

PGDip/GradDip Enhanced Psychological Therapies Practice (Low Intensity CBT)

Course Handbook Cohort 3

September 2024



University
of Exeter

Cedar

Programme Administrator: PWP-PGDip@exeter.ac.uk

ELE Cohort 3 homepage: <https://ele.exeter.ac.uk/course/view.php?id=21389>

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Welcome

Welcome to the University of Exeter's PGDip in Enhanced Psychological Practice (Low-Intensity CBT). We are really excited to be able to bring you this training programme, which is an extension of a 2-year pilot project. The training is rooted in the NHS Talking Therapies for Anxiety and Depression service delivery model within which the PWP role, and the increasingly diverse 'senior' PWP roles, is of fundamental importance.

This programme provides a unique opportunity to enhance practice in low intensity CBT and support your career progression into senior PWP roles. It will enable you to develop knowledge, competence, and clinical practice in areas of development for the Talking Therapies for Anxiety and Depression (TT-ad) Programme and will be responsive to areas of need identified by services. It will also contribute to personal and professional development goals related to common senior PWP roles and areas of importance for services. The programme will have a flexible start date, depending on the module you wish to complete first. You can complete the Programme over 12 months, or, by completing one module per year, complete the Programme over a period of up to 3 years. Your training should not just be seen as being the time you spend being taught within the University, but also based around your work setting supplemented by your practice-based supervision.

This programme will offer Psychological Wellbeing Practitioners the opportunity to:

- Extend, enhance, and adapt their practice to effectively work with an increasing diversity of patient populations and clinical presentations.
- Develop knowledge and competency required to be an effective clinical supervisor.
- Develop knowledge of evidence-based practice to appreciate ways to apply research into clinical practice, service development and implementation.
- Develop an understanding of leadership skills relevant to Senior PWP roles and in enhancing Step 2 Talking Therapies for anxiety and depression service delivery.

Successful completion of clinical and written assignments and appropriate participation in tutorials and workshops will lead to the awarding of a PG Diploma. A major contributing resource to the programme is the knowledge and experiences that programme members bring with them. We intend to draw upon and honour this knowledge and experience to develop clinical skills and increase awareness and theoretical understanding. It is important, however, that understanding and use of theory is integrated with clinical application in a rigorous and constructively critical manner.

We hope you enjoy the training and look forward to meeting you over the coming months.

How to use this handbook

Ensure you have used the course 'Quick Start and How-to Guide' to get up and running for Day 1. This handbook then provides all the detail you need to know about the course, teaching, assessments, submission and relevant policies.

This handbook is split into two parts:

- **Part 1:** Short, quick-access and concise guidance – find the things you need to know quickly and 'at a glance'.
- **Part 2:** Appendices giving full details, policies, marking schemes etc

To navigate the handbook, you can hold Ctrl + click on the headings on the Table of Contents page to take you to that specific section. Alternatively, you can use Ctrl + F to search within the document, e.g. "Module 1 assessments".

Supervisor notes

Part 1 outlines the content and assessments of each of the modules. At the end of each section there are notes for supervisors with guidance on how they can support their student(s) to not only do well on the course, but to become confident, practised, reflective, evidence-based practitioners.

The information sent to Workplace Service Leads, Clinical Leads and Supervisors can be found on your ELE page.

Protection of dignity at work and study

The University of Exeter aims to create a working and learning environment that respects the dignity and rights of all staff and students and where individuals have the opportunity to realise their full potential.

We aim to create an environment and culture in which bullying and harassment are known to be unacceptable and where individuals have the confidence to deal with harassment without fear of ridicule or reprisal.

The University will not tolerate any form of harassment or bullying and is committed to ensuring that staff and students are able to work and study without fear of victimisation.

The University regards any incident of harassment or bullying as a serious matter and will respond promptly and sensitively to formal complaints, and where appropriate take disciplinary action. Additionally, staff and students will be encouraged to resolve concerns informally through a network of trained [Dignity and Respect Advisors](#).

For more information please see:

<https://www.exeter.ac.uk/departments/inclusion/policiesanddata/policies/dandrpolicy/>

Cedar Equity, Diversity & Inclusion Statement

It is our intention within Cedar that trainees from all diverse backgrounds and perspectives be well served by our training courses; trainees' learning needs will be addressed both in and out of teaching sessions, and the diversity that trainees bring to their learning environment will be viewed as a resource, strength and benefit. It is our intention to present materials and activities that are respectful of diversity. This includes, but is not limited to, gender and gender identify, sexuality, disability, age, socioeconomic status, ethnicity, religion, race, and culture. Your suggestions are at all times invited, encouraged and appreciated. We encourage you to let us know ways to improve the effectiveness of the course for you personally or for other trainees or student groups. In addition, if any of our training sessions conflict with your religious events, or if you have a disability or other condition necessitating accommodation, please let us know so that we can make the necessary arrangements for you in line with your professional body/national curriculum requirements.

Our goal within Cedar as a learning community is to create a safe learning environment that fosters open and honest dialogue. We are all expected to contribute to creating a respectful, welcoming and inclusive environment within which any form of discrimination will not be tolerated. To this end, classroom discussions should always be conducted in a way that shows respect and dignity to all members of the class. Moreover, disagreements should be pursued without personal attack and aggression, and instead, should be handled with care, consideration and a non-judgmental stance. This will allow for rigorous intellectual engagement and a deeper learning experience for all.

(Statement adapted from the University of Iowa, College of Education and Yale University - Dr. Carolyn Roberts, Assistant Professor, History of Science & History of Medicine, and African American Studies)

At Cedar, in our training of psychological professionals, we are committed to progressing and embedding the principles of equity, diversity and inclusion into all areas of our training courses, and are active in our endorsement of the Psychological Professions Network Equity, Diversity, and Inclusion Position Statement which can be read here:

<https://www.ppn.nhs.uk/resources/ppn-publications/462-ppn-equity-diversity-and-inclusion-position-statement-v1-0-october-2023/file>




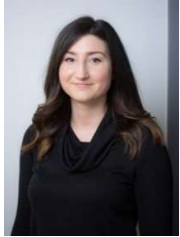


Course contacts

Communication

For day-to-day communication we use students' University of Exeter email addresses, so it is essential that students check this email address regularly or set up forwarding to their main email address. Students must use their university email to contact tutors and programme team members, rather than service or personal accounts.

Contacting us

- **The Programme Administrator** (PWP-PGDip@exeter.ac.uk): will be able to answer information about course procedures and protocols, e.g., attendance, submission, mitigations etc.

<p>Professor Paul Farrand Co-Director of Low Intensity CBT Training</p> <p><u>P.A.Farrand@exeter.ac.uk</u></p>		<p>Liz Kell Co-Director of Low Intensity CBT Training</p> <p><u>L.Kell@exeter.ac.uk</u></p>	
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Course overview

This programme provides a unique opportunity to receive in-depth training, specifically tailored to the Senior PWP role. In this context, the word 'Senior' can refer to a number of different job roles within an NHS-TTad service, like Senior PWP, specialist PWP, PWP Team Lead, PWP Service Lead and more. Often when a Senior PWP steps into a post, a lot of learning happens on the job, or from the Senior PWP pursuing further training or reading entirely in their own time. A Senior PWP is a unique position within NHS-TTad, sitting in middle management and balancing needs of PWP, but also requirements from their Clinical/Service Lead. The course will focus on supervisory practice, developing your skills and confidence as a leader and enhanced evidence-based practice in low intensity CBT, with the aim of supporting career progression within PWP and Senior PWP roles. Students will have an opportunity to develop knowledge and competence in key areas of the low-intensity role and think about how to translate this effectively into clinical practice, as well as supporting their teams and less experienced PWPs to do the same. It will support students to utilise their unique skills more effectively and foster both professional and personal development. Students will have key skills developed to contribute to improvement and innovation within their service and be responsive with taking action to address key areas of need identified at service, regional and national levels.

The programme's aim is to develop the core knowledge and competencies required for PWPs to safely, effectively, ethically and inclusively work within a stepped care NHS Talking Therapies service using evidence-based practices, and to continue developing as safe, effective, evidence-based practitioners throughout their careers.

To achieve this, students must also be practising and working under competent supervision by a fully trained practitioner within a fully functioning NHS Talking Therapies service.

The link to the full Programme Descriptor can be found [here](#)

Key facts about the course

- **Students can take the course at degree level (GradDip) or postgraduate level (PGDip).** Teaching, assessments and the pass mark for clinical competency assessments are the same, however for the GradDip the pass mark for academic assignments is 40% and for the PGDip the pass mark is 50%.
- The GradDip/PGDip Psychological Therapies Practice (Low Intensity Cognitive Behavioural Therapy) can be undertaken following successful completion of the Grad/PGCert Psychological Therapies Practice (Low Intensity Cognitive Behavioural Therapy) programme taken within CEDAR, or an equivalent HEE nationally commissioned NHS-TTad programme accredited by the British Psychological Society (BPS). Students must be at least one year post qualifying as a PWP prior to attendance.
- **Students must be working within a low-intensity role** within a fully functioning NHS-TTad service. As part of their role within service, once they begin the supervision module

they must be offering clinical supervision (this must include case management and clinical skills) to other PWP.

- **The course consists of four modules, each consisting of 5 or 6 taught days.** Consistent with supervision responsibilities taken on by Senior PWPs, **the supervision module is compulsory.** Those that have attended the low-intensity NHS-TTad 5-day supervision training will not need to attend teaching days already previously attended but will need to attend the supervision of supervision sessions and undertake the required assessment components to gain the credits for the module. To enable PWPs to develop in a way consistent with service preference, need and future development, **choice of two out of three other 20 credit modules is offered.**
- **Each module has 2-3 assessments.** Assessments are a mixture of clinical, academic or service-based. NB: all students will need to engage with additional private study, for example for assessment preparation, further reading etc.
- **Taught Day timings & locations:** Locations for each taught session are detailed on the timetable, available on ELE. The sessions will be entirely remote learning. The specific days may be subject to change depending on availability of teaching staff. Sessions usually run from 9.30am – 5pm.
- **Attendance & absence:** Attendance is expected to be 100%. All training activity is monitored and logged, and regular reports are made to the student's service and to the course commissioners. Any absences are noted to the student's service. For the sake of clarity, this means that all scheduled activities should be undertaken at the times specified in the day schedule, and all homework tasks completed prior to the next taught day. **If any student cannot attend or undertake the activities at these times they MUST send an email to the teaching team on PWP-PGDip@exeter.ac.uk.** In some cases a 'catch up' option may be agreed, but if this is not possible then an absence will be noted and the student's service will be notified. **If a student's attendance drops below 80% on a module,** for example through illness or adverse circumstances, **the student may not be able to continue training, may not be awarded their qualification or may be required to undertake incomplete modules again.** If illness or unexpected circumstances affect a student's ability to engage with the course at the present time, the option of interrupting studies may be available (Please be aware that at the time of writing this is a pilot delivery of the programme, therefore subsequent deliveries of this programme cannot be guaranteed).
- **Timekeeping and attention:** Timekeeping and attention on the programme is expected to be as rigorous as at the workplace. Timekeeping is monitored and any recurrent lapses are notified to the student's supervisor. Similarly, students' full attention and engagement in the teaching and associated activities is expected, just as in the workplace. Students are expected to be out of the office if the teaching falls on a working day, so emails and work accounts closed down and suitable cover arranged. Any recurrent lack of engagement will be notified to the service supervisor and may result in ceasing the programme place.
- **Support, study support, accessibility and wellbeing:** All students are allocated a personal academic tutor to provide support for personal or service issues that arise and impact a student's ability to attend or engage, and as main point of contact for their service supervisor. In addition, all students can access the University's study skills support, AccessAbility team, IT support and Wellbeing services. **Students who may need**

an Individual Learning Plan (ILP) to support their learning due to physical or learning needs or other additional needs are advised to contact the AccessAbility team as soon as possible, preferably prior to starting the course, as there are many adjustments (including extensions to deadlines and extended examination times) that the teaching team can make, but only where there is a documented ILP in place advising such.

- **Liaison with managers/supervisors/clinical leads:** Academic tutors discuss marks, performance and any difficulties with service supervisors/clinical leads. At the start of the course, the personal tutors will set up calls to service supervisors to give details of upcoming modules/assessments and to offer clarification on any aspect of the course as needed. Personal tutors will also arrange a mid-point review call with service supervisors, which will be an opportunity to check-in with progress of the course and that the student is receiving the most appropriate service support. Service supervisors may contact a student's personal tutor or any member of the programme team at any time to discuss course requirements or students' needs.
- **Professional practice:** All students must always act within the Codes of Practice and Professional Conduct as defined by their service and a professional and/or accreditation body. The latest Codes of Practice and Professional Conduct can be found under the 'How the Course Works' tile on ELE. Additionally, the University has a responsibility to ensure students are 'fit to practise'. Concerns around a student's fitness to practise may arise when a student:
 - disregards the Codes of Practice and Conduct
 - demonstrates a lack of insight/awareness
 - fails to remediate (following support)
 - disregards probity and honesty (misconduct)
 - fails to appropriately manage a health condition/demonstrates a lack of insight into the impact of this on those around them

Further information about this and the Fitness to Practise procedure can be found on ELE ('Course Information' tile).

- **Confidentiality:** students must ensure that at all times, when discussing or describing their work and their personal response to their work, that they protect patient, colleague and family and friends' confidentiality by not revealing information that could identify an individual in **any way**. The only exception is if they have concerns relating to the safety of a cohort peer or risk of harm to others. In such exceptions they should discuss with the teaching team to whom information should be disclosed and to what extent.

Study time

In addition to taught hours, you are required to have a minimum of **6 days study time**. We have not timetabled these in, as your needs will be unique and you may prefer to use their study days for different reasons. We would however recommend that these are planned in advance and spread throughout the year, with the suggestion of 2 study days per module completed, with an arrangement that works best for the student and the service and taking submission dates of coursework into consideration.

Course content, assessments and passing or failing the course

Course content

There are 4 modules. Two out of three of the optional modules must be chosen:

- Supervising Evidence-based Psychological Therapies (Low Intensity Cognitive Behavioural Therapy) (Compulsory)
- Introduction to Leadership (Optional)
- Enhanced Practice (Optional)
- Evidence-Based Practice (Optional)

Each module has 2-3 assessments, which could be clinical, academic or service-based. Two attempts for each assessment are allowed. Second attempts are capped at the pass mark, which also results in the overall mark for the module being capped at the bare pass mark. Failure of a second attempt results in failure of the programme and termination from the course. (See [Appendix 1](#))

Assessments

There is a mandatory academic honesty and plagiarism module and quiz which can be found on ELE We strongly advise you to do this prior to the induction day, or as soon as possible afterwards. You will not receive your results of your first summative assignment until you have completed completing this.

Formative and Summative assessments

Formative assessments do not contribute to your final mark given for a module but provide feedback that is an integral part of your learning.

Summative assessments contribute to your final mark for a module. They are marked according to the assessment criteria and intended learning outcomes of a module.

- **To pass the course students must pass all the assessments and have a minimum of 80% attendance.** Clinical assessments must be passed with a mark of at least 50% overall and with at least 50% in each of the compulsory pass sections, including risk

assessment which is an auto-fail section. Academic assessments must be passed with a mark of at least 50% for the PGDip award and at least 40% for the GradDip award.

- **Two attempts for each assessment are allowed.** Second attempts are capped at the pass mark. The overall mark for the module is also capped at the pass mark. Failure of a second attempt results in failure of the programme and termination from the course. (See [Appendix 3](#))
- **Failing the course:** Failure of a second attempt at an assessment (less than 50% for clinical assessments or less than 50% (40% for GradDip pathway) for an academic assessment) results in termination from the programme. Under such circumstances training cannot be completed and no academic credit is awarded for any modules with individual assessments failed. (See [Appendix 1](#))
- **Assessment submissions and late or non-submissions:** (See [Appendix 3](#)). All work must be submitted on time through the procedures specified and according to the Cohort timetable. Late submissions of first attempts within an hour of the deadline will be docked 5 marks. Late submissions within 24 hours of the deadline are capped at the pass mark; submissions beyond 24 hours are considered non-submissions and therefore score 0, capping the whole module at the pass mark. For second attempts and first attempts with a 3-week mitigation there is no late period; submitting beyond the assessment deadline will result in a fail mark being recorded (for second attempts this will result in failure of the course). Extensions of any kind cannot be granted except by formal Mitigation request (see below). **Any student experiencing difficulties with submitting work on time should speak to their personal tutor as soon as possible.**
- **Adverse circumstances, Mitigation and Interruption:** If a student is unable to submit an assessment of appropriate quality within the deadline due to short term circumstances beyond their control (e.g., short term illness, difficulties with caseloads etc) they may request Mitigation by submitting a mitigation request via the form on ELE. The Mitigation Committee reviews the request and decides whether to grant mitigation, such as an extension. If a student experiences longer term circumstances that impact severely on their ability to engage with the programme it may be possible to Interrupt, i.e., to pause studies and resume them again at a later date. See [Appendix 5](#) for full details. **In all cases students and/or supervisors are advised to speak to their course tutor if experiencing difficulties.**
- **Marking turnaround and results:** The turnaround time for marking of academic work is 3 weeks, and 5 weeks for clinical assessments. Results are released to students through ELE and copied to your service periodically, though services will be informed upon results release if an assessment does not pass. See the University website for more information on how to view your results on ELE: [Assessments | Student hubs | University of Exeter](#)

The role of the clinical supervisor

The role of the student's clinical supervisor is paramount as students cannot complete the course without practising and working under competent supervision by a fully trained practitioner within a fully functioning NHS Talking Therapies service.

A clinical supervisor provides general support but also monitors, develops and assesses the student's skills. Be aware that when a clinical supervisor signs off a student as competent, they are accepting clinical responsibility for that student's competency.

Specific roles of the clinical supervisor

The below list is not exhaustive, but identifies the key roles and actions of the clinical supervisor:

- **Be familiar with the course structure, timetable, key clinical competencies, assessment dates and marking schemes** and refer to programme materials and academic staff as much as necessary to fill any gaps in current knowledge.
- **Negotiate, sign and date a supervision contract** clarifying boundaries and responsibilities of the supervisor and supervisee.
- **Facilitate ongoing opportunities and experience for the student to develop appropriate competence** relevant to the modules being undertaken. This will include providing facilitation and support for the service-based projects undertaken by the student. As well as being an assessed component and increasing their competence, service-based projects are aimed at improving service delivery in some way and as such should be appropriately supported with, where appropriate, sufficient time allocated in-service to develop and implement these projects.
- **Monitor and adjust student's caseloads** to ensure clinical safety and efficacy. This is especially relevant for the Enhanced Practice module as students will be required to see patients corresponding to the masterclasses they attend. It may also be, where relevant, decreasing clinical caseload to allow appropriate time to complete other work-based projects as mentioned above.
- **Carry out observation of a student's work and competence directly and indirectly.**
- **Ensure the student has opportunity to meet their assignments for each module within the time period of that module.**
- **Where necessary raise issues around a student's progress** with appropriate members of staff, both within the service and the University.

Compulsory Module: Supervising Evidence-Based Psychological Therapies (Low-Intensity Cognitive Behavioural Therapy)

The link to the full module descriptor can be found [here](#)

Learning objectives

This compulsory Supervision module is based upon the Roth & Pilling (2010) competency framework and NHS-TTad Supervision Guidance and covers generic supervision competencies in addition to Low Intensity specific supervision competencies. The 5 days are delivered in 3 blocks and spread out across 4 months to give time to practice and consolidate new learning.

Key topics covered

- Days 1 & 2 Generic supervision competencies (contracting, agenda setting, principles of learning theory, supervisory relationship, evaluation of supervisees).
- Days 3 & 4 PWP specific competencies (case management and clinical skills supervision, use of supervision questions, group supervision, supervision challenges)
- Day 5 Consolidation, reflection, supervision of supervision and ethical practice.
- Supervision of supervision. This will be a combination of university-led peer supervision sessions, as well as feedback which will be provided by your university tutor based on the formative and summative competency assessments.

Assessments

Formative Supervisor Clinical Competency Assessment

For taught day 5 you will be asked to bring along a 15-minute extract from a genuine supervision session. You will be required to play a section of this extract within small groups and will have 10 minutes for your group to provide peer feedback. For those undertaking the Grad/PGDip, you will also be required to submit this 15-minute extract as a formative supervisor competency assessment. Your personal tutor will schedule a call to provide feedback, which should inform future supervision sessions and your summative supervisor competency assessment.

For the formative assessment, students must fill out a self-rated case management supervision assessment form and submit this along with their recording to inform discussions with their tutor. Details of these deadlines will be communicated to you on commencement of the course.

- **Submission** - by 11am on the day of submission, remotely by uploading to a secure form (link on ELE). You must also submit the Coversheet and Consent form signed by yourself and the relevant supervisee.
- **Feedback generated** using the Supervisor Competency Assessment Marking Scheme, which can be found in the Supervision Portfolio and on ELE.

Formative Reflective Commentary

You will need to provide a 500-word reflective commentary, based on a recent supervision session, in which you were the supervisor. A guidance document detailing what to include and how to structure your reflections will be made available on ELE. This is an opportunity for you to explore what is going well in your supervisory practice and identify areas for you to refine and improve. Your reflections should inform future supervision sessions and your summative supervision competency assessment.

- **Submission** by 11am on the day of submission, via blog on ELE. The staff team will provide feedback by replying to your blog. You are encouraged to read through reflective commentaries submitted by your peers, as well as feedback given in response.

Summative Supervisor Clinical Competency Assessment

Recording of a genuine unedited low-intensity Clinical Case Management Supervision session of between 45 and 60 minutes.

- **Submission** - by 11am on the day of submission, remotely by uploading to a secure form (link on ELE). You must also submit the **Coversheet** and **Consent form** signed by yourself and the relevant supervisee.
- **Marked** using the Supervisor Competency Assessment Marking Scheme, which can be found in the Supervision Portfolio and on ELE.
- **To pass a student must gain: 50% overall, with a minimum of 50% in sections 2 and 3, and a minimum of 50% in the risk section.**
- **Failure in this assessment will result in a maximum failure mark of 49.**

Please note the following:

- **The Risk Assessment is an auto-fail section**, i.e., failing the risk assessment means failing the whole assessment.
- **Results are given 5 weeks from date of assessment**, via email to the student (using their university email address) and service supervisor
- **In the event of failure**, students will receive detailed feedback and be invited to attend a Skills Top-Up session.
- **Reassessment:** 4 weeks from the Skills Top-Up session. Marks for reassessments are capped at 50%, and the overall module mark is also capped at the bare pass mark.

Summative Reflective Commentary

1500-word reflective commentary providing a critically reflective account of the student's practice as a low-intensity clinical supervisor as demonstrated in the summative supervisor competency assessment.

- **Content:** the assignment is divided into three sections:
 - **Section 1 (approx. 250 words)** describing one or two aspects of the student's practice as a clinical supervisor as demonstrated in the summative supervisor competency assessment
 - **Section 2 & Section 3 (approx. 1250 words)** providing a critical reflection, with detailed reference to both supporting and contrasting views from the evidence base, of an aspect or aspects of the student's approach to supervising as described in Section 1, including any wider implications for their supervisee, patients and service. From this, students should draw conclusions about ways forward to improve their practice as a clinical supervisor. NB, an Action Plan may be optionally included as an Appendix (additional to the main word count but within a maximum of 500 words).
- **Submission** via ELE2 module page by no later than 11 am on the date of assessment.
- **Confidentiality MUST be maintained (failure to do so results in auto-fail).** Students must anonymise any supervisees or patient cases referred to, removing all reference to actual supervisee or patient names or identifying features (including but not limited to: place of residence, service within which supervisee works or patient was seen, family or children names, ages, anything too specific regarding their circumstances, health conditions, background, job etc that could lead to possible identification).
- **Marked using University-wide marking criteria** for Level 6 (GradDip) and Level 7 (PGDip) assessments using the College of Life and Environmental Science (CLES) notched marking scheme ([Appendix 2](#)), focussing particularly on the following:
 - **Structure and organisation** - students are expected to clearly adhere to the required structure for this reflective piece, and for their writing to be clear and accessible with points made linking into clearly understandable arguments/viewpoints.
 - **Knowledge and understanding** - students are expected to display a sound breadth and depth of knowledge and understanding of supervisory practice, particularly as it relates to low-intensity working, and the ability to show relevant and correct information about the chosen topic, with references to the literature base.
 - **Theory into practice links** - students should use literature and the evidence base to support their knowledge, understanding and reflections on their practice as a low-intensity clinical supervisor.
 - **Critical reflection** - students should demonstrate the ability to reflect on their practice as a clinical supervisor using a critical and evaluative stance taking into account varied standpoints evidenced in the literature base, then to draw conclusions from these reflections about ways forward in the future.
 - **Sourcing** - students should demonstrate the depth and breadth of their reading, use a variety of literature to support their writing, show ability to critically evaluate sources and use APA referencing protocols appropriately.
- **To pass** a student must gain **50% or more for the PGDip qualification**, and **40% or more for the GradDip qualification**.
- **Results are given 3 weeks after the date of assessment**, via email to the student (using their university email address) and service supervisor
- **In the event of failure**, students should contact the teaching team to receive detailed feedback.
- **Reassessment:** 4 weeks from the date initial results were provided. Second attempts are capped at the pass mark. The overall mark for the module is also capped at the

bare pass mark.

Supervision Portfolio

This document (see ELE for detailed guidance) provides a portfolio of a student's work-based evidence demonstrating the following.

1. Consent to record CMS Sessions
 2. Supervision Contracting
 3. Participation in University Supervision of Supervision
 4. Delivery of CMS & Clinical Skills Supervision
 5. Reflective Practice as a Supervisor
 6. Evaluation of own Supervisory Practice
 7. Roth & Pilling Supervisor Competences
 8. Service Supervisor Statement of Competence*
- **The portfolio requires 'signing off' by the appropriate supervisor(s) – where hand signatures are not possible due to remote working see 'Submission' below for remote signing instructions.**
 - **Evidence provided to the in-service supervisor can be:** direct observation by the clinical supervisor; via discussion and questioning by the clinical supervisor; testimony from other colleagues; written supervision records; audio/video recordings of supervision sessions; reflective accounts of how the student has achieved the outcome(s) drawing upon the research evidence base; feedback volunteered by supervisees etc.
 - **Log of conducting case management supervision hours** – a minimum of **10 hours** of conducting formal case management supervision is required by the end of the course. Students should record and sign off each supervision session to date (in minutes), then the service supervisor countersigns as a true record.
 - **Log of conducting clinical skills supervision hours to date** – a minimum of **5 hours** of conducting formal clinical skills supervision is required by the end of the course. Only formal clinical skills sessions can be recorded: they must be pre-arranged 1-1 or small group sessions focussed on case review and/or clinical skills development. Record each session (in minutes), each signed off by the student and countersigned by the service supervisor as a true record.
 - **Multiple supervisors** – if multiple supervisors are signing the outcome document, each of their names, signatures (if applicable) and contact details must be on page 1 of the document.
 - **Submission** – via ELE2 module page by no later than 11am on the deadline date. Students must print the document, hand sign it themselves and have it reviewed and countersigned by their service supervisor in each of the required places, then scan the signed document and submit as a pdf. **Where printing and/or hand signing is not possible use the remote sign off procedure as follows:**
 1. Student signatures – name can be typed
 2. Supervisor signatures – name can be typed
 3. The document can then be uploaded to ELE as usual
 4. **In addition, the supervisor should email PWP-PGDip@exeter.ac.uk with the completed document attached and the appropriate statement included in the body of the email:**

a. **If all competencies are met** include in the email body "I can confirm that I am signing off all elements of the module outcome document for [student name], as attached to this email".

b. **If a student has failed one or more competencies** include in the email body "I can confirm I am signing off all elements of the module outcome document for [student name], as attached to this email, except for the signatures on pages/against specific competences [state which competence(s)]"

If more than one supervisor has signed the document, only one supervisor should email but they should state they are signing on behalf of the other named supervisor(s) who have signed off the document.

- **To pass**, the student's service supervisor must review the document and evidence within and sign off all elements (including the logs and the Final Statement of Achievement) by hand signing or using the remote signing procedure described above. All elements must also be signed off by the student. The document must then be submitted as above.
- **To fail**, the service supervisor is making themselves accountable for the competency of the student, therefore the supervisor should NOT sign the student as competent on an outcome if they feel the student has not demonstrated the required competency. Instead, following discussion with the service clinical lead, the academic tutor and the student, supervisors should leave unsigned any outcomes not yet fully met, sign off the student as 'Unsuccessful' in the Final Statement of Achievement and include a short report detailing why the student has not yet met the competencies and the proposed actions to be taken by the student to remedy the situation. Then submit as above.
- **Errors** - any minor errors noted after submission by programme staff will be reported to the student with a 2-week turnaround to correct. Any major errors will be reported to the student with a 6-week turnaround to correct. Correcting the errors within the allocated timeframe leads to no penalties. Failing to resubmit a corrected and appropriately signed off document within this correction period counts as a failure.
- **In the event of failure**, the student's academic tutor will meet with the supervisor and student to agree and record an action plan designed to achieve the failed competency and agree a resubmission date. The overall module mark will be capped at the bare pass mark.
- **Reassessment:** 4 weeks from the feedback being given (or as agreed in discussions).

Supervisor notes

1. Assessing risk

Risk is an auto-fail section, meaning a student will fail the whole assessment if they do not conduct a competent risk assessment. The course teaches risk assessment protocols outlined in [Appendix 8](#). Service protocols may differ and may include additional checks or information given. Students will not be marked down for additional risk gathering or risk information given, but they MUST show at least the minimum outlined in [Appendix 8](#).

2. Timing

Failing to complete the competency assessment within time is a common way for students to fail. Facilitating students to practise supervising and learn how to become more efficient, effective and succinct is therefore very beneficial.

3. **Supervision Portfolio**

It can take some time to review, discuss and sign this document, so it can be helpful to arrange time for this well in advance of the deadline. Supervisors must review and consider the evidence contained within, combine it with their knowledge of the student's practice and decide whether the student has or has not fully met each competency. Supervisors signing off students as successful are accepting clinical responsibility for the competency of the students and as such should only sign if they feel the students fully meets the detailed competencies. (See above for how to complete this document.)

Introduction to Leadership

The link to the full module descriptor can be found [here](#)

Learning objectives

In this module you will gain a critical understanding of key leadership topics relevant to the role to help you work effectively as a leader and implement change. This module will provide a tailored introduction to leadership, enabling students to develop knowledge and competency in leadership, organizational theory and principles of implementation science applied to NHS-TTad Step 2 and Senior Practitioner roles. It will include content on values-based service improvement within NHS-TTad and achieving and sustaining a culture for effective delivery and improvement. You will broaden the knowledge and skills that contribute to sustained personal and system resilience. You will develop your knowledge of the fundamental principles of leadership, how successful team development is achieved and develop an advanced knowledge of competencies necessary for leading team improvement.

Key topics covered

- **Why is leadership important? Where do you fit?**
- **Leadership vs management**
- **Compassionate leadership (personal resilience)**
- **Supporting resilience of team members**
- **Challenges in leadership**
- **Leading high-performance teams and what does your team expect from you?**
- **Building relationships and establishing influence**
- **Improvement as a social movement**

The teaching is spread across five teaching days, with a sixth scheduled for the live presentations. There will be a blend of many different teaching styles to help students get the optimal experience, but you will also have an opportunity to reflect on your role as a leader, using a variety of tools to support putting your learning into practice: for example, the NHS 360 feedback and tailored coaching sessions. You will have 2 x 60-minute coaching sessions, spread across the duration of the course. The first coaching session will be approximately mid-way through the module and will form part of the formative assessment. The second session will be directly related to your summative presentation, which will be based on how you have/intend to put an element of your learning into practice in your service. This will be scheduled after the module finishes to give students time to put learning into practice and will be to review implementation and progression of acquired leadership skills.

Assessments

Formative Reflective Commentary

For this submission, you will need to provide 2 x 250-500-word reflective commentaries based on your learning and reflections from Days 1 & 2, and later Days 3 & 4. It is an opportunity for you to reflect on what is going well in your role already and begin to identify areas to refine and improve moving forwards.

- **Submission** via blogs on ELE. Further guidance will be given on Days 2 & 4.

Summative Reflective Commentary

2500-word reflective commentary providing a critically reflective account of the student's implementation of **one example** of applying leadership skills within their current service-based role.

- **Content:** the assignment is divided into three sections:
 - **Section 1[WHAT?](approx. 300-400 words)** describing an aspect of the student's professional practice as a leader within service.
 - **Section 2[SO WHAT?]& Section 3[NOW WHAT?](approx. 2100-2200 words)** providing a critical reflection, with detailed reference to both supporting and contrasting views from the evidence base, of an aspect of the student's approach to leadership as described in Section 1, including any wider implications for their colleagues and service (including other stakeholders e.g. patients, the wider community, other services). From this, students should draw conclusions about specific ways forward to improve their professional practice as a leader. NB, an Action Plan may be optionally included as an Appendix (additional to the main word count but within a maximum of 500 words).
- Please use the **Rolfe, Freshwater & Jasper (2001)** model of reflection (What? So What? Now What?)
- **Marked using University-wide marking criteria** for Level 6 (GradDip) and Level 7 (PGDip) assessments using the College of Life and Environmental Science (CLES) notched marking scheme (See [Appendix 2](#)), focussing particularly on the following:
 - **Structure and organisation** - students are expected to clearly adhere to the required structure for this reflective piece, and for their writing to be clear and accessible with points made linking into clearly understandable arguments/viewpoints.
 - **Knowledge and understanding** - students are expected to display a sound breadth and depth of knowledge and understanding of theories concerning leadership, particularly in relation to your current role, and the ability to show relevant and correct information about the chosen topic, with references to the literature base.
 - **Theory into practice links** - students should use literature and the evidence base to support their knowledge, understanding and reflections on their implementation of leadership skills.
 - **Critical reflection** - students should demonstrate the ability to reflect on their implementation of leadership skills using a critical and evaluative stance taking

into account varied standpoints evidenced in the literature base, then to draw conclusions from these reflections about ways forward in the future.

- **Sourcing** – students should demonstrate the depth and breadth of their reading, use a variety of literature to support their writing, show ability to critically evaluate sources and use APA referencing protocols appropriately.
- **To pass** a student must gain **50% or more for the PGDip qualification, and 40% or more for the GradDip certification.**
- **Submission** via ELE2 module page by **no later than 11am on the date of assessment.**
- **Results are given 3 weeks after the date of assessment**, via email to the student (using their university email address) and service supervisor
- **In the event of failure**, students should contact the teaching team to receive detailed feedback.
- **Reassessment:** 4 weeks from the date initial results were provided. Second attempts are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark.

Formative Presentation (Implementing leadership skills for service development)

You will need to submit draft slides of a presentation, showcasing how you intend to, or are currently, implementing your learning from a specific topic(s) from the leadership module into practice in your current job role within your service, your reflections and ways forward. (Note, the scenario you focus on should be different from that focussed on in the reflective commentary).

Your implementation of this will go on to form the basis of your summative presentation which will provide the opportunity for you showcase the learning and reflections you have acquired on this aspect of leadership.

- Submission as a PDF, with one slide per page and any notes underneath (notes should not carry onto a second page) via ELE2 module page.

Summative Presentation (Implementing leadership skills for service development)

Live 15-minute (plus 5 minutes for questions) clinical case presentation showcasing your understanding of leadership. This will be an opportunity for you to showcase how you have put your learning from a specific topic(s) from the leadership module into practice in your current job role within your service, your reflections and ways forward. (Note, the chosen scenario should be different from that focussed on in the reflective commentary).

Guidance: Your presentation must include:

- **An ethics and confidentiality slide including the following statement:**
“I have conducted the work within this presentation in line with the appropriate professional practice guidelines. I certify that the work reported in this presentation took place as described and can confirm that all names and identifying information have been changed to protect confidentiality.”

(Please also read this statement **in full at the start of your presentation**. We will start timing your presentation **AFTER** you have finished reading the confidentiality slide. We will stop marking your presentation when 15 minutes have elapsed)

- **Content:** The presentation should critically examine how you are implementing your learning from a specific element of the leadership module into your job role (note this should related to the leadership element of your role, rather than your clinical work). The presentation should show your knowledge and understanding of the theory and evidence-base behind your chosen leadership topic, and should cover how you planned to put this learning into practice, how the implementation has progressed, outcomes and reflections. It should be a critical reflection drawing strongly on the evidence base and identifying any learning to be carried forward. If you are in any doubt about whether a scenario is suitable for the presentation, please contact your personal tutor for clarification.
- **Submission.** Students should submit the **PowerPoint presentation file**, which they will use for their presentation the **day before the live presentation**, remotely by uploading to a secure form. Note the following essential submission criteria:
- **Confidentiality MUST be maintained (failure to do so results in auto-fail).** Students must anonymise their presentation removing all reference to any names or possible identifying features. See [Appendix 6](#).
- **Confidentiality and ethics statement must be included** in the initial presentation slides, this statement is available on ELE. (NB: Marking and associated timing will only start after the statement has been given.)
- **All presentations must be specifically relevant to the PWP/ Senior PWP role.** The student will be required to do the presentation in front of the academic tutors and the rest of their cohort, so it is important they feel comfortable in openly discussing their chosen subject matter within this forum.
- **Marked** using the Presentation Marking Scheme (see ELE). Marks are awarded according to:
 1. **Structure & organisation 10%**
 2. **Delivery & timing 10%**
 3. **Knowledge & understanding 30%**
 4. **Theory into practice 40%**
 5. **Use of source materials 10%**
 6. **Confidentiality** - no marks but auto-fail if not adhered to
- **To pass, a student must gain: 50% or more for the PGDip qualification, and 40% or more for the GradDip certification.**
- **Results are given 3 weeks from date of assessment**, via email to the students (using their university email address) and service supervisor
- **In the event of failure, students** can request detailed feedback from the teaching team.
- **Reassessment:** 4 weeks from the day results were provided. Marks for reassessment are capped at 50% and the whole module is capped at the bare pass mark.

Supervisor notes

1. Monitoring and managing student caseloads

Students may need to have their clinical caseload reduced to accommodate sufficient time for this project work. Individual scenarios can be discussed with the student's personal tutor.

2. Support for work-based projects

While students can expect to undertake assignment work in their own time, their assignments are work-based projects aimed at improving service delivery and thus should be suitably supported in their role. Students should be given appropriate time in service, where appropriate for these projects, which may include facilitating and supporting additional projects, particularly if they are not in a formal leadership role.

Enhanced Practice

The link to the full module descriptor can be found [here](#)

Learning objectives

This module will help ensure you are kept up to date with the latest developments in low-intensity CBT practice and enable you to maintain your competencies in emergent competencies and knowledge arising from curriculum revision. It will develop enhanced knowledge and clinical practice skills to work with a more diverse range of patients, with potentially more complex and therefore challenging presenting problems/surrounding contexts, while adhering to the low-intensity evidence-base. It will also support you with disseminating this knowledge to your teams and building up knowledge and confidence to translate this into practice with their patients.

Key topics covered

The first teaching day will require all students who have selected this module to attend. This initial session will introduce you to features associated with enhanced practice that will complement content addressed within all other modules available within the course. This will be followed by 4 masterclasses which will have been pre-selected by the student, which will be spread over 2 terms to enhance personal reflection and ongoing embedding of learning and putting competencies into practice. The masterclasses available include:

- 1. Working with Autistic Spectrum Disorder at Step 2**
- 2. Delivering LICBT Groups**
- 3. Working with Perinatal Mental Health at Step 2**
- 4. LICBT for Panic Disorder**
- 5. LICBT for Insomnia**
- 6. LICBT for Obsessive Compulsive Disorder**
- 7. Step 2 Assessments: Complex Presentations**
- 8. Cultural Humility in Low-Intensity Working**

A final 'Presentation' day will provide an opportunity to reflect on learning along with your peers to demonstrate how you have embedded learning into individual practice and at the level of the service.

Practice-based requirements

To facilitate reflection-on-practice, for each masterclass attended you should have the opportunity to apply the competencies learnt to at least two relevant patient cases. The patient cases do not need to be complete by the end of the training programme, however:

- You will need to evidence of completion of at least three clinical sessions per patient
- For **'Step 2 Assessments: Complex Presentations'** you should instead demonstrate **assessment with at least 4 different patients**, but you do not need to evidence any treatment sessions for this masterclass (however, your written reflections may include reference to subsequent 'follow-up' or treatment sessions if relevant to your 'learning into practice').
- For **'Delivering LICBT Groups'** your patient logs should demonstrate that you have run at least **2 different LICBT groups**. These may be one day workshops or groups with multiple sessions but evidence that you have delivered at least one session per group will suffice. For 'Patient ID', please **state the name of the LICBT group delivered** instead of an individual patient ID. You will still need to demonstrate that you have received LI Supervision in relation to both groups delivered.

Assessments

Formative Reflective Commentary

A 500-word reflective commentary based on your experience of applying learning from one of the masterclasses to your clinical practice and how you intend to take your learning forward within your clinical role. This is an opportunity for you to reflect on what is going well in this area of your clinical practice and identify areas for you to refine and improve.

- You will be able to review each other's reflections and tutor feedback, to facilitate peer learning. Feedback will be provided by the teaching team to inform the summative reflective commentary, which forms part of the reflective portfolio.
- The patient case used for this formative assessment should be different to that used to inform the summative reflective commentary. This is to encourage reflection and learning across a broader range of topics within the module.
- Submission - via ELE blog. You should blog your completed table as per instructions in the Formative Reflective Commentary Guidance document found on ELE.

Summative Reflective Portfolio

The purpose of Reflective Portfolio is to evidence 'learning into practice' and reflective practice across all 4 masterclasses attended.

- **You will need to submit a reflective portfolio, which also includes a 2000-word reflective commentary.** The portfolio is an opportunity to provide a detailed

reflective account of your developed clinical practice as a result of attending your chosen masterclasses. It will require signatures from your clinical supervisor who oversees your patient cases, and a patient contact log to detail your relevant clinical work. All components of the portfolio are marked as pass/fail, with the exception of the reflective commentary component which will be assigned a mark based on Grad/PG criteria. You must pass all components in order to pass the assignment.

- The portfolio includes:
 - A List of Masterclasses attended
 - A log of contacts with patients evidencing your clinical work in relation to each masterclass (specific clinical contact requirements covered earlier)
 - A log of case management supervision hours demonstrating engagement with clinical supervision sought for patients logged in relation to each masterclass.
 - Evidence of reflection on practice for each masterclass, in the form of either a short reflective statement (3 required) or an extended reflective commentary (1 required).
 - A 'Supervisor Statement of Competence' for each Masterclass attended.

2000-word Reflective Commentary Component: The reflective commentary within the portfolio needs to be based on a patient case included on your patient contact log. It should be a critical reflection on your experience of applying learning from one of the masterclasses to your clinical practice. It should discuss how you intend to take your learning forward within your clinical role. It is an opportunity for you to reflect on what is going well and identify areas for you to refine and improve. **Please see the Reflective Portfolio Guidance Document for further details of what must be evidenced in the portfolio and how to structure and write your reflective commentary.**

*the presentation and reflective commentary should demonstrate learning from two **different** masterclasses and as such should be based on two different patient cases*

- **Submission:** via ELE2 module page.
- **Results are given 3 weeks after the date of assessment**, via email to the student (using their university email address) and service supervisor
- **In the event of failure**, students should contact the teaching team to receive detailed feedback.
- **Reassessment:** 4 weeks from the date initial results were provided. Second attempts are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark.

Formative Presentation

You will need to submit draft slides of a presentation, based on a patient case you have worked with relevant to one of the masterclasses attended (content covered below in 'summative'). This is an opportunity for you to receive tutor feedback on the content of your clinical case presentation, which should inform the summative submission.

*The presentation and reflective commentary should demonstrate learning from two **different** masterclasses and as such should be based on two different patient cases.*

- **Consent:** you must obtain consent from your patient to use their anonymised information from your sessions in this assessment and submit valid evidence of this

consent alongside your presentation submission. Different consent processes are used depending on whether consent is gained in-person or remotely. You must use the correct consent form, found on ELE.

- **Submission** via a secure form by no later than 11 am, Monday 12th June, and accompanied by associated coversheet (available on ELE). Please submit your draft slides in the form of an electronic PDF handout with one slide per page. You must also submit the correct consent form signed by yourself and the relevant patient in the same way, by the same deadline.

Summative Presentation

Live 15-minute (plus 5 minutes for questions) presentation showcasing student's understanding of the masterclass content, and ability to apply this to clinical practice. The summative presentation will be an opportunity for you to build on your formative proposal and should be informed by the feedback received in response to this.

*The presentation and reflective commentary should demonstrate learning from two **different** masterclasses and as such should be based on two **different** patient cases*

Guidance: Your presentation must include:

- **An ethics and confidentiality slide including the following statement:**
"I have conducted the work within this presentation in line with the appropriate professional practice guidelines. I certify that the work reported in this presentation took place as described and can confirm that all names and identifying information have been changed to protect confidentiality."

(Please also read this statement **in full at the start of your presentation**. We will start timing your presentation AFTER you have finished reading the confidentiality slide. We will stop marking your presentation when 15 minutes have elapsed)

- **Content:** Your presentation should demonstrate knowledge and understanding of a specific topic from one of the masterclasses and demonstrate how you have applied this learning to a relevant patient case. You should critically reflect upon your experience of this case, discussing how coupled with broader learning from the masterclass and wider reading, it will inform your clinical practice going forwards. You should consider how you will embed this learning into your individual practice and at a service-level. The presentation should demonstrate understanding of the theory and draw strongly on the evidence-base. Please see the full Clinical Case Presentation Marking Scheme and Guidance Document in the Enhanced Practice tile on ELE.

If in any doubt about whether a patient case is suitable for the presentation, please contact your personal tutor for further guidance

- **Consent:** You must obtain consent from your patient to use their anonymised information from your sessions in this assessment and submit valid evidence of this consent alongside your presentation submission. Different consent processes are used depending on whether consent is gained in-person or remotely. You must use the correct consent form found on ELE.
- **Submission:** You should submit the PowerPoint presentation file which you will use for your presentation **the day before the live presentations**, remotely by uploading to a

secure form (link on ELE). You must also submit the correct Consent form signed by yourself and the relevant patient in the same way, by the same deadline. Note the following essential submission criteria:

- **Confidentiality MUST be maintained (failure to do so results in auto-fail).** Students must anonymise their presentation removing all reference to any names or possible identifying features. See [Appendix 6](#).
- **Confidentiality and ethics statement must be included** in the initial presentation slides, this statement is available on ELE. (NB: Marking and associated timing will only start after the statement has been given.)
- **The student will be required to present the presentation in front of the academic tutors and the rest of their cohort**, so it is important they feel comfortable in openly discussing their chosen subject matter within this forum.
- **Marked** using the Presentation Marking Scheme (see ELE). Marks are awarded according to:
 - **Structure & organisation 10%**
 - **Delivery & timing 10%**
 - **Knowledge & understanding 30%**
 - **Theory into practice 40%**
 - **Use of source materials 10%**
 - **Confidentiality** - no marks but auto-fail if not adhered to
- **Results are given 3 weeks from date of assessment**, via email to the students (using their university email address) and service supervisor
- **In the event of failure, students** can request detailed feedback from the teaching team.
- **Reassessment:** 4 weeks from the day results were provided. Marks for reassessment are capped at 50% and the whole module is capped at the bare pass mark.

Supervisor notes

1. Opportunities for suitable patients

Students will be required to see patients that correspond to their chosen masterclass, to be able to feature them in their portfolio. NB: Consent must be sought from the patient for the use of their case details for the portfolio; see [Appendix 4](#). The clinical case presentation is an opportunity for students to use a clinical case example from their own practice to demonstrate putting their enhanced learning into practice. This does not have to be a 'model' patient, and although there are some minimal requirements depending on the patient group seen, it is very acceptable to use patients who have not completed treatment, or who were stepped up or out – the emphasis is an opportunity to put their learning into practice and reflect on how that went. Where opportunities are limited, it would be helpful to reallocate to the student suitable patients from other PWP caseloads or waiting lists.

Evidence-Based Practice

The link to the full module descriptor can be found [here](#)

Learning objectives

PWPs will appreciate the interaction between the main components – Best Research Evidence, Clinical Expertise, Patient Values – associated with Evidence-Based Practice. This module will help you appreciate a range of methodological approaches to inform these areas of practice, alongside developing competency in evaluating research evidence prior to considering implementation. However, being an evidence-based practitioner extends beyond understanding, appreciating, and evaluating research evidence. Evidence-based practice also involves appreciating the way in which patient values and clinical expertise should be appropriately balanced in practice. This collaborative approach will enable clinical practice to be tailored to meet the specific needs of patients and will enable you to consider meaningful adaptations to practice to accommodate the diverse needs of individual patients, as well as considering wider need and being able to inform service developments, for example to maintain effectiveness when delivering interventions, or enhancing access to identified patient populations. This module will enable you to reach the conscientious, explicit, and sagacious use of current best evidence in making decisions about the care of individual patients, evaluating, and enhancing service delivery and informing leadership.

This module will help you appreciate the core and essential features of evidence-based practice, which will enable you to challenge the notion that it is all about directly undertaking research. The module will enable you to evaluate the evidence-base and extend your practice beyond simply adopting research based on publication. This knowledge will enhance your competency in effective team leadership, as well as provide foundations and guidance for implementing service delivery or evaluation. You will also develop and further refine competencies around performance management in relation to the evidence-base, drawing on effective measures for improvement and how to meaningfully analyse performance and support PWPs make sense of this information.

Key topics covered

- Fundamentals of evidence-based practice and how may this inform your practice as a Senior Practitioner and more widely within your service.
- Appreciating essentials of service evaluation, audit and research within the MRC Complex Interventions framework and utility within services.
- Evaluating evidence and research quality.
- Incorporating evidence-based practice into the Practitioner role.
- Implementation Science and how does it inform practice as an evidence-based practitioner.

The module will run over 6 taught days, which includes a day for your presentation. It will run predominantly across the third term but with the assessed presentation day falling at the start of the new academic year, to allow sufficient time for consolidation of learning and personal reflection before assessment. Time in class will be a combination of theoretical teaching and

discussion, working with case studies, skills practice and reflective groups and independent reflective practice.

Assessments

Formative Draft Proposal Overview for Service Evaluation

A 500-word overview of a proposal for a service evaluation you intend to carry out within your service. This has some key differences to more formal research, your understanding of which will be supported by the content of the module. This will give you a valuable opportunity to think about your project and get some feedback from your tutors to set you up for success.

We would like you to use the SBAR (Situation, Background, Assessment, Recommendation) framework to structure your proposal overview. For the purposes of this formative assessment, you can bullet point your ideas/content, if helpful.

- **Submission** via ELE2 module page by **no later than 11 am on the date of assessment.**

Formative Presentation

You will need to submit draft slides of your presentation showcasing your understanding of evidence-based practice and how you plan to apply this within your current service role, to improve service delivery and ultimately patient experience and/ or outcomes. This should draw directly on your learning from the module and demonstrate how you intend to put this learning into practice within your service. This should be specifically related to an aspect of your current job role.

For further guidance about this assignment: Please see the *'Presentation (Summative Assessment): Guidance and Marking Scheme'* Document on ELE.

This formative submission should provide an overview of the slide presentation and the intended content (in the form of a PDF handout with 1 slide per page and relevant notes visible below each slide).

- **Submission** via ELE2 module page by **no later than 11 am on the submission deadline date.**

Summative Service Evaluation Proposal

You will need to submit a 2000-word concise structured report for a service evaluation proposal related to your clinical/professional practice in service. This has some key differences to more formal research, your understanding of which will be supported by the content of the module.

We would like you to use the SBAR (Situation, Background, Assessment, Recommendation) framework to structure your proposal.

- **Submission** via ELE2 module page by **no later than 11am on the deadline submission date.**
- **Marked using University-wide marking criteria** or Level 6 (GradDip) and Level 7 (PGDip) assessments. To pass a student must gain 50% or more for the PGDip qualification, and 40% or more for the GradDip certification.
- **To pass** a student must gain **50% or more for the PGDip qualification, and 40% or more for the GradDip certification.**
- **Results are given 3 weeks after the date of assessment,** via email to the student (using their university email address) and service supervisor
- **In the event of failure,** students should contact the teaching team to receive detailed feedback.
- **Reassessment:** 4 weeks from the date initial results were provided. Second attempts are capped at the pass mark. The overall mark for the module is also capped at the bare pass mark.

Summative Presentation

This is a Live 15-minute (plus 5 minutes for questions) presentation showcasing your understanding of evidence-based practice and how you plan to apply this within your current service role, to improve service delivery and ultimately patient experience and/ or outcomes. This will be an opportunity for you to build on your formative proposal: for you to showcase your learning and reflections across the evidence-based practice module and demonstrate how you intend to put this learning into practice within your service. This should be specifically related to an aspect of your current job role.

Guidance: Your presentation must include:

- **An ethics and confidentiality slide including the following statement:**
“I have conducted the work within this presentation in line with the appropriate professional practice guidelines. I certify that the work reported in this presentation took place as described and can confirm that all names and identifying information have been changed to protect confidentiality.”

(Please also read this statement **in full at the start of your presentation.** We will start timing your presentation AFTER you have finished reading the confidentiality slide. We will stop marking your presentation when 15 minutes have elapsed)

- **An Introduction:**
 - This should be an overview of what you plan to cover in your presentation.
- **Background information, which should include:**
 - A brief summary of the problem/ issue identified, in relation to current service delivery.
 - Your understanding of relevant theory which will be applied to the problem/ issue identified.
 - A clear account of your proposed plan to improve service delivery, including how you will collaborate with others (e.g., colleagues, ‘experts by experience’, other

stakeholders) and how the plan will be implemented to maximise the chance of successful/ desired outcome(s).

- A clear account of how the proposal seeks to improve patient experience and outcomes (directly or indirectly).
- **Clear explanations of why and how learning from the module was applied to your practice, in collaboration with others.** These explanations should be incorporated throughout your presentation whenever relevant. You should also demonstrate why and how independent learning beyond the module was applied.
 - It is important that literature is used to support your ideas throughout.
 - It is important to be clear about how the proposal described clearly links to the problem/ issue with service delivery, as identified.
 - You should take a critical approach to your proposal and the literature used in support. Try to consider the potential impact of implementation from multiple perspectives. Consider the relevance as well as any strengths and weaknesses of literature referenced.
- **Conclusions**
 - This could include any reflections on your proposal so far. Are there any relevant factors, remaining uncertainties or potential barriers yet to be explored. Are there aspects of your proposal that require further thought and investigation before implementation? How will these be addressed going forwards (you may also give any details here of any implementation which has already taken place and reflections on impact so far)? Lastly, have you learnt anything from this experience which will shape your practice, in a broader sense, going forwards?
- **Submission.** You should submit the PowerPoint presentation file, which you will use for your presentation by **11am, the day before the live presentations**, remotely by uploading to a secure form (link on ELE), with accompanying coversheet.
- **Confidentiality must be maintained (failure to do so results in auto-fail).** Students must anonymise their presentation removing all reference to actual patient/ colleague names or possible identifying features (including but not limited to; place of residence, service within which patient was seen, family or children names, ages, anything too specific regarding their circumstances, rare health conditions, background, job etc. that could lead to possible identification).
- **Confidentiality and ethics statement must be included** in the initial presentation slides, this statement is included in the guidance above. (NB: Marking and associated timing will only start after the statement has been given).
- **The student will be required to present the presentation in front of the academic tutors and the rest of their cohort**, so it is important they feel comfortable in openly discussing their chosen subject matter within this forum.
- **Marked** using the Presentation Marking Scheme (see ELE). Marks are awarded according to the following criteria:

- **Structure & Organisation 10%**
 - **Delivery & timing 10%**
 - **Knowledge & understanding 30%**
 - **Theory into practice 40%**
 - **Use of source materials 10%**
 - **Confidentiality** - no marks but auto-fail if not adhered to
- **To pass, a student must gain: 50% or more for the PGDip qualification, and 40% or more for the GradDip certification.**
 - **Results are given 3 weeks from date of assessment**, via email to the students (using their university email address) and service supervisor
 - **In the event of failure, students** can request detailed feedback from the teaching team.
 - **Reassessment:** 4 weeks from the day results were provided. Marks for reassessment are capped at 50% and the whole module is capped at the bare pass mark.

Supervisor notes

1. Monitoring and managing student caseloads

Students may need to have their clinical caseload reduced to accommodate sufficient time for this project work. Individual scenarios can be discussed with the student's personal tutor.

2. Support for work-based projects

While students can expect to undertake assignment work in their own time, their assignments are work-based projects aimed at improving service delivery and thus should be suitably supported in their role. Students should be given appropriate time in service, where appropriate for these projects, which may include facilitating and supporting additional projects, particularly if they are not in a formal role which allows them dedicated research time.

Appendices

Appendix 1: Timetable, teaching and learning methods

The cohort timetable, available below and on ELE, details the content for each of the taught days.

All remote sessions run from **9am – 5pm**, with half an hour to prepare and an optional drop-in session from 9am, and then the scheduled activities starting at 9.30am and finishing at 5pm. There is a minimum of 45 minutes allocated for a lunch break, plus two 15-minute breaks throughout the day.

Timetables

Taught days

In addition to the course days outlined below, additional time for self-directed study should be provided by employers. Trainees are expected to have a minimum of 2 additional self-directed study days per module for course-related work across the calendar year.

Induction Day Wednesday 25th September (Online)	Welcome and Introduction to the University and Programme	
Compulsory Module: Supervising Evidence-Based Psychological Therapies (Low-Intensity CBT)		
Day 1 Tuesday 15th October (Online)	What is supervision, supervisor competencies, principles of learning theory	The context of supervision, contracting and goal setting,
Day 2 Wednesday 16th October (Online)	The supervisory alliance, impact of beliefs on the supervisory alliance	Roles and ruptures in the supervisory alliance, supervising trainees
Tuesday 5th November	Group Supervision of Supervision (Morning, Online)	
Day 3 Tuesday 12th November (Online)	Case management supervision, your role as a CMS supervisor, supervisor skills	CMS challenges, managing risk, conducting CMS
Day 4 Wednesday 13th November (Online)	What is CSS, contracting and agenda setting for CSS, supervision questions	Supervisor skills, clinical skills in groups, group dynamics, supervision challenges
Assessment Monday 25th November	Formative: Clinical Competency Assessment (recording extract)	
Tuesday 26th November	Group Supervision of Supervision (Morning, Online)	

Individual SoS sessions: W/C: 9 th December online, time slot TBC individually		
Day 5 Wednesday 17th December (Face to face)	Reflecting on competency in low-intensity supervision, assessing and developing supervision competency	Ethical issues, supervision of supervision
Assessment Monday 20th January	Formative: Reflective Commentary Overview	
Assessment Monday 27th January	Summative: Clinical Competency Assessment (full recording)	
Assessment Monday 24th February	Summative: Reflective Commentary	
Assessment Monday 31st March	Summative: Supervision Portfolio	
Optional Module: Enhanced Practice		
Day 1 Wednesday 23rd October (Online)	Introduction to the module, what is enhanced practice, structure of the masterclasses	Getting the most out of the module, individual and service-wide changes, assessed components
Insomnia Masterclass Wednesday 6th November (Online)	The evidence-base, differential diagnosis and assessment, treatment rationale and supervision of insomnia patients	Using sleep interventions in practice, common difficulties, disseminating knowledge to your teams
OCD Masterclass Wednesday 20th November (Online)	What is OCD and assessment, ERP at step 2	When to use ERP, common difficulties, disseminating knowledge to your teams
ASD Masterclass Wednesday 11th December (Online)	Introduction to ASD, general adaptations and assessment considerations	Differential diagnosis and specific adaptations to LICBT, therapeutic endings, supervision
Perinatal Masterclass Wednesday 22nd January (Online)	Perinatal competency framework, common mental health problems, risk, red flags and referral pathways	Adapting step 2 working, assessment skills and adaptations, interventions and adaptations, supplements to step 2 working, supervision and service considerations

Panic Masterclass Wednesday 12th February (Online)	Introductions, panic and the evidence-base, assessment, treatment, maintenance cycle, psychoeducation, panic diary	Treatment, CR and BEs, relapse prevention, common difficulties, step-ups and supervision
Groups Masterclass Wednesday 12th March (Online)	Introductions, the evidence-base, what makes an effective LICBT group, practitioner effects	Responding to patient questions, managing patient risk, supporting group dynamics, supervision, training and evaluation
Complex Assessment Masterclass Wednesday 2nd April (Online)	The context and evidence-base, defining complexity, understanding its development, recognising complex presentations and severe MH disorders	Information gathering, information giving and resourcing, trauma-informed care, supporting patients and supervision
Cultural Humility Masterclass Wednesday 30th April (Online)	Identities, intersectionality and salient circles, working with culturally and ethically diverse communities – the foundations	Culture and cultural humility, putting it into practice: service and practitioner level, and step 2 implementation
Assessment Monday 12th May	Formative: Reflective Commentary	
Assessment Monday 2nd June	Formative: Presentation	
Assessment Wednesday 9th July	Summative: Live Presentations (online)	
Assessment Monday 11th August	Summative: Reflective Portfolio, including Reflective Commentary	
Optional Module: Introduction to Leadership		
Day 1 Tuesday 7th January (Online)	Introduction to the module ahead and assessed components, setting the scene,	Understanding the context, reflections on your role
Day 2 Wednesday 8th January (Online)	What is leadership, mapping the system, attending to the task and the team, culture	Leadership timeline, power and authority, defining ourselves as leaders

Assessment Wednesday 8th January	Formative: Reflective Commentary (completed within taught day 2)	
Day 3 Tuesday 4th February (Online)	Upcoming submissions, individual and system resilience	Experiences of change, formative reflective exercise
Day 4 Wednesday 5th February (Online)	Setting the scene, wider challenges in leadership, self in relation to the organisation	Leadership in practice: communication, effective working relationship, re-visiting compassionate leadership, bringing it all together and practical tools
Day 5 Wednesday 5th March (Online)	Defining and developing high-performing teams, bringing theory into practice	Action Learning Sets, closing the module
Assessment Monday 10th March	Formative: Presentation	
Individual first coaching session: W/C 24 th March online, time slot TBC individually		
Assessment Wednesday 7th May	Summative: Live Presentations (online)	
Assessment Monday 19th May	Summative: Reflective Commentary	
Individual second coaching session: W/C 9 th June online, time slot TBC individually		
Optional Module: Evidence-Based Practice		
Day 1 Tuesday 20th May (Online)	Introduction and overview of the module, what is evidence-based practice, relevance to services and PWP's	Evidence-based frameworks, introduction to SBAR framework, problem identification and evidence exploration
Day 2 Wednesday 21st May (Online)	Re-orientation to SBAR framework, evaluating sources of evidence, building understanding of assessed components	Applying evidence to practice, developing recommendations

Day 3 Wednesday 18th June (Online)	'Formal' end of the EBP spectrum, example of LI research in SBAR format, discussion around recommendations, service evaluation vs research	Least 'formal' end of the EBP spectrum, application of SBAR and models to support this, integrating EBP into everyday practice
Assessment Wednesday 18th June	Formative: Service Evaluation Proposal	
Day 4 Tuesday 15th July (Online)	Involving patients and the public into EBP, co-production	Co-production in LI research, peer support for presentation draft
Day 5 Wednesday 16th July (Online)	Consolidation and recap of the module, next steps, PWPs in research	Action Learning Sets
Assessment Monday 21st July	Formative: Presentation	
Assessment Wednesday 10th September	Summative: Live Presentations (online)	
Assessment Monday 22nd September	Summative: Service Evaluation Proposal	
End of Course Day Wednesday 17th September (Online)	Recap of the programme, course evaluation and feedback, co-production	PWP future directions, life-long learning, keeping in touch, networking

Assessment deadlines

This table includes formative or *practice* assessments, which are not assigned a mark and therefore will not inform your final grade for the programme, as well as summative or *final* assessments, which are marked and will contribute to your overall grade. There are 2-3 summative assessments per module.

Module	Assessment	Deadline	Marks returned	Consent forms
	Formative: Clinical Competency Assessment (recording extract)	Monday 25 th November	Via individual SoS: W/C 9 th December	Yes – from supervisees
	Formative: Reflective	Monday 20 th January	Monday 10 th February	No

Supervision	Commentary (Overview)			
	Summative: Clinical Competency Assessment (full recording)	Monday 27 th January	Monday 3 rd March	Yes – from supervisees
	Summative: Reflective Commentary	Monday 24 th February	Monday 17 th March	No
	Summative: Supervision Portfolio	Monday 31 st March	Friday 25 th April	Yes – from supervisees
Enhanced Practice	Formative: Reflective Commentary	Monday 12 May	Monday 2 nd June	No
	Formative: Presentation	Monday 2 nd June	Monday 23 rd June	Yes
	Summative: Presentation	PowerPoint File Submission: Tuesday 8 th July Live Delivery: Wednesday 9 th July	Wednesday 30 th July	Yes
	Summative: Reflective Portfolio, including Reflective Commentary	Monday 11 th August	Monday 8 th September	No
Introduction to Leadership	Formative: Reflective Commentary	Wednesday 8 th of January (completed within taught day)	Wednesday 29 th January	No
	Formative: Presentation	Monday 10 th March	Monday 31 st March	No
	Summative: Presentation	PowerPoint File Submission: Tuesday 6 th May Live Delivery: Wednesday 7 th May	Wednesday 28 th May	No
	Summative: Reflective Commentary	Monday 19 th May	Monday 9 th June	No

Evidence-Based Practice	Formative: Service Evaluation Proposal	Wednesday 18 th June	Wednesday 9 th July	No
	Formative: Presentation	Monday 21 st July	Monday 11 th August	No
	Summative: Presentation	PowerPoint File Submission: Tuesday 9 th September Live Delivery: Wednesday 10 th September	Wednesday 1 st October	No
	Summative: Service Evaluation Proposal	Monday 22 nd September	Monday 13 th October	No

Deferred assessment deadlines

Module	Assessment	Deadline	First mitigated deadline	Second Mitigated deadline
Supervision	Formative: Clinical Competency Assessment (recording extract)	Monday 25 th November	To be agreed with personal tutor	To be agreed with personal tutor
	Formative: Reflective Commentary (Overview)	Monday 20 th January	To be agreed with personal tutor	To be agreed with personal tutor
	Summative: Clinical Competency Assessment (full recording)	Monday 27 th January	Monday 10 th February	Monday 10 th March
	Summative: Reflective Commentary	Monday 24 th February	Monday 10 th March	Monday 24 th March
	Summative: Supervision Portfolio	Monday 31 st March	Monday 14 th April	Monday 12 th May
Enhanced Practice	Formative: Reflective Commentary	Monday 12 May	To be agreed with personal tutor	To be agreed with personal tutor
	Formative: Presentation	Monday 2 nd June	To be agreed with personal tutor	To be agreed with personal tutor
	Summative: Presentation	PowerPoint File Submission:	PowerPoint File Submission:	PowerPoint File Submission:

		Tuesday 8 th July Live Delivery: Wednesday 9 th July	Tuesday 22 nd July Live Delivery: to be agreed with personal tutor	Tuesday 19 th August Live Delivery: to be agreed with personal tutor
	Summative: Reflective Portfolio, including Reflective Commentary	Monday 11 th August	Monday 25 th August	Monday 22 nd September
Introduction to Leadership	Formative: Reflective Commentary	Wednesday 8 th of January (completed within taught day)	To be agreed with personal tutor	To be agreed with personal tutor
	Formative: Presentation	Monday 10 th March	To be agreed with personal tutor	To be agreed with personal tutor
	Summative: Presentation	PowerPoint File Submission: Tuesday 6 th May Live Delivery: Wednesday 7 th May	PowerPoint File Submission: Tuesday 20 th May Live Delivery: to be agreed with personal tutor	PowerPoint File Submission: Tuesday 17 th June Live Delivery: to be agreed with personal tutor
	Summative: Reflective Commentary	Monday 19 th May	Monday 2 nd June	Monday 16 th June
Evidence-Based Practice	Formative: Service Evaluation Proposal	Wednesday 18 th June	To be agreed with personal tutor	To be agreed with personal tutor
	Formative: Presentation	Monday 21 st July	To be agreed with personal tutor	To be agreed with personal tutor
	Summative: Presentation	PowerPoint File Submission:	PowerPoint File Submission:	PowerPoint File Submission:

		Tuesday 9 th September Live Delivery: Wednesday 10 th September	Tuesday 23 rd September Live Delivery: to be agreed with personal tutor	Tuesday 21 st October Live Delivery: to be agreed with personal tutor
	Summative: Service Evaluation Proposal	Monday 22 nd September	Monday 6 th October	Monday 20 th October

Teaching and learning methods

The course is taught across taught days, and an additional 2 independent study days per module are to be taken as agreed between yourself and your service. Additional private study is needed for assessment preparation, revision, further reading etc, which students will need to ensure they are factoring into their own time.

Across the course, a number of key teaching and learning methods are used following a declarative, procedural, reflective model of learning (Bennett-Levy, 2006).

Together these methods allow the student to:

- Acquire theoretical understanding of mental health distress and clinical methods of identifying and treating this
- Learn techniques and procedures for applying this knowledge effectively in clinical settings in a patient-centred way
- Develop effective reflective capacity on their own knowledge, practice and biases as a therapist so they are able to continue developing as a practitioner long after the course has ended

These methods are:

- Lectures
- Small group working/seminars
- Roleplay, observation, and feedback
- Clinical skills groups
- Independent study, undertaking a number of independent or peer-group tasks such as reading literature, working through online tutorials and resources, roleplaying, self-practice/self-reflection, reviewing service procedures and policies, etc.

In addition, students are expected to implement their learning directly into their in-service clinical practice and receive case management and clinical skills supervision in their workplace.

Missed sessions

If students miss any teaching sessions they should take the following actions:

- Inform your personal tutor and programme administrator as well as your employer
- Read the teaching materials on ELE for the missed session(s)
- Speak to peers about any practical/experiential exercises and ideally complete these in own time
- Complete a 200-500 word reflection on learning points for each missed session, and send the reflection/s to your 1:1 Tutor within 4 weeks of the missed teaching. This will be reviewed and discussed in your next 1:1 tutorial

Self-Practice, Self-Reflection (SP/SR)

Developing and Enhancing Clinical Competence

A major focus within the University taught days and study days is the students' own practice and the rehearsal of the interventions presented during the programme. To help structure and formalise this component of the programme the Self-Practice, Self-Reflection (SP/SR) model of supervision (Bennett-Levy et al., 2001; Farrand et al., 2010) is adopted.

This model of supervision requires students to initially undertake the Low Intensity interventions taught during the course on themselves, and then reflect upon their use. Rather than specifying areas for reflections around each intervention - which can be unnecessarily limiting - students are encouraged to provide widespread reflections on anything that arises concerning their self-practice.

References:

- Bennett-Levy, J. (2006). Therapist skills: A cognitive model of their acquisition and refinement. *Behavioural and Cognitive Psychotherapy*, 34(1), 57-78.
- Bennett-Levy, J., Turner, F., Beaty, T., Smith, M., Paterson, B., & Farmer, S. (2001). The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive therapists. *Behavioural and Cognitive Psychotherapy*, 29(2), 203-220.
- Farrand, P., Perry, J., & Linsley, S. (2010). Enhancing self-practice/self-reflection (SP/SR) approach to cognitive behaviour training through the use of reflective blogs. *Behavioural and Cognitive Psychotherapy*, 38(4), 473-477.

Appendix 2: Passing or failing the course and appeals

Passing the course and final awards

Students must pass all three module assessment to pass a module and all three modules to pass the course. Attendance must be no less than 80%. Final awards are calculated on an average of the module marks.

Module weighting

- **Supervision:** Clinical Competency Assessment - 70%, Reflective Commentary - 30%
- **Leadership:** Reflective Commentary - 50%, Presentation - 50%
- **Enhanced Practice:** Presentation - 50%, Reflective Portfolio - 50%
- **Evidence-Based Practice:** Presentation - 40%, Service evaluation/audit proposal - 60%

Final award calculation:

Final awards are calculated by adding the overall marks from each module and dividing by 3 and are as follows:

GradDip

Qualifies for Distinction award	A final credit-weighted mark greater than or equal to 69.50% or A final credit-weighted mark greater than or equal to 68.00% and modules to the value of at least 50% with a module mark greater than or equal to 70%
Qualifies for Merit award	A final credit-weighted mark greater than or equal to 59.50% or A final credit-weighted mark greater than or equal to 58.00% and modules to the value of at least 50% with a module mark greater than or equal to 60%
Overall pass mark	A final credit-weighted mark greater than or equal to 40.00%

PGDip

Qualifies for Distinction award	A final credit-weighted mark greater than or equal to 69.50% or A final credit-weighted mark greater than or equal to 68.00% and
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	modules to the value of at least 50% with a module mark greater than or equal to 70%
Qualifies for Merit award	A final credit-weighted mark greater than or equal to 59.50% or A final credit-weighted mark greater than or equal to 58.00% and modules to the value of at least 50% with a module mark greater than or equal to 60%
Overall pass mark	A final credit-weighted mark greater than or equal to 50.00%

Receiving certificates

All final marks are ratified by the exam board before certificates can be issued. Once the exam board ratification has occurred, certificates will be sent to the student's home address, as recorded on the University of Exeter Student Record System. **This process may take 2 – 3 months after final marks are awarded.** See the university website for more detailed information on this process: [Assessment, Progression and Awarding Committees | Current students | University of Exeter](#) **Students should ensure that any changes of address are notified to the University.**

Graduation

As a student of the University of Exeter, all students that pass the course will be invited to attend one of the University's graduation days. Students will be notified of the dates and invited via email to their University of Exeter email address. Two ceremonies take place a year, one in the summer and one in the winter, however please note that **your graduation ceremony may not be the one closest to the end of your course, so check with the programme administrators before making any advance bookings.**

Failing the course

Students must pass all assessments in a module to pass the module, and all three modules to pass the course.

If a student fails a first attempt at an assessment, they are allowed a second attempt. If a student submits a second attempt at an assessment late, fails to submit, or the assessment is marked as a fail, then they fail the whole module and this therefore constitutes a programme fail.

In the case of a programme fail, training ceases and registration on the course is ended.

Appeals

All students of the University have the right of appeal against academic decisions and recommendations made by the Assessment, Progression and Awarding Committee (APAC) and Faculty Boards (or Deans acting on their behalf) that affect their academic progress.

If considering an appeal, students are strongly advised to read the [Appeals page on the main University website](#). Students can also contact their academic tutor, the Programme Lead and the Course Administrator for further advice and guidance.

Appendix 3: Assessment guidance and submission

Specific assessment guidance

For each assessment detailed guidance is given on ELE. Students can refer to ELE and click the appropriate links under each module.

Assessment marking schemes

Clinical assessment marking schemes

For each clinical assessment there is an associated marking scheme, which is geared towards assessing the clinical competencies necessary for safe, effective, patient-led assessment and treatment.

The clinical assessment marking schemes (and annotated mark schemes with additional notes on the requirements of individual components) can be found on ELE. Each marking scheme attempts to track the degree of competency in each of the important elements of an assessment or treatment session. As such they are a highly useful tool to aid student development and student and supervisor reflections on role play and patient practice.

Please note: for the competency assessments the overall section mark is NOT an average of marks for each element within that section, but rather a reflection of the overall degree of competency for that section. As such, if a student fails to achieve competency in one or more important areas their overall section mark may be below competent (less than 3).

Academic assessment marking schemes

Academic assessments are marked with consideration given to the following components:

- **Knowledge and understanding** - student are expected to display a sound breadth and depth of knowledge and understanding of the topic, particularly as it relates to LI working, and the ability to supply relevant and correct information.
- **Theory into practice** - student should use literature and the evidence base to support their knowledge, understanding and reflections on their practice.
- **Critical evaluation/reflection** - student should demonstrate the ability to reflect on their discussion and their practice using a critical and evaluative stance taking into account varied standpoints evidenced in the literature base, then to draw conclusions from these reflections.
- **Sourcing** - students must demonstrate the depth and breadth of their reading, use a variety of literature to support their writing, show ability evaluate sources and use APA referencing protocols appropriately.

Submission methods

The table below offers an overview of the submission process, please see the text below for further details.

Assessment	Method of Submission	Required:
Supervision Competency Assessment (Formative and Summative)	Submitted via secure form on ELE by 11 am (or NHS portal by explicit agreement only) in accordance with service policies ¹	<ul style="list-style-type: none"> Recording of session e.g. mp3 or .wav file Recording of any verbal consent file e.g. mp3, .wav Electronic copies of: <ul style="list-style-type: none"> Signed Coversheet² Consent form³
Portfolios (Supervision and Enhanced Practice)	Submitted via the link on ELE by 11am	<ul style="list-style-type: none"> Signed Document uploaded as a Microsoft Word document or PDF if hand-signing⁴
Written Work (essay, reflective commentary)	Submitted via the link on ELE by 11am Students MUST put their student number into the header or footer, but NOT their name (so it can be blind marked)	<ul style="list-style-type: none"> Word processed written work, e.g. PDF or Microsoft Word Document
Presentations	Consent file (if applicable) and PowerPoint Submitted via the secure form on ELE by 11am	<ul style="list-style-type: none"> Presentation file (e.g. Microsoft Powerpoint file) Consent file (form or audio file)
<p>¹ It is each student's responsibility to ensure they adhere to their service policies, so discuss this in advance of the submission deadline.</p> <p>² Hand sign and scan these documents, or use the remote signing procedure as detailed in the main document above.</p> <p>³ Submit the correct consent format dependant on whether remote or in-clinic.</p> <p>⁴ Consult the hand/digital signing procedure detailed in the document above.</p>		

Submitting through ELE

The link to submit assessments is available through Assessments tile on ELE. Click on the appropriate link to go to the submission page.

See the University's webpage for more information on submitting academic assessments through the ELE Dashboard: [Assessments | Student hubs | University of Exeter](#)

If students submit work and realises they have made a mistake, it is possible to correct it and re-upload another version unlimited times before the deadline. **It is the student's responsibility to ensure they are uploading the correct version.**

Students should allow a good amount of time to upload their work prior to the deadline – IT Helpdesk suggest handing work in a minimum of three hours prior to deadlines so if

something goes wrong there is time to speak to the IT helpdesk for assistance. **Computer failure/technical problems are not an acceptable reason for Mitigation.**

Passing or failing assessments

For each assessment, two attempts are allowed.

Passing an assessment and grade boundaries

For all clinical practice assessments an overall mark of at least 50% must be achieved and all compulsory sections must pass with at least 50%, including the risk assessment which is an auto-fail section. This applies to both PGCDip and GradDip routes. Marks below these levels will be deemed fails.

For all academic assessments students following the PGDip award must pass with a mark of at least 50% and those following the GradDip award must pass with a mark of at least 40%. Marks below these levels will be deemed fails.

Pass marks are as follows:

- **Clinical assessments:** 50% and above
- **Academic assessments (PGDip):** 50% and above
- **Academic assessments (GradDip):** 40% and above
- **Clinical Outcomes Documents:** Pass or Fail

Failing an assessment

Failing a first attempt

If a first attempt at an assessment fails, the following applies:

- **Students can contact the teaching team for detailed feedback** (this is strongly advised).
- **For the supervision clinical competency assessment students will also be invited to an optional (but strongly recommended) Skills Top-Up Session** with their university tutor to help improve specific areas of development needed to pass.
- **A resubmission/resit date will be agreed** usually within 4 weeks of receiving notification of results (or 4 weeks from the Skills Top-Up Session for the Supervision competency assessment).
- **Marks will be capped** at a maximum 50% for second attempts of clinical assessments, and for academic assessments at 50% for postgraduate routes and 40% for degree routes.
- **In addition, marks for the whole module will be capped at the bare pass mark.**

Failing a second attempt

If a second attempt fails, the following applies:

- **For academic assessment fails, a PGDip (postgraduate route) students may be allowed to continue training by transferring to the GradDip (degree-level route)** where their attempt has received a mark of 40–49% (i.e. within GradDip pass boundaries).

- **In all other cases a second attempt fail constitutes a fail of the module and therefore overall fail of the programme.** Registration as a student of the University is terminated.

Late/non submissions

If students are experiencing difficulties in submitting assessments on time **they are strongly advised to speak to their personal tutor** who will be able to offer support and discuss ways forward.

Penalties for late or non-submission without a valid mitigation are as follows:

First submissions

1. **Late submission within 24 hours.** If an assessment is submitted late but within an hour of the deadline 5 marks will be deducted. If an assessment is submitted up to 24 hours after the deadline without approved mitigation **marks for this assessment will be capped at the pass mark** (for clinical assessments this is 50%, for academic assessments this is 50% for PGDip and 40% for GradDip). Second attempts are still allowed if this attempt fails.
2. **Late submission beyond 24 hours.** Work submitted more than 24 hours beyond a submission date without approved mitigation will receive a mark of zero. Second attempts are still allowed. **Marks for the whole module are capped at the pass mark.**
3. **Non submissions.** These are marked at 0%. A second attempt is still allowed. **Marks for the whole module are capped at the pass mark.**
4. **EXCEPTIONS: There is no late period for first submissions that have received an extension from the original deadline.** In these cases, if the submission is not made before the extended deadline, it is considered a non-submission.

Second submissions

1. **Late or non-submissions for second attempts without approved mitigation result in a mark of zero for the whole module and therefore a programme fail.** There is no 24-hour grace period.

Formatting work

All written assessments (essays, reflective commentaries etc) should be word-processed with the following conventions:

- Use 1.5 line spacing on A4 paper.
- Use a font size of 12 pt.
- Use only Times New Roman, Arial or Calibri.
- Margins: 30mm on the left-hand side, 20mm on the right-hand side and 20mm for top/bottom margins.
- All pages (including appendices etc) should be numbered consecutively in one sequence starting with the title page as 1.
- Include the student number in the header but students should **NOT** include their name anywhere on the assessment, as this will prevent work being blind-marked.

Word count guidance

Please note that any words over the word count will not be marked.

The following content is **not** included in a final word count:

- Title
- Reference list
- Appendices
- Words used in tables, graphs and other forms of data presentation (including titles of figures)

The following content **is** included in a final word count:

- Main body of text
- In text quotations
- In text references
- Section headings
- Footnotes containing large amounts of text (unless indicated otherwise by module convenor)

Citing and referencing

We require in text citations and a reference list (not a bibliography).

CEDAR has adopted the American Psychological Association (APA) conventions as the standard for citations and references. References must therefore be completed using the precise details for APA style. We use the standard of 'a publishable article' and 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 students to consult these guidelines and copies are kept in the library or can be obtained online: <https://apastyle.apa.org/> Further support regarding citation can be found on ELE.

Plagiarism and academic misconduct

Plagiarism and academic or clinical misconduct are serious breaches of professional ethics. Students can fail the programme, be expelled from University, or even be prevented from pursuing a career as a PWP.

Detailed information regarding the University's policy on Academic conduct and practice, including the consequences arising from academic offences, can be found in the **Teaching Quality Insurance Manual**: <https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/managingacademicmisconduct/>

An academic 'offence' is defined as an act or failure to act that if undetected gives, or aims to give, an advantage over other students, or any behaviour which may deceive those setting, administering and marking a piece of work. Academic offences can take a number of forms including but not limited to:

- **Plagiarism**, i.e. the act of representing work or ideas as one's own without appropriate acknowledgement or referencing. For instance:

- **Direct copying** of text, or illustrations, from a book, article, fellow student's essay, handout, thesis, web page, AI-generated content, or other source without proper acknowledgement.
 - **Claiming individual ideas derived from a book, article etc. as one's own**, and incorporating them into one's work without properly acknowledging the source of those ideas. This includes, among many other things, insufficiently paraphrasing a source, or altering the material taken from the source so it appears to be one's own work, or mirroring the structure of the argument of another writer without correct attribution.
 - **Overly depending on the work of others** by constructing a significant part of an assessment by extracting large sections of text from another source.
 - **Self-plagiarism**: the re-submission or re-use of the student's own work in another assessment whether this was submitted at the University of Exeter or any other academic institution worldwide without citing the previous work. (This is not intended to prevent a student from developing an academic idea over the course of their studies, for example stating an argument in an essay for a particular module and then developing this argument in a dissertation, but to prevent the counting of credit twice for the same piece of work, or sections of work, however this operates at the discretion of the Panel considering the offence).
- **Collusion**, i.e. the unauthorised working with another person, whether in person or via electronic device, on a piece of work, which is then submitted as part of an assessment, without acknowledgement of the other's contribution.
 - **Coercion**, this is where a student puts pressure on another student or member of staff to act in a particular way, or attempts to do so, with the intention of gaining an academic advantage. Where this is initially investigated as collusion it will be possible for the outcomes and penalties applied to differ between the parties involved. It is also possible for an outcome to be reached for one party ahead of the final outcome for the student alleged to have coerced another.
 - **The use or possession of unauthorised books, notes, software, electronic devices or other materials in an examination or assessment** (unless specifically permitted. This includes material obtained from essay sites, also known as 'Essay Mills').
 - **Obtaining or sharing an examination paper or assessment question ahead of its authorised release**. Or obtaining or sharing another student's answer to an examination paper.
 - **Attempting to impersonate or impersonation of another individual**, due to be sitting a specific assessment.
 - **Fabrication**, i.e. the creation of false data or other aspects of research or assessed work, including but not limited to documentation and participant consent forms with the intention of deceiving the marker. The inclusion of fabricated references.
 - **Falsification**, i.e. the inappropriate manipulations and/or selection of data imagery and/or consents with the intention of deceiving the marker.
 - **Misrepresentation** including, but not limited to, misrepresenting data, or misrepresenting the work of someone else, or from an AI-generated source, as your

own, in whole or in part. For example: disguising the authorship of the work through the use of electronic devices to conceal the extent to which the work is not the student's own; using source material originally in another language and translating this into English without attributing the work to the original author, or using synonyms throughout copied material; copying another's bibliography and referencing, implying the research completed is the student's own. This may also include the presence of hidden characters (white text) within the work which may have been included to manipulate the word count, to avoid source matches or to otherwise mislead the marker. Note, evidence of an attempt to disguise any of the forms of plagiarism listed above (which might involve the use of paraphrasing systems or translation systems, or a translator or third party who acts as more than a proof-reader under the University's regulations) will normally be treated more severely than plagiarism alone.

- **Contract Cheating** involving a student requesting a third-party to complete an assessment, or part of an assessment, on their behalf, which may or may not involve a commercial transaction. This can include arranging for another student or individual to complete an assessment, paying a company to provide an assessment or using artificial intelligence or chatbots to complete all or part of an assessment.

In addition to ensuring students only ever submit their own work based on their own genuine clinical and theoretical practice, students are required to work through the online resource about [Understanding Plagiarism](#) on ELE to clarify the differences between academic honesty and plagiarism, and to identify ways in which you can directly or inadvertently plagiarise.

If students are in any doubt at all or are in anyway unsure how to submit work of clinical and academic honesty, they are advised to contact the teaching team.

Appendix 4: Gaining consent and obtaining recordings

Gaining consent to record from supervisees

For any live recordings of actual supervision sessions consent must be gained for the supervisee. Consent forms detailing how to gain and record consent are on ELE and can be found within the Supervision Portfolio.

Guidance on recording supervision sessions

For the supervision module, students must submit a 15-minute recording of an extract of a real supervision session for their formative submission, and a 45–60-minute recording of a real and complete supervision session for their summative submission. All guidance for this assessment is on ELE.

Recordings must be clearly audible and of a genuine supervision session (not a role play). Recorded sessions are confidential materials and as such should be treated with the highest standards of Information Governance. Each workplace has its own policies and procedures for gaining consent, recording, storing and transporting recorded material. It is of paramount importance that students ensure they understand and adhere to these policies. If in any doubt students should consult their clinical supervisor/clinical lead/Information Governance Officer.

Recording equipment and file formats

As part of the requirement to support students during training, employing services should provide students with the necessary equipment to record sessions in audio. Recording equipment should only be used that meets service Information Governance policy standards and under no circumstances should students use personal devices to record supervision sessions. Please ensure that the recordings are saved as standard audio file types, eg .wav, .mp3 etc.

Confidentiality

As far as possible students **should avoid identifying a patient or another clinician by their full name or in any other way on the recording.** Consent forms, cover sheets and sound files must all be stored as separate files. Do not include names or any identifiable information in any of the filenames.

Obtaining and submitting consent for recording

Prior to making any recordings for university assessment purposes, consent must be gained to record the session for assessment and optionally teaching purposes. The

University protocol for gaining and storing consent is as follows. **It is strongly recommended that students request consent for and record as many of their supervision sessions as possible.** This gives the best options for selecting an appropriate recording for the competency assessment, and additionally reflectively listening to sessions alone or with a supervisor is an excellent way of improving practice, and standard within psychological therapy practices.

Failure to record consent

No session will begin to be marked until the appropriate fully completed consent is submitted and ongoing consent can clearly be heard on the recording. **Failure to obtain written or recorded consent as indicated above will result in the recorded session not being marked, with a first attempt 'Fail' most likely being recorded,** and the service supervisor being advised.

Storage and transportation of recordings

When transporting the recording and any associated cover sheets and consent forms, students must adhere to service policies. Recordings, cover sheets and consent forms must **ONLY** be stored and transported on secure, encrypted devices, in keeping with service policies.

How recordings are stored after submission

The programme timetable clearly identifies when and where recordings are submitted. Once accepted by programme staff, the following apply:

1. On submission, files are stored with the student's name, date of submission and details of the assessment (e.g., PYCM***). There should be no other identifiable information.
2. Recordings are transferred to the University's secure drive for the programme by the Programme Administrator. Access is restricted to the Programme Administrator, Programme Lead, IT Lead and designated Markers only.
3. The markers consist of the teaching team and Programme Lead and for some submissions, the Programme Director and External Examiner. All staff are responsible for adhering to the Data Protection Act, Information Governance and University of Exeter policies and procedures.
4. Markers will access the recordings in a private and appropriate working space to maintain confidentiality.

All recordings are stored on the University's secure drive for the programme as follows:

1. Recordings will be stored securely for up to 6 years from the date of submission, after which they will be securely destroyed.
2. Exceptions are where consent for use for training purposes has been given by the supervisee and student has been given. Recordings are therefore kept on an ongoing basis for training purposes on University of Exeter LICBT courses and deleted once no longer required.
3. No identifiable information is stored with the recordings.

Any failure in the process outlined above will be highlighted to the Programme Lead and the student in the first instance, followed by the student's manager. Where there is a continual

failure to follow the agreed process, this will be escalated to the Caldicott Guardian or person responsible for Data Protection at each organisation so they may undertake a review.

Appendix 5: Mitigation and Interruption

Mitigation

If short term adverse circumstances in the workplace or in a student's personal life are impacting their ability to submit an assessment of appropriate quality on time, students may make a mitigation request for these circumstances to be taken into account and the type of consideration being requested, e.g. an extended deadline. Advice from the Mitigation Committee is for students to work to their new requested deadline after they have submitted the mitigation form.

Mitigation procedures

Applications for mitigation will not always be accepted and **we would encourage students to speak to their tutor prior to submitting a request**. This page gives examples of acceptable reasons for mitigation: <https://as.exeter.ac.uk/academic-policy-standards/tqa-manual/aph/annex-f/>.

The process for Mitigation is as follows:

1. **Speak to your personal tutor to discuss your concerns** (optional but encouraged)
2. **Download and read the Mitigation guidance document on ELE**
3. **Download the Mitigation form from ELE**
4. **Submit your form any time before and no later than 24 hours after the submission deadline** of the assessment you wish to mitigate, by emailing CEDAR-mitigations@exeter.ac.uk (if supervisors are remote signing they must also email a copy of the completed form to this address). Requests submitted after this time will not be considered except in the most extreme of circumstances. You may optionally wish to submit work or attend an assessment as insurance in case your mitigation request is unsuccessful.
5. **You may need to include evidence for your mitigation request**, if you are unable to provide the evidence at the time of submitting your form, you have up to 10 working days after the assessment deadline to provide this.
6. **Your form and evidence will be reviewed by the Mitigation Committee** and their decision will be communicated via the Course Administrator

7. **If your mitigation request is accepted, a new submission deadline is agreed (or other consideration as indicated by the evidence).** Any work submitted that is no longer relevant will not be marked.
8. **If your mitigation request is late or rejected, any work you have submitted will be marked as usual.** If you have not submitted work, late and non-submission rules apply (see [Appendix 3](#)).

Mitigation duration

There are set durations for mitigation requests, depending on the assessment being submitted.

- Students can request a 72-hour evidence-free extension for submissions made through the ELE Dashboard (e.g. essays). Please note this is limited to 4 occasions in a 12-month period.
- Applications for mitigation of **academic assessments** (essay or exam) are 2 weeks for the first mitigation request, then an additional 2 weeks for the second mitigation request. Third mitigation requests are more flexible in duration and should be discussed with the personal tutor.
- Applications for mitigation of **clinical assessments** (competency assessment, outcome documents, or presentation) are 2 weeks for the first mitigation request, then an additional 4 weeks for the second mitigation request. Third mitigation requests are more flexible in duration and should be discussed with the personal tutor.
- If the proposed submission date on a student's mitigation request does not match the durations outlined above then the mitigation team will amend these.

Interruption

Whilst Mitigation is for short-term adverse circumstances, if a student is experiencing longer term (6-8 weeks or more) circumstances that make continuing with the course or submitting assessments of an appropriate quality difficult they may be able to Interrupt, i.e. pause their studies and resume again at a later date. Interruption is a more flexible process for longer term, ongoing difficult circumstances as students may request Interruption without knowing a specific date of their return. The interruption period is for a minimum of 3 months and can extend to 1 year, although in exceptional circumstances a 2nd year may be agreed. *(Please be aware that at the time of writing this is a pilot delivery of the programme, therefore subsequent deliveries of this programme cannot be guaranteed).*

The process for Interruption is as follows:

1. **Students should have an initial conversation with their personal tutor to see if Interruption is a practical option,** and similarly with their service. Service protocols

may differ from University procedures, so students sure ensure this is a viable option with their service.

- 2. If Interruption is indicated, students should send an email to PWP-PGDip@exeter.ac.uk** requesting Interruption. They will be contacted by the admin team and supported to fill out a brief form outlining reasons for the request. NB students do not have to disclose extensive details of their adverse circumstances, but enough information that those reviewing the request can make an appropriate decision. For example, if a students has been signed off sick by their doctor, they can state this but are not obliged to detail the nature of the illness. Students will be asked for a date they expect to return to training/work. As this date approaches, they will be contacted by the University Student Information Desk to confirm they wish to return to study. The interruption period can be extended at this time if circumstances are still not favourable for return.
- 3. The request is forwarded to the Programme Lead and a member of the senior programme staff, who make a joint decision** as to whether to agree Interruption.
- 4. If Interruption is agreed, training is suspended.**
- 5. Nothing further occurs until the student s able to return to work. Students cannot submit clinical recordings or case presentations on patients seen during this period. The preliminary date for return can be changed as circumstances resolve or continue.** When the students is ready to return, the student's academic tutor and workplace supervisor liaise together with the student to agree a return schedule. If the student had not completed all taught days by the time of Interruption, they will be able to join a future cohort at the same point in the timetable at which they Interrupted (or earlier by agreement). New deadlines for assessment submissions are agreed that consider the time needed for the student to rebuild an appropriate caseload etc.

If any trainee is experiencing ongoing adverse circumstances that affect their ability to engage with the course and produce work of an appropriate quality, we would strongly advise a discussion with their academic tutor to find a supportive way forward.

Appendix 6: Further educational and emotional support

Wellbeing support

Any form of professional training is potentially stressful. We recognise that the three components of the course: University attendance, clinical practice and independent study may be difficult to balance, and the nature of the work itself can be very demanding.

Within the programme we hope to promote a mutually supportive atmosphere in which students feel able to share concerns and issues with one another, with the programme team and with clinical supervisors. However, we recognise that the programme team and supervisors cannot necessarily provide all the support that may be required.

- **Academic Personal Tutor:**

The academic personal tutor is there to support students if they begin to experience difficulties of any kind: personal, academic or otherwise that impact on their training. In the event of significant difficulties that may impede a student's ability to study, the personal academic tutor can liaise with the practice based clinical supervisor to discuss a supportive way forward. This can be far better than a student trying to 'keep going' when they are unable to produce work of an appropriate quality that may then result in an assessment or even programme fail.

- **Wellbeing Services**

The University Wellbeing Services offer free and confidential support for personal problems, emotional difficulties and difficulties with mental health, including 1-1 CBT and counselling as well as more general support, advice and signposting. It is available to all students of Exeter University. An initial telephone appointment is offered and from there an advisor will help work out the best route of support. Appointments are available by telephoning **01392 724381** or email wellbeing@exeter.ac.uk.

Further information regarding wellbeing or booking appointment online here:
<https://www.exeter.ac.uk/wellbeing/>

- **Education Welfare Team (Peter Chalk Hub)**

Any student who is finding that life circumstances, mental wellbeing or physical wellbeing is impacting on their ability to manage their training without feeling overwhelmed can refer to the Education Welfare Team. This team can help student to navigate the support on offer, including study skills, organisation and time management, Wellbeing support, mitigations, interruptions and much more. Please refer to the Peter Chalk Hub. For more information click here:

<https://www.exeter.ac.uk/students/wellbeing/talk/welfare/>

Support with additional learning needs, disabilities and health conditions

The University AccessAbility team offers support to students with disabilities, physical or mental health conditions and learning or literacy difficulties – or any circumstance that may

impact negatively on a student's ability to engage with study and meet assessment requirements. The service endeavours to provide facilities and equipment suited to people's individual needs <https://www.exeter.ac.uk/about/oursite/accessibility/>.

Following an assessment with the AccessAbility team, if recommendations are made to support the student with their learning these will be documented in an Individual Learning Plan (ILP) which programme staff can then use to make reasonable adjustments to the course or assessments. These could include a range of adjustments such as extra time in exams or separate rooms, course materials and lecture slides given out early or on coloured paper, additional time for academic assessments or anything else the team assess as appropriate. Without a documented ILP, the teaching team are unable to make any changes.

Any student who could benefit from an ILP is advised to contact the AccessAbility team as soon as possible – even before the course starts if adaptations could be helpful.

Library facilities and services

The main library facilities are at the University of Exeter Streatham Campus. The library catalogue, including access to electronic journals, and facilities for reserving and renewing books also available online www.exeter.ac.uk/library.

Library support is organised by subject, and this is the specific page for Psychology students: <https://libguides.exeter.ac.uk/psychology>. As well as access to all the Psychology texts, databases and resources the Library offers are highly helpful online tutorials, links and information, plus 1-1 support if needed around about the following:

- How (and where) to effectively search for articles, research, books and papers
- How to evaluate source materials and how to reference them
- How to understand different academic materials, eg statistics, reports, systematic reviews, policies, guidelines etc
- Where to find statistics

Access to external libraries and inter-library loans

Students can also access other higher education libraries via SCONUL (an arrangement between many higher education institutions) and are entitled to Inter-Library Loans.

More information can be found on the University Library website at www.exeter.ac.uk/library, or direct from SCONUL- www.sconul.ac.uk/sconul-access.

Study Zone Service

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

- reading effectively

- selecting reading from book lists
- planning and writing assessments or essays
- taking useful notes
- revising for exams
- organising your time
- generally evaluating your study skills

This service is available to all students of the University including students, who can and do consult the Study Skills Advisors. Help is available throughout each term and during part of each vacation - see: [Drop-ins | Study Zone | University of Exeter.](#)

You can also access digital skills support through the Study Zone - see [Study Zone Digital](#)

This support can be highly beneficial for anyone, especially if a student has not worked at post-graduate level before. Further information and support around study skills can be found on the Wellbeing and Study Support tile on ELE.

Appendix 7: Confidentiality and ground rules

Working within NHS Talking Therapies necessarily involves working with patients around distressing, sensitive and difficult issues. As practitioners we are given the power to influence the lives of patients who may be very vulnerable and this requires a high degree of responsibility in respecting confidentiality and being fully aware of information governance. It is also a job that requires emotional resilience, self-awareness and self-care.

Patient and clinician confidentiality

The teaching team aim to facilitate an open learning environment in which information is shared appropriately and respectfully between staff, students and relevant others to enable students to develop and to ensure appropriate patient care.

When sharing information about patients or cases student and staff alike must do so:

- i. **in a manner most likely to protect the identity of the patients, both directly and indirectly.** This means not disclosing any directly identifying information, such as names, identifying details of their contact with the service e.g. dates/times, the name of the service, clinic or location they attended etc. In addition, no details should be disclosed that are so specific about the patient or their family that they could pinpoint who the patient is. Examples are: names of family members; GP; home, school or workplace locations; specific job; unusual health conditions; unusual hobbies or interests etc.
- ii. **in a manner and setting which is respectful,** for example not using inappropriate or caricaturising illustrations, captions or representations etc.
- iii. **in a manner which honours the limits of confidentiality,** explained previously to a patient.
- iv. **with an understanding that no member of the group will disclose any information** about such patients outside the sessions.

Student confidentiality

It is recognised that we all have life experiences and relationships that have shaped who we are and that we can all be emotionally affected by the work 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 practice.

We would like to promote an ethos which allows students the opportunity to reflect openly and honestly on the challenges of their role. This means that students may sometimes share personal information about themselves with staff and each other. Students can expect that colleagues and staff members will be thoughtful and sensitive about their right to confidentiality. As a staff team we also have to balance this with the need to ensure that we are protecting the interests of potential patients; and to ensure that students are able to

provide appropriate clinical interventions. For this reason, we provide the following information about confidentiality of students:

- i. **The details of any personal material remains confidential within the context in which it is shared.** It is not fitting for any student 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 is if there are concerns about an individual's safety** (child or adult). In such cases students should consult a member of the programme team, and when possible, inform the person concerned that they are doing this and explain why.
- iii. **Students should expect that information about day-to-day aspects of training will be shared with relevant individuals** (e.g. the students' lead/service manager/supervisor as identified). This will routinely include sharing students' marks for the assessments within the programme and sharing an overview of the students' progress. Students will have consented to having this information shared as part of the application form.
- iv. **Personal matters affecting training can be kept confidential within or from the programme team.** Where a student shares personal details regarding circumstances affecting their training or ability to provide appropriate patient care, there should be a discussion about how best and with whom to share concerns. Although students should expect that the teaching team will need to discuss with one another how best to handle any issues, as far as possible this will be done in a way which keeps the specific details of student's circumstances confidential, even between members of the teaching team if the student desires. Information will only be shared with service supervisors on a need-to-know basis to support the student in their training.
- v. **If a student discloses information indicating personal risk of harm to self or others, it is necessary to inform the student's service and/or their GP,** in accordance with standard mental health practice. Students will have consented to this as part of the application form. Where risk is a concern the teaching team will always, where possible, seek to inform others with the student's full knowledge.

Ground rules for groups, tutorials and supervision

- **Be punctual** - the timetable is tight, delays starting tasks or arriving on group or roleplay meeting links can lead others to waiting around and losing the opportunity to learn/practice skills.
- **Communicate** - if something comes up and you are suddenly unable to attend/take part, tell the course team via the shared teaching team inbox AND let your small group or roleplay colleagues know.
- **Have the resources and technology to take part in all sessions** - you need a working microphone, video camera, speakers and a good internet connection. You'll also need

to log on with your Exeter logon (not your work one) to MS Teams to be able to fully access meetings etc. Contact us if you have problems.

- **Contribute** - tutorials, group discussions and tasks don't work well if people don't speak up and participate. Your cohort peers will be at a wide range of stages in their PWP journey. There is so much we can learn from each other and by sparking discussion and sharing between us. We know it can be anxiety provoking to speak, and some people find speaking over MS Teams/video technology particularly hard, but the more you do, the easier it gets.
- **Take part** - role plays and small group tasks work best when everyone takes them seriously; you compromise your own and others' learning if you don't engage with the tasks as intended.
- **Be respectful** - respect and value that staff and peers may have other viewpoints, experiences and opinions than yours, and keep discussions polite and constructive. Sharing and understanding different perspectives is central to rounded learning and gaining new insights.
- **No question is silly** - please ask, everyone will learn.
- **Ensure confidentiality** - when discussing patients or colleagues.

Linking in with our Equality, Diversity, & Inclusion Statement, the University have also created a list of **ground rules for 'good talk'**. The rules ensure that we strive to overcome historical and divisive biases, treat each other respectfully, and aim to promote a safe atmosphere for open discussion. The document also contains helpful discussion tools to support conversations with others, such as how to apologise properly and how to 'call someone out'. Further details can be found under the Course Information tile on ELE.

Supplementary guidance on the use of Social Media

All of the above applies as much to social media as to any other mode of communication.

The British Psychological Society (BPS) Ethics Committee acknowledges that members are using social networking sites to communicate with friends, family, professionals and clients. The Ethics Committee has created a [guidance document](#) in line with the Society's Code of Ethics and Conduct that provides practical advice for using social networking sites responsibly.

Appendix 8: Risk Assessment

Risk Assessment at assessment

- All introductions and questions should be stated clearly and without euphemisms or apologies. There must be no leading or assumptions, and no double questions.
- Any positive, vague or ambiguous answers must be funnelled to gain clear, accurate details.
- The following must be asked as a minimum, service policy may dictate additional details should be asked or given.
- **In all cases, if risk is identified, PWP's must prioritise following service procedures to ensure patient and/or others are safeguarded.**

Current Suicide	<p>Separately ask about:</p> <ul style="list-style-type: none"> • Thoughts • Plans • Actions <p><i>NB if asking about 'intent' also ask about Thoughts, Plans and Actions</i></p>
Past Suicide	<p>Separately ask about:</p> <ul style="list-style-type: none"> • Thoughts • Actions
Protective factors	Ask clearly about protective factors, explaining what protective factors are as needed. Funnel to gain any details if needed.
Current Self-Harm	<p>Separately ask about:</p> <ul style="list-style-type: none"> • Thoughts • Actions <p><i>NB if asking about 'intent' also ask about Thoughts and Actions</i> <i>If needed, explain questions are about harming oneself in <u>any</u> way, to distinguish from suicide attempts or only overt means such as cutting, burning etc</i></p>
Past Self-Harm	Ask about: <ul style="list-style-type: none"> • Actions
Risk to Others	Clearly ask if the patient feels they may pose a risk of harm in any way to anyone else. <i>NB harm can take many forms: physical, verbal, emotional, psychological, financial etc</i>
Risk from Others	Clearly ask if the patient feels they may be at risk of harm in any way from anyone else. <i>NB harm can take many forms: physical, verbal, emotional, psychological, financial etc</i>
Self-neglect	Clearly ask if the patient is not looking after themselves in any way which may be harmful e.g. (but not limited to) not washing themselves or their clothes/bedclothes, not eating or drinking well enough, using harmful substances, not taking medication or getting medical help etc
Dependents Neglect of Dependents	Clearly ask if there is anyone who depends on the patient for their care in any way, adult or child, directly or indirectly. If dependents , check Neglect of any identified dependents (adults or children).
Neglect of Others	Clearly and <u>separately</u> ask about: <ul style="list-style-type: none"> • Anyone else the patient may feel they are neglecting (even if no dependents are disclosed)

The risk assessment should then be summarised, checking this is correct and if the patient wishes to add anything. Appropriate safety planning should be completed with the patient.

Risk Assessment at treatment

- For each item, previously understood information should be reflected back and then the patient asked if there are any changes. There must be no leading or assumptions, and no double questions.
- Any changes or vague/ambiguous answers must be funnelled to gain clear, accurate details.
- The following must be asked as a minimum, service policy may dictate additional details should be asked or given.
- **In all cases, if risk is identified, PWP's must prioritise following service procedures to ensure patient and/or others are safeguarded.**

Current Suicide	<p>If any risk has been previously identified, <u>separately</u> reflect back and ask for changes:</p> <ul style="list-style-type: none"> • Thoughts • Plans • Actions <p>If no risk was previously identified Thoughts, Plans and Actions can be reflected back together e.g., “With regards to suicide, last time we met you told me you weren’t experiencing any thoughts of wanting to end your life, hadn’t made any plans and hadn’t taken any actions towards ending your life – has anything changed?”</p>
Protective factors	Reflect back previously understood protective factors and ask if there have been any changes.
Current Self-Harm	<p>If any risk has been previously identified, <u>separately</u> reflect back and ask for changes:</p> <ul style="list-style-type: none"> • Thoughts • Actions <p>If no risk was previously identified Thoughts and Actions can be reflected back together e.g., “With regards to any kind of self-harm, last time we met you told me you weren’t experiencing any thoughts of self-harm and hadn’t taken any actions towards self-harm in any way – has anything changed?”</p>
Risk to Others	Reflect back previously understood risk status and ask if there have been any changes. <i>NB harm can take many forms: physical, verbal, emotional, psychological, financial etc</i>
Risk from Others	Reflect back previously understood risk status and ask if there have been any changes. <i>NB harm can take many forms: physical, verbal, emotional, psychological, financial etc</i>
	If no risk to/from others was previously indicated Harm to and From Others can be reflected back together, e.g. “Last time you told me you didn’t feel you posed a risk of harm to anyone, and that no one was posing any risk of any kind to you – has anything changed?”
Dependents Neglect of Dependents	Reflect back previously understood dependents/lack of dependents and ask if there have been any changes. If dependents , then ensure neglect of dependents is reflected and checked <u>separately</u> .
Self-neglect	Reflect back previously understood risk status and ask if there have been any changes.
Neglect of Others	Even if no dependents, still check neglect to anyone else. Reflect back previously understood neglect/lack of neglect and ask if there have been any changes.
	If no neglect to self/others was previously indicated Self-neglect and Neglect of Others can be reflected back together, e.g. “Last time you told me you didn’t feel you were neglecting yourself, or anyone else in any way – has anything changed?”

The risk assessment should then be summarised, checking this is correct and if the patient wishes to add anything. Appropriate safety planning should be reviewed with the patient.