provided in relation to fire drills and trainees are made aware of relevant documentation.

3.0 Health and Safety on Placement

3.1 It is the policy of the Course to ensure that all clinical supervisors of trainee placements are made aware of their responsibilities towards the health and safety of trainees on placement within their Service.

3.2 All placement supervisors are issues with a Health and Safety Checklist prior to the inception of each new placement, a record being kept of the status of health and safety safeguards for each placement.

3.3 Prior to their placement, all trainees visit the placement on at least one occasion to be inducted into the local rules and procedures.

3.4 At the beginning of each placement, trainees are provided with a checklist of Health and Safety issues. It is the responsibility of the trainee to address each item on the checklist with the appropriate
person in the placement organisation. Items are dated as they are addressed and a record of the checklist for each placement is kept in the trainee’s placement file.

4.0 Health and Safety Training

4.1 Trainees receive a number of taught inputs on Health and Safety issues including the following:

- management of aggression and violence in clinical settings

5.0 Psychological Health and Safety

5.1 The course facilitates trainees’ management of their emotional and psychological well being by encouraging the use of appropriate supports in monitoring and addressing ongoing sources of stress.

5.2 Trainees are encouraged to use, among their supports, the following course provisions:

- Reflective practice groups
- Personal Therapy
- Placement supervision arrangements
- Regular ‘business meetings’ with course staff
- Ad hoc support from Clinical Coordinators
- Mentors

Health and Safety Checklist (Supervisor)

A requirement of the DClinPsych course policy on Health and Safety is that a record should be kept of the Health and Safety provisions made by every placement location. Consequently we would be grateful if you would complete the following checklist. It may also be discussed at the placement planning meeting. On completion please return it to the relevant Clinical Coordinator who will be assigned for the placement period.
Name of Supervisor  ________________________________

Location of Placement  ________________________________

1. Do you have written Health and Safety Policy?   Yes/no

2. Do you provide Health and Safety Instruction to trainees who come on placement?   Yes/no

3. Have you made an assessment of potential risks to the trainee on placement with you?   Yes/no

4. Are the results of the risk assessment implemented?   Yes/no

5. Do you have a formal procedure for reporting accidents or incidents involving the trainee that may place the trainee at harm?   Yes/no

6. Do you have procedures to be followed in the event of serious/imminent danger to trainees or others?   Yes/no

7. Will you report to the University all recorded accidents involving trainees or incident involving the trainee that may place them at harm?   Yes/no

8. Will you report to the University any trainee illness that might be attributable to the placement?   Yes/no

Signed                  Date
Doctoral Programme in Clinical Psychology
Trinity College Dublin / Health Service Executive

Health and Safety Induction Checklist (Trainee)

Name of Trainee
Placement Location
Supervisor
Start date

The following health and safety issues will normally be addressed early in your placement, generally in the first observation visit or in the first actual week of placement. They will also be discussed at the pre-placement meeting. It is your own responsibility to ensure that this is done, so bring to the attention of your supervisor any issue that is not covered within the first week. Please check off each item as it is addressed by writing a date on which this occurred. Please add in any extra topic that you may cover, especially with regard to any special Health and Safety risks and/or safeguards specific to your placement. On completion this checklist should be signed by yourself and your supervisor and returned to the Clinical Coordinator assigned to cover this placement.

Health and Safety Induction Dates
Safety policy received .......... Emergency procedures .......... Fire procedures and location of fire extinguishers .......... Accident and incident reporting procedures explained .......... Location of accident book .......... Location of First Aid boxes .......... First Aid Arrangements ( inc names of First aiders) .......... Rules about smoking .......... Other issues ( Please note anything of relevance) ..........

Signed (Trainee) Date
Signed (Supervisor) Date
Appendix 1
TRINITY COLLEGE
DUBLIN

SCHOOL OF PSYCHOLOGY

2016/2017

ACADEMIC RESEARCH INTERESTS

School of Psychology
www.psychology.tcd.ie
<table>
<thead>
<tr>
<th><strong>ACADEMIC STAFF 2016/17</strong></th>
<th><strong>RESEARCH INTERESTS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head of School</strong></td>
<td>Psychological aspects of Coronary Heart Disease, Risk Perception, Quality of life assessment, Psychological models of health behaviour, Stress, Emotional expression and health.</td>
</tr>
<tr>
<td>Prof. HEVEY, David</td>
<td>Cognitive science of human thinking; experimental and computational studies of reasoning, counterfactual thought and imagination.</td>
</tr>
<tr>
<td>Prof. BYRNE, Ruth M.J.</td>
<td>Cognitive neuroscience, Human motor control, Neural plasticity, Neurological rehabilitation, Sensorimotor coordination, The ageing motor system, Neural adaptations to training, Human electrophysiology</td>
</tr>
<tr>
<td>Prof. CARSON, Richard</td>
<td>Human factors Risk Management; Training and Competence; event investigation &amp; analysis; health and safety at work; self-control &amp; rule-governed behaviour.</td>
</tr>
<tr>
<td>Prof. CROMIE, Sam</td>
<td>Human evoked potentials, sustained attention, executive control, episodic memory, false memory, acquired brain injury, cognitive ageing &amp; dementia</td>
</tr>
<tr>
<td>Prof. DOCKREE, Paul</td>
<td>Implicit cognition: relevance to addiction (particularly cigarette smoking), sexual offending against children, and prejudice; subliminal perception; unconscious mechanisms in problem solving. Driver behaviour: young drivers, older drivers, speeding, application of theoretical models to effect change in driving behaviour, influence of media campaigns in effecting change in driving behaviour.</td>
</tr>
<tr>
<td>Prof. GREY, Ian</td>
<td>Developmental cognitive neuroscience, cognitive neuroscience of psychiatric disorders, functional neuroimaging</td>
</tr>
<tr>
<td>Prof. KELLY, Clare</td>
<td>Global Health, Social Inclusion, Assistive Technologies, Macropsychology</td>
</tr>
<tr>
<td>Prof. MACLACHLAN, Malcolm</td>
<td>Human factors and organisational aspects of safety in aviation and other industries. Innovation and change in organisations.</td>
</tr>
<tr>
<td>Prof. MCDONALD Nick J.</td>
<td>Multisensory perception; Object and face recognition; Synaesthesia; Texture perception; Effects of ageing on perception;</td>
</tr>
<tr>
<td>Name</td>
<td>Research Interests</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Prof. NIXON, Elizabeth</td>
<td>Developmental Psychology, social development of children, children's development in families, parenting, and parent-child relationships</td>
</tr>
<tr>
<td>Prof O'CONNELL, Redmond</td>
<td>Cognitive neuroscience of decision making and attention. Human electrophysiology, transcranial stimulation, ageing, ADHD.</td>
</tr>
<tr>
<td>Prof. O'MARA, Shane</td>
<td>Biology of learning and memory; mechanisms of brain repair; drug action in CNS; synaptic plasticity; visualising in vivo neuronal activity; defining distribution of bioactive agents in CNS; imaging human brain during learning and memory; models of neurodegeneration; models of secondary depression and their treatment; organic disorders of memory.</td>
</tr>
<tr>
<td>Prof. QUIGLEY, Jean</td>
<td>Infant &amp; child research; Early language acquisition and development; Developmental disorders; Qualitative Psychology.</td>
</tr>
<tr>
<td>Prof. ROBERTSON, Ian H</td>
<td>Cognitive Neuroscience of Attention and Ageing. Cognitive rehabilitation</td>
</tr>
<tr>
<td>Prof. SMITH, Howard V.</td>
<td>Information theory, memory and perception; animal behaviour and ethology, evolutionary psychology.</td>
</tr>
<tr>
<td>Prof. SWORDS, Lorraine</td>
<td>Developmental Psychology, Child and Adolescent Mental Health, Child Health Psychology, Peer Relationships</td>
</tr>
<tr>
<td>Prof. TRIMBLE, Tim</td>
<td>Forensic Psychology; offender rehabilitation; intervention and psychotherapy; sex offender risk assessment; Suicide risk and crisis intervention; PTSD</td>
</tr>
<tr>
<td>Prof. VALLIÉRES, Frédérique</td>
<td>Applications of Psychology for Health System Strengthening, Global Mental Health, Global Psychotraumatology, Information Communication Technology for Development (ICT4D).</td>
</tr>
<tr>
<td>Prof. WHELAN, Robert</td>
<td>Cognitive Neuroscience, Ageing, Addiction, Machine Learning</td>
</tr>
</tbody>
</table>

**DOCTORATE IN CLINICAL PSYCHOLOGY**

<table>
<thead>
<tr>
<th>Name</th>
<th>Research Interests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Director</td>
<td>Behaviour Analysis; Applied Behaviour Analysis. Proxy measurement of mental health. Attachment and Disability.</td>
</tr>
<tr>
<td>Prof. TIERNEY, Kevin,</td>
<td></td>
</tr>
<tr>
<td>Mr. DAVENPORT, John</td>
<td>Clinical Supervision and Clinical Psychology Training</td>
</tr>
<tr>
<td>Ms. FELL, Mary</td>
<td>Long term adult mental health difficulties, service evaluation and psychotherapy.</td>
</tr>
<tr>
<td>Ms. FITZGERALD, Sinead</td>
<td>Eating disorders. Developmental Psychopathology, Depression.</td>
</tr>
<tr>
<td>Prof. HEVEY, David</td>
<td>Psychological aspects of Coronary Heart Disease, Risk Perception, Quality of life assessment, Psychological models of health behaviour, Stress, Emotional expression and health.</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Prof. MCCAULEY, Matthew</td>
<td>Post-Traumatic Stress, Occupational Mental Health, Psychotherapy, Reflective Practice, Clinical Health Psychology, Qualitative Research, Military Psychology.</td>
</tr>
<tr>
<td>Prof. O’CONNOR, John</td>
<td>Meaning in obsessions and compulsions; The dynamics of hoarding; The experience of space and place; Borderline personality states; Suicide; Depression; Mania; Psychosomatic states; Interpersonal dynamics in groups and organisations; Psychoanalytic and psychodynamic interventions; Professional training in psychotherapy; Dynamics of supervision in clinical practice; False self-developments; The functions of fantasy.</td>
</tr>
<tr>
<td>Prof. WILSON, Charlotte Emma</td>
<td>Behavioural and emotional disorders in children; the role of parents and developing cognitive-behavioural models. Worry and anxiety in children; developmental, clinical and systemic factors. Testing models of anxiety disorders in adults. Mental health issues in children with chronic illness. Service User and Carer involvement in Mental Health Education</td>
</tr>
</tbody>
</table>

**DOCTORATE COUNSELLING PSYCHOLOGY**

<table>
<thead>
<tr>
<th>Course Director</th>
<th>Prof. TIMULAK, Ladislav</th>
<th>Psychotherapy research (significant events in psychotherapy, monitoring outcome in routine practice, development of emotion-focused psychotherapy, professional development of psychologists).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. CREANER, Mary</td>
<td>Clinical Supervision, Psychotherapy Research, Counsellor &amp; Clinical Supervisor Education, Life-span Development, Developmental Trauma, Qualitative Methodology &amp; Methods.</td>
<td></td>
</tr>
<tr>
<td>Mr. DU BERRY, Mark</td>
<td>Psychotherapy (Long-Term), Group Therapy, Counselling psychology, Supervision, Jungian-Object relation approaches to therapy.</td>
<td></td>
</tr>
<tr>
<td>Ms. HANNIGAN, Barbara</td>
<td>Counselling psychology research, therapist personal and professional development, therapy events and processes, suicide pre &amp; post-vention, diversity and inclusive practice research and life-story narrative analysis of people with extraordinary and diverse lives</td>
<td></td>
</tr>
</tbody>
</table>

**MSc in APPLIED BEHAVIOUR ANALYSIS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Research Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof. HEALY Olive</td>
<td>Behavioural Interventions with Neurodevelopmental Disorders; The assessment and treatment of severe behaviour problems in individuals with developmental disabilities; Stereotypy and Repetitive Restrictive Interests in Autism; Behaviour Analysis and Psychophysiology.</td>
</tr>
<tr>
<td><strong>RESEARCH ASSISTANT PROFESSOR</strong></td>
<td></td>
</tr>
<tr>
<td>Prof. BRENAN, Sabina</td>
<td>Brain Health, Cognitive Reserve, Development and evaluation of interventions and educational materials to promote brain health and minimize the impact of disease injury and ageing on cognitive function.</td>
</tr>
<tr>
<td>Prof. TSANOV, Marian</td>
<td>Freely-behaving electrophysiology, optogenetics, single-unit spiking and local field oscillations, episodic memory, experience-dependent synaptic plasticity, reinforcement learning, information processing in neuronal networks, sensorimotor signal synchronization, attractors modelling.</td>
</tr>
<tr>
<td><strong>RESEARCH FELLOWS</strong></td>
<td></td>
</tr>
<tr>
<td>Dr. BALFE, Nora</td>
<td>Human Factors methods supporting design and operations, Human-automation Interaction, Decision Making in complex distributed systems, Workload Measurement, and Human Factors Risk Analysis</td>
</tr>
<tr>
<td>Dr. BARANZINI, Daniele</td>
<td>Quantitative analysis in research design and Applications. Coincidence Modelling and Causal analysis in complex system design and control. System reliability, availability and dependability in organizational and cognitive ergonomics. Human systems integration in socio-tech systems.</td>
</tr>
<tr>
<td>Dr. CAHILL, Joan</td>
<td>Human Factors, Human Machine Interaction (theory and methods), incorporating psychological concepts in the design of new technology, technology-based interventions and supports in healthcare, designing technology to support social processes, assistive technologies, cyber-psychology, automation, philosophy of technology, work analysis, safety/risk management, human error and reliability, Crew Resource Management (CRM), performance management, well-being, and phenomenology.</td>
</tr>
<tr>
<td>Dr. CALLARI, Tiziana C.</td>
<td>Human Factors/Ergonomics, Human Factors methods supporting design and operations. Qualitative methods, socio-technical systems (theory and design), organisational psychology, Development and evaluation of interventions to improve safety in the health sector.</td>
</tr>
<tr>
<td>Name</td>
<td>Research Interests</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Dr. COOKE, Michael</td>
<td>Human Factors, organisational psychology, crisis and emergency management, aerospace psychology, organizational and societal aspects of security and policing, human-computer interaction (HCI), computer-supported cooperative work (CSCW), sociocultural psychology, the psychology/phenomenology of lived-experience, sociotechnical systems design, ethnographic methodology, activity theory, knowledge management.</td>
</tr>
<tr>
<td>Dr. CORRIGAN, Siobhan</td>
<td>Knowledge Management &amp; Organisational Learning; Change Management; Human Factors; Developing competence &amp; skills for new generation of aviation and manufacturing industries; Safety Management Systems. Risk Management; Creation of collaborative learning communities and networks; Leadership; improving safety in the Irish rail industry; risk and safety management; leveraging and sharing internal best practice (‘tacit knowledge’).</td>
</tr>
<tr>
<td>Dr. CROWLEY, Katie</td>
<td>Affective computing, bio-signals and biometrics; psychophysiological measurement, digital signal processing, emotion detection/analysis, affective speech, psychophysiological HCI, stress response.</td>
</tr>
<tr>
<td>Dr. KIISKI, Hanni</td>
<td>Social cognitive neuroscience; the perception of traits and intentions from faces, voices and body motion; multisensory perception; attractiveness; cognitive functions in neurological conditions; electrophysiology and neuropsychology.</td>
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<td>Dr. LEVA, Maria Chiara</td>
<td>Human Reliability Analysis and Risk Assessment, Human machine interface design review, and Alarm rationalization, Accident investigations and Accident Databases, Safety Management Systems, Human Factors improvement strategies for safety critical activities</td>
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<td>Dr. LISTON, Paul</td>
<td>Aviation Safety, Maritime Safety, Virtual Reality, Competence and Performance, Human Factors Auditing, Human Factors Training, LOSA for Aviation Maintenance, Blended Learning, Safety and Normal Operations, VR Training, VR Technology as a Safety and Improvement Tool, Aircraft Cabin Safety Research, Behaviour based Safety in Construction Sites, Ethnographic Research Methods</td>
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<td>Dr. MCHUGH, Joanna</td>
<td>Health behaviours, cognitive decline in late life, cognitive reserve, eating behaviours in late life, sleep in late life, use of routine, social interaction and psychological wellbeing, subjective wellbeing in late life, self-efficacy and health promoting behaviours, motivations for exercise in late life, research methodology (qualitative and quantitative).</td>
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<td>Dr. MCGOVERN, David</td>
<td>Sensory neurosciences. How the brain uses incoming sensory information to form perceptual decisions, whether similar processes underlie the combination of sensory information within and between the senses, and how these processes are affected by ageing development of training regimes to maintain and improve perceptual function in young and old populations.</td>
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<td>Dr. PERTL, Maria</td>
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<td>Dr. RICHARDS, Derek</td>
<td>Development, implementation and research of technology delivered interventions for mental health. In particular I have an interest in researching such interventions for high prevalence disorders such as depression and anxiety. I am also interested to investigate the transferability of such technology delivered interventions into Latin America.</td>
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<td>Dr. MCNALLY, Sinéad</td>
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<td>Dr. WARD, Marie</td>
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<td>Dr. HONAN, Rita</td>
<td>Research: Pivotal response training to increase social development in children and adults with Asperger Syndrome. Anxiety reduction in persons with Asperger Syndrome</td>
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<td>Prof. BALSTERS, Joshua</td>
<td>Cognitive neuroscience: (cognitive control through cortico-cerebellar and cortico-striatal circuits, decision making and reward processing); Neuroimaging methods (EEG, fMRI, simultaneous EEG/fMRI, multimodal imaging); Clinical neuroscience (Autism, ADHD, childhood development and aging, pharmacological fMRI).</td>
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September 2016
Applying a Consultation Model to gaining Direct Experience of Service Users on Clinical Placement

Background

Although trainees have extensive contact with service-users in each placement this will usually be in the context of a formal professional relationship, where they are seeking actively to help the service user resolve problems or difficulties.

This focus usually means that there are few opportunities to step to one side of the intervention and explore the service user’s experience of the service. There are a number of reasons for this. The power imbalance inherent to even the best-run and most sensitive service makes it harder for service users and carers to express their views directly. It is also quite a challenge for trainees to maintain a focus both on delivering a competent intervention as well as seeking to learn more about client’s perspectives on, and experience of, the services they are receiving.

In order to gain a clearer sense of service users’ concerns and outlook a different approach is needed in which the aim of contact is not ‘therapy’ but more a consultation - an opportunity actively to seek out the expertise service users have developed on the basis of their contact with clinical services.

The consultation exercise is detailed in this Report. Briefly, it gives trainees a direct experience of initiating contact with service users, aiming to learn from their experiences of the service and to make use of this learning through subsequent discussion with their clinical supervisors.
Course requirements

In each of their six placements trainees should organise contact with service user organisations, or service users/carers. There are two primary objectives:

1. to develop a clearer sense of service-user issues, concerns, experiences and perspectives, and to discuss what is learned from this within supervision.
2. to gain experience of initiating this sort of contact (with guidance on how this is best done from the supervisor or the course). In itself, learning how to initiate such contacts is an important area of skill development.

Nature of the consultation

This contact could take many forms, but it is crucial to avoid any exploitation of individual service users. An example of how this can arise is when one or two service users find themselves being asked repeatedly to undertake this sort of consultation (perhaps on the basis that they have a reputation as being helpful and approachable). This can become an abuse, as can the expectation that they should offer their time for free.

To avoid this sort of problem it makes most sense for trainees to meet with members of local organisations which represent service users and/or their carers. Because these individuals are tasked to represent the views of service users their role is entirely congruent with the task being undertaken.

It may be the case that trainees also have the opportunity to meet with service users and/or carers in the clinical service within which they work, although this should not involve individuals with whom the trainee has current direct or indirect clinical responsibility. It is important that trainees discuss this option carefully with their supervisor in order to ensure that there is no risk of exploitation. A part of this discussion involves identifying how the service user consents to participation (in particular, how to ensure that they are making a free choice – which includes declining to help).
Making these contacts work depends on the trainee establishing an appropriately egalitarian relationship where it is clear that the trainee is explicitly hoping to learn from the service user representative—on the basis of their experience the service user is (in a specific sense) the expert. It is important that the trainee approaches this task in a manner which does not reproduce the formal role-relationships which characterise their more usual contacts with service users.

**Number of meetings:** In most cases the consultation will be a one-off meeting, but the number of meetings will depend on the service context and the trainee’s aims.

**Making contact with service users**

In some locations (such as a residential rehabilitation unit or in a Community Mental Health Team setting where service users attend a day programme) it is probably fairly straightforward to initiate contacts with service users with whom the trainee is not directly involved. In other settings access might be more difficult— for example, in an outpatient service it could be a breach of data protection to access client records in order to identify service users for this purpose, as this would be outside routine clinical service provision. Discussion with supervisors should help to clarify what is, or isn’t possible in any particular setting.

**Consultation with current service user forums**

As an alternative to making contact with individual service users, trainees could become involved with existing service user forums. As noted above, in some settings this might be the only appropriate mode of consultation.
Support for planning the consultation, and supervision of the work

Trainees should take the initiative in planning this consultation, as this is part of the aim of the exercise. However, it is important to involve the supervisor at the planning stage:

- to ensure that the plan is viable;
- to ensure that the approach to service user representatives is appropriate and sensitive to their needs;
- to clarify the areas the trainee would like to focus on.

Trainees should discuss the consultation(s) with their supervisor as part of routine supervision, not only to consider the consultation itself but also the implications of what is being learned for the placement as a whole. It is likely that they need to consider how to manage a number of boundary issues when setting up the consultation – for example:

- how to be clear with the service user about the purpose of the contact;
- contracting length and frequency of meetings;
- identifying limits - for example,
- expectations – e.g. making clear that there are limits on one's capacity to take forward any complaints about the service, bearing in mind one's role
- confidentiality - e.g. whether relevant feedback about the organisation of services is discussed with other professionals, and if so whether the service user would prefer to maintain anonymity
- ensuring that the sessions do not become therapy;
- thinking about whether and how any service issues the service user raises are fed back to the service.
Although it is appropriate for most discussion to take place in the context of placement supervision, trainees should also feel free to talk to their Clinical Coordinator (for example, to clarify course expectations or to talk about how the exercise went).

**Building in feedback to the service user:** Some consultations might lead to positive changes in the service, and if this is the case it would be good practice to give feedback about this to the service user representative/service user.

Formal monitoring of the consultation will be via the supervisor, who will be able to comment on how this exercise has gone in their Feedback form. The trainee will be required to complete an entry in the Placement Logbook reflecting on the learning gained.
Staff Charter
Doctoral Programme in Clinical Psychology
Trinity College Dublin

Objectives

1) To provide quality competency-based training in clinical psychology through an academic/research programme geared toward professional competence alongside a complementary range of essential placement-based experiences of supervised clinical practice.
2) To promote excellence in the production of course work through the provision of clear guidance and supports around such work.
3) To provide inputs on both quantitative and qualitative research approaches and to facilitate supervision opportunities for these.
4) To help students develop strong foundations in the theory and practice of clinical psychology.
5) To respond to feedback received relating to significant areas of over- or under-exposure on the course, while recognising the constraints placed on our provision of teaching related to the requirements of accrediting bodies as well as the availability of suitably qualified teachers.
6) To promote a teaching and learning environment that will be supportive to students as employees.
7) To maintain an interest, curiosity and enthusiasm in each trainee’s development.
8) To help trainees incorporate their own values and individuality into what it means to be a clinical psychologist.

These objectives will be facilitated through:

1) Promoting an atmosphere of learning, open inquiry and debate on the course.
2) Valuing the well-being of our students and supporting their efforts toward self-care as well as their personal and professional development.
3) Recognising the individual perspectives of students on the course.
4) Recognising the individual training needs of students on the course.
5) Being responsive to the needs of students on the course.
6) Recognising that students are involved in multiple responsibilities while on the course, and being flexible, where possible, in our responses around students’ individual needs.
7) Incorporating mutual contributions of respect, understanding and communication so as to enhance the development of students, staff and the course.
8) Being committed to the principle of equal opportunities in all aspects of selection, recruitment and training of trainees, external contributors and course staff.
9) Maintaining a commitment to students’ further development of theory, research and practice in a context of cultural awareness and sensitivity, and reflective practice.
10) Maintaining and further developing a programme that is co-owned with stakeholders, and, in line with this, seeking the active participation of service users and carers.
Staff Charter
Doctoral Programme in Clinical Psychology
Trinity College Dublin

Code of Conduct

As a member of the course team I undertake:

1) To be available to meet with students at times during my stated office hours.
2) To respond in a timely manner to queries raised by students; I will respond within 48 hours of my working week to all course related e-mails and phone messages from staff and students.
3) To provide inputs that fit the needs of students in clinical training.
4) To draw attention to areas of strength and weakness in a student’s performance on the course and to actively seek possibilities for resolving difficulties if and when they arise.
5) To provide high standards of courtesy, reliability and professional behaviour both on clinical placements and on campus.
6) To consider the power differential and to work to establish collaborative relationships with appropriate boundaries.
7) To ensure that ethical standards are maintained across all aspects of the course.
All psychology trainees who study for a University degree that prepares them to work as a clinical psychologist are directly exposed within their training to aspects of the clinical environment. It is therefore essential that clinical psychology trainees fulfil the requirements of the Psychological Society of Ireland’s Code of Ethics (http://www.psychologicalsociety.ie) and the British Psychological Society’s Code of Ethics and Conduct (http://www.bps.org.uk/the-society/code-of-conduct/code-of-conduct_home.cfm). These apply for psychologists at all levels including trainees and therefore before accepting the offer of a place to train as a clinical psychologist at Trinity College Dublin, we wish you to be aware of their expectations of trainees as regards their professional behaviour.

We ask you to agree to the following. If you have difficulty with any aspects of the following statements, then the course staff will discuss with you how best to resolve the matter.

Please read the following statements and sign to confirm that you understand them and will conform to them.

1. When I meet clients and listen to them I will respect their views, treat them politely and considerately, respect their privacy and dignity and respect their right to refuse to take part in my learning.
2. I will endeavour to minimise the expression of my views about a person’s lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status or perceived economic worth, so as not to prejudice my interaction with clients, teachers or colleagues.
3. I will show a willingness to engage in effective self-care and management.
4. I will work towards developing self-knowledge and self-awareness.
5. I understand that staff may discuss my progress in the light of my own development, the development of the training group and that of the course in general.
6. I will not abuse the trust of a client or other vulnerable person and I will not enter into an unprofessional relationship with another person in the clinical context, for example, a client with whom I have come into contact.
7. I will be honest in my dealings with others, including clients, teachers and colleagues. I will also make clear to others that I am a trainee clinical psychologist and not a qualified practitioner. I understand, accept and agree to be bound by the principle of confidentiality of client records and data. I will not discuss clients with other students or others outside of the clinical setting except anonymously. I will respect all clinical and other records of clients.
8. I will maintain appropriate standards of dress, appearance and personal hygiene.
9. I will expose my face fully to clients, teachers and colleagues in all clinical and teaching settings, and whenever on University, Health Service or other sites where I attend for teaching, learning or assessment.

10. I will engage in psychological work with clients of both sexes, irrespective of their gender, culture, beliefs, disability or disease status.

11. Before undertaking any psychological assessment or intervention, I will obtain permission to do so from the client or appropriate other where this is impossible because of age or competence.

12. I will participate in practising clinical skills with other students, for the purpose of learning skills.

13. I will attend all placements, classes and other teaching sessions as required by the regulations of the D.Clin. Psych. programme. I will travel as required to the placements designated. I will participate in classroom discussions, sharing relevant experiences. I will endeavour to remain open to reflections on these experiences.

14. I recognise that successful completion of the course will require study outside of contracted hours.

15. I will be honest in completing course work for assessment and will never plagiarise material from other sources and submit it as my own work.

16. I will inform the Clinical Psychology course if I am arrested, charged, convicted, cautioned, or reprimanded in relation to any offence prior to or during my time as a student.

17. I will communicate clearly and appropriately with clients, supervisors, course staff and peers in a timely way.

18. I will carefully evaluate and take action to minimise risk to others and myself.

19. I will take responsibility for my own learning and be proactive in finding learning opportunities.

20. I will complete all Occupational Health appointments as required by the D.Clin. Psych. course and provide any authenticated reports of laboratory tests as may be required.

21. I will inform the course team if there is any significant change to my health that might affect my fitness to practise as a trainee. I will seek guidance where appropriate from the course staff in situations where I anticipate that a difficulty is emerging.

22. I confirm that I have been truthful in my application to the course and that I did not omit any important or relevant information on my application. I understand that if the course discovers that I have been untruthful in my application, it reserves the right to withdraw offer or terminate the course of study.

23. I will ensure that my use of social media sites or similar forums, is informed by my status as a trainee clinical psychologist as with guidelines issued by the British Psychological Society and Trinity College Dublin.

24. I will maintain my membership of the Psychological Society of Ireland.

I confirm that I have read and understand the above statements and will conform to them whilst a trainee clinical psychologist. I also confirm that I have read the Psychological Society of Ireland’s Code of Ethics.

Name:____________________________________________

Signed:__________________________________________

Date:_____________________________________________
Appendix 5
## School of Psychology: Essay Marking

**STUDENT NUMBER:**

**TITLE:**

**MARKER:**

**COMMENTS:**

**MARK:**

**SIGNATURE OF MARKER:**

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**NOTE:** THIS TABLE IS AN INDICATION OF THE STRENGTHS & WEAKNESSES OF YOUR SUBMITTED ASSIGNMENT. THESE RANKS ARE NOT INTENDED TO ADD UP TO GIVE A PARTICULAR GRADE.

**STUDENTS ARE REMINDED THAT ALL MARKS ARE PROVISIONAL UNTIL APPROVED BY THE EXTERNAL EXAMINER**
School of Psychology: Exam Marking (Short Note)

STUDENT NUMBER: 
TITLE: 
MARKER: 
COMMENTS: 

MARK: 
SIGNATURE OF MARKER: 

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(j) Evidence of failure to observe confidentiality procedures

(k) Evidence of professional misconduct.

(l) Evidence of plagiarism
- The SSRP will be deemed satisfactory if 7 of categories (a) to (i) are satisfactory and no mandatory failure outcomes are observed under categories (j),(k) and (l).
- The SSRP will be deemed unsatisfactory if a mandatory failure outcome is observed in any one of the categories (j),(k) and (l).
- Consideration will be given to failing the SSRP if more than two of the categories (a) to (i) are deemed poor or very poor. However, consideration will be given to the overall quality of the SSRP and evidence of excellence in other categories may be used to mitigate against less than satisfactory performance in three of the categories. In cases where compensation is allowed, a provisional pass will be awarded and a resubmission requested.
- The SSRP will be deemed unsatisfactory if more than three of categories (a) to (i) are deemed poor or very poor.
Appendix 6
Managing communication in group settings

As a training program in Clinical Psychology, we have responsibility to students in training, trainers and service users to ensure trainees progress through Course and complete course in best possible way. We expect trainees to be active agents in their own training. To this end, we need to closely and consistently monitor the progress of students, including highlighting difficulties as well as progress along the way. In doing so, our hope is that this process is open and respectful to all.

We ask external and internal contributors to link in with module coordinator in relation to any concerns about trainees as a group or individual trainees, for example, general queries, lack of attention, presence, ethical issues, or indeed if performing well. If students express concerns about aspects of the course, we would appreciate the contributor contacting the relevant staff member. We would prefer lecturers/contributors to contact the module coordinator directly, and speak in person about concerns or progress. The module coordinator will raise this with the team. The issue in question will also be raised with the individual trainee or group as relevant. We can bear this issue raised in mind in relation to the development of individual trainees, the training group and the overall training course.

It may also be the case that trainees may have specific feedback about individual contributors, for example, attendance, preparation, relevance of material covered, or style. This information is gathered by module coordinators on a regular basis. If trainee/s wish to comment more immediately or specifically on aspects of an input, then they are invited to contact the module coordinator either in person, or through a class rep. If this is not possible, then the trainee/s are invited to contact the year head or course director. S/he will raise any concerns or positive feedback with the course team. The issue will also be raised with the contributor in question. Once again, we will bear this in mind in our planning of future inputs.

Training in clinical psychology is an experiential and dynamic process. With this in mind, the course expects trainees to attend, contribute to and to participate
in classroom discussions. We expect them to bring experiences of clinical work into seminars. Trainees will be invited to share experiences individually and in group settings. These experiences have professional and personal dimensions to them. Where group reflections are used within modules/inputs, it is important that this be explained from the outset and any boundaries or limits to confidentiality outlined. We understand that some trainees may experience fear or reticence about such participation; we encourage them to work towards fuller participation. We expect trainees to endeavor to be open to reflections on and critiques of these experiences.
Information Paper on Transition Groups  
Doctoral Programme in Psychology at Trinity College Dublin.  

Ger Murphy. May 2013

Introduction:
These groups have been running for the past 3 years with each year group meeting for a one day workshop with myself as facilitator. The initial request for the groups came from the programme staff who saw a need for trainees to have a dedicated place to reflect on their learning experience and journey at the point of transition from one year to the next. The group experience is offered to trainees beginning year 2 and 3 and to those completing year 3. Each group is of six hours duration with appropriate breaks.

Purpose

The group experience is offered to trainees to assist them in processing their training experience both internally and interpersonally with their fellow trainees so as to be in a better position to progress to the next step in their training journey. It is clear from experiences of learnings on many training programmes that learning is improved when learners have adequate opportunity to reflect on their learning alongside the intense experience of learning itself. Reflection on the use of self is a key component in the training for therapeutic practice which is addressed in this component.

The groups are offered to allow trainees to process their past year –long experience on the Doctoral programme, both in their personal response to training demands and the concurrent demands from personal life experience in a context of undertaking the programme.

The group offers trainees time to reflect on the year journey, and to move towards completion of any unresolved issues which may hinder their successful transitioning into the next training phase. It has been widely noted that the training experience is an intense one and the opportunity for personal and group reflection can be limited by course demands. Trainees are encouraged to reflect on their learning style, their growing competency, their recurring challenges and their support requirements, so as to best prepare themselves for the training demand of the next phase.

The group experience is underpinned by an understanding that transitions are a particularly fertile time in the training journey, mirroring as they do transition times in the life journey. It is understood that transitions when negotiated well can assist the individual in their level of resilience and competency in facing further demands and challenges. The training journey challenges the trainee in both the development of their professional role and in their personal self-definition and concept. These groups allow trainees the opportunity to reflect on these dimensions of self and their relation to peers, staff, supervisors and clients.
Theoretical Framework

The theoretical underpinning of my work in groups draws from many theoretical frameworks including Group Analytic and Person-Centered Approaches to group work and significantly from the work of William Schultz, the American Psychologist who introduced the theory of Interpersonal Relations which he called Fundamental Interpersonal Relations Orientation (FIRO). According to this theory three dimensions of interpersonal relations were deemed to be necessary and sufficient to explain most human interactions in groups.

These dimensions are Inclusion\Control\Openness, and they can be used to assess group dynamics. (see William Schultz. Interpersonal Underworld- Science and Behavior Books - New York)

Supporting groups to meet the demands of each stage of group development and to navigate the challenges effectively can allow the group to operate most effectively, to include all individuals, to negotiate control issues and to develop an open attitude and atmosphere which fosters a climate most conducive to productive learning.

This theoretical framework assists me in crafting suitable group experiences to assist groups reflect on past experience, finish unfinished business and clear a way to support more vibrant personal and group learning.

Content

Groups typically include structured individual and small group tasks to reflect on the year, including guided imagery, art work, poetry, body awareness and movement and group discussion.

Outcomes.

Group members often find the workshop supportive in giving them opportunities to reflect on their learning and helps them consolidate their awareness of what resources them through the challenges of the training. The experience often allows trainees see their strengths and blindspots in a clearer way so as to see the links between their professional and personal journey.

The group experience helps trainees discuss ways of making best use of their training group as a supportive learning community which they can draw strength from in the year ahead.

The experience helps year three members bring their training experience to a close in an appropriate way.

While the group experience is a supportive one, it can also be a challenging environment for trainees as the reflect on their experiences and get some feedback from peers. The group is contracted to be a confidential one with a clear boundary being established where only general thematic feedback is given to staff by the facilitator and no identifying material going outside of the group. This establishes sufficient safety for the work of the group to be undertaken satisfactorily, and for the experience to be a supportive and valuable one.
Appendix 7
TCD Doctoral Programme in Clinical Psychology
Mid/End of Year Progression Review (please circle one)

Name
...........................................................................................................

Year of Clinical Training
...........................................................................................................

Name of Reviewer(s)
...........................................................................................................

Name of Line Manager
...........................................................................................................

To be completed by the trainee prior to meeting

How do you feel training has gone over the past year? i.e. learning opportunities, learning obstacles, skill development

Placements

Coursework

Research
<table>
<thead>
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<th>Answer</th>
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<tr>
<td>What do you feel have been your successes in training so far?</td>
<td></td>
</tr>
<tr>
<td>What do you feel has gone less well?</td>
<td></td>
</tr>
<tr>
<td>How have you addressed or overcome these difficulties? (If on-going, what do you feel needs to happen to help you overcome these?)</td>
<td></td>
</tr>
<tr>
<td>What do you see as your development needs over the next academic year?</td>
<td></td>
</tr>
<tr>
<td>Are there any other issues (including personal ones) that the course team should be aware of?</td>
<td></td>
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</table>

To be completed by the Course team member conducting the review prior to the meeting
<table>
<thead>
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<table>
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<table>
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</table>
TCD Doctoral Programme in Clinical Psychology
Appraisal/Progression Review

Name of Psychologist in Clinical Training
........................................................................................................................................

Year of Clinical Training ........................................................................................................

Name of Reviewer(s) .............................................................................................................

Name of Line Manager .........................................................................................................

**Outcomes** (On the basis of the discussion today these goals were agreed for follow-up by the specified person)
Appendix 8
**Personal and professional Development**

Personal and professional development (PPD) is an integral part of academic and clinical aspects of training on the Doctorate in Clinical Psychology. Professional emphases, requests from trainees, as well as a growing emphasis on competency-based approaches to training and on reflective practice have contributed to its growth on the course. Personal development and professional development are seen as inextricably linked.

Personal and professional development is not a distinct module on the course, but rather a strand that spans all modules. The reflective scientist practitioner model underpins how the course thinks about PPD - reflection in action and on action, on self, on one’s impact and on relationships between work and self (Lavender, 2003). There are numerous definitions of what personal and professional development might be, but in general, it is understood as a preparedness and willingness to engage in personal awareness and reflective ability in clinical work and in the interface of self and work (Hughes & Youngson, 2009). This inevitably merges with self-care, clinical skills, and resilience in the work, with trainees on the course encouraged to cultivate self-awareness across the range of life settings and to care for themselves through managing the workload of study, research and clinical activity. Training is understood as a potentially demanding experience; the course endeavours to support trainees during training. PPD is also delivered and facilitated within a developmental context, both at an individual and year group level.

More specifically, this course sees the ability to facilitate and maintain relationships in a variety of contexts as central to work as a clinical psychologist. We all come to this work with beliefs, assumptions, and values as to what it is to be in relationship. Having a sense of what one might bring to or how one might be impacted on by relationship is crucial, whether it be in an individual, group or organizational setting. As psychology increasingly moves into group and organizational contexts professionally, this becomes more necessary and more complex.
The learning outcomes as outlined below are embedded with a wider structure and climate where the development of self, both personally and professionally, is supported and valued. This requires monitoring and reviewing of course content and attitudes, as well as staff’s values. Course staff undertake to do so, at times with the help of colleagues outside of the course. Various support structures are also available to trainees, as detailed in the Course Handbook and in Guidelines to Clinical Placements. These include access to individual staff members, clinical coordinators, and personal mentors. Personal therapy is seen as central to this.

**PPD Learning Outcomes**

Graduates of the course should:

1. Show active ongoing commitment to developing self-knowledge and self-awareness and applying this to practice.
2. Show a knowledge of and willingness to engage in effective self-care and self-management.
3. Develop and maintain constructive collaborative relationships with clients, peers, course staff, supervisors and colleagues over time, even where there is difference;
   - 3.1 Display a willingness to use feedback on interpersonal issues in a constructive way
   - 3.2 Engage with colleagues and clients in person, in writing and through electronic media in a manner that takes account of their status as professional psychologists.
4. Show an understanding of the impact of social exclusion, discrimination and inequality on health and psychological well being.
5. Engage in inclusive practice based on awareness, knowledge and skills
   - 5.1 Expect and respect diversity
   - 5.2 Commit to developing cultural competency across aspects of professional life
   - 5.3 Respond to psychological needs of diverse client groups within one’s range of competency
5.4 Develop insight into own attitudes and beliefs and how these may impact on the provision of an equal and inclusive service.

6. Act in a manner that shows understanding of the organisational contexts in which clinical psychology is practiced, and the team structures and processes associated with these.

7. Demonstrate an understanding of and an ability to apply the ethical, professional and legal documents relevant to clinical psychology practice;
   7.1 Demonstrate an ethical approach to and maintain appropriate professional standards in work with clients, colleagues, peers, supervisors, staff
   7.2 Show an awareness of and act upon ethical, legal and organisational obligations.

8. Demonstrate an understanding of how complexity impacts on work with clients and colleagues.

9. Demonstrate familiarity with and willingness to engage with professional organisations important to clinical psychology.

10. Plan and engage in continued personal and professional development
    10.1 Show ability to reflect on and apply prior learning
    10.2 Develop individual learning goals taking account of previously identified areas for learning and relevant documents
    10.3 prepare for professional employment with clear aims and objectives for CPD.

11. Understand and engage with supervisory contexts and the supervision process.

12. Critically appraise and communicate their work (clinical, academic, and research) effectively.

13. Acknowledge and articulate limits of competence and the need for personal professional work and technical supervision to maintain and enhance interpersonal sensitivity and therapeutic skills.

14. Manage a workload, showing recognition of limits, and seek timely assistance as required.

15. Constructively critique and appraise evidence from a variety of sources.
16. Show evidence of an increasingly sophisticated awareness of and integration of personal and professional dimensions of the work.

Methodology

As seen below, many learning outcomes are addressed each year. This is in line with the view that PPD is a dynamic, continually evolving process, with trainees deepening and expanding their awareness of self, self and other, and professional contexts over the course of training.

Year 1:

Academic inputs involve an orientation to employing agency including input on ‘What it is to be a professional’, as well as input on ‘Personal and professional development’ as it is on the course, including self-care.

Within the teaching blocks, there are workshops on preparations for placement covering competency based approaches to learning, goal setting, placement contracts, the use of supervision, record keeping. There are also inputs on models of supervision, the impact of evaluation, and sampling competency vignettes.

Academic inputs on professional issues in first year include mental health legislation and policy, service user involvement, ethics, managing risk, working in teams, primary care and multidisciplinary teams, psychology and the law, and diversity. From 2013, trainees will also receive input on how they might access personal therapists in order to fulfill course requirements.

In the arrangement, monitoring and assessment of two first year placements, there are placement planning meetings focusing on competency development, pre placement meetings, mid- and end-of-placement meetings. These explore clinical development, including engagement in personal and professional development.

Trainees are required to complete a guided reflection on each placement experience.

Trainees also meet for the Reflective Practice groups on placement experiences, allowing for reflection and articulation of experiences within a group setting, encouraging appraisal of their own practice.
As part of RCA, trainees complete a ‘critical review’ of their work, including personal learning and reflections. Trainees also present RCA to class groups and staff.

Within the psychotherapy module, reflective practice sessions focus on CBT and psychodynamic interventions, on intervening therapeutically with individuals, the impact of such interventions, the experience of being a psychologist in this setting, and the relationship between therapist and client.

Research appraisal is an integral aspect of the research module. A problem-based learning approach informs the teaching on the module. Students work collaboratively in small groups to critically appraise papers in terms of the nature of the questions posed, the methods used to answer the questions and the conclusions drawn. Such an approach explicitly makes students think about the research process and the role of argumentation in research communication.

The course also provides reflection time for year groups as they transition from first year to second year – what they bring to these transitions individually and as a group, and what meanings this may have. This group has an external facilitator.

Personal therapy is mandated from October 2013 for all trainees for a minimum of 24 sessions over the three years of training.

PPD is assessed both summatively and formatively in first year through the following:

- PBL, debates, presentations, reflective log of placement (these have to be duly performed/ completed in order to progress on the course),

- within research, through active participation in the in-class appraisal seminars,

- placement related activity (pass/ fail). Supervisors are asked to assess trainees’ levels of competency across a range of professional activities, awareness of ethical issues, level of self appraisal, organisational involvement and use of supervision.
- case study critical review (pass/fail)

- A letter of attendance is sought from therapists from Oct 2013, confirming that the trainee has attended x number of sessions over x period of time.

- There are also mid and end of year developmental reviews where course staff meet with individual trainees to clarify individual training objectives, provide feedback on performance, an overview of each trainee’s professional development, advice on career options and elicit feedback on the course from the trainee. Meetings will usually involve discussion of academic, clinical, professional and personal issues.

There is also an expectation of engagement in these tasks and in other course tasks which are not formally assessed, such as group activities, placement planning reviews and discussions, appraisal meetings, etc. This involves formative assessment, i.e. feedback and constructive exploration of progress. There is an expectation of a willingness to self-appraise and self-reflect, often in the presence of another.


**Year 2:**

Within the teaching blocks, there are workshops on preparations for placement, including deepening supervision experiences and continued competency sampling.

Academic inputs on professional issues in second year include self care, service user perspectives, working on teams, child protection issues, service development, professional issues in intellectual disability, and engagement with HSE management.

In the arrangement, monitoring and assessment of two second year placements, again there are placement planning meetings focusing on competency development, pre placement meetings, mid- and end-of-placement
meetings. These explore integrating and continuing clinical development, including engagement in personal and professional development. Trainees are required to complete a guided reflection on each placement experience. Trainees also meet for the Reflective Practice groups on placement experiences, allowing for reflection and articulation of experiences within a group setting, encouraging appraisal of their own practice. Because of placement sequence (Child/I.D.), reflections on clients and self as parts of a system are encouraged. As part of RCA, trainees complete a ‘critical review’ of their work, including personal learning and reflections. Trainees also present RCA to class groups and staff.

Within the psychotherapy module, CBT and psychodynamic approaches are continued, but broadening out to include more systemic approaches. Reflections on self within teams and systems are encouraged. This is also facilitated within the academic inputs.

Research appraisal is an integral aspect of the research module. A problem-based learning approach informs the teaching on the module. Students work collaboratively in small groups to critically appraise papers in terms of the nature of the questions posed, the methods used to answer the questions and the conclusions drawn. Such an approach explicitly makes students think about the research process and the role of argumentation in research communication. The course also provides reflection time for year groups as they transition from second year to third year – what they bring to these transitions individually and as a group, and what meanings this may have. This group has an external facilitator.

Personal therapy is mandated from October 2013 for all trainees for a minimum of 24 sessions over the three years of training. PPD is assessed (summatively and formatively) in second year through the following:

- PBL, presentations, reflective log of placement (these have to be duly performed/completed in order to progress on the course),
- Within research, through active participation in the in-class appraisal seminars,

- placement related activity (pass/ fail). Supervisors are asked to assess trainees’ levels of competency across a range of professional activities, awareness of ethical issues, level of self appraisal, organisational involvement and use of supervision.

- case study critical review (pass/fail).

- A letter of attendance is sought from therapists from Oct 2013, confirming that the trainee has attended x number of sessions over x period of time.

- There are also mid and end of year appraisal meetings, developmental reviews where course staff meet with individual trainees to clarify individual training objectives, provide feedback on performance, an overview of each trainee’s professional development, advice on career options and elicit feedback on the course from the trainee. Meetings will usually involve discussion of academic, clinical, professional and personal issues.

There is an expectation of engagement in these tasks and in other course tasks which are not formally assessed, such as group activities, placement planning reviews and discussions, appraisal meetings, etc. These involve formative assessment, i.e. feedback and constructive exploration of progress. There is an expectation of willingness to self -appraise and self- reflect, often in the presence of another.

Learning outcomes addressed: 1-10.2, 11-16
**Year 3:**

Within the teaching blocks, there are workshops on maximizing supervision experiences and supervision beyond training. Academic input on professional issues continues in third year as trainees move towards independent work. During the academic year, they receive input on topics such as the status of relevant legislation, medico-legal aspects of report writing, careers workshops, and formally re-engage again with HSE management structure. The primary professional issues input in third year consists of a module introduced in 2010 for trainees as they transition to Basic Grade, ‘Preparation for qualified status’. PPD issues particularly covered included managing transitions and endings, exploring the experience of transitioning to qualified status, providing and receiving supervision, issues involved in working with HSE/voluntary organizations, teamwork vs independent work, and re-engaging with PSI/Clinical Division. Other activities relating to PPD also occurred during this time, such as planning re future posts, exploring needs/supports required, and end of training reviews.

In the arrangement, monitoring and assessment of two third year placements, including one elective placement, again there are placement planning meetings focusing on competency development, pre placement meetings, mid- and end-of-placement meetings. These explore integrating and continuing clinical development, including engagement in personal and professional development, while also preparing more immediately for basic grade status. Trainees are required to complete a guided reflection on each placement experience.

Trainees also meet for the Reflective Practice groups on placement experiences, allowing for reflection and articulation of experiences within a group setting, encouraging appraisal of their own practice. Because of placement sequence, reflections on self as emerging qualified clinician and how one might access supports and sustain oneself in the work are encouraged.

Within the psychotherapy module, in the 3rd year the skills and reflection are combined, again representing a developmental shift in learning. During this time 3rd years enhance their existing skills, and reflect further on themselves.
as therapist, what kind of psychologist they want to be, what skills they have and which they need to work on, and how they might develop as fully qualified psychologists within a variety of contexts.

Research appraisal is an integral aspect of the research module. A problem-based learning approach informs the teaching on the module. Students work collaboratively in small groups to critically appraise papers in terms of the nature of the questions posed, the methods used to answer the questions and the conclusions drawn. Such an approach explicitly makes students think about the research process and the role of argumentation in research communication.

Personal therapy is mandated from October 2013 for all trainees for a minimum of 24 sessions over the three years of training.

The course also attempts to provide reflection time for year groups as they transition from third year to qualified status, and also to help them end as a group. This group has an external facilitator.

PPD is assessed in third year through the following:

- reflective log of placement, journal article based on thesis (these have to be duly performed/ completed in order to progress on the course),

- Within research, through preparation of a research article to be submitted to a nominated journal,

- placement related activity (pass/ fail). Supervisors are asked to assess trainees’ levels of competency across a range of professional activities, awareness of ethical issues, level of self appraisal, organisational involvement and use of supervision.

- A letter of attendance is sought from therapists from Oct 2013, confirming that the trainee has attended x number of sessions over x period of time.

- There are also mid and end of year developmental reviews where course staff meet with individual trainees to clarify individual training objectives,
provide feedback on performance, an overview of each trainee’s professional development, advice on career options and elicit feedback on the course from the trainee. Meetings will usually involve discussion of academic, clinical, professional and personal issues.

There is also an expectation of engagement in these tasks and in other course tasks which are not formally assessed, such as group activities, placement planning reviews, appraisal meetings. These involve formative assessment, i.e. feedback and constructive exploration of progress. There is an expectation of a willingness to self-appraise and self-reflect, often in the presence of another.

Learning outcomes addressed: 1-16

References
Appendix 9
## Inventory of Test Library

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Appendix 10
GUIDELINES FOR THE REMOVAL OF CONFIDENTIAL CLIENT INFORMATION FROM A SECURE CLINIC ENVIRONMENT.

Generally speaking, there should be no need to remove documents containing client of service information from a secure clinical environment. However, in exceptional circumstances removal of documents may be permitted by clinical supervisors. The following guidelines must be followed in such circumstances. A failure to follow these guidelines is a breach of best practice and as such may constitute a case of professional misconduct of the type that could result in your exclusion from the course.

Removal of hard copy of client files

The removal of original hard copy of client files is a highly unusual step and must be taken with great care and with the explicit approval of your supervisor. It is only justified if required for clinical reasons. An example might be a multi-site agency in which case notes or other file details are required for a case conference in a location other than the secure file storage area. In these cases great care must be exercised. The files must be transported in a secure bag or container and must never be out of sight. Never leave such items unattended in a car.

In some cases students have to remove copies of file information for inclusion in case studies. This should only be done with the explicit approval of your supervisor and should be done with great care. The same considerations apply to copies of documents as do to original files. In addition, before removing the copy of the document from the secure clinic environment you should render the document anonymous by making a copy of the document, removing identifiers with tipp-ex and copying the copy of the original.

Removing electronic version of client information
Once again this is an unusual step that should only be taken with supervisor permission. If you are permitted to remove an electronic version of a client file from the secure clinic environment the following steps must be taken to secure the information and render it anonymous.

1. Before removing a floppy disc, zip disc or Data Stick containing client or service information from the secure clinic environment, **permission must be obtained to do so from your supervisor**.
2. You must observe the PSI Code of ethics (in particular Section 1.2) in your handling of the document.
3. Treat all electronic documents containing confidential information in the same manner as confidential written material.
4. **Before** removing the information from the clinic, the saved copy should be altered in a manner that conceals the identity of the client and/or the service. This may be achieved using the find and replace command as outlined below.
5. The information should be kept in a password-protected format on either a floppy disc, zip disc or CD-Rom. **It should never be saved to the hard disc of any computer outside the secure clinic setting.** The procedure for password protecting a document is outlined below.
6. Take adequate steps to ensure the document is stored in a manner that attends to both privacy and security.

### How to use find and replace

**On the** Edit menu, **click** Replace.

1. In the **Find what** box, enter the text that you want to search for (i.e., the client name or the service name).
2. In the **Replace with** box, enter the replacement text (the new name for the client or service)
3. Click **Find Next, Replace**, or **Replace All**.
**How to password protect a document**

When you create a password, write it down and keep it in a secure place.

If you lose the password, you cannot open or gain access to the password-protected document.

1. Open the document.
2. On the **File** menu, click **Save As**.
3. On the **Tools** menu in the **Save As** dialog box, click **General Options**.
4. In the **Password to open** box, type a *password*, and then click **OK**.
5. In the **Reenter password to open** box, type the password again, and then click **OK**.
6. Click **Save**.