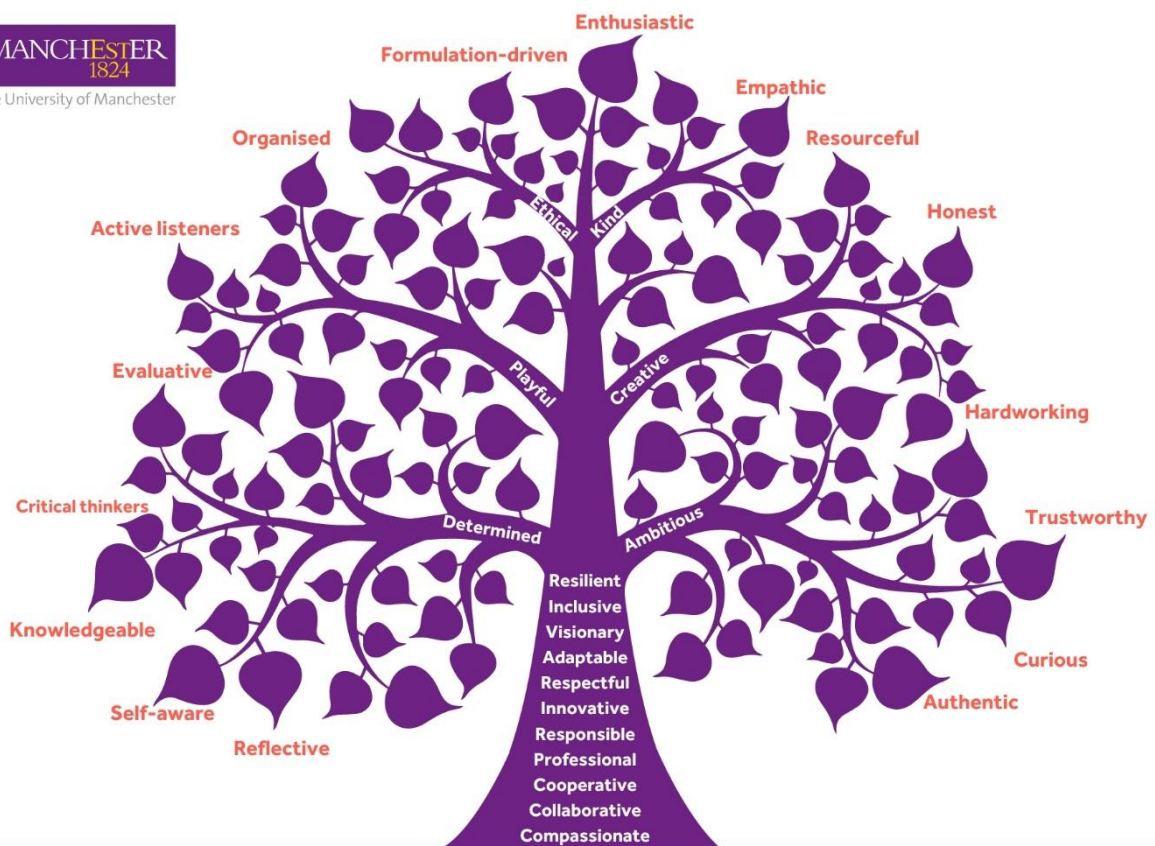


# Clinical Psychology Doctorate (ClinPsyD)



KNOWLEDGE | WISDOM | HUMANITY | ACADEMIC FREEDOM | COURAGE | PIONEERING SPIRIT

Academic Guide for Trainers  
2024/5

## Preparation

The ideas presented in this quick guide for trainers on the ClinPsyD at the University of Manchester have been developed from our Academic Strategy, which is built upon key educational theories<sup>1</sup> relevant for high quality clinical psychology training. This guide aims to foster an inclusive, dynamic, and supportive educational experience for trainers and trainees. The programme does not expect all trainers to employ all these techniques. However, employing an appropriate selection of the approaches discussed in this guide will ensure consistency in academic delivery, and alignment to our strategic priorities and academic principles.

### *Set Clear Learning Objectives*

- **Learning priorities:** Break down the essential skills and knowledge trainees will acquire (e.g., 'By the end of this workshop, you will *understand/develop competency in or have explored approaches in/adaptations in*').
- Align with our **Principles for Learning:** Ensure your learning outcomes align with the standards and principles of the programme, which draw upon our programme ethos and professional standards. Our five principles for learning also provide a structure for trainee feedback.
- Make it clear to trainees how the lecture addresses one or more **module learning outcomes**.
- Where appropriate, write **SMART Objectives:** Make objectives Specific, Measurable, Achievable, Relevant, and Time-bound. For example, "By the end of this session, trainees will be able to draw on a range of approaches to collaboratively develop a cognitive-behavioural formulation with clients." Additionally, asking trainees to rate their knowledge and/or confidence at the beginning and end of the session can illustrate change and progress.

### *Create Inclusive Materials:*

- **Diverse Content:** Include case studies and examples with a variety of cultural, social, and professional features.
- **Accessibility:** Ensure materials are accessible to all trainees, considering trainees with additional learning needs. Use captions for videos, provide transcripts for audio content, and use readable fonts and colours.

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<sup>1</sup> Andragogy, Transformational Learning Theory, Team-Based Learning, and Experiential Learning Theory

## Asynchronous Learning

Please prepare **one hour of asynchronous material per two hours of synchronous training** (half day) and **two hours of asynchronous materials per four hours of synchronous teaching** (full day).

Asynchronous material should have a preparatory function for trainees – scene setting, encouraging critical thinking, and nurturing confidence to engage with the training material in person.

- **Videos and Podcasts:** Create, signpost to, or curate engaging multimedia content that covers theoretical foundations and practical applications (e.g., [ACAMH podcasts](#)).
- **Readings and Articles:** Select key texts, articles or blogs that provide depth on the topics covered in synchronous sessions.
- **Interactive Activities:** Design quizzes, discussion prompts, and reflective exercises that trainees can complete at their own pace. Trainees often particularly enjoy the opportunity to watch a role play together and ask questions, and to undertake formulation together from a vignette.
- **Read-Watch-Listen Approach:** Offer multiple formats for preparing to engage on a topic, appealing to a range of information acquisition approaches.
- **Case Studies:** Provide detailed case studies with guiding questions to stimulate critical thinking and application of theoretical knowledge.
- **Recorded Interviews:** Include interviews with experts or practitioners to provide real-world insights and inspire trainees to engage in the topic area.

Please bear in mind that trainees will be working through materials at their own pace and may need more time to understand and engage with particularly challenging topics, especially early on in training. **Five minutes** of the allocated time should be allocated for an initial review of the asynchronous material. Please account for typical reading speeds of 175-300 words per minute and clearly differentiate between **essential** and **recommended** materials. Trainees should be able to engage with all essential materials in the time allocated. You may wish to include a word document with a **checklist** if not all materials are essential, so it is clear what materials trainees should prioritise.

## Synchronous Learning

Synchronous sessions should be dynamic and engaging, benefitting from the asynchronous preparation trainees will have done, where relevant and appropriate. Below are some ideas for activities in synchronous sessions.

### *Interactive Activities:*

- **Scenario-Based Learning:** Create scenarios where trainees must make decisions and reflect on outcomes, considering case material through a range of perspectives (e.g., formulating an intervention based on case material, with additional information for consideration offered after the first iteration to provide a gradual scaffolding of complexity and issues to consider).
- **Quizzes:** Use quizzes to test knowledge and reinforce learning. Include immediate feedback to help trainees learn from mistakes.
- **Reflective Notes:** Encourage trainees to keep reflective notes where they document their thoughts and reflections on the material, supporting individual reflection upon the group learning process.
- **Discussion Posts:** Set up online discussion boards where trainees can engage with each other and discuss key concepts.
- **Role-Plays:** Organize role-playing exercises where trainees practice clinical skills in simulated environments, offering time to develop safe foundations at the beginning of the session and confidence building opportunities throughout (e.g., peer-to-peer descriptive feedback, identifying strengths and areas for develop that the trainees can address and make progress on in the session).
- **Case Discussions:** Facilitate in-depth discussions of case studies, encouraging trainees to analyse material and propose ideas, encouraging trainees to bring their past learning and future ambitions into their conversations, to foster a collaborative looking back-looking forward approach.

### *Team-Based Activities:*

- **Group Work:** Form diverse teams to work on complex problems or case studies. Ensure each member has a defined role.
- **Peer Teaching:** Have trainees work in a structured manner to educate each other, enhancing collective knowledge and skills through sharing learning and working together to formulate possible solutions for current challenges.

- **Immediate Feedback:** Provide real-time feedback during activities to reinforce learning and address misunderstandings.

#### *Reflective Practice:*

- **Guided Reflection:** Allocate time for guided reflection where trainees discuss their experiences and insights.
- **Critical Incidents:** Use critical incidents from clinical practice to stimulate reflection and discussion.
- **Journaling/Note taking:** Encourage trainees to keep reflective notes and share key insights during sessions.
- **Debriefing prior to endings:** For some sessions, it may be helpful to hold a reflective and/or future focused debriefing sessions after activities to discuss what went well and what could be improved, and promote hopefulness for trainees around particularly challenging topic areas (e.g., recognising that much might be out of their control, but what one action or pledge could they take collectively and/or individually to become an agent for positive change?).

#### *Use of Technology:*

**Collaborative Platforms:** Utilize engagement functions on platforms like Zoom, Microsoft Teams, or Google Classroom for interactive sessions.

**Virtual Simulations:** Refer to programmes/trials that incorporate virtual reality or simulation software to educate on how technology can enhance treatment options and immersive learning experiences.

**Digital Whiteboards:** Use tools like Whiteboard in Teams or Padlet for the collaborative formulation of ideas, planning tasks, and feedback.

## Creating an Inclusive and Supportive Learning Environment

**A Shared Commitment:** Where relevant, establish a shared commitment considering rules for respect, confidentiality, and non-judgmental listening.

**Diverse Perspectives:** Encourage the sharing of diverse perspectives and experiences. For example, this may include bringing diverse voices into learning through asynchronous materials (e.g., pre-recorded interviews or podcasts), which can then be reflected upon during in person discussion.

**Empathy and Support:** Demonstrate empathetic interactions in your communications. Provide information on available support resources, self-care tips, and times for trainees to offer peer support where appropriate.

**Continuous Professional Development:** Help trainees set and review personal learning goals, promoting ongoing reflection on learning and professional development. For some topics, it can be helpful to highlight that trainees do not need to be fully competent during training, but aware of their developmental priorities to inform their approach to future CPD, depending upon where they make work post-qualification.

### Implementation Considerations

**Thematic Consistency:** Where possible and appropriate, ensure that values-based learning, reflective learning, intersectional awareness, and trauma-informed principles of learning are held in mind.

**Scene setting:** An initial discussion around language use may help trainees ‘tune in’ to the content of the session. Additionally, offering information on historical factors and context may also help set the scene for the training.

**Structure and Breakout Spaces:** Offer a clear structure for the session, which can be particularly containing for emotive or challenging topics. Create breakout spaces in person or online, depending upon training delivery format, for small group discussions, question formulation, and reflection. You may also consider it helpful to build in time to check in on how members of the group feel about the topic (e.g., reflection spaces).

**Additional Breaks:** Where appropriate, schedule additional breaks to prevent emotional disengagement, especially during intensive sessions on sensitive topics that may require more in session emotional processing.

**Self-care:** provide materials through asynchronous materials or in synchronous learning to promote tools for self-care and coping with some of the challenging topics necessary to cover through clinical training.

**Recording:** Please note, training sessions should not be recorded without the prior consent of the programme administrators and trainees.

## Trainee Feedback

Trainees are invited to provide feedback on each lecture based on our five academic principles for teaching and learning for the ClinPsyD. **Please conclude teaching five minutes before the closing time of the session to provide five minutes for trainees to complete their online feedback forms.**

**Please rate your overall experience of the design, content and delivery of the lecture:**

**(1 = poor; 2 = acceptable; 3 = fair; 4 = good; 5 = excellent)**

1. **Curriculum Integrity:** The training aligned with the learning objectives and effectively integrated psychological models and theories with evidence-based practices to guide learning.
2. **Culture and Community:** The learning experience was respectful and supportive, with a range of voices and perspectives included.
3. **Creativity and Innovation:** The lecture style and activities provided opportunities for critical reflection on a range of issues, nurturing ideas and innovative approaches.
4. **Professional and Ethical Development:** I was encouraged to engage in critical and reflective thinking to advance my understanding and application of relevant ethical and professional standards.
5. **Future-Focused Leadership:** Through the learning experience, I had the opportunity to consider how to engage with specific communities, theories, organisations, and/or practices to advocate for others and drive improvements as an agent for positive change.
6. Would you like to share any comments (e.g., highlights, challenges, examples of good practice, CLG/EbE involvement)?

*By submitting this form, I confirm the information is accurate and that my answers represent an honest account of my attendance and engagement.*

### *Adding teaching materials to the VLE*

- University of Manchester staff should upload all teaching materials at least one week before delivery.
- External trainers are asked to submit all their materials to Emma Harper at [emma.harper-2@manchester.ac.uk](mailto:emma.harper-2@manchester.ac.uk) ten days prior to their session.
- University of Manchester employees are encouraged to review the guidance on:
  - [Technology Enhanced Learning and Design](#) - for the Faculty of Biology, Medicine and Health
  - [Delivering Blended Learning guidance](#)

## Theoretical Framework for Learning

### •Adult Learning Model (Andragogy)

Recognizes that trainees have a wealth of experience to draw upon, personal and professional, making learning more relevant and integrated with their existing knowledge base and that of their peers within a supportive learning community. Andragogy promotes self-directed, problem-based, and solution-focused learning, recognising that motivation and curiosity often stem from a conscious decision to learn a specific topic or skill, and that adult learners understand *why* they are learning (i.e., to become clinical psychologists).

### Transformational Learning Theory

Trainees learn to critically analyse their assumptions and beliefs, fostering a deeper understanding of their professional roles and responsibilities, and impact upon others in therapeutic and working relationships.

### Team-Based Learning

Develops communication and teamwork skills, essential for the learning and professional environments, by requiring learners to solve problems together through knowledge acquisition, problem-based learning tasks (1<sup>st</sup> order change) and activity-based activities (2<sup>nd</sup> order change).

### Experiential Learning Theory

Engages trainees in meaningful learning by doing and reflecting upon actions, challenging and rewarding practice to advance skills, adaptability, flexibility, and responsiveness to future situations, expanding professional competence.

## Creating our Learning Culture

### **Values-Based Learning**

*Objective:* Embed ethical awareness and critical perspective taking into clinical training to guide development, reflecting upon and tuning personal and professional values.

### **Reflective Learning**

*Objective:* Foster self-reflection and reflexive practice throughout training to enhance self-awareness, capacity to become an agent of change, and professional growth.

### **Intersectional Awareness**

*Objective:* Identifying the importance and collective responsibility of everyone to recognise and tackle structural and intersectional inequalities in our profession, opportunities for improvements, promoting a safe and inclusive learning environment.

### **Trauma-informed learning**

*Objective:* Recognising that training can be challenging, the process of 'becoming' brings challenges, working with sensitive material and the trauma of clients can be upsetting, and that the emotional availability of practitioners is precious, sometimes fragile, and requires support.



## Modules and Learning Outcomes

### Clinical Psychology for Adults Across Settings

1. Comprehensively and collaboratively assess risk within adult populations, across a variety of settings.
2. Develop competency in Cognitive Behavioural Therapy (CBT), applying CBT theory, skills, and models in a variety of adult populations.
3. Apply core principles of psychological assessment, formulation, intervention, and evaluation for common mental health presentations and adapt disorder-specific models to meet the needs of minoritised groups.
4. Robustly engage with and appraise psychological research, clinical guidance, and relevant policies for adult populations.
5. Critically consider the role of social determinants, policy, and sociocultural narratives that influence the mental health and wellbeing of adult populations across settings, with an awareness of the value of experts-by-experience in mental health research and practice.

### Later Life, Learning Disability, Health and Clinical Neuropsychology

1. Understand the role of clinical psychologists in multidisciplinary health settings, integrating theories, assessments, and interventions tailored to diverse health challenges.
2. Demonstrate comprehensive knowledge of brain development, structures, and functions, and proficiently apply assessment and intervention strategies in neuropsychological contexts, including specialized roles within clinical services.
3. Analyse the physiological and psychological impacts of ageing, evaluating family and relational dynamics and healthcare complexities, adeptly adapting psychological approaches to meet the needs of older adults.
4. Establish advanced understanding of historical and contemporary service contexts, theoretical foundations, clinical roles within complex systems, assessment and intervention strategies, formulation skills, collaborative practices, and empathetic integration of user perspectives in supporting people with learning disabilities.
5. Critically evaluate ethical dilemmas, including abuse risks in care contexts, and integrate current research to enhance assessment, formulation, and intervention strategies across diverse client groups.

### Clinical Psychology for Children, Young People and Families

1. Critically engage with psychological models and theory to promote health and wellbeing for children, young people, and families.
2. Appraise the aetiology of young people's presentations in the context of their social milieu and social determinants, leading to collaborative formulation.
3. Critically interpret evidence-based approaches to psychological intervention strategies for children and young people at different ages, stages, and who may face specific challenges or intersectional inequalities.
4. Consider how public policy, safeguarding processes, and practice can be changed to make services more accessible to children, young people and families from diverse backgrounds and communities.
5. Develop skills in collaboration and consultation models to work systemically with families, colleagues, services, and systems to drive continual improvement in young people's services.

## Professional Development and Equality in Clinical Psychology

1. Develop a critical awareness of and skills in relation to culture and the specific protected characteristics of Race, Sex, Gender, Disability, Age, Sexuality, Religion, Belief and Class in clinical psychology theory, research, and practice.
2. Critically reflect on personal and professional identity, assumptions and values, acknowledging how individual backgrounds and identities impact clinical work, research, and interactions with colleagues and clients.
3. Apply ethical principles and promote equal opportunities while engaging sensitively with clients, colleagues, and supervisors.
4. Integrate knowledge of social determinants of psychological health into comprehensive assessments and interventions, ensuring culturally competent and respectful engagement, recognising the value of lived experience and empowerment.
5. Demonstrate an advanced proficiency in critically analysing and contextualizing psychological constructs and theories within social and cultural frameworks to make informed clinical decisions.

## Research Methods

1. Develop comprehensive awareness and skills in the application of diverse research methodologies within ethical and governance frameworks, encompassing quantitative, qualitative, collaborative and mixed methods.
2. Critically appraise and evaluate theory and evidence relating to the efficacy and experience of psychological interventions across settings.
3. Demonstrate the ability to select and appropriately apply research methods effectively to address complex research questions.
4. Competently engage with a wide range of research tools, including databases, registers, tests, measures, analytical frameworks, statistical procedures, and software.
5. Critically evaluate and integrate research findings and evidence to mobilise academic knowledge, and advance professional clinical practice and research, adhering to rigorous ethical and governance standards.

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