APAC–APPA Towards Good Practice Guide Series

Simulated Learning Activities

Purpose

Australian Psychology Accreditation Council (APAC), in partnership with the Australian Psychology Placement Alliance (APPA), have developed a series of *Towards Good Practice Guides* that focus on the placement components of accredited and approved psychology programs of study.

This example has been generously shared to support the sharing of knowledge and approaches across different program types and education providers.

Examples and exemplars are intended to encourage discussion and reflection, rather than provide prescribed models of compliance. Adopting an example does not, in itself, demonstrate that a program meets the Accreditation Standards.

We thank all education providers for contributing examples and exemplars to this project.

APAC Accredited program

Education provider:	University of Canberra
Program:	Master of Clinical Psychology, Doctor of Philosophy in Clinical Psychology
Unit/subject (if applicable):	N/A

Overview

The University of Canberra provided this example for its Master of Clinical Psychology and Doctor of Philosophy in Clinical Psychology programs, and it provides definitions and information for direct client, client related, and simulated activities in clinical placements. This information helps students understand how to classify the tasks they complete on placement and provides examples of how to record these activities.

UNIVERSITY OF CANBERRA

UC Definitions of Direct Contact Activities and Client Related Activities for MCP Placements[1]

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[1] These guidelines are based on definitions of 'client related activities' and 'direct contact activities' from APAC and from the Guidelines For Direct Client Activities: Principles And Considerations, Australian Psychology Placement Alliance Direct Client Activities Working Group (June 2023), and are also informed by practices in other MCP programs.

1. Work with clients (face-to-face, phone, telehealth)

Direct Contact (other) CAPPED: For students on Placements 1 & 2, a maximum of 20 hours per placement can be logged for **intake screening**. Students may be able to complete additional screening hours with the approval of the Psychology Clinic Manager.	Communicating with clients via telephone or teleconference that is NOT for administrative purposes (e.g., triage, intake interview, phone review, phone counselling), Communicating with clients via digital means (e.g., email, text message, chatroom) that is NOT for administrative purposes (e.g., providing chatroom-based therapy). Conducting assessment or therapy sessions with individuals, couples or families Co-facilitating assessment or treatment sessions with another therapist (co-therapy) Facilitating group treatment sessions, either solo or co-facilitating Conducting psychometric testing with a client. Providing psychometric assessment feedback to clients Observational client assessments (e.g., school observations; observation of parent-child interactions; observation of sports client in competition settings).
Client-Related	Communicating with client for administration purposes only (e.g., booking appointment).

2. Work with clients' families, employers, supervisors, teachers, health providers, legal guardians re: client care

Direct Contact (other)	Work with clients, their families, employers, supervisors, teachers, health providers or legal guardians with regard to client care. For example, liaising with client's family members or other relevant stakeholders to collect information, provide psychoeducation about a client, or give feedback about an assessment.
Client-Related	

3. Client written work

Direct Contact (client written work)[2] CAPPED: Students can log 4 hours per client for these activities, with a maximum of 16 hours per placement. Any additional hours should be logged as client-related hours.	Report or letter writing that is communicating assessment findings to the client (i.e., the client will receive the report) or to the referrer (i.e., the referrer will receive the report). This includes genuine (not mock) letters to GPs, handover letters, and referral letters to other professionals. Developing clinical materials specific to the student's client (e.g., developing a handout for a specific client to pass to family member on how best to support their needs). Preparation of a therapeutic client letter (e.g., preparing a summary of formulation or treatment, encouraging clients to take certain actions consistent with the treatment plan) that is NOT for administrative purposes.
Client-Related	Conducting an initial comprehensive client file review, with information sourced from other stakeholders (e.g., psychological, medical and legal records), to inform assessment or treatment of a client. Scoring psychometric questionnaires or tests. Reviewing research to assist in the writing of a report. Writing case notes. Writing mock GP letters. Developing generic materials (e.g., handouts) that are not tailored for and specific to a particular client.

[2] Rationale: The provision of a report or clinical letter that includes psychoeducation and/or recommendations is a psychological service, in that it's direct communication to clients or other stakeholders in written form, analogous to verbal psychoeducation and feedback. Completion of these activities directly leads to the development of competencies in case conceptualisation and communicating findings. These activities achieved moderate to high consensus in Delphi study. UNSW caps these activities at 6 hours per client and 30 hours per placement for internal placements, and 4 hours per client and 16 hours per placement for external placements. The University of Wollongong is looking to cap these activities at 4 hours per client, with an overall cap of 50 hours per placement.

4. Meetings

Direct Contact (other) Only log the portion of the meeting time that was spent discussing clients that you actively contributed to the discussion for. For example, if the meeting spends 20 minutes discussing Client A and you contribute to that discussion, and 20 minutes discussing Client B and you do not contribute to discussion of Client B, only log 20 minutes as direct contact. The other 20 minutes can be logged as client-related time.	Consulting with other professionals (e.g., acute care team, psychiatrist, case worker, teacher, multidisciplinary team) about the management of a client. The client does not have to be the student's client – it could involve providing input into the management of another professional's client[3]. This consultation can be a direct consultation with the other professional, or occur during ward rounds, clinical meetings, case allocation meetings or handover sessions. Sections of ward rounds, clinical meetings, case allocation meetings, or handover sessions where the student's clients are discussed and the student actively contributes to the discussion. Actively participating in a case conference where the client is in attendance. Communicating outcomes of assessment or treatment with referrer by verbal means, if it includes recommendations and is likely to affect client management.
Direct Contact (observation)[4] CAPPED: Students can log a total of 10 observation hours per placement (including observation of client sessions, case conferences etc). These activities must include post-activity debrief and/or reflection with a supervisor. **The debrief/ reflection should be noted in the hours log.**	Observing a psychologist making an active contribution to case conferences, ward rounds, clinical meetings, case allocation meetings, or handover sessions.
Client-Related	Observing a psychologist making an active contribution to case conferences, ward rounds, clinical meetings, case allocation meetings, or handover sessions where there is no post-activity debrief and/or reflection with a supervisor. Attending general team meetings, general work planning meetings. Attending accreditation meetings, external advisory meetings, or focus groups for the purpose of accreditation of the host agency. Meetings with student's Placement Coordinator. Attending work functions with no client linkages (e.g., shared morning tea).

[3] In this case, the other professional is considered the recipient of the psychological service.

[4] Rationale: The contribution of psychological knowledge to a case conference, ward round, clinical meeting, case allocation meeting or handover session is a psychological service. It directly relates to a client – either a clinical client or another stakeholder (including another professional). See additional rationale for observation hours below.

5. Observation

Direct Contact (observation)[5] CAPPED: Students can log a total of 10 observation hours per placement (including observation of client sessions, case conferences etc). These activities must include post-activity debrief and/or reflection with a supervisor, or a task set by the supervisor (e.g., reviewing a recorded session using a therapy rating scale or scoring psychometric tests). **The debrief/ reflection/ task should be noted in the hours log.**	Observation of a live or recorded session of a psychologist or fellow student conducting clinical (not administrative) work. **Client consent must be obtained.** Observation of a qualified practitioner from any other health discipline conducting an assessment or treatment session relevant to clinical psychology.
Client-Related	Observation of a live or recorded session of a psychologist, fellow student or other qualified health practitioner session relevant to clinical psychology where there is no post-activity debrief and/or reflection with a supervisor, or a task set by the supervisor. Observation of a qualified practitioner from any other health discipline conducting an assessment or treatment session not directly relevant to clinical psychology.

6. Delivering Training

Direct Contact (other)	Delivering a training, workshop, or presentation to placement entity's clients or other stakeholders regarding psychologically-related material (e.g., conducting a presentation on managing anxiety to a local school, running a parent information evening on eating disorders).
Client-Related	Preparing materials for a training, workshop, or presentation for placement entity's clients regarding psychologically related material (e.g., writing PowerPoint presentation for a parent information evening). Preparing materials for a training, workshop, or presentation for placement entity's non-client stakeholders regarding psychologically-related material (e.g., writing PowerPoint presentation for an allied health in-service session).

7. Administration

Direct Contact	
Client-Related	Completing placement paperwork (e.g., placement contract) Completing student's logbook.

[5] Rationale: These activities are psychological in focus and relate to a client. The requirement for debrief/ reflection/ a relevant task ensures the active participation of the student. Observation with debrief/ reflection/ relevant task allows a student to develop competencies in assessment, case conceptualisation and intervention with higher levels of complexity than they might be able to if restricted to clients they can see on their own (under supervision). These activities achieved moderate to high consensus in Delphi study.

8. Organisation-related activities

Direct Contact (service evaluation)[6] CAPPED: Students can log 4 hours per evaluation activity, with a maximum of 16 hours per placement.	Service evaluation activities relating to a psychological service (i.e., being asked to review a clinical service issue and make recommendations back to the service in written and/or verbal form).
Client-Related	Standard induction/on-boarding activities for student's placement. Developing service promotion and marketing materials (i.e., brochures, websites) to appeal to the organisation's target population.

9. Supervision

Direct Contact	
Supervision or Client-Related	Supervision sessions with student's supervisor that are either client (case discussions) or nonclient focused (general discussion of techniques, theory/frameworks, professional practice). Group supervision sessions that are client focused. Group supervision sessions that are not client focused (general discussion of techniques, theory/frameworks, professional practice).

[6] Rationale: Providing service evaluation of a psychological service is in itself a psychological service. If the service is considered the client, providing a written report is analogous to providing client written work (section 3 above) and providing a verbal report is analogous to direct work with clients. Completion of these activities directly leads to the development of competencies in applying evidence-based and scientific methods to professional practice, communicating findings, and synthesising information to develop a conceptualisation of an issue to determine appropriate recommendations.

10. Professional development for student

Direct Contact (simulated learning)[7] CAPPED: Students can log a total of 5 simulated learning hours per placement. Simulated learning **must be planned in advance with a supervisor.** These activities must include post-activity debrief and/or reflection with a supervisor. **The debrief/ reflection should be noted in the hours log.** When logging simulated learning, students must **fully describe the activity (including who was there) and include explanation of how the activity related to their learning needs and extended their existing skillset.**	Simulated learning tasks (e.g., role play practice of a therapeutic technique prior to real world use). *APAC definition (2019): Simulated learning activities including roleplays and a range of simulated assessments, interviews, and interventions. They aim to provide opportunities for safe exposure to challenging or uncommon practice experiences or events; to support the application of specific relevant knowledge and skills; to provide experience with inter-professional practice; to increase student competence; and improve and evaluate practice-relevant performance in a controlled environment.* *The 'Australian Postgraduate Psychology Education Simulation Working Group' guidelines (2021) suggest that simulated learning should meet the following 9 criteria:* • *Be directly linked with the development or assessment of specific professional competencies* • *Provide opportunity for new learning or an extension of previously acquired skillsets* • *Be realistic and authentically mirror real-world situations and practice* • *Students should play active and engaged roles and not simply be observers* • *Be designed and implemented in a structured and controlled manner* • *Be supervised by a suitably qualified person* • *Include review and feedback on the student's performance* • *Include an opportunity for student reflection* • *Include an opportunity for stakeholder feedback* Students can play the role of a client or therapist as long as the activity meets the above requirements.
Client-Related	General reading about disorders/treatments/approaches Networking catch ups for student's own personal development. Attending training for student's development needs/personal interest/placement needs. Learning about professional roles with other staff in a multidisciplinary team (e.g., social worker, OT), where it does not relate to intervention, assessment, or service provision for a specific client. Reviewing the literature on specific client problems or needs that support the development of a specific client output/deliverable (e.g., reviewing the literature on panic disorder to facilitate the writing of a client report, reviewing the literature on eating disorders to inform the content of a parent information evening presentation). Simulated learning that exceeds the 5-hour cap for direct contact hours.

[7] Rationale: These activities are psychological in focus. Simulation allows a student to develop competencies in assessment, case conceptualisation and intervention with higher levels of complexity than they might be able to if restricted to clients they can see on their own (under supervision). Simulated activity is acceptable under APAC for Level 3 programs. The 'Australian Postgraduate Psychology Education Simulation Working Group' produced some guidelines in January 2021 about incorporating simulated learning activities into postgraduate psychology training. They recommended extending the use of simulation for direct client contact hours into the Level 4 programs.

11. Travel

Direct Contact	
Client-Related (travel) CAPPED: Students can log a total of 20% of client-related activity hours.	Time spent travelling to and from out-of-office client assessment and treatment sessions (e.g., time spent travelling to a client's home to conduct a hoarding disorder assessment, time spent driving to visit homeless youth client for a session).

Examples of how to log common placement activities

Activity	**How to log**
Group supervision including clinic case consultation and P3/P4 case presentations	Group supervision
IPL	Direct contact (other) **if you made an active contribution to the discussion** (see 4 Meetings). Client-related if you did not make an active contribution to the discussion.
Role plays of therapeutic skills with supervisor or fellow student (you can be playing the therapist or client)	Simulation **if there was reflection/ debrief with supervisor** – include details of debrief/ reflection in hours log. Note that this activity must be pre-planned and approved by your supervisor.
Practising test administration with another student	Simulation **if there was reflection/ debrief with supervisor** – include details of debrief/ reflection in hours log. Note that this activity must be pre-planned and approved by your supervisor.
Observation of another psychologist completing psychological (not administrative) work	Observation **if there was reflection/ debrief with supervisor** – include details of debrief/ reflection in hours log
Observation of a fellow student completing screening interviews	Observation **if there was reflection/ debrief with supervisor** – include details of debrief/ reflection in hours log
Observation of a fellow student completing admin tasks such as sending unable to contact emails or making administrative arrangements	Client-related
Viva	Simulation
Mid- and End-of-Placement reviews	Supervision
Writing generic handouts (not including information specifically about the client)	Client-related
Writing a clinical report or clinical letter to the client or their family/ significant others (not a generic handout or letter)	Client written work