



**Doctorate in Clinical Practice  
Programme Handbook  
Academic Years 2012/15**

**Doctorate in Clinical  
Practice**

**Please consult ELE for updated and revised  
electronic versions of this handbook**

# Doctorate in Clinical Practice (DClinPrac)

## Table of Contents

	Page Number
Welcome	1
Meet the DClinPrac Programme Team	3
Aims and Objectives	4
<b><u>Programme Handbook</u></b>	<b>3</b>
Aims and Objectives	4
Programme Member Support Systems	6
<b>GENERAL UNIVERSITY INFORMATION</b>	<b>7</b>
<b>PROGRAMME GOVERNANCE</b>	<b>12</b>
Guidelines for Successful Completion	13
Submitting your Work	13
<b>MARKING, ASSESSMENT AND PROGRESSION</b>	<b>18</b>
Marking Conventions and Procedures	19
Progression through the Programme	24
Management of Work Submitted Late and Mitigation Issues	26
<b>FITNESS TO PRACTICE</b>	<b>35</b>
<b>QUALITY ASSURANCE</b>	<b>41</b>
<b><u>Doctorate in Clinical Practice</u></b>	<b>43</b>
<b>PROGRAMME STRUCTURE</b>	<b>44</b>
Overview	48
Aims and Objectives	49

<b>Modules and Assignments</b>	<b>52</b>
<b>Guidelines for Assignments</b>	<b>56</b>
<b><u>Appendices</u></b>	<b>50</b>
<b>Module Descriptors</b>	<b>70</b>
<b>Teaching Timetable</b>	<b>81</b>
<b>Reading List</b>	<b>83</b>
<b>Ethics and Confidentiality</b>	<b>85</b>

# **Welcome to the University of Exeter School of Psychology and the Doctorate in Clinical Practice**

On behalf of the University of Exeter we welcome you to the programme. The Doctorate in Clinical Practice (DClinPrac) is based at the School of Psychology at the University of Exeter and was established to provide high quality clinical research training for practitioners. The programme is aimed at supporting senior practitioners who are expected to draw upon their clinical practise whilst developing research skills. It will provide valuable research training for advanced practitioners who are engaged in clinical leadership and supervisory roles.

We have been able to establish a team of international repute to deliver the programme and we look forward to spending the next three years with you.



Professor Eugene Mullan, Director of Clinical Training

## Meet the DClinPrac Programme Team



**Dr Frances Gillies**  
Senior Lecturer  
Academic Team

F.Gillies@exeter.ac.uk



**Dr Jean Knox**  
Senior Lecturer  
Research Team

jm.knox@btinternet.com



**Professor Jeremy Holmes**  
Professor of Psychological  
Therapies  
Academic Team

j.a.holmes@btinternet.com



**Richard Mizen**  
Programme Lead

R.F.Mizen@exeter.ac.uk



**Professor Eugene Mullan**  
Director of Clinical  
Training

E.G.Mullan@exeter.ac.uk



**Dr Nick Sarra**  
Academic Team

nicholas.sarra@virgin.net



**Dr Janet Smithson**  
Senior Lecturer  
Research Team

J.Smithson@exeter.ac.uk

Programme Administrator

*To Be Appointed*

### Programme Associates, including Visiting Academic Staff

Dr Ian Frampton – Tutor, University of Exeter

Gillian Miles – British Association of Psychotherapists

Dr Sue Mizen - Consultant Psychiatrist in Psychotherapy, Devon Partnership NHS Trust

Professor Tony Roth – Professor of Clinical Psychology, University College London

Dr Judith Trowell – Consultant Psychiatrist in Psychotherapy, Tavistock Portman NHS trust/British Association of Psychotherapists

### External Examiner

Professor Mary Target, Professor of Psychoanalysis, University College London.

*Guest speakers and School of Psychology faculty members will also contribute to the programme*

# Programme Handbook

# Aims and Objectives

## University

- To provide an education for programme members intended to give them competence in their chosen discipline, and to encourage them to develop their intellectual capabilities within an institution that is committed to advancing research, scholarship and learning, and to disseminating knowledge.

## Educational Aims of the Psychology: College of Life and Environmental Sciences

- To provide an education of high quality across a range of areas of psychology in a stimulating and supportive environment that is enriched by research and/or current practice in the discipline where appropriate.
- To provide training in scientific skills of problem analysis, research design, evaluation of empirical evidence and dissemination in the context of psychology.
- To provide a range of academic and key skills that will prepare our programme members for employment, future study, or training for professional practice.
- To equip programme members with a range of methodological skills, advanced specialist knowledge, and experience of communication of the results of research, which can allow them to function as effective research students or as researchers in an academic or applied setting.

## Aims of the Doctorate in Clinical Practice Programme

*“Reason is, and ought only to be the slave of the passions, and can never pretend to any office other than to serve and obey them”* David Hume (1739)

*“Reason is emotion’s slave and exists to rationalize emotional experience”* W R Bion (1970)

*“...all sustained cognition is affectively directed and motivated, often invisibly in a way that promotes the illusion of cognitive autonomy from emotion”* Jak Panksepp & Douglas Watts (2003).

The aim of the programme is to provide our students with: a) a broad understanding of research in the psychological therapies generally and b) applications of research to psychoanalytically informed treatments in particular. This includes research in other fields such as attachment, sociology and neuroscience where it is relevant to or illuminates analytic ideas. This is a prelude to the development of programme

members' own interests, in both subject matter and methodology, and helping them to undertake, write up, and present an original piece of research for themselves.

Students' projects are likely to evolve slowly over the first two years of the programme leading up to undertaking the major research project over the remainder of the programme. The various modules linked to assignments are intended to support this. Collectively, as a Faculty, we represent a broad range of analytic viewpoints, although, individually, we of course have our varying affiliations, enthusiasms and influences. We enjoy and celebrate the cross-fertilisation, and sometime clash of ideas between us. We aim to be equally even-handed and unpartisan in terms of research approaches.

## **Programme Member Support Systems**

Any form of advanced professional training is potentially stressful and we recognise that the programme team and supervisors cannot necessarily provide all the support that may be required.

Within the programme we hope to promote a mutually supportive atmosphere in which programme members feel able to share concerns and issues with one another, with the programme team and with clinical supervisors.

There is a University Student Counselling Service that is free and confidential and available to all programme members. Appointments are available during term time and a reduced service is offered during the vacation (tel. 01392 264381).

# General University Information

## **The University Campus**

The campus is compact and well signposted  
<http://www.exeter.ac.uk/about/streatham.shtml>

The main buildings to look out for are: the Forum, the Library, Devonshire House (Guild of Students), Clydesdale House (Postgraduate Centre), Reed Hall Mews (Student Health Centre) and nearby in Reed Hall Annexe is the Student Counselling Service. Northcote House houses the University's administration (the Vice-Chancellor, Registrar and Academic Secretary have their offices there, plus the Faculties Office, Registry, Accommodation and Examinations).

The Sports Hall is on campus and there is an open-air swimming pool adjacent to Cornwall House (open end of May to middle of September) and an indoor pool at St Luke's Campus. Annual parking permits are available from Northcote House, otherwise parking is available in designated areas at a daily rate. Full details can be found at: <http://www.exeter.ac.uk/visit/directions/carparks/>.

## **IT Facilities**

Numerous departmental PCs with scanning and printing facilities are available for programme members' use.

The Postgraduate Computer Room (Room 124) has high quality computers with networked printing for use in conjunction with other postgraduates in the Psychology: College of Life and Environmental Sciences. Programme members will need to get a key from the Student Office (£5.00 deposit) to gain access to the room. (This key also provides access to the entry door to the first floor out of normal business hours).

In addition, all the PCs in rooms 220 and 221 are available for programme members' use in conjunction with undergraduates in the Psychology: College of Life and Environmental Sciences. In term time these computers are subject to heavy use, although in University holidays they are underused. Software for PCs is available from John Staplehurst and Martin Ward, please contact them via the web contact URL: <http://psynet.ex.ac.uk/helpdesk> . Details of available software and facilities is available at <http://psynet.ex.ac.uk:8200/support/>

There is a Computing and Statistics Helpdesk available Mon, Tue, Thu & Fri 9.30am-12.30pm in Room 220 in the Washington Singer Building. At other times you can seek advice via <http://psynet.ex.ac.uk/helpdesk>

## **Library Facilities**

The main library facilities are at the University of Exeter. The library is stocked in psychology texts. The library catalogue and facilities for reserving and renewing books are on the web: <http://lib.ex.ac.uk/>

Programme members can get online access to many journals, the library catalogue and several other databases <http://www.library.ex.ac.uk/cgi-bin/athens>

Programme members are entitled to five Inter-Library Loan (ILL) tokens per year. The tokens cost £8.50 each and are paid for by the College; they can be obtained from the Programme Administrator. If an increased allocation is required please speak to the Programme Lead (for more information see: <http://www.library.ex.ac.uk/interloan/>).

## Contact Details

Programme members should make sure that the Programme Administrator is kept informed of any change of home address and telephone numbers.

## Communication

E-mail is generally used for day-to-day communication. The e-mail addresses for the programme team are listed at the front of this handbook. Programme members will all have a University of Exeter e-mail account and this will be used by the programme team and the University for any communication about the programme.

Programme members should ensure they check this account regularly; this can be done through the MyExeter login from the University's homepage:

<http://www.exeter.ac.uk/>.

An E-mail list has been set up for programme members and can be used for sending messages, asking questions and raising issues. The addresses are:

Systemic: psy-therapiessys12@exeter.ac.uk

Psychodynamic: psy-therapiespsy12@exeter.ac.uk

## Study Skills Service

The Study Skills Service offers confidential help to any student who would like to improve their study skills. The Study Skills Advisors can help with the following:

- Reading effectively
- Selecting from book lists
- Planning and writing assignments or essays
- Taking useful notes
- Revising for exams
- Organising your time
- Generally evaluating your study skills

This service is available to postgraduates, who can and do consult the Study Skills Advisors. Help is available throughout each term and during part of each vacation - see: <http://www.services.ex.ac.uk/edu/student-learning-skills/>

## Students with Disabilities

The University employs a Disability Co-ordinator who offers support to students with disabilities and endeavours to provide facilities and equipment suited to people's individual needs: see <http://www.admin.ex.ac.uk/academic/disability/intro.php>

The main Library has a 'Special Needs Zone' with special IT equipment available to those students for whom it is appropriate.

The Student Advice Centre can provide more information on Disabled Student Allowances, diagnostic testing and other financial support. A general leaflet with advice for students with a disability is available from the Registry or the Student Advice Centre.

## Student Office Officers

The School of Psychology, College of Life and Environmental Sciences has the following officers who can be approached to discuss relevant issues:

Women Student Advice: Lamprini Psychogiou ([L.Psychogiou@exeter.ac.uk](mailto:L.Psychogiou@exeter.ac.uk))  
Mature Student Advice: Avril Mewse ([A.J.Mewse@exeter.ac.uk](mailto:A.J.Mewse@exeter.ac.uk))  
Disability Liaison Officer: Gill Golding ([G.A.Golding@exeter.ac.uk](mailto:G.A.Golding@exeter.ac.uk))  
Helen Clarke ([H.Clarke@exeter.ac.uk](mailto:H.Clarke@exeter.ac.uk))

## **Protection of Dignity at Work and Study**

The University of Exeter is committed to a policy of equality of opportunity and aims to provide a working and learning environment, which is free from unfair discrimination and will enable staff and students to fulfil their personal potential. All individuals should be treated with dignity and respect whether at work or study: staff and students have an important role to play in creating an environment where harassment is unacceptable.

The purpose of this policy is to assist in developing a working and learning environment and culture in which harassment is known to be unacceptable and where individuals have the confidence to deal with harassment without fear of ridicule or reprisals. The policy aims to ensure that if harassment or bullying does occur, adequate procedures are readily available to deal with the problem and prevent it reoccurring. Harassment can have a detrimental effect upon the health, confidence, morale, learning and performance of those affected by it. Contact the University's Equalities and Diversity Officer, Human Resources, Northcote House (tel 01392 722037) for a list of current advisors.

The policies can be found at: <http://www.ex.ac.uk/admin/personnel/policies.shtml>

## **Sexual Harassment**

The University defines sexual harassment as 'attention of a sexual nature which is offensive or unwanted'. There is a leaflet available on the nature of the problem and how to deal with it. A copy is available on each of the year's notice boards and a further copy can be obtained from the Student Office. If you feel that you have experienced sexual harassment then read this document and discuss the matter with any of the University's trained advisors or with any member of the College. This service is confidential and further action is taken only with the knowledge and permission of the programme member.

It is worth pointing out that the University's policy on protection from sexual harassment extends to its staff as well as programme members. It is not only students who may feel that they have been sexually harassed – staff have rights too!

# Programme Governance

## Guidelines for Successful Completion

### Attendance

We expect full attendance because absences affect the learning experience. If a programme member is ill for a prolonged period of time or other unforeseen circumstances intervene to prevent attendance then the staff team will attempt to negotiate an alternative package of teaching attendance so that the programme member can still meet the requirements

### Satisfactory Completion of Continuous Assessment Assignments (CAAs)

Programme members are required to submit their assignments at regular intervals throughout the course. The only grounds for exemption from this stipulation are in accordance with the Psychology: College of Life and Environmental Sciences Mitigation guidelines which are in accordance with University procedures.

We will return marks to programme members within four weeks, provided submission has taken place within the deadline. Marks will be returned by e-mail.

In the event of a piece of work being graded as a fail, this will be sent to the external examiner to be reviewed. The work will be returned to programme members, together with feedback, when it has been returned by the external examiner. The work must be resubmitted within one month after returned to programme members.

The marking deadlines for the major dissertation will differ from this as this process requires the Board of Examiners to ratify internal and external marking.

### Submitting Your Work

**All written assessments (essays etc.)** should be word-processed, using double-line spacing on one side only of A4 paper. You should use a font size of 11pt or 12 pt in a font that is easy to read, eg. Times New Roman, Arial, Verdana, Tahoma. One hard copy should be handed in to the Programme Administrator in room 242 Washington Singer Building and one electronic copy of each piece of work must be sent to the Programme Administrator before 1.00pm on the submission date.

Each piece of work must be submitted with two front sheets. Front Sheet One must be completed with the programme member's name, ID number, module number, module title, title of essay/assignment, deadline date and word count. The declaration must also be signed. Front Sheet Two must **NOT** include the name or signature of the programme member. **The name of the programme member should not appear anywhere on the work to assist with the 'blind' marking process.**

A general statement should be added to Front Sheet One for all submitted work, as follows:

"I certify that all material in this assignment / assessment which is not my own

work has been identified and properly attributed. I have conducted the work in line with the appropriate professional practice guidelines.”

If the work relates to clinical work and contains confidential information, the following statement must be added:

“I confirm that all names and identifying information has been changed to protect confidentiality.”

## **Word limit**

**Written work must not deviate from the stipulated word length by more than 10%.** Any work which deviates from the word length by more than 10% will be returned unmarked for reduction. **You are required to give the word count on the front sheets.**

**Work that exceeds the word limit will be capped at 50%.** You are required to give the word count on the cover sheet. Any student who is found misrepresenting their word count will have their work capped at 50%.

## **Citing and Referencing**

The College has adopted the American Psychological Association (APA) conventions as the standard for citations and references. As such references must be completed in APA style. It is important that programme members are familiar with the precise details of citing and referencing. We use the standard of ‘a publishable article’ and we expect citations and references to adhere to that standard. The information given here is based on the latest edition of the Publication Manual of the APA. We would encourage you to consult these guidelines and copies are kept in the library, Student office or can be obtained online at <http://www.apastyle.org/>. There are many web sites providing summaries of the APA Style Guide. A Google search will identify these though one example is: <http://owl.english.purdue.edu/owl/resource/560/01/>

## **Reference Section or Bibliography**

The main conventions are as follows:

### *Journal Articles*

A typical citation would be (Ablon & Jones, 1999) and the reference would appear as:

Ablon, J. S., & Jones, E. E. (1999). Psychotherapy process in the National Institute of Mental Health treatment of depression collaborative research program. *Journal of Consulting and Clinical Psychology*, 67, 6-7.

Another example would be:

Kasen, S., Cohen, P., Skodol, A. E., Johnson, J. G., Smailes, E., & Brook, J. S. (2001). Childhood depression and adult personality disorder - Alternative pathways of continuity. *Archives of General Psychiatry*, 58, 231-236.

### *Books*

A typical citation would be (Bateman, Brown & Pedder, 2000) and the reference

would appear as:

Bateman, A., Brown, D., & Pedder, J. (2000). *An introduction to psychotherapy*. (3rd ed.). London: Routledge.

Another example would be:

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders*. (4th ed. Revised ed.). Washington, DC: American Psychiatric Association.

#### *Chapters in a Book*

If you have read a chapter in an edited book you would put the following citation in the text: (Aveline, 2006). In the reference section you would list it as:

Aveline, M., Strauss, B., & Stiles, W. B. (2005). Psychotherapy research. In G. Gabbard, J. S. Beck, & J. Holmes (Eds.), *Oxford textbook of psychotherapy* (pp. 449-462). Oxford: Oxford University Press.

#### *Citations in the Main Text*

Citing in text means referring to author(s) with the dates (e.g., Eells, 1997) so that the reader can then go to the References and find them in more detail.

Eells, T. D. (1997). *Handbook of psychotherapy case formulation*. New York: Guilford Press.

Reference citations for two or more works within the same parentheses. List two or more works by different authors who are cited within the same parentheses in alphabetical order by the first author's surname. Separate the citations with semicolons. For example: Several studies (Balda, 1980; Kamil, 1988; Pepperberg & Funk, 1990). Exception: You may separate a major citation from other citations within parentheses by inserting a phrase such as see also, before the first of the remaining citations, which should be in alphabetical order. For example: (Minor, 2001; see also Adams, 1999; Storandt, 1997).

There are many different instances of citing and referencing (e.g., Internet resources, personal communication, conference papers, case examples, and you are advised to consult the Publication Manual for these).

# Doctorate in Clinical Practice FRONT SHEET 1

This form is to be attached to the front of each piece of written work submitted.

NAME: \_\_\_\_\_

*For Office use only:*

ID NUMBER: \_\_\_\_\_

MODULE NUMBER: PSY \_\_\_\_\_

MODULE TITLE: \_\_\_\_\_

ESSAY/ASSIGNMENT TITLE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEADLINE DATE: \_\_\_\_\_

WORD COUNT: \_\_\_\_\_

*"I certify that all material in this assignment/assessment which is not my own work has been identified and properly attributed. I have conducted the work in line with the appropriate professional practice guidelines."*

**Signed** .....

*"I confirm that all names and identifying information has been changed to protect confidentiality."*

**Signed** .....

# Doctorate in Clinical Practice FRONT SHEET 2

This form is to be attached to the front of each piece of written work submitted.

ID NUMBER: \_\_\_\_\_

MODULE NUMBER: PSY \_\_\_\_\_

MODULE TITLE: \_\_\_\_\_

ESSAY/ASSIGNMENT TITLE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DEADLINE DATE: \_\_\_\_\_

WORD COUNT: \_\_\_\_\_

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**For Markers only:**

**MARK:** .....

# Marking, Assessment and Progression

## Marking Conventions

This document summarises the Marking Conventions for the Doctorate in Clinical Practice programme and is based on the University Teaching Quality Assessment Manual.

### Marking and Examining Procedure

Work submitted for assessment for modules or individual components of taught modules will normally be marked by a single examiner and a selection moderated by another member of staff. The marks awarded at that stage are provisional only. The External Examiner in due course reviews a sample of the assessed work and the provisional marks assigned to benchmark the assessment process, and may recommend adjustments. Any work marked as <50% will be second marked.

Provisional marks are considered at the Examination Board which will meet at the end of the programme to consider final degree awards. The marks awarded by the Examining Board require confirmation by the Faculty Board.

With the exception of all competency assessments we operate a blind marking scheme for all written work as far as is possible. The programme administrator will assign each programme member with a number that should be used for all continuously assessed work. For work that has been internally marked as a pass, once the mark is decided and the feedback collated, the Programme Administrator un-blinds the work and the formative feedback is emailed to the programme member. If necessary, a new number can be assigned at any time to maintain blind marking. For work that has been internally marked as a fail following blind marking by two markers, a selection will be sent to the external examiner to be reviewed. The programme member will receive the provisional mark and will receive written feedback from the marker and the opportunity to discuss the feedback with the Academic Lead or appropriate other. The trainee will then have four weeks to resubmit this work.

### Nomenclature

**The following definitions are adopted for the purposes of this document:**

*Assessment:* any work undertaken by a programme member that counts towards their degree or progression, including both examinations and coursework.

*Level:* A level is an indicator of the relative demand, complexity and depth of learning and of the relative autonomy and responsibility of the learner, associated with a module of a programme.

*Deferral:* A deferral means an assessment taken at a later occasion because either a programme member has been prevented from taking an assessment, or where an assessment was attempted, but the programme member is permitted to have another attempt. Deferral decisions are made where the Board of Examiners decides there are adequate grounds, such as medical reasons or exceptional personal circumstances. Where the assessment in question was a first attempt, the deferral will also be treated as a first attempt (i.e. marks are not capped). If the assessment in question was already a referred assessment, then the deferral will mean that the assessment taken at a later occasion is also treated as a referral.

*Referral:* A further attempt on the next normal occasion, following initial failure, at an individual assessment without the requirement to repeat any attendance. Programme members may be referred in an individual assessment on one occasion only, and have a right to be so referred only following initial failure.

*Repeat Study:* A College has the option, following the failure of a candidate in all or part of a programme, of requiring a candidate to repeat a module or the whole programme.

*Compensation and Condonement:* In certain circumstances, a Board may decide to award credit for a particular module even though the pass-mark has not been reached.

*Mitigation:* The process by which a Board of Examiners may exercise its discretion, in appropriate and fully documented circumstances, such as medical reasons or exceptional personal circumstances, for example to:

- grant a deferral for a module assessment attempted; or
- raise a mark for a module or for an individual assessment component; or
- disregard a mark for classification purposes (i.e. in the calculation of a credit-weighted mean mark); or
- leave module marks unchanged, but take account of mitigating circumstances in the determination of the award classification.

The minutes of the Board of Examiners must clearly identify all such cases and provide a brief justification for the decision. Marks which have been modified through the consideration of mitigating circumstances are recorded in their modified form on programme member transcripts, and no reference is made to mitigation, in order to protect the privacy of the candidate.

## **Assessment Scheme**

To ensure consistency in the University, including in the preparation of transcripts, marking is numerical. Marks returned by the Board for both assessment components and the overall module mark should be integers.

**The marking criteria shown are adopted as a framework:**

Marks Range	Marking Criteria
70% and above	Distinction. Work of exceptional standard reflecting outstanding competence / knowledge of material and critical ability.
60 – 69%	Merit. Work with a well-defined focus, reflecting a good working competence / knowledge of material and good level of competence in its critical assessment.
50 – 59%	Pass. Work demonstrating adequate competence / working knowledge of material and evidence of some analysis.
40 – 49%	Condonable fail. Limited competence / knowledge of core material and limited critical ability.
39% and below	Fail. Lacking in basic competence / knowledge and critical ability.

Staff should use the whole of the mark range in their assessment of programme member performance. In awarding marks for modules, or alternatively, in assessing performance in a programme as a whole, examiners may take into account the additional constraints that arise when a candidate is being examined in a language other than their first language.

### **Re-assessment Procedures**

Referral: A referral is a further attempt permitted by the examiners, following initial failure of an individual module, at the assessment(s) or examination(s) for that module. There is no requirement to repeat attendance. Marks following referral are capped at the pass mark of 50%. For any assessment, candidates have a right to be referred on one occasion only. Where the Board of Examiners decides there are adequate grounds, such as medical reasons or exceptional personal circumstances, it may allow a deferral (i.e., re-assessment without the mark being capped), or permit a further referral.

Candidates referred in a module must submit new work to be assessed, or re-sit examinations, at a time agreed with the convenor of the module in question, in all components of that module. Exceptionally, the Examiners may direct that referral be limited to particular components of a module.

Candidates referred in any of the taught modules will normally be required to complete revised assessments for those modules by the dates specified by the Programme Director.

Candidates referred in the dissertation module will be required to resubmit with corrections or complete a new placement and submit a further dissertation. The date for submission will be recommended by the examiners after consultation with supervisor and programme member, normally not more than one year after the original submission date.

In cases where the condonement process does not apply (i.e., when a module has been specifically excluded from this process) programme members must be referred in sufficient modules to obtain an overall credit-weighted mean of 50%. The modules to be referred should be selected:

- In consultation with the programme member concerned; and
- With due regard to the overall average that can be obtained when marks following referral are capped at 50%.

## **Communication of Decisions**

Following the final Board of Examiners meeting, recommendations for the award of qualifications should be submitted to the Graduate Student Office. Separate report forms on dissertations do not need to be returned.

Where a Board of Examiners requires a referral or deferral, these decisions should be communicated to the Examinations Office using the Pass/Fail lists issued by that Office, and signed by the Chair of the Board of Examiners and the External Examiner(s). In relation to the referred / deferred examination period, it is essential that Boards return the Pass/Fail lists by the deadline specified by the Examinations Office. It is not the responsibility of the Board of Examiners to make recommendations about the consequences of failure; this is the responsibility of the Dean of the College who shall, after due consultation with the College, submit recommendations to the Faculty Board.

Module marks (including dissertation modules) should be entered into the student record system directly (for those Colleges appropriate), or submitted to the Examinations Office in a grid which clearly records:

- candidate name and student number;
- the module name and code;
- the numerical mark, or non-submission, or absence;
- whether a mark has been condoned;
- whether mitigating circumstances were considered;
- whether a candidate is being referred in the assessment concerned.
- Separate report forms on dissertations do not need to be returned.

## **Marking and Appeals Procedure**

If a programme member feels that there has been irregularity in the marking of an assignment and wishes to appeal against a provisional mark prior to the Examination Board, they should bring the grounds for their appeal in writing promptly to the attention of the Director of Clinical Training, who may then seek the opinion of an additional marker. The External Examiner would then review both marks and the correspondence. This will usually resolve the matter, but if a programme member

still feels that he or she has grounds for a formal appeal, the university's procedures for doing this can be found at the following web address: (<http://www.admin.ex.ac.uk/calendar/live/ugfaculty/appeals.htm>)

### **Student Complaints Procedure**

Information about the University Student Complaint Procedure can be found at the following website: (<http://www.admin.ex.ac.uk/calendar/live/ugfaculty/complaints.htm>)

## **Progression through the Programme**

If, at any time programme members have concerns about their progress through the programme, they should discuss this with their tutor. An appropriate action plan can then be set up to anticipate and avoid problems.

During the first 18 months of the programme, students are expected to complete all assignments with the exception of PSYD054 Major Clinical Research Project which, taken together, confer 300 credits. In May 2014 an exam board will consider students' completed assignments. Students who are considered to have reached the required standard may progress to the completion of their Major Clinical Research Project. Those students who have successfully completed the assignments but who are not considered by the exam board to have reached doctoral level may be awarded a Master's Degree but may not proceed to the completion of the doctorate.

If at any time there is serious concern about the progress or performance of a programme member in any aspect of the programme, the Programme Director will formally issue a warning informing the programme member about what areas of work are giving rise to that concern, what needs to be done to achieve satisfactory progress and the date by which satisfactory progress is expected. In the absence of remedy, or improvement, the Programme Director will report the problem to the Head of School who will report to the Dean of the Faculty. If the Dean is satisfied that action is appropriate, he/she will issue a final warning that unless there is satisfactory improvement the programme member's continued University registration may be terminated.

### **Appeal procedures**

If a programme member feels that there has been irregularity in the marking of an assessment and wishes to appeal against a provisional mark before the Board of Examiners, they should bring the grounds for their appeal in writing promptly to the attention of the Director of Clinical Training who may then seek the opinion of an additional marker. The External Examiner would then review both marks and the correspondence. This will usually resolve the matter, but if a programme member still feels that he or she has grounds for a formal appeal, the university's procedures for doing this can be found at the following web address:

(<http://www.admin.ex.ac.uk/calendar/live/ugfaculty/appeals.htm>)

*These University procedures would also apply in the case of a programme failure.*

### **Complaints Procedure**

The University has a formal complaints procedure. In the event of a complaint, this procedure, which can be found at the following web address, should be followed:

(<http://www.admin.ex.ac.uk/calendar/live/ugfaculty/complaints.htm>)

## **Academic Probity**

The definition of cheating and plagiarism in this document are taken from the University's Teaching Quality Assurance (TQA) Manual: a hard copy of which can be found in the Student Office. It can also be found at: <http://www.admin.ex.ac.uk/academic/tls/tqa/>

### **Cheating**

Cheating in a University assessment is a very serious academic offence that may lead ultimately to expulsion from the University. Cheating can take one of a number of forms, including:

- 1 Unauthorised collusion, i.e. either aiding or obtaining aid from another candidate, or any other person, where such aid is not explicitly required;
- 2 Acting dishonestly in any way, whether before, during or after an examination or other assessment so as to either obtain or offer to others an unfair advantage in that examination or assessment;
- 3 Deliberate plagiarism (see below for definition of plagiarism)

### **Plagiarism**

The act of presenting as someone else's words or ideas, whether published or not, without proper acknowledgement is called plagiarism. There are three main types of plagiarism, which could occur within all modules of assessment (including examination):

- 1 Direct copying of text from a book, article, fellow student's essay etc without proper acknowledgment.
- 2 Claiming individual ideas derived from a book, article etc as one's own, and incorporating them into one's work without acknowledging the source of these ideas.
- 3 Overly depending on the work of one or more others without proper acknowledgment of the source, by constructing an essay, project etc, by extracting large sections of text from another source, and merely linking these together with a few of one's own sentences.

The course administrator carries out spot plagiarism checks on submitted work

## Management of Work Submitted Late and Mitigation Issues

### Mitigation – Penalties: Late Course Work

The University has issued regulations concerning the mark penalty to be applied to late continuous assessment work. These regulations apply to all undergraduate and taught postgraduate programmes throughout the University.

All programme members are strongly advised to read the full details given in the official University document.

In summary, continuous assessment work submitted between one day and two weeks late, inclusive, will receive the actual mark up to a maximum of the pass mark for the module. Work submitted more than two weeks late will receive a mark of zero. In other words, if the work is between one day and two weeks late, and it passes, then the mark received is lowest possible pass level (i.e. 50%).

If the work fails and is less than two weeks late then it receives the 'actual' failing mark. If the work is more than two weeks late then the mark is **failed**. When an assignment involves elements of assessment submitted at different times, penalties will apply to those elements submitted late, not the whole module or component. The final decision about work falling into this category will be made by the Board of Examiners for the course.

Programme Directors are not able to grant extensions to deadlines for postgraduate continuous assessment work. In accordance with the University procedures mitigation of the penalty for late submission is the sole prerogative of the College Mitigation Committee.

Where a programme member considers that they have grounds for an extension to the deadline for a piece of work, and wishes to appeal for mitigation of the mark penalty for late submission, then they must submit their appeal in writing to the Chair of the Committee. Normally, all appeals must be submitted within fourteen days after the deadline. The appeal must give details identifying the piece of work, and details of the proposed grounds for appeal: normally this information should be given on one side of A4 (maximum). The appeal will be considered at the next meeting of the committee and the programme member will be informed in writing of the decision of the committee. It is expected that the committee will meet not more than three times per session. Please note that under this procedure it will not be possible to grant extensions in advance of a deadline. In cases where a committee meeting is not within an appropriate time frame for enabling decisions to be made regarding the management of programme requirements, then, under these exceptional circumstances, between meetings submissions can be made to the Chair of the committee. The Chair will liaise with relevant Programme Directors to facilitate a "between meetings" response.

All programme members are strongly advised to plan ahead and aim to submit continuous assessment work a few days in advance of each deadline so that any problems arising close to the deadline can be resolved.

***As a general rule the committee will not accept appeals where the problems could have been resolved and late submission avoided if the programme member had planned ahead by a few days.***

Minor ailments, including coughs and colds, and short-term difficulties including those involving transport, computer problems (always make a backup of your work); personal or family celebrations, etc. will not be acceptable as grounds for appeal. Acceptable grounds for an extension will include serious illness, serious personal problems, and deaths of close family or friends. Appeals should be supported by the relevant documentation, including medical notes, where possible and appropriate.

Penalties for late submission will be applied at the time that the marks are collated at the end of the session and before the examiners meetings. The External Examiners and other members of the Board of Examiners will be informed of all cases where a late penalty has been applied.

### **Psychology Mitigation Committee Related to Academic Material**

In order to protect programme member's anonymity and confidentiality and to achieve consistency of treatment, the College has set up a Mitigation Committee. The purpose of this Committee is to consider any medical or other mitigating evidence presented by programme members in relation to assessment and to consider applications for deferral of module(s), and to make appropriate recommendations to the relevant Board of Examiners as to how the mitigating circumstances may have affected a programme member's performance with respect to academic components of the programme. See below for information pertaining to mitigating clinical practice based outcomes. Minutes of the meetings will be available to the Boards of Examiners but the Board will not receive any details regarding a programme member's individual circumstances.

The membership of this Committee is composed of senior members of the Psychology: College of Life and Environmental Sciences staff.. The External Examiner will have access to the full minutes of Mitigation Committee, if they so wish. The Director (or nominated persons from) the programme will make appropriate representations to the Mitigation Committee as needed.

The College has devised a coding structure to ensure that the full nature of the circumstances affecting a programme member's performance remain confidential to the Board of Examiners but also allow for the full impact of those circumstances to be considered.

Codes will have a specific order:

[Onset] [Severity] [Classification] [Level affected] [Compensation]

#### Definitions:

[Onset]

- Og - Chronic
- Sp - Acute
- D - Disability, registered with the University
- DC - Disability, registered with the University, which has already received some compensation, e.g., additional time in exams etc.

[Severity]

- S - Significant - May have had a significant effect on performance
- N - Not significant - Unlikely to have had a significant effect on performance
- E - Extreme - Something particularly unpleasant that very few people experience.
- If in doubt, list as significant. “not significant” means exam board is likely to dismiss it

[Classification]

- M - Medical - including psychological problems diagnosed by a professional.
- P - Personal - Personal problems; Medical problems of friends and relations

[Level affected]

- 1a - Performance in Level 1, Semester 1 would have been affected
- 1b - Level 1, semester 2
- 1x - Level 1, both semesters
- 2a - Performance in Level 2, Semester 1 would have been affected
- 2b - Level 2, semester 2
- 2x - Level 2, both semesters
- 3 - Level 3
- 6 - MSc/PhD (both semesters)

[Compensation]

- C - Compensated - This problem has already been 100% compensated for by other procedures (e.g. mark penalty on CA work lifted).
- N - not compensated - There are aspects of this problem that could have affected performance in ways that have not been entirely compensated by other procedures.
- NA - Not applicable
- + - a plus sign indicates that a programme member has had more than one event in the academic year which has compounded the possible effects on their academic performance.

Where a programme member considers that they have grounds to appeal for mitigation of the mark penalty for late submission, then they must submit their appeal in writing to the Programme Administrator. This should be done on the [University Application for Consideration of Mitigation](#) form. Normally all appeals must be submitted within fourteen days after the deadline date and should be made once the work has been submitted. The application will be considered at the next meeting of the Mitigation Committee (the Committee usually meet in January, May and again in late June just before the Board of Examiners meeting). The Committee will arrange to complete the reverse of your form with their decision and a ‘code’ will be forwarded to the Board of Examiners to ensure that they are aware of how the circumstances may have affected your academic performance. Please note that under this procedure it will not be possible to grant extensions in advance of a deadline.

In cases where a committee meeting is not within an appropriate time frame for enabling decisions to be made regarding the management of programme

requirements, then, under these exceptional circumstances, between meetings submissions can be made to the Chair of the committee. The Chair will liaise with relevant Programme Directors to facilitate a “between meetings” response.

Recommendations by the Mitigation Committee to a Board of Examiners may also include, but are not restricted to, the following examples:

- removing module or individual assessment results from the classification calculation;
- considering the effect that raising marks in affected modules might have on a programme member’s classification;
- exercising discretion at classification.

The recommendations made by the Committee to the Board of Examiners will not be available to the programme member concerned. The above examples should be considered in light of the [College’s assessment procedures](#).

Mitigating circumstances can only be taken into account if there is a clear indication that programme members may have been prevented from performing as well as they could have been expected to. In many cases, programme members should take action during their studies if they are adversely affected by circumstances (for example, seek appropriate support from the IAPT programme team, study skills advisers or the Disability Resource Centre.)

### **Applying for Extenuating Circumstances**

Anyone seeking extenuating circumstances related to the attainment of clinical practice outcomes needs to make a case to the Senior Programme Lead. This will be in writing explaining clearly the relevant circumstances, the period of delay and the additional time being sought for submission of the practice outcomes assessment. For instance, if there have been unreasonable delays in accessing patients then the trainee would need to provide evidence of such delays (e.g. letter from manager/supervisor), the length of the delay and the impact that this has had on their progress. In addition a supportive statement from their supervisor would strengthen the case.

The Senior Programme Lead will be responsible for judging each case. Where the case for extenuating circumstances has been approved, the programme administrator will advise the programme members of the revised submission date.

# UNIVERSITY OF EXETER

## Application for Consideration of Mitigation

### *To be completed by Student:*

Name:

Student Number:

Programme:

Year of Programme:

Reasons for mitigation requested (please give full details, supported by material evidence):

Code and title of module(s) for which you are seeking consideration:	Type of consideration: (exam or coursework performance, other)

If applying for an extended deadline please state the piece of work that you are requesting and extended deadline for and the new deadline being requested

**Student Signature:**

**Date:**

**To be completed by College:**

**Mitigating circumstances considered for:**

Module code(s)	Type of consideration (exam or coursework performance, other)	Evidence presented	Evaluation of impact on study (for Board of Examiners)

**Comments:**

**Signature  
(Chair of Mitigation Committee)**

**Date**

# UNIVERSITY OF EXETER

## Application for Extenuating Circumstances

### *To be completed by Student:*

Name:

Student Number:

Programme:

Year of Programme:

Reasons for extenuating circumstances (please give full details)

Code and title of module(s) for which you are seeking consideration:	Assessment requiring an extension	New hand in date that is requested

**Student Signature:**

**Date:**

## Sample granted mitigation request feedback letter

Trainee's address / email

Dear (*Trainee's name*)

### **Doctorate in Clinical Practice**

I am writing to you re: your application for *extenuating circumstances / mitigation*, submitted to us on *submission date*. Following the Mitigation Committee's meeting this week, I can confirm that your application has been upheld.

As per your request, the new submission date for *type of work for consideration* has been set for *new submission date*.

Yours sincerely

The Programme Administrator  
<http://psychology.exeter.ac.uk>

## **Resubmission Instructions**

Any resubmitted work is capped at 50%

Resubmitted work should be submitted alongside:

- A copy of the previous marking and feedback
- A cover sheet showing how you have addressed the issue identified in the previous feedback that you have changed

# University Fitness to Practise Procedures

## F - Fitness to Practise Procedures

The following are the University Fitness to Practise Procedures. Each strand will have additional requirements. Please see the strand handbook for further information

<http://www.exeter.ac.uk/staff/policies/calendar/part1/otherregs/fitness/>

<b>1</b>	<b>Introduction</b>
1.1	The University recognises that in conferring appropriate academic qualifications, where these lead to a professional qualification, admission to a professional body and/or statutory registration, it must be satisfied that the student will be a safe and suitable entrant to the given profession.
1.2	Students themselves on programmes leading to professional qualifications should also acknowledge that it is in their interests not to proceed into a career for which they may not be well suited or for which a professional body may not register them.
1.3	In order to discharge these responsibilities, the University has adopted the following procedures specific to registered students following a programme of study that leads to such a professional qualification and admission to a professional body. In the case of students registered with the Peninsula College of Medicine and Dentistry, other procedures apply.
1.4	These procedures will be taken into account in the admission of students to such programmes and in the design and approval of new programmes leading to professional qualifications.
<b>2</b>	<b>Programmes within the Procedures</b>
2.1	The programmes subject to these procedures are listed in <a href="#">Annex 1</a> .
2.2	Notification of programmes subject to these procedures should be clearly indicated within School publications (both paper and web-based) relating to those programmes, including: <ul style="list-style-type: none"> <li>• Prospectus information</li> <li>• Programme specifications</li> <li>• Programme handbooks</li> </ul>
<b>3</b>	<b>Principles relating to Student Behaviour</b>
3.1	In the context of these procedures, students should understand that the successful completion of a programme leading to admission to a professional body requires adherence to both the requirements of that body and of these procedures.
3.2	Students shall behave in a manner appropriate to the Regulations and procedures of the University and to the code of conduct (or equivalent) of the relevant professional body.
3.3	Students shall at all times act in the best interests of their patients, service users, staff and other students, and conduct themselves in a professional manner.
3.4	Students shall report to the appropriate authority and to the College actions by others that may put students, staff, patients and other service users at risk. Failure so to report could lead to disciplinary action against such a student. Persons making disclosures must identify themselves.
3.5	Where not subject to a Criminal Records Bureau check by the University prior to admission, students whose programmes fall under these procedures must disclose any criminal convictions (including spent convictions) to the

	<p>University before entering the programme. Subsequently, any student within these procedures must disclose such a conviction if it occurs while the student remains registered. Students will be provided with guidance about the consequences for registration within the profession concerned. If a student fails to disclose such information and it subsequently comes to light, the student will be referred to a Fitness to Practise Board (see below). Enquiries to the Criminal Records Bureau, both before and after admission, will be managed through the University's Student Recruitment and Admissions Office except where student contract arrangements already place responsibility for such enquiries on a students employing trust.</p>
<b>4</b>	<b>Principles relating to Student Health</b>
4.1	<p>Students should understand that physical or mental health reasons may be a cause for their being deemed to be unfit to practise, a consequence of which could be that it would not be possible for them to complete a programme listed in <a href="#">Annex 1</a>.</p>
4.2	<p>Students may be required as a condition of admission to a programme to complete a declaration of health questionnaire, to demonstrate that at the time they meet the health requirements of the profession for which successful completion of the programme could lead to registration. It is required that they inform the University about any condition for which reasonable additional provision may have to be made in programme arrangements.</p>
4.3	<p>A student whose health deteriorates during their studies should consult one of the University's Medical Officers and/or the relevant professional body for advice about any implications for continuing training or for pursuing their intended professional career. Students should inform their School of any changes in their health which could affect their fitness to practise, and subsequent discussions between student and College will determine if in the view of the latter consideration may have to be given to a termination of studies.</p>
4.4	<p>Except in cases where students acknowledge and accept that their health problems mean that their programmes should be terminated and have provided medical evidence from their general practitioner, and have had the opportunity to discuss their health problems with one of the University Medical Officers if they wish to do so, any registered student for whom termination of studies as being unfit to practise is being considered by the College on health grounds shall be referred by the College to a specialist occupational health physician or other medical adviser selected by the College but having no permanent contractual connection with the University. Any consultation fee shall be met by the College. The student will be required to attend any consultation considered necessary by the occupational health physician or medical adviser. Should the student wish to consult an adviser other than the one selected by the College, any fees incurred shall be borne by the student. The College shall use the subsequent report as the basis for a discussion with the student ahead of any recommendation relating to termination of studies.</p>
4.5	<p>In the case of behaviour associated with diagnosed or suspected mental illness, or from addiction, these procedures shall only be invoked if medical and counselling interventions have not successfully addressed the behaviour or if the student has refused such interventions.</p>
4.6	<p>Failure by a student to disclose relevant medical information and providing false information will normally lead to the termination by the University of the students studies.</p>
<b>5</b>	<b>Academic Failure</b>
5.1	<p>Students should understand that academic failure during their programmes, including placements, may lead to the</p>

	<p>termination of their registration on a programme for a professional qualification normally allowing admission to a professional body and/or statutory registration.</p>
<b>6</b>	<b>Information for Students</b>
6.1	<p>In the case of any programme that requires staff to make a judgement on fitness to practise, students must be made aware by a College that the University will be required to make such a judgement. In addition, students must be informed by their College of the standards of academic performance, health, behaviour, attitude and attendance expected of them for such a declaration of fitness to practise to be made. In this context, a College must inform students of a profession's own fitness to practise standards which will contribute to the declaration by the University. Such information should normally be contained within a programme handbook.</p>
6.2	<p>Students registered for programmes subject to these procedures may be treated differently to other students of the University if their actions call into question their professional competence.</p>
6.3	<p>In formally registering on programmes subject to these procedures, students are expected to accept the force of the procedures. It is therefore important that as part of the induction process, Colleges should notify new students on a programme leading to a professional qualification of the existence of these procedures. (See also 2.2. above.) Returning students should be so reminded annually.</p>
<b>7</b>	<b>Breaches of the Procedures</b>
7.1	<i>College Stage</i>
7.1.1	<p>Where, following a report by staff or students, a College Dean believes that a case has arisen that warrants the application of these procedures, the student concerned will be interviewed by the Head to advise the student of the concerns raised and how they fall below the professional expectations of those taking a particular programme. The student should be provided with evidence of the issues of concern before or during the meeting. The evidence should be verifiable and not based on hearsay.</p>
7.1.2	<p>A student attending such a meeting may be accompanied by a person who should normally be a member of the University.</p>
7.1.3	<p>The outcome of the meeting should be such that the student is clear on the nature of the concerns, why they have been raised and what the University expects as a result. There should be an action plan, to include follow-up meetings and monitoring if appropriate.</p>
7.1.4	<p>The meeting should be minuted by the College and the student sent in writing details of the full outcome.</p>
7.1.5	<p>Should the case involve an allegation of a case of abuse or other misdemeanour that, in the opinion of the College Dean, is so serious as to threaten the safety of others, the College Dean may seek the approval of the Vice-Chancellor for an immediate temporary suspension of the student's studies.</p>
7.2	<i>University Stage</i>
7.2.1	<p>If the College Dean concludes that a breach of procedure is so serious that the consequences could potentially lead to a termination of studies or other penalty beyond the College's powers, the case shall be referred to the Academic Registrar for the attention of a University Fitness to Practise Board. If a student does not accept the outcome of the</p>

	College stage of this process, then the case shall likewise be referred.
7.2.2	A University Fitness to Practise Board shall comprise the following members:  A present or past Deputy Vice-Chancellor of the University, who shall act as Chair; A member of the Senate of the University; An academic member of staff teaching a discipline (other than that of the student before the Board) leading to an award of the University and to a professional qualification; A senior representative of the profession to which the programme for which the student is registered may lead to admission, who has had no previous connection with the student (including his or her placements of study); A representative nominated by the Students' Guild.
	No member shall have previously been associated with the case or be a member of the College(s) concerned.
7.2.3	The Fitness to Practise Board may impose one or more of the following penalties: <ul style="list-style-type: none"> <li>● to permit a student to continue with the programme but under additional supervision and within an additional reporting procedure;</li> <li>● to impose disciplinary sanctions on the student consistent with penalties allowed under the University's Disciplinary Procedure;</li> <li>● to suspend the studies of a student for a specified time or until the occurrence of a specified event to be decided by the Board;</li> <li>● to refer a case to a relevant Board of Examiners for consideration whether or not a re-sit of a specified part or parts of the programme is required;</li> <li>● to terminate the student's studies that might otherwise lead to a professional qualification, but with permission to register on an alternative academic programme; <ul style="list-style-type: none"> <li>● to recommend to the Vice-Chancellor permanent exclusion from the University.</li> </ul> </li> </ul>
<b>8</b>	<b>Appeal</b>
8.1	A student incurring a penalty imposed or recommended by a Fitness to Practise Board who considers it to be unfair or excessive has the right to appeal against it. Appeals against such penalties must be submitted in writing to the Registrar and Secretary within seven working days, and will be heard by a Fitness to Practise Appeal Board.
8.2	The membership of a Fitness to Practise Appeal Board shall comprise:  A member of the University Council, not a member of the University's staff, who shall act as Chair; A member of the Senate of the University; An academic member of staff teaching a discipline leading to an award of the University and to a professional qualification; A senior representative of the profession to which the programme for which the student is registered may lead to admission, who has had no previous connection with the student (including his or her placements of study); One representative nominated by the Guild of Students.
	No member shall have previously been associated with the case or be a member of the School(s) concerned.
8.3	The Appeal Board shall have powers to confirm, increase, reduce or quash the penalty or penalties originally imposed,

	or to recommend to the Vice-Chancellor permanent exclusion from the University.
8.4	The decision of the Fitness to Practise Appeal Board shall be final and there shall be no further right of appeal.
<b>9</b>	<b>Reports on Proceedings</b>
9.1	All penalties imposed under these procedures shall be reported to the Registrar and Secretary.
9.2	The proceedings of all Fitness to Practise Boards and Appeal Boards shall be reported to the Senate. A copy of any such report will be made available to the student involved and to the College concerned.
9.3	Records of penalties imposed on students will be included on their personal files held by the University.
<b>10</b>	<b>Hearings of Boards</b>
10.1	Hearings of Fitness to Practise Boards and Appeal Boards will be governed by procedures approved by the Senate (see <a href="#">Annex 2</a> )

# Quality Assurance

# Quality Assurance

The University has procedures in place for the regular review of its educational provision, including the annual review of modules and programmes which draw on feedback from such sources as external examiners' reports, Programme member evaluation (see overleaf), Programme member achievement and progression data. In addition, subject areas are reviewed every three years through a subject and programme quality review scheme that includes external input. These procedures are recorded in codes of practice contained in the TQA Manual. Certain programmes are also subject to review and/or accreditation by professional and statutory bodies, while nearly all subject areas are reviewed from time to time by the national Quality Assurance Agency for HE; see the QAA web site for review reports on subjects at Exeter.

## Mechanisms

- School Meeting
- Board of Examiners
- Faculty of Postgraduate Studies
- Staff Student Liaison Meeting

## University

The following ongoing processes form part of the programme's quality assurance:

- SPQR - the University's tri-annual teaching quality review scheme
- External examiners' reports ⇒ Vice Chancellor ⇒ Head of School

Mechanisms for gaining programme member feedback on quality of teaching, practice placements and their learning experience will include:

- Termly meetings of programme members giving feedback to DClinPrac Leads-SSLC
  - Programme member feedback on teaching using ELE feedback form
  - SPQR - the University's tri-annual teaching quality review scheme
    - TDU course for new staff
      - Staff appraisal
    - Peer teaching observation
      - QAA Subject Review
    - School Meetings termly

Committees with responsibility for monitoring and evaluating quality and standards:

- Faculty of Postgraduate Studies
  - Board of Examiners

# Doctorate in Clinical Practice Handbook

# Programme Structure

## **Doctorate in Clinical Practice (DClinPrac)**

This is a part-time, three year taught doctorate for practising Psychoanalytic and Psychodynamic psychotherapists who have already completed or who are undertaking a substantial training in this field. Its aim is to provide a training in clinical research methods and practise, relevant to psychotherapeutic practice.

### **The Programme**

The emphasis on this taught doctorate programme is upon participants acquiring and developing the knowledge and skills required for effective reflective practice. There are two elements to this. Students use their clinical work with a patient or group of patients as a basis for thinking about and developing a personal capacity for reflective practice. The other part of the programme concentrates on clinical research and the ways in which this may be used to advance psychotherapeutic practice more generally. Students completing the course have the opportunity to consider particular aspects of clinical work in depth. They will also acquire the ability to understand and critically evaluate research findings and utilise various research methodologies, relevant to the field of psychotherapy. In the final two years of the programme participants will complete a substantial research project, related to the student's area of practice .

The Programme is made up of five modules (totalling 540 credits, with the major research project contributing 240 credits):

- Advanced Theoretical Seminars in Clinical Practice
- Advanced Clinical Skills and Critical Appraisal skills
- Major Research Project Proposal
- Major Clinical Research Project
- Service Related Research Project

### **Time Commitment**

A time commitment equal in time to one day per week (but not in a single day each week) for the duration of the programme is expected. Participants are expected to attend at the University site for some block modules at intervals designed to make it possible for students to undertake the programme at a distance. Although other, large parts of the programme may be undertaken at, or in the vicinity of the University,

they may also be undertaken away from the University site. The next programme intake will commence in September 2012.

## **Teaching**

Teaching will take place at block events at the University of Exeter. The first commences on 3<sup>rd</sup> September 2012 and last for 5 days.

The second will be at Easter 2013. A third will be in September 2013 and a fourth will be at Easter 2014. The events are organised to take place either immediately before or after holiday periods to allow programme members to take leave which does not cut into their clinical practice more than is necessary. Programme members are allocated to research groups/ small learning sets. These will meet a minimum of twice a term either in the University or offsite at a location convenient to the members. This group is facilitated by an experienced researcher and is intended to provide a focus for discussion and development of research ideas. Students also have a minimum formal contact with tutors at least 10 times a year.

Full day workshops are held termly usually on a Friday. Programme members may attend these without charge but these are optional. They may also attend the full range of other events organised within the School of Psychology and which are regularly advertised by email.

## **Learning**

Learning will take place via a number of different methods including lectures, seminars, reflective case discussion groups, clinical and research supervision, across the duration of the programme.

## **TAUGHT SESSIONS**

Teaching will take place in lectures, seminars and individual tutorials.

The aim of these is to impart specific information and allow programme participants to acquire knowledge about both clinical and research practice and the linking of the two. Participants will develop their knowledge and understanding of contemporary psycho-analytic theory and practice and the ways in which research, in its widest senses, may be useful brought to bear on this.

## **Research Groups/ Learning Sets and Tutorials**

### **Purpose**

- To consolidate learning from lectures
- To share progress on individual clinical and research projects
- Opportunity to review literature
- Opportunity to ask questions, give and receive feedback
- Opportunity to address any queries around assessments

## **INDIVIDUAL TUTORIALS**

### **Purpose**

- Opportunity to review and reflect on programme members development and the course
- Opportunity to give and receive feedback on assessed work.
- Opportunity to give and receive feedback on the course.
- A safe environment for addressing personal development.

If programme members have any concerns that may be impacting on their ability to participate fully in the training or causing them any distress or concern; programme members are strongly encouraged to notify either their tutor or any member of the course team as soon as possible.

# Programme Overview

## Model Timetable Overview - Doctorate in Clinical Practice

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	August
Year 1 - 2012/13	Advanced Theoretical Seminars in Clinical Practice											
	Advanced Clinical Skills and Critical Appraisal											
										Major Clinical Research Proposal (MCRP)		
	Service Related Research Project											
Year 2 - 2013/14										Doctoral Gateway		
	Advanced Theoretical Seminars in Clinical Practice											
	Advanced Clinical Skills and Critical Appraisal											
	MCRP						Major Clinical Research Project					
Year 3 - 2014/15												
	Major Clinical Research Project											
Year 4 - 2015/16												
	Major Clinical Research Project											

# Aims and Objectives

## **Specific Aims of the Doctorate in Clinical Practice Programme**

To provide senior level practitioners with the ability to:

- Refine and develop their clinical practice utilising a range of critical approaches. To make an original contribution to analytically informed psychotherapy practice;
- Conceptualise, design and implement a project for the generation of new knowledge at the forefront of psychotherapy practice;
- Develop a substantial, in-depth and systematic understanding of a substantial body of knowledge at the forefront of their discipline;
- Develop a capacity to critically evaluate that body of knowledge by reference to research developments in other related disciplines
- Analyse and manage ethical dilemmas and to link rigorously objective empirical research with rigorous, subjective psychoanalytic understandings;
- Demonstrate a comprehensive understanding of research methodologies applicable to their discipline;
- Synthesise new approaches in a manner that can contribute to the development of methodology or understanding in clinical research practice;
- Independently evaluate research, advanced scholarship and methodologies and to argue alternative approaches;
- Act independently and with originality in problem solving, leading in planning and implementing tasks at a professional level;
- Develop the capacity to work with a degree of fluency and rigour, that enables the practitioner to work in ways that may influence policy, effect positive change and lead at national and international levels commensurate with a senior professional role;
- Lead and work effectively within a group, clarifying tasks and managing the capacity of group members;
- Reflect on own and other's functioning in order to improve practice, guide and support the learning of others and manage own continuing professional development;

- Communicate complex and contentious information clearly and effectively to specialists and non-specialists, understands lack of understanding in others and act as a recognised and effective consultant.

# Modules and Assignments

## **Programme Content**

### **PSYD051 Major Research Project Proposal**

The aim of this module is to provide programme members with the skills necessary to design and develop a major piece of novel clinical research.

### **PSYD052 Service Related Research Project**

The aim of this module is to introduce programme members to the knowledge and skills required to conduct advanced applied clinical research

### **PSYD054 Major Research Project**

The aim of this module is for learners to create and interpret new knowledge through original clinical research of a quality to satisfy peer review, extend the forefront of their discipline and merit publication.

### **PSYD055 Advanced Clinical Skills and Critical Appraisal**

This module aims to provide participants with critical skills in clinical research applied to clinical practice, so that they will be able to critically appraise and evaluate psychoanalytically informed theory and practice. It further aims to ensure that participants develop the skills to evaluate critically the research/evidence base of clinical practice and to contribute to evidence-based practice in their own clinical work.

### **PSYD056 Advanced Theoretical Seminars in Clinical Practice**

This module aims to enable participants to become familiar with a range of theoretical and clinical approaches and to study and critically appraise these. Participants work together as a group to link analytic theory with clinical practice.

## Assessment Timetable

Module	Credits	Title	Assessment	% of marks	Deadline
PSYD051	60	Major Research Project Proposal	Major Research Proposal [6,000 words] (5)	100%	28 <sup>th</sup> Feb 2014
PSYD052	60	Service-Related Research Project: The provision of psychotherapy. Psychotherapy in context.	SSRP- Journal Submission (small scale research project – data collection, analysis and presentation) [5,000 words max] (3)	80%	29 <sup>th</sup> Nov 2013
			Poster & Presentation (presentation of small scale research project) [A1 Poster format] (4)	20%	29 <sup>th</sup> Nov 2013
PSYD054	240	Major Clinical Research Project	Research Dissertation [50,000 words] (9)	100%	24 <sup>th</sup> June 2016
			Viva voce Examination (10)		23 <sup>rd</sup> September 2016

PSYD055	90	Advanced Clinical Skills and Critical Appraisal	Report of Clinical Activity (single case study) [3,000 words] (2)	30%	25 <sup>th</sup> Oct 2013
			PBL Individual Report (Critical analysis of a piece of analytically informed research and treatment approach) [4,000 words] (7)	40%	28 <sup>th</sup> March 2014
			Problem Based Learning Presentation (presentation of PBL report) (7)	formative	28 <sup>th</sup> March 2014
			Research Proposal Appraisal (Appraisal of each other's draft research proposals) [3,000 words] (6)	30%	28 <sup>th</sup> Feb 2014
PSYD056	90	Advanced Theoretical Seminars in Clinical Practice	Theoretical Paper Assignment (Peer reviewed journal article) [6,000 words] (1)	60%	26 <sup>th</sup> April 2013
			Reflective Log (enhancement of reflective skills. Bringing analytic thinking to bear on undertaking empirical research)[4,000 words] (8)	40%	28 <sup>th</sup> March 2014

# Guidelines for Assignments

## Guidance for the undertaking and completion of assignments.

### 1. Theoretical Paper Assignment (Module PSYD56) (6,000 words) (60%).

The purpose of this part of the programme is to enable members to become competent to write papers to peer- review publication standard. This does not mean that students have to either submit their paper or have it published: only demonstrate that it reaches this standard.

What is a good theoretical paper? This will depend in part upon the nature of the journal for which it is being written. The paper should be written and formatted on the basis of submission to a particular journal. Students should choose a journal, photocopy and attach the Notes for Contributors page and the submission should conform to these. For example, papers may be required to include an abstract summarising the content of the paper. For the purposes of this submission, however, the paper should be a maximum of 6,000 words excluding the abstract and references regardless of any word count given in the chosen journal.

The paper should be appropriately titled, in a way that reflects the subject matter. It should have a statement near the beginning outlining the subject of the paper and of how the author intends to approach this. There should be a clear focus to the paper and demonstrate an ability to analyse and critically evaluate theories and/or research relevant to this, along with the relevant literature

Although this is a theoretical paper the theory must be grounded in clinical practise and demonstrate the ability to integrate theory with practise and show how theory can be used to understand/illuminate clinical work. It should demonstrate a wide familiarity with the relevant literature and the ability to use this critically. The paper should have shown that the author has an argument to make and the ability to outline and developed this using appropriate evidence, clinically and from the literature. It should show a clear and logical progression and reach at least tentative conclusions. These should be described in a final section outlining 'conclusions'.

The paper should be clearly written to a high standard of English which may use technical terms but avoid jargon. It must be referenced in accordance with the requirements of the journal for which it is notionally intended and include acknowledgements where appropriate (and for this reason, with this assignment alone, the referencing may differ in format from the university's requirements described earlier in this handbook).

### **Marking Guidelines - Paper quality**

	Qualities of Paper
80% - 100%	<b>Distinction:</b> The paper quality would be entirely acceptable, submitted to a (nominated) professional, peer reviewed, journal in the field of psychoanalytic/psychodynamic psychotherapy.
70% - 79%	<b>Distinction:</b> Outcome at excellent level. No significant deficiencies, but a small number of minor corrections needed to produce a paper of a quality that would be entirely acceptable for submission to a peer reviewed journal. It is clearly written with a well defined focus, reflecting a

	good knowledge of the subject matter and demonstrating the capacity to integrate and apply theory to clinical practice and showing good competence in critical assessment.
60% - 69%	<b>Merit:</b> Outcome at a good level. Only one or two significant deficiencies. Expected components present, with good content, structure and presentation.
50% - 59%	<b>Pass:</b> No major flaws, but a number of significant deficiencies. Expected components present in an acceptable form.
40% - 49%	<b>Condonable Fail:</b> Outcome below threshold level. One or two major flaws. Expected components present in a recognisable form.
39% - 29%	<b>Fail:</b> A number of major flaws. Lacking in overall structure. Evidence of a lack of basic knowledge and critical ability.
29% and below	<b>Fail:</b> Nothing approaching an acceptable paper.

## **2. Report of Clinical Activity- Single Case Study (ModulePSYD55) (3,000 word) (30%)**

Psychoanalysis has traditionally adopted the single case study approach to the exclusion of other research approaches. This assignment will be linked to discussion and teaching about the appropriateness and contemporary relevance of the single case study approach. This will include a critical discussion of methodology.

The overall aim of this part of the course is to develop students' capacities to reflect upon and critically evaluate their practise in a way that closely links clinical practise to research in its widest sense; at the same time think about the suitability or usefulness of various research approaches to clinical practise and analytic theory.

A single case study of 3,000 word should be submitted describing clinical work with a patient or patients in detail, drawing upon appropriate theoretical ideas, the student's understanding of the psychopathology of the patient(s), how this has been addressed and what progress, if any, has been made in therapy. The report should describe the progress of the work with a/the patient(s) but concentrate on the student's understanding of the areas of difficulty that they have encountered, and how they have addressed these.

### **Marking Guidelines - Report quality**

	Qualities of Paper
80% - 100%	<b>Distinction:</b> The report quality would be comprehensive and demonstrate to a high degree both the student's understanding of the clinical process and their understanding of their limitations in relation to this. It should also demonstrate a high capacity for linking the clinical work with relevant theory and research findings, where this is appropriate...
70% - 79%	<b>Distinction:</b> Outcome at excellent level. No significant deficiencies, but a small number of minor corrections needed to produce a report of a

	quality that is clearly written with a well defined focus, reflecting a good clinical acumen and knowledge of the subject matter and demonstrating the capacity to integrate and apply theory to clinical practice and showing good competence in critical assessment..
60% - 69%	<b>Merit:</b> Outcome at focal level. Only one or two significant deficiencies. Expected components present, with good content, structure and presentation.
50% - 59%	<b>Pass:</b> No major flaws, but a number of significant deficiencies. Expected components present in an acceptable form.
40% - 49%	<b>Condonable Fail:</b> Outcome below threshold level. One or two major flaws. Expected components present in a recognizable form.
39% - 29%	<b>Fail:</b> A number of major flaws. Lacking in overall structure. Evidence of a lack of basic knowledge and critical ability
29% and below	<b>Fail:</b> Nothing approaching an acceptable paper.

### **3. SSRP – Journal Submission (Module PSYD052)(5,000 word) (80%).**

#### **Guidelines for a good SSRP**

The purpose of this part of the programme is to give members the opportunity to undertake data gathering, analysis and interpretation and finally present the conclusions reached by the study. It should be relevant to the provision of psychoanalytic/psychodynamic psychotherapy or practice in the mental health services informed by analytic ideas or the psychoanalytically informed understanding of a mental health service. Relevant literature should be briefly referred to.

A good report should have a clear statement of the service or intervention under evaluation. There should also be a clear and concise statement of the aims of the evaluation and its relevance to the service or intervention under investigation. (including its primary role and objectives) which places the SSRP in context.

It should include a brief literature review and a brief and focused review that draws upon existing and relevant service-related research. The review provides an excellent background to research in the area and is linked well with the aims and objectives of the SSRP.

#### **Methodology**

Methods employed in the study should be clearly described and appropriate to the aims of the study with clear justification where required. The description of the research methodology suggests the research aims can be answered fully and appropriately by the study.

The quality of the analysis and the interpretation of findings should be demonstrated in the report. The rationale for analysis needs to be described in full and that the analysis performed is accurate. Results should be presented clearly and in the

appropriate format suggesting a thorough knowledge of the analytic strategy used and that the interpretation of findings is well grounded in the data, balanced and considered.

The implications drawn by the student should be clearly described with a thorough consideration of issues relevant to both the service, or the intervention, and to therapeutic practice in general. It should be demonstrated that substantial thought has been given to recommendations for future research with clear justification for the direction suggested.

The report should demonstrate a high quality of the writing and presentation (clarity, coherence and organization).

The work should be extremely well written and develop arguments, ideas and evidence very effectively. It should be written in a logical, sophisticated and sequential manner with the writing accurately reflecting the work. Graphs, tables, figures and examples, should be employed effectively.

### Marking guidelines - SSRP – Journal Submission

	Qualities of SSRP
80% - 100%	<b>Distinction:</b> This research would be entirely acceptable as a presentation at a major conference (note that the quality of the work described does not have to be at this level)..
70% - 79%	<b>Distinction:</b> Outcome at excellent level. No significant deficiencies, but a small number of minor corrections needed to produce a report of quality that would be entirely acceptable at a major conference. Clear descriptions of aims, methodology, with a clear presentation of findings, analysis with interpretation reflecting a good knowledge of the subject matter and good competence in critical assessment.
60% - 69%	<b>Merit:</b> Outcome at a good level. Only one or two significant deficiencies. Expected components present, with good content, structure and presentation.
50% - 59%	<b>Pass:</b> No major flaws, but a number of significant deficiencies. Expected components present in an acceptable form.
40% - 49%	<b>Condonable Fail:</b> Outcome below threshold level. One or two major flaws. Expected components present in a recognisable form.
39% - 29%	<b>Fail:</b> A number of major flaws. Lacking in overall structure. Evidence of a lack of basic knowledge and critical ability.
29% and below	<b>Fail:</b> Nothing approaching an acceptable paper.

#### **4. Poster & Presentation (Module PSYD52) (20%)**

This assignment is formative and concerns an oral presentation of the student's SSRP and the poster that they have produced in conjunction with this. Although no marks are given each student will receive feedback on the following basis;

##### **Oral Performance**

Quality of Discussion
A thorough understanding of all aspects, which allows questions to be answered accurately and fluently and the discussion to be extended with confidence into difficult or unfamiliar areas.
Outcome at excellent level. A thorough understanding of most aspects, with some ability to extend the discussion into difficult or unfamiliar areas
Outcome at focal level. An understanding of most aspects in some depth, with the ability to extend the discussion so as to make relevant links (e.g., between theory and experiment).
An adequate understanding of most aspects, with some ability extend the discussion so as to make relevant links.
Outcome at threshold level. A relatively superficial understanding of most aspects, with the ability to make relatively simple links.
Little understanding shown. Unable to make relevant links.
Virtually no understanding demonstrated.

The poster presentation should illustrate the work that you have undertaken for your SSRP. It should describe the research you have undertaken, how you have undertaken it and your results. All of the programme member's will be displayed within the department. In addition an event will be organised at which they will give a brief presentation about their poster, to the other DClinPrac students and staff members, who will have the opportunity to ask question about the research and the poster presentation. Marks will be given for the oral presentation as well as for the poster itself.

- The poster assessment is divided into two parts, with marks being awarded for the poster and for the discussion regarding the poster and research with the assessors.  
You are required to produce a poster outlining your small-scale service related project.
- The posters must be A1 size, in a portrait layout (591 × 841 mm). This can be printed as a single poster or can be 8 x A4 sheets mounted and arranged to fit the above dimensions (A4 sheets in a landscape: 2 on the x-axis and 4 on the y-axis).
- Posters can be printed by print services at the University of Exeter: <http://www.exeter.ac.uk/students/services/printservices/> (£20 for an A1 poster, they prefer the files to be submitted in Microsoft PowerPoint format or PDF, but can also deal with Microsoft publisher. Please check with

them if you wish to use any other software). Alternatively, most NHS trusts have similar services available.

## **Preparing a Good Poster**

### **What is a good poster?**

The ideal poster is designed to provide a brief overview of your work, initiate discussion, attract attention, give you something useful to point to as you discuss your work, stand alone when you're not there to provide an explanation and let people know of your particular interest. A good poster should pay attention to layout, content, handouts and a range of other factors. A poster should be no larger than 1200 x 800mm. A few hundred words is generally more than enough text.

### **Layout of the poster**

Does the layout of the poster make it easy to read and understand?

- how '*appealing*' and '*striking*' the poster is: if the poster '*draws you into it*' and makes you interested in it
- do not use too many colours
- the number of words (too many, too few?),
- the size of the font (can anyone read it or do you need to get really close?)
- diagrams/tables/figures (do they make the poster clear or are they irritating and unnecessary?)

### **Content of the poster**

Does the content of the poster get the message across to the audience?

- the structure (is it logical, e.g. background, research question, method, sample, measures, results, implications, references?)
- the content (is it methodologically correct, are results presented accurately, does the method answer the question?)
- the authority (are references broad, in depth and up to date?)

### **Handouts**

Are handouts given and if handouts are given, how clear are they?

- a handout can give more detail than the poster or can be a short abstract, it does not have to be just a copy of the poster

### **Other factors**

- Does the poster include contact details of the presenter, the names of their collaborators or supervisors and their institution? Does the presenter have business cards (or equivalent) to hand out?

### **Poster Marking Criteria**

The posters will be assessed using the marking criteria below with the aid of a discussion of the poster. Marks (maximum 64) are given for the quality of the poster, in terms of presentation and in terms of how well it describes the work done, not for the quality of the work described (this aspect is assessed elsewhere). Marks are awarded under 4 headings: Coverage; Content; Structure and Presentation using the scale below:

## Marking Guidelines - Poster Quality

	Qualities of Poster
80% - 100%	<b>Distinction:</b> A poster quality that would be entirely acceptable at a major conference (note that the quality of the work described does not have to be at this level).
70% - 79%	<b>Distinction:</b> Outcome at excellent level. No significant deficiencies, but a small number of minor corrections needed to produce a poster quality that would be entirely acceptable at a major conference. Clear text and diagrams with a well defined focus, reflecting a good knowledge of material and good competence in its critical assessment..
60% - 69%	<b>Merit:</b> Outcome at a good level. Only one or two significant deficiencies. Expected components present, with good content, structure and presentation.
50% - 59%	<b>Pass:</b> No major flaws, but a number of significant deficiencies. Expected components present in an acceptable form.
40% - 49%	<b>Condonable Fail:</b> Outcome below threshold level. One or two major flaws. Expected components present in a recognizable form.
39% - 29%	<b>Fail:</b> A number of major flaws. Lacking in overall structure. Evidence of a lack of basic knowledge and critical ability.
29% and below	<b>Fail:</b> Nothing approaching an acceptable poster.

### 5. Major Research Proposal (Module PSYD51) (6,000 words) (100%).

#### Guidelines for a good Research Proposal

##### 1. INTRODUCTION TO THE PROPOSAL

###### Background

Clear and concise statements explaining the rationale for the research is provided. The rationale is both understandable and convincing. Relevant theory is described briefly and is explicitly linked with the literature review.

###### Aims, research questions and hypotheses

The proposal contains clear and concise statements of research aims, research question(s) and hypotheses.

##### 2. METHODOLOGY

###### Design and method

The study design is well described and is clearly appropriate to the research aims. Justification for the methods and measures used is informed by theory and there is a clear rationale for how they will address the research questions.

#### Sample/participants

Participants are clearly described and appropriate for the research. Inclusion and exclusion criteria are explicit and there is clear justification for the sample size (including a power analysis where appropriate). The recruitment strategy is understandable, convincing and feasible.

#### Procedure

The description of the procedure is thorough, logical and coherent. All stages involved in conducting the research are clearly described and the approach feasible.

#### Data analysis strategy

The analysis strategy is clearly described and optimal in addressing the research question(s). There is a thorough justification of the strategy and evidence of in-depth consideration of alternative approaches, where appropriate.

#### Ethical considerations

There is a thorough treatment of relevant ethical issues that may arise in the conduct of the research (e.g., risks and inconveniences, recruitment, confidentiality, data protection, informed consent, criteria for participant withdrawal, termination of the research, adequacy of research site).

#### Timeline

The timeframe proposed is entirely appropriate and feasible, taking a thorough account of potential difficulties at each stage of the research.

#### Significance and contribution to knowledge

The potential contribution to knowledge is clearly explained and very compelling.

#### Dissemination plan

Plans for dissemination are clearly described, highly relevant and will target the appropriate audiences to ensure the maximum likelihood of the work having an important impact.

#### Quality of the writing and presentation (clarity, coherence and organization)

The proposal is extremely well written, and develops arguments, ideas and evidence very effectively. The work is written in a logical, sophisticated and sequential manner.

### **Marking Guidelines – Research Proposal**

	Qualities of Research Proposal
80% - 100%	<b>Distinction: Outcome at excellent level:</b> The paper quality would be entirely acceptable, submitted to research funding committee and ethics committee.
70% - 79%	<b>Distinction: Outcome at excellent level:</b> No significant deficiencies, but a small number of minor corrections needed to produce a paper of a

	quality that would be entirely acceptable for submission to a research funding committee and ethics committee.
60% - 69%	<b>Merit:</b> Outcome at a good level. Only one or two significant deficiencies. Expected components present, with good content, structure and presentation.
50% - 59%	<b>Pass:</b> No major flaws, but a number of significant deficiencies. Expected components present in an acceptable form.
40% - 49%	<b>Condonable Fail:</b> Outcome below threshold level. One or two major flaws. Expected components present in a recognisable form.
39% - 29%	<b>Fail:</b> A number of major flaws. Lacking in overall structure. Evidence of a lack of basic knowledge and critical ability.
29% and below	<b>Fail:</b> Nothing approaching an acceptable paper.

## **6. Major Research Proposal Appraisal (PSYD%%) (3,000 words) (30%)**

Prior to the completion and submission of the Major Research Proposal, completion of the Research Proposal Appraisal assignment is required. This part of the programme involves students using each other's major research project proposals, as the object of critical appraisal. Here the 'research group' / learning set which meets a minimum of twice a term between block events comes into its own as they assist each other in assessing the strengths, weakness, viability and problems of each other's work. There are a number of meetings of the 'research group' given over to this and at the end each of the students writes up a report on the research proposal that they have been chosen or allocated to review. A copy of this report is also provided to the student who is the author of the proposal.

### **Marking Guidelines - Research Proposal Appraisal**

	Qualities of Paper
80% - 100%	<b>Distinction: Outcome at excellent level:</b> The Research Proposal Appraisal should be comprehensive and demonstrate to a high degree both the student's understanding of the research methodology and design and the strengths and weaknesses of the research under proposal. They should demonstrate a high capacity for constructive criticism and of being able to offer help to the author in developing and implementing their research idea and they ways that he or she intends to undertake this. It should be linked to relevant research and to clinical realities.
70% - 79%	<b>Distinction: Outcome at excellent level.</b> No significant deficiencies, but a small number of minor corrections needed to produce an appraisal of a quality that is clearly written with a well defined focus, reflecting a good research and demonstrating the capacity to apply the student's understanding of research with the practical problems of implementation.

60% - 69%	<b>Merit:</b> Outcome at a good level. Only one or two significant deficiencies. Expected components present, with good content, structure and presentation.
50% - 59%	<b>Pass:</b> No major flaws, but a number of significant deficiencies. Expected components present in an acceptable form.
40% - 49%	<b>Condonable Fail:</b> Outcome below threshold level. One or two major flaws. Expected components present in a recognisable form.
39% - 29%	<b>Fail:</b> A number of major flaws. Lacking in overall structure. Evidence of a lack of basic knowledge and critical ability.
29% and below	<b>Fail:</b> Nothing approaching an acceptable paper.

### **8. Problem Based Individual Presentation & Report (Module PSYD54)(4,000 words) (formative & 40%)**

The Problem Based Individual Report involves studying in depth one or other published and well known psycho-dynamically/psychoanalytically informed treatment model. Examples here might be Kernberg's 'Transference –based' treatment model, Fonagy and Bateman's 'Mentalization'- based treatment model or Lemma's 'Dynamic Interpersonal Treatment' model.

In the first instance, the whole group will meet with a facilitator to discuss the process and rationale of this module. Further meetings will be in learning sets with a facilitator and will consider a treatment model, that has been chosen by the learning set, in depth and critically evaluate the research and evidence base that underpins it. The learning sets, meeting three times, will discuss and critique the theory, research evidence and clinical application of the model as well as thinking about how and where the model might be used to set up a treatment service and what might be required to implement this, including any problems that might arise. Towards the end of the period of working in the learning set students are individually required to submit a report describing their conclusions.

The report should draw upon relevant theory, research and evidence base to illuminate the student's understanding of the model, the appropriateness of the therapeutic modality for particular patient groups and the likely outcome of the therapy. These factors should be critically appraised and the student should be able to demonstrate their understanding of the limitations and uses of all of these and demonstrate the strengths and weaknesses of the research evidence upon which it is based. The student should also address ethical matters arising from both the research and the treatment modality.

#### **Marking guidelines – PBL Individual Report**

	Qualities of Individual report
80% -	<b>Distinction</b> The report comprehensively describes the research that

100%	underpins the treatments model and is able to identify any present strengths and weaknesses in this. The report comprehensively describes how the treatment model might be implemented in a clinical setting (this may be a particular setting and draw upon the student's experience) and is able to identify both problems and benefits that might arise as a result of its implementation.
70% - 79%	<b>Distinction:</b> Outcome at excellent level. No significant deficiencies, but a small number of minor corrections needed to produce a report of the research that underpins the treatments model and is able to identify any present strengths and weaknesses in this. The report comprehensively describes how the treatment model might be implemented in a clinical setting (this may be a particular setting and draw upon the student's experience) and is able to identify both problems and benefits that might arise as a result of its implementation.
60% - 69%	<b>Merit:</b> Outcome at a good level. Only one or two significant deficiencies. Expected components present, with good content, structure and presentation.
50% - 59%	<b>Pass:</b> No major flaws, but a number of significant deficiencies. Expected components present in an acceptable form.
40% - 49%	<b>Condonable Fail:</b> Outcome below threshold level. One or two major flaws. Expected components present in a recognisable form.
39% - 29%	<b>Fail:</b> A number of major flaws. Lacking in overall structure. Evidence of a lack of basic knowledge and critical ability.
29% and below	<b>Fail:</b> Nothing approaching an acceptable paper.

### **9. Reflective Log (Module PSYD56) (4,000 words) (40%).**

*"...all sustained cognition is affectively directed and motivated, often invisibly in a way that promotes the illusion of cognitive autonomy from emotion"* Jak Panksepp & Douglas Watts (2003).

This module concerns the application analytic thinking to research methods and is therefore linked to the development of reflective practise both clinically and when applied to research. In order to hone students' capacity for reflective practise programme members are required to use their experiences to both develop their thinking about a patient or a group of patients but also to critically think about how they reflect upon their practise. An important aspect of this might involve thinking about a student's use of supervision for example, or how theory or research might be used. One way of thinking about this might be in terms of what we can understand about the process of learning in analytic practice?

Emphasis will be placed on the integration of theory with clinical practice, and the development of the capacity to be constructively critical in relation to both analytic ideas and practitioners' own clinical practise, as well as an understanding of how these complement each other.

In order to facilitate this, students may, for example, keep detailed notes of an aspect of their clinical work. They will present this work to other students prior to submission and use feedback or comments in writing their final submission.

The contents of the submission should not only describe clinical material but also the students' affective experience and describe the development of their thinking along with any conclusions as the student proceeds. At the end the log may be edited for submission and include a conclusion or summary describing the students developing understanding. Students are reminded in relation to this that ensuring confidentiality and the development of ethical practice are also important core aims of the course and the log (as well as all other work), should be submitted in a way that strictly preserves patient confidentiality.

Students are directed to David Taylor's paper (2010) 'Psychoanalytic approaches and outcome research: Negative capability or irritable reaching after fact and reason?' in *Psychoanalytic Psychotherapy*. Vol 24. No 4 December 2010.

### Marking Guidelines – Reflective Log

	Qualities of Paper
80% - 100%	<b>Distinction:</b> The log quality demonstrates to a high degree both of the student's understanding of the clinical process and their understanding of their limitations in relation to this. It should also demonstrate a high capacity for linking the clinical work with relevant theory and research findings, where this is appropriate...
70% - 79%	<b>Distinction:</b> Outcome at excellent level. No significant deficiencies, but a small number of minor corrections needed to produce a report of a quality that is clearly written with a well-defined focus, reflecting a good clinical acumen and knowledge of the subject matter and demonstrating the capacity to integrate and apply theory to clinical practice and showing good competence in critical assessment.
60% - 69%	<b>Merit:</b> Outcome at a good level. Only one or two significant deficiencies. Expected components present, with good content, structure and presentation.
50% - 59%	<b>Pass:</b> No major flaws, but a number of significant deficiencies. Expected components present in an acceptable form.
40% - 49%	<b>Condonable Fail:</b> Outcome below threshold level. One or two major flaws. Expected components present in a recognisable form.
39% - 29%	<b>Fail:</b> A number of major flaws. Lacking in overall structure. Evidence of a lack of basic knowledge and critical ability.
29% and below	<b>Fail:</b> Nothing approaching an acceptable paper.

**10. Major Clinical Research Project (Module PSYD51) (50,000 words)**  
**(100%).**

**GUIDELINES FOR THE COMPLETION OF RESEARCH WORK**

**General guidelines**

Prior to embarking upon the Major Research Project programme members will be linked with a minimum of two research supervisors/field collaborators, These supervisors will be identified according to the subject matter and methodology that the student chooses for his or her work. A major task of the supervision will be to think about what the research will be and how it will be undertaken. For this reason the guidelines for completion of this assignment is left as primarily a matter for the student and his or her supervisors.

All work should follow the 6<sup>th</sup> edition of the manuscript preparation guidelines of the American Psychological Association (APA) style (<http://www.apastyle.org>). Work must be within the stated word count. Research reports over the word count will be returned for reduction. While figures, tables and boxes are not included in the word count, excessive use of boxes (i.e. long sections of text shifted to boxes) will be sent back for reduction. Writing up and evaluating research are complex tasks.

Feedback will be given prior to final examination at the Viva.

Programme members will be given constructive, qualitative feedback in support of their viva.

# Module Descriptors

<b>MODULE CODE</b>	PSYD051	<b>MODULE LEVEL</b>	TD	
<b>MODULE TITLE</b>	Major Research Project Proposal			
<b>LECTURER(S)</b>	Dr Janet Smithson, Dr Jean Knox, and Richard Mizen			
<b>CREDIT VALUE</b>	60	<b>ECTS VALUE</b>	30	
<b>PRE-REQUISITES</b>	None			
<b>CO-REQUISITES</b>	PSYD052			
<b>DURATION OF MODULE</b>	2 semesters			
<b>TOTAL STUDENT STUDY TIME</b>	600 hours (20 hours group tutorial, 20 hours individual tutorial, 560 hours individual study).			
<b>AIMS</b>				
The aim of this module is to provide students with the skills necessary to design and develop a major piece of novel clinical research.				
<b>INTENDED LEARNING OUTCOMES</b>				
On successful completion of this module, students will be able to:				
<b>Module Specific Skills:</b>				
<ol style="list-style-type: none"> <li>1. Conceptualise and design clinical research that is relevant to the needs of patients, providers and commissioners of health services</li> <li>2. Apply research to solve complex problems in clinical practice.</li> </ol>				
<b>Discipline Specific Skills:</b>				
<ol style="list-style-type: none"> <li>3. Evidence great depth and systematic understanding of a substantial body of knowledge in clinical research practice, and produce peer reviewed standard publication quality clinical research;</li> <li>4. Synthesise new approaches to contribute to the development of methodology and understanding in clinical research practice.</li> </ol>				
<b>Personal and Key Skills:</b>				
<ol style="list-style-type: none"> <li>5. Analyse and manage the implications of ethical dilemmas and work proactively with others to formulate solutions;</li> <li>6. Function independently and self-critically as a learner, using a wide range of learning resources.</li> </ol>				
<b>LEARNING/TEACHING METHODS</b>				
Group tutorials to support research design skills and explore clinical research processes and add to the evidence base of practice in their clinical area (ILOs 1-5).				
Individual supervision to support project design and development including ethical considerations (ILOs 5-8).				
<b>ASSIGNMENTS AND ASSESSMENTS</b>				
<b>Formative or % Contribution:</b>	<b>Form of Assessment:</b>	<b>Size of the assessment e.g. duration/length</b>	<b>ILOs assessed by this assessment:</b>	<b>Feedback method:</b>
100%	Research Project Proposal	6,000 words	1 – 6	Written response from markers
<b>SYLLABUS PLAN</b>				
Week 1: Introduction to major research project				
Week 2 – 20: Individual and group tutorials to support project design and development.				
<b>INDICATIVE LEARNING RESOURCES</b>				

Altman, D. (1991) *Practical statistics for medical research*. London: Chapman and Hall  
Publication Manual of the American Psychological Association (6th ed.). 2009. Washington, DC  
Barlow, D. H., Hayes, S. C. and Nelson, R. O. (1984) The scientist-practitioner: Research and accountability in clinical and educational settings. Oxford: Pergamon.

\*Kazdin, A. E. (ed.) (2003) Methodological issues and strategies in clinical research. (3<sup>rd</sup> ed). Washington, DC: American Psychological Association.

Murphy, E, Dingwall, R, Greatbach, D, Parker, S. and Watson, P. (1998) Qualitative research methods in health technology assessment: a review of the literature. *Health Technology Assessment*, 2(16): 1-274.

Robson, C. (2002) Real world research: A resource for social scientists and practitioner researchers (2<sup>nd</sup> ed). Oxford: Blackwell.

Stringer, E. (1993) Action research: A handbook for practitioners. Thousand Oaks, CA: Sage.

Harper, D. And Thompson, A.R. (eds) (2012), *Qualitative research methods in mental health and psychotherapy: a guide for students and practitioners*. Wiley.

Bryman, A. (2008 or recent version) *Social research methods*. OUP.

# Core text.

\* Highly recommended.

**Indicative web based resources e.g. WebCT:**

Research methods presentations and tutorials. NHS Ethics ,e-Learning resources.

**Other resources:**

**DATE OF LAST REVISION**

Nov 2011

<b>MODULE CODE</b>	PSYD052	<b>MODULE LEVEL</b>	TD	
<b>MODULE TITLE</b>	Service-related Research Project			
<b>LECTURER(S)</b>	Dr Janet Smithson (Co-ordinator), Dr Jean Knox, Dr Nick Sarra and Richard Mizen			
<b>CREDIT VALUE</b>	60	<b>ECTS VALUE</b>	30	
<b>PRE-REQUISITES</b>				
<b>CO-REQUISITES</b>	PSYD051			
<b>DURATION OF MODULE</b>	3 semesters			
<b>TOTAL STUDENT STUDY TIME</b>	600 hours (60 hours tutorial and group teaching, 160 hours practice-based learning, 380 hours individual study).			
<b>AIMS</b>				
The aim of this module is to introduce students to the knowledge and skills required to conduct advanced applied clinical research for patient benefit in the clinical setting.				
<b>INTENDED LEARNING OUTCOMES</b>				
At the end of the module, the student will be able to demonstrate:				
<b>Module Specific Skills:</b>				
1. Undertake innovative clinical research projects competently and independently.				
<b>Discipline Specific Skills:</b>				
2. Evidence great depth and systematic understanding of a substantial body of knowledge in clinical research practice, and produce peer reviewed standard publication quality clinical research;				
3. Synthesise new approaches to contribute to the development of methodology and understanding in clinical research practice;				
4. Communicate complex information clearly and effectively to specialists and non-specialists, acting as an effective clinical research consultant.				
<b>Personal and Key Skills:</b>				
5. Analyse and manage the implications of ethical dilemmas and work proactively with others to formulate solutions;				
6. Manage complexity, incompleteness and contradiction through leadership and effective team working, managing the capacities of group members, negotiating and handling conflict with confidence;				
7. Function independently and self-critically as a learner, using a wide range of learning resources to guide and support the learning and development of others.				
<b>LEARNING/TEACHING METHODS</b>				
Teaching of subject knowledge will be through a combination of lectures and linked tutorials (ILOs 1-3).				
Individual reflective supervision and self-directed enquiry to investigate the professional context of service related research in the clinical setting (ILOs 2-4).				
Group problem-based learning sets of four or five students to offer group support and develop skills in independent and collaborative working (ILOs 5-8).				
<b>ASSIGNMENTS AND ASSESSMENTS</b>				
<b>Formative or % Contribution:</b>	<b>Form of Assessment:</b>	<b>Size of the assessment e.g. duration/length</b>	<b>ILOs assessed by this assessment:</b>	<b>Feedback method:</b>
80%	Service-related Research Project Report (Journal publication format)	5,000 words	1, 2, 3, 7	Written response from markers
20%	Poster presentation	APA A1 poster	4	Peer review and

		format		written response from markers
Formative	Reflective journal	2,000 words	5, 6	Review with research tutor

### SYLLABUS PLAN

Introduction to service-related clinical research process.  
 Collaboration with and involvement of users in service-related research.  
 Research tutorials (5 x 2 hours).  
 Group Action Learning Sets facilitated by module convenors (10 x 3.5 hours).

### INDICATIVE LEARNING RESOURCES

Publication Manual of the American Psychological Association (6th ed.). 2009. Washington, DC

Barlow, D. H., Hayes, S. C. and Nelson, R. O. (1984) The scientist-practitioner: Research and accountability in clinical and educational settings. Oxford: Pergamon.

\*Denscombe, M. (2003) The good research guide for small-scale social research projects (2<sup>nd</sup> ed). Philadelphia: Open University Press.

Elliott, R., Fischer, C. T. and Rennie, D. L. (1999) Evolving guidelines for publication of qualitative research studies in psychology and related fields. British Journal of Clinical Psychology, 38, 215-229.

#Field, A. (2005) Discovering statistics using SPSS (2<sup>nd</sup> ed). London: Sage.

Greig, A. and Taylor, J. (1999) Doing research with children. London: Sage.

\*Kazdin, A. E. (ed.) (2003) Methodological issues and strategies in clinical research. (3<sup>rd</sup> ed). Washington, DC: American Psychological Association.

Murphy, E, Dingwall, R, Greatbach, D, Parker, S. and Watson, P (1998) Qualitative research methods in health technology assessment: a review of the literature Health Technology Assessment, 2(16): 1-274.

Robson, C. (2002) Real world research: A resource for social scientists and practitioner researchers (2<sup>nd</sup> ed). Oxford: Blackwell.

Stringer, E. (1993). Action research: A handbook for practitioners. Thousand Oaks, CA: Sage.

Harper, D. And Thompson, A.R. (eds) (2012), Qualitative research methods in mental health and psychotherapy: a guide for students and practitioners. Wiley.

Bryman, A. (2008 or recent version) Social research methods. OUP.

# Core text.  
 \* Highly recommended.

**Indicative web based resources e.g. WebCT:**  
 British Psychological Society. (2005). Good practice guidelines for the conduct of psychological research in the NHS Leicester: British Psychological Society  
[http://www.bps.org.uk/publications/position\\_papers\\_and\\_working\\_party\\_reports/position\\_papers\\_and\\_working\\_party\\_reports\\_home.cfm](http://www.bps.org.uk/publications/position_papers_and_working_party_reports/position_papers_and_working_party_reports_home.cfm)  
 British Psychological Society. (2004). Style guide for authors. Leicester: British Psychological Society  
[http://www.bps.org.uk/publications/publications\\_home.cfm](http://www.bps.org.uk/publications/publications_home.cfm)

### Other resources:

### DATE OF LAST REVISION

November 2011

<b>MODULE CODE</b>	PSYD054	<b>MODULE LEVEL</b>	TD	
<b>MODULE TITLE</b>	Major Clinical Research Project			
<b>LECTURER(S)</b>	Professor Eugene Mullan (Co-ordinator), Professor Jeremy Holmes, Richard Mizen and Dr Nick Sarra			
<b>CREDIT VALUE</b>	240	<b>ECTS VALUE</b>	120	
<b>PRE-REQUISITES</b>	PSYD051, PSYD052, PSYD055 and PSYD056			
<b>CO-REQUISITES</b>	None			
<b>DURATION OF MODULE</b>	2 years			
<b>TOTAL STUDENT STUDY TIME</b>	2400 hours, of which 50 hours contact time for research supervision, 1200 hours practice-based research, 1150 hours individual study.			
<b>AIMS</b>				
The aim of this module is for learners to create and interpret new knowledge through original clinical research of a quality to satisfy peer review, extend the forefront of their discipline and merit publication.				
<b>INTENDED LEARNING OUTCOMES</b>				
At the end of the module, the student will be able to:				
<b>Module Specific Skills:</b>				
1. Produce a major piece of substantive novel clinical research at a peer reviewed publication quality standard.				
<b>Discipline Specific Skills:</b>				
2. Evidence great depth and systematic understanding of a substantial body of knowledge in clinical research practice,				
3. Synthesise new approaches to contribute to the development of methodology and understanding in clinical research practice;				
4. Communicate complex information clearly and effectively.				
<b>Personal and Key Skills:</b>				
5. Analyse and manage the implications of ethical dilemmas and work proactively with others to formulate solutions;				
6. Manage complexity, incompleteness and contradiction through leadership and effective team working,				
7. Function independently and self-critically as a learner, using a wide range of learning resources.				
<b>LEARNING/TEACHING METHODS</b>				
Individual research supervision, practice-based learning and individual research study (ILOs 1-7).				
<b>ASSIGNMENTS AND ASSESSMENTS</b>				
<b>Formative or % Contribution:</b>	<b>Form of Assessment:</b>	<b>Size of the assessment e.g. duration/length</b>	<b>ILOs assessed by this assessment:</b>	<b>Feedback method:</b>
100%	Research Dissertation submission and viva voce examination	50,000 words	1 - 7	Written response from markers and external examiner
<b>SYLLABUS PLAN</b>				
Individualised topics will be determined by programme members' particular research areas and clinical specialities. They will include Department of Health priorities such as The National Plan for the NHS as well as National Service Frameworks for the various client groups.				
<b>INDICATIVE LEARNING RESOURCES</b>				

Publication Manual of the American Psychological Association (6th ed.). 2009. Washington, DC

Barlow, D. H., Hayes, S. C. and Nelson, R. O. (1984) The scientist-practitioner: Research and accountability in clinical and educational settings. Oxford: Pergamon.

Clark-Carter, D. (1997) Doing quantitative psychological research. Hove, UK: Psychology Press.

Elliott, R., Fischer, C. T and Rennie, D. L. (1999) Evolving guidelines for publication of qualitative research studies in psychology and related fields. British Journal of Clinical Psychology, 38, 215-229.

Everitt, B. S. and Dunn, G. (1991) Applied multivariate data analysis. London: Edward Arnold.

Greig, A. and Taylor, J. (1999) Doing research with children. London: Sage.

Grimm, L. G. and Yarnold, P. R. (1995) Reading and understanding multivariate statistics. Washington DC: American Psychological Association.

\*Kazdin, A. E. (ed.) (1998) Methodological issues and strategies in clinical research (2<sup>nd</sup> ed.). Washington, DC: American Psychological Association.

Richardson, J. T. E. (1996) Handbook of qualitative research for psychology and the social sciences. Leicester: British Psychological Society.

\*Robson, C. (1993) Real world research: A resource for social scientists and practitioner researchers. Oxford: Blackwell.

Roth, A and Fonagy, P. (1998) What works for whom: A critical review of psychotherapy research. New York: Guilford.

\*Stringer, E. (1993) Action research: A handbook for practitioners. Thousand Oaks, CA: Sage.

\*Tabachnick, B. G. and Fidell, L. S. (1996) Using multivariate statistics. (3<sup>rd</sup> ed). New York: Harper and Row.

**Good overviews of research methods.**

Harper, D. And Thompson, A.R. (eds) (2012), Qualitative research methods in mental health and psychotherapy: a guide for students and practitioners. Wiley.

Bryman, A. (2008 or recent version) Social research methods. OUP

**Indicative web based resources e.g. WebCT:**

**Other resources:**

**DATE OF LAST REVISION**

November 2011

<b>MODULE CODE</b>	PSYD055	<b>MODULE LEVEL</b>	TD	
<b>MODULE TITLE</b>	Advanced Clinical Skills and Critical Appraisal			
<b>LECTURER(S)</b>	Dr Jean Knox, Dr Janet Smithson, and Richard Mizen (Co-ordinators), and Dr Ian Frampton			
<b>CREDIT VALUE</b>	90	<b>ECTS VALUE</b>	45	
<b>PRE-REQUISITES</b>	None			
<b>CO-REQUISITES</b>	PSYD056, PSYD052, PSYD051			
<b>DURATION OF MODULE</b>	4 semesters			
<b>TOTAL STUDENT STUDY TIME</b>	900 hours (90 hours contact time, 160 hours practice-based learning, 650 hours individual study)			
<b>AIMS</b>				
<p>This module aims to provide participants with critical skills in clinical research as applied to clinical practice, so that they will be able to formulate, design, carry out, and communicate the results of clinical activity that is relevant to the concerns of clients, service users, providers and commissioners of health services. It further aims to ensure that participants develop the skills to evaluate critically the research/evidence base of clinical practice and to contribute to evidence-based practice in their own clinical work.</p>				
<b>INTENDED LEARNING OUTCOMES</b>				
<p>On successful completion of this module, students will be able to:</p> <p><b>Module Specific Skills:</b></p> <ol style="list-style-type: none"> <li>1. Independently evaluate clinical research scholarship, quantitative and qualitative research methodologies, arguing alternative approaches for specific therapeutic modalities;</li> <li>2. Undertake innovative clinical research projects competently and independently;</li> <li>3. Critically appraise clinical activity from a clinical, scientific and feasibility perspective.</li> </ol> <p><b>Discipline Specific Skills:</b></p> <ol style="list-style-type: none"> <li>4. Evidence great depth and systematic understanding of a substantial body of knowledge in clinical research practice;</li> <li>5. Synthesise new approaches to contribute to the development of methodology and understanding in clinical research practice;</li> <li>6. Communicate complex and contentious information clearly and effectively to specialists and non-specialists, acting as an effective clinical /research consultant in chosen therapeutic modality.</li> </ol> <p><b>Personal and Key Skills:</b></p> <ol style="list-style-type: none"> <li>7. Analyse and manage the implications of ethical dilemmas and work proactively with others to formulate solutions;</li> <li>8. Manage clinical complexity, incompleteness and contradiction through analysis of existing clinical research and supervised practice</li> </ol>				
<b>LEARNING/TEACHING METHODS</b>				
<p>Teaching of subject knowledge will be through a combination of lectures and linked tutorials (ILOs 1-3).</p> <p>Individual reflective supervision and self-directed enquiry to explore the function and governance of research in healthcare settings (ILOs 4-6).</p> <p>Group problem-based learning sets will review examples of published research and prepare a 20 minute presentation to an invited audience for peer review (ILOs 7 and 8).</p>				
<b>ASSIGNMENTS AND ASSESSMENTS</b>				
<b>Formative or % Contribution:</b>	<b>Form of Assessment:</b>	<b>Size of the assessment e.g. duration/length</b>	<b>ILOs assessed by this assessment:</b>	<b>Feedback method:</b>
30%	Report of Clinical Activity	3,000 word written report with supervisor commentary	1, 4,6	Marker feedback

40%	Problem Based Learning Exercise related to long term RCA	Individual presentation and 4,000 word structured review of PBL task with supervisor commentary	2, 5, 6, 7, 8	Formative peer review of presentation and marker feedback of structured review
30%	Structured appraisal of composite clinical research proposal.	3,000 word written appraisal of clinical research proposal related to clinical work	3, 7	Marker feedback

### SYLLABUS PLAN

Introduction to complex research intervention framework  
Service development and evaluation: Designing and undertaking research relevant to practice and policy.  
Use of Single case designs in treatment evaluation and service-related research.  
Quantitative methods in service-related research: Experimental design and method e.g., RCT and other therapy outcome studies, single and group experimental designs.  
Qualitative methods in service-related research: Introduction to philosophy, principles, strengths and weaknesses of qualitative research. Selecting and using qualitative data.  
Ethics in service-related research.  
Clinical Practice Research tutorials (5 x 2 hours).

### INDICATIVE LEARNING RESOURCES

American Psychological Association (1994) Publication manual (4<sup>th</sup> ed). Washington DC: American Psychological Association.  
Clark-Carter, D. (1997) Doing quantitative research: From design to report. Hove, East Sussex: Psychology Press.  
Kazdin, A. E. (2003) Methodological issues and strategies in clinical research (3<sup>rd</sup> ed). Washington DC: American Psychological Association.  
Mizen, R., Morris, M. (2007). On aggression and violence; an analytic perspective,(London:Palgrave)  
Ogden, T.H. (1986) The Matrix of the Mind,Nre York Jason Aronson Inc.  
Panksepp, J. (1998). Affective Neuroscience (Oxford: Oxford University Press).  
Panksepp, J. & Watt, D. (2003) Book review Looking for Sinoza' by A Damasio. Neuro-Psychoanalysis Vol 5 Issue 2  
Parry, G. and Watts, F. N. (1996) Behavioural and mental health research: a handbook of skills and methods (2<sup>nd</sup> ed). Hove: Lawrence Erlbaum Press.  
Piontelli, A. (1992) From Fetus to Child London Tavistock Routledge  
Richardson, T. E. (1996) Handbook of qualitative research methods for psychology and the social sciences. Leicester: British Psychological Society Books.  
Schore, A. (1994) Affect Regulation and the Origin of the Self. The Neurobiology of Emotional Development. (Hilldale, NJ: Lawrence Erlbaum).  
Segal, H. (1957) Notes on symbol formation International Journal of Psycho-Analysis Vol 38 pp 339-43  
Spillius, E.B. (1983) Some developments in the work of Melanie Klein. International Journal of Psychoanalysis. Vol 64, p321-32.  
Steiner, J. (1993) Psychic Retreat London Routledge  
Stern, D. N. (1985) The interpersonal world of the Infant (New York: Basic Books)  
Symington, J., Symington, N. (1996) The clinical thinking of Wilfred Bion (London: Routledge)

**Web based resources e.g. WebCT:**

**Other resources:**

**DATE OF LAST REVISION**

February 2010

<b>MODULE CODE</b>	PSYD056	<b>MODULE LEVEL</b>	TD	
<b>MODULE TITLE</b>	Advanced Theoretical Seminars in Clinical Practice			
<b>LECTURER(S)</b>	Richard Mizen (Co-ordinator), Frances Gillies, and Professor Jeremy Holmes			
<b>CREDIT VALUE</b>	90	<b>ECTS VALUE</b>	45	
<b>PRE-REQUISITES</b>	None			
<b>CO-REQUISITES</b>	PSYD055, PSYD052, PSYD051			
<b>DURATION OF MODULE</b>	6 semesters			
<b>TOTAL STUDENT STUDY TIME</b>	900 hours (90 hours contact time, 160 hours practice-based learning, 650 hours individual study)			
<b>AIMS</b>				
<p>This module aims to equip participants who work in senior clinical positions in their clinical settings/modality with advanced scholarship and methodologies in clinical research leadership and organisational practice and the ability to argue alternative approaches; to act independently and with originality in problem solving; and to lead in planning and implementing tasks at a professional level.</p>				
<b>INTENDED LEARNING OUTCOMES</b>				
<p>On successful completion of this module, students will be able to:</p> <p><b>Module Specific Skills:</b></p> <ol style="list-style-type: none"> <li>1. Lead and work effectively within a clinical research group;</li> <li>2. Reflect on their own and others functioning in order to improve clinical research practice.</li> </ol> <p><b>Discipline Specific Skills:</b></p> <ol style="list-style-type: none"> <li>3. Synthesise new approaches to contribute to the development of methodology and understanding in clinical research practice;</li> <li>4. Communicate complex and contentious information clearly and effectively to specialists and non-specialists, acting as an effective clinical research consultant.</li> </ol> <p><b>Personal and Key Skills:</b></p> <ol style="list-style-type: none"> <li>5. Analyse and manage the implications of ethical dilemmas and work proactively with others to formulate solutions;</li> <li>6. Manage complexity, incompleteness and contradiction through leadership and effective team working, managing the capacities of group members, negotiating and handling conflict with confidence;</li> <li>7. Function independently and self-critically as a learner, using a wide range of learning resources to guide and support the learning and development of others.</li> </ol>				
<b>LEARNING/TEACHING METHODS</b>				
<p>A number of learning methods will be used: Lectures, small group work, tutorials, individual presentations, problem-based learning, guided learning and research supervision. Trainees will be taught by clinical staff and invited teachers and will also learn from each other's experiences. Assignments and assessments are designed to develop trainee's research knowledge, research competence and ability to consume and conduct clinical research.</p>				
<b>ASSIGNMENTS &amp; ASSESSMENTS</b>				
<b>Formative or % Contribution:</b>	<b>Form of Assessment:</b>	<b>Size of the assessment e.g. duration/length</b>	<b>ILOs assessed by this assessment:</b>	<b>Feedback method:</b>
60%	Assignment in theoretical and critical review	6,000 words	1, 3, 4, 5	Written response from markers
40%	Reflective log	4,000 words	2, 6, 7	log feedback
<b>SYLLABUS PLAN</b>				

Exploration of issues in clinical practice will be through a combination of lectures and linked group tutorials (ILOs 1-3, 5).

Experiential learning of group process in clinical practice will be through a regular reflective group experience (ILOs 2, 6).

Individual reflective supervision and self-directed enquiry to support the assignment in clinical research practice (ILOs 4, 7).

#### **INDICATIVE LEARNING RESOURCES**

##### **Indicative basic reading list:**

- Coleman, W. (2005) Sexual metaphor, and the language of unconscious phantasy Journal of Analytical Psychology, Vol 55, (5) 541 -60
- Fonagy, P., Steele, M., Steele, H., Moran, G., & Higgins, A. (1991) The capacity for understanding mental states: the reflective self in parent and child and its significance for security of attachment Infant Mental health Journal, Vol 12 201-18
- Fonagy (1999) Memory and therapeutic action. International Journal of Psychoanalysis. Vol 80, 215 – 225
- Fonagy, P., Gergerly, G., Jurist, E. & Target, M. (2002) Affect Regulation, Mentalization and the Development of the Self. (New York: Other Press)
- Fordham, M (1995) The Fenceless Field Hobdel, R. ed (London: Routledge)
- Freud (1915) The Unconscious' Standard Ed XIV
- Freud, S. (1920) Beyond the Pleasure Principle. Standard Ed XVIII.
- Freud, S. ( 1923) The Ego and the Id Standard Ed XIX.
- Hamilton, V.(1996) The Analyst's preconscious Hillsdale NJ & London. The Analytic Press
- Hinshelwood, R. (1989) A Dictionary of Kleinian Thought. (London: Free Association Books).
- Joseph, B. (1978) Transference – the total situation' International Journal of Psycho-Analysis Vol 66: 447-54
- Metzer, D (1967) The Psycho-Analytic Process. Perthshire: Clunie Press
- Holmes, J. (2005) Notes on Mentalizing – Old Hat or New Wine? British Journal of Psychotherapy Vol 22. 2 p179 - 198
- Rosenfeld, H. (1982) Psychotic States (London: Routledge)
- Rosenfeld, H. (1987) Impasse and Interpretation(London: Routledge)

##### **Indicative web based resources e.g. WebCT:**

##### **Other resources:**

**DATE OF LAST REVISION**

February 2010

# Teaching Timetable

University of Exeter, College of Life and Environmental Sciences, School of Psychology, Doctorate in Clinical Practice

Block Event: September 2012

Venue Room 028 Washington Singer Laboratories, Perry Road, Exeter EX4 4QG

	Monday September 3 <sup>rd</sup>	Tuesday September 4 <sup>th</sup>	Wednesday September 5 <sup>th</sup>	Thursday September 6 <sup>th</sup>	Friday September 7 <sup>th</sup>
9.30 – 11.00		Reflective Group Dr Nick Sarra	Reflective Group Dr Nick Sarra	Reflective Group Dr Nick Sarra	Reflective Group Dr Nick Sarra
Break		Break		Break	Break
11.30.- 1.00		Research A1 Dr Janet Smithson	Research A3 Dr Janet Smithson	Professor Jeremy Holmes Psychoanalysis and attachment theory.	Frances Gillies
Lunch		Lunch	Lunch	Lunch	Lunch
2.00 – 3.30	Welcome Introduction and programme overview	Research A2 Dr Janet Smithson	What is the use of empirical research for clinical practise? Dr Jean Knox	Professor Jeremy Holmes Psychoanalytic research	Learning Sets
Break	Faculty				END 3.30
4.00 – 5:30		NB 4.00 - 5.00 Librarian Anne Dinan Introduction to the Library	Research A4 Ethics of research, and of psychoanalytic research Dr Janet Smithson/Richard Mizen/?Jean Knox	Professor Jeremy Holmes Psychoanalytic research	
	Break	Break	Break	Break	
6.00- 7.30	'Research and psychoanalysis: a dialogue' Panel Discussion led by Prof. Jeremy Holmes	NB 5.30 – 7.00 Frances Gillies	Discussion group Jean Knox	Programme Dinner at the Rusty Bike	

# Reading List

## General Reading List

Alvesson, Mats; Willmott, Hugh. (2004) Identity regulation as organizational control producing the appropriate individual (Chapter in Organizational identity - A reader )

Greenhalght, Russel J, Ashcroft et al (2011) Why national H health programs need dead philosophers: Wittgensteinian reflections on policymaker' reluctance to learn from history. *Milbank Q* vol 89, (4) 533 -563

Hamilton, V. (1996) *The Analyst's preconscious* (New Jersey: the Analytic Press)

Holmes, J. (2010) *Exploring in Security; Towards an Attachment-Informed Psychoanalytic Psychotherapy* (Hove & New York, Routledge)

Knox. J. (2012) *Self-Agency in Psychotherapy; Attachment, Autonomy and Intimacy* (New York & London. WW Norton & Co)

Lyons-Ruth, K (1999) 'Two –person unconscious: intersubjective dialogue, enactive relational representation and the emergence of new forms of relational organization. *Psychoanalytic Inquiry*, 19, 4. pp576-617.

Roth, A. Fonagy, P. (2005) *What works for whom? Second Edition*(New York, Guilford Press)

Spillius, E. Bott (2001) Freud and Klein on the concept of phantasy. *International Journal of Psychoanalysis*, 82, 2, pp 361-374.

Panksepp, J (1999) Drives, Affects, Id Energies, and the Neuroscience of Emotions Response to the Commentaries. *Neuropsychoanalysis*, 1:69-89

Taub, G. (2009). A confusion of tongues between psychoanalysis and philosophy: Is the controversy over drive versus relational theory a philosophical one? *International Journal of Psychoanalysis*, 90, 507–527

Thomas,G.(2010) *Doing Case Study: Abduction Not Induction, Phronesis Not Theory*.*Qualitative Inquiry* 2010 16:575. Sage Publications.

Vince, R. 2008. Learning-in-action and learning Inaction: advancing the theory and practice of critical action learning. *Action Learning: Research and Practice*, 5 (2)

# **Ethics and Confidentiality**

## **Confidentiality**

The following guidelines about the treatment of programme members' personal information are based on those used for the Doctorate in Clinical Psychology programme.

The work of the therapist necessarily involves working with patients around distressing, sensitive and difficult issues and case material. As practitioners we are given the power to influence the lives of patients who may be very vulnerable. Alongside this comes a high degree of responsibility. It is a job that requires emotional resilience and a high degree of self-awareness and self-care. The programme team recognises that we are all human and all have life experiences and relationships that have shaped who we are. Inevitably, we can all be emotionally affected to varying degrees (in both positive and negative ways) by the work that we do. It is for this reason that the programme promotes reflective practice to ensure that we are mindful of the way our own experiences and assumptions about the world, people and relationships may influence our therapeutic relations and interventions.

We would like to promote an ethos which allows programme members the opportunity to reflect openly and honestly on the challenges of their role and the way in which contact with their patients and their life stories can affect us all. This means that programme members may sometimes be sharing personal information about themselves with selected members of staff and with each other. Programme members can expect that team members and their programme member colleagues will be thoughtful and sensitive about the programme member's right to confidentiality. As a staff team we would also have to balance this with the need to ensure that we are all protecting the interests of potential clients and ensure that programme members are able to provide appropriate clinical interventions. For this reason, we provide the following statement about confidentiality of programme members:

### **Programme Member Confidentiality**

We aim to facilitate an open learning environment in which information is shared appropriately and respectfully between staff, programme members, your employer and relevant others to enable programme members' development and to ensure appropriate client care. Programme members should expect that information about day-to-day aspects of training will be shared as appropriate.

It is likely that personal matters are discussed in the course of discussions with programme leads and clinical supervisors. This can, of course, be confidential and in these circumstances there should be a discussion about how best to handle confidentiality. Where personal matters are discussed that may impact on the programme member's performance on the programme/ability to provide appropriate client care, there should be a discussion about how best, and with whom, to share concerns. Programme members should expect that staff team members will need to discuss with one another how best to handle any issues. As far as possible this should be with the programme member's informed consent.

## **Confidentiality – Guidelines**

1. i) The details of any personal material remains confidential within the context in which it is shared, i.e. it is not fitting for any participant to disclose information about another, in their absence or presence, within the course or in conversation outside of sessions, without agreed permission.
  - ii) The only exception to this is if you have concerns about the safety of children or adults. In such cases you should consult your programme lead, and when possible inform the person concerned that you are doing this and explain why.
- 2 When patient material is shared programme members will do so:
  - i) in a manner most likely to protect the identity of the patients;
  - ii) in a manner which honours the limits of confidentiality, explained previously to a patient;
  - iii) with an understanding that no member of the group will disclose any information about such patients outside the sessions.

## **Working Criteria for Self-disclosure (adapted Egan 1976)**

**Stay goal directed** the course is about therapeutic relationships and skills, stay tuned to this goal.

**Keep disclosures in proportion** determine for yourself how much, and at what level you disclose within the group.

**Respect and care** let self-sharing be a sign for each other.

**Quality of relationship** consider your self-disclosure in the light of continuity with others on the course rather than as a random act. In a group the mutual trust can lead to deeper disclosures than with every day contacts.

**Mutuality** if you reveal aspects of yourself, others tend to reciprocate. If mutuality does not develop, self-disclosure is not appropriate.

**When to disclose** the timing of disclosure should emerge from, and relate to, the group experience and task.

**Remaining present** relate self-disclosure to the present group process.

## **Ground Rules for Teaching and Supervision Sessions**

1. Work with respect for each other even if we disagree
2. Accept shared responsibility for the learning environment
3. Accept individual responsibility for individual behaviour
4. Establish permissions for: having feelings, opinions and to learn constructively from mistakes
5. Pay attention to issues of difference such as gender, age, race and culture remembering that each person's experience is true for them and valid
6. Clarify limits of confidentiality and adhere to these
7. Make your own decisions about how much information you wish to share about personal or occupational matters
8. Remember you are the "expert" about your own life – any questions or suggestions from others may be rejected as inappropriate

## **Professional Practice**

In addition students are expected to abide by the ethics guidelines of any professional organisation or professional registering body to which they are affiliated or with which they are registered.