Professional Doctorate in Intercultural Psychoanalytic Psychotherapy

Wolfson Institute of Preventive Medicine
in collaboration with the Refugee Therapy Centre

Postgraduate Handbook

2016–2022

This handbook should be used together with the Academic Regulations and my.qmul. This handbook provides information specific to the Professional Doctorate in Intercultural Psychoanalytic Psychotherapy programme taught at the Wolfson Institute of Preventive Medicine and the Refugee Therapy Centre (RTC), while my.qmul gives information common to all students at Queen Mary University of London (QMUL). The Academic Regulations provide detailed information on progression, award and classification requirements.

Nothing in this handbook overrides the Academic and Clinical Regulations, which always take precedence.

The Professional Doctorate in Intercultural Psychoanalytic Psychotherapy Handbook is available online on QM Plus at: http://qmplus.qmul.ac.uk/

Any amendments to this handbook will be posted on QM Plus so it should be checked regularly.

my.qmul is the key website for general, QM-wide information and can be found at http://my.qmul.ac.uk/studentguide/

The Academic Regulations are available online at:
http://www.arcs.qmul.ac.uk/docs/policyzone/157480.pdf

Other formats available

This handbook is available in large print format. If you would like a large print copy please contact:

Ciara Byrne, Course Administrator ciara.byrne@qmul.ac.uk

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Wolfson Institute of Preventive Medicine
Charterhouse Square
London EC1M 6BQ

Tel: + 44 (0)20 7882 2013

If you have any other requirements, please contact:

Ciara Byrne, Course Administrator ciara.byrne@qmul.ac.uk

The information in this handbook is correct as of September 2016. In the unlikely event of substantial amendments to the material, the School/Institute will inform you of the changes.

QMUL cannot accept responsibility for the accuracy or reliability of information given in third party publications or websites referred to in this handbook.

CONTENTS

A. Preliminary Information

Departmental Welcome Message

Welcome to Barts and The London School of Medicine and Dentistry. We hope you enjoy your postgraduate studies here. Whilst you will probably spend the major part of your postgraduate activity on the Charterhouse Square Campus and at the Refugee Therapy Centre, do not overlook the facilities and opportunities available for students at the other QMUL campuses.

This Course Manual has 2 major sections. The first one introduces to you QMUL, the Wolfson Institute of Preventive Medicine and the Refugee Therapy Centre. It covers most areas that we think you might find useful. The second relates more to the DPsych Programme itself.

The QMUL Strategy

QMUL aims to produce research of the highest quality which places it in the top rank of universities.

To teach its students to the very highest academic standards, drawing on its research, in creative and innovative ways.

To transfer the knowledge it generates to business and the community, regionally, nationally and internationally.

Please see www.qmul.ac.uk/strategy/ for more information.

QMUL

Queen Mary, University of London is one of London and the UK's leading research-focused higher education institutions. Amongst the largest of the colleges of the University of London with 21 187 students, Queen Mary's 4,000 staff teach and research across a wide range of subjects in Humanities, Social Sciences and Laws, in Medicine and Dentistry and in Science and Engineering.

Queen Mary was ranked 9th in the UK in the 2014 Research Excellence Framework.

Our staff members have been honoured by election to Fellowships of the Royal Society, the British Academy, the Royal Academy of Medical Science and the Royal Academy of Engineering.

Queen Mary is one of 24 leading UK universities represented by the Russell Group, that are committed to maintaining the very best research, an outstanding teaching and learning experience, excellent graduate employability and unrivalled links with business and the public sector.

The Queen Mary Objective

Queen Mary, University of London is dedicated to the public good, pursuing the creation and dissemination of knowledge to the highest international standards, thereby transforming wider society and the lives of our students and staff.

We commit to the provision of a personalised research-informed education, designed both to promote personal development and to transmit the skills needed for a rewarding career.

See www.qmul.ac.uk/about/objective/index.html for more information.

We are:

- Characterised and recognised as a highly collegial and values-driven institution
- Intent on the achievement of an international stature in knowledge creation and knowledge dissemination
- Deeply committed to the service of our communities, recognising that our pursuit of international excellence is a key element of local contribution
- Noted for the breadth of our academic endeavour, maintaining the current range while recognising that the balance of activity may alter over time.

We will:

- Use our intellectual breadth to develop significant new initiatives, including cross-disciplinary projects
- Enhance our position as central London's only campus-based university by investing in new academic facilities and increasing our provision of adjacent and affordable student residences
- Increase the scale of our operations sufficient to permit the provision of a research infrastructure commensurate with our status
- Increase our exposure to international comparators by furthering major collaborative research with overseas institutions and substantially increasing our provision of education to overseas students

All our activities - and correspondingly our aims and objectives - are embedded within a continuum from knowledge creation to knowledge dissemination. Creativity and innovation are critical across that continuum.

The Refugee Therapy Centre (RTC)

Introduction to the Refugee Therapy Centre
Many refugees and asylum seekers who come to this country have witnessed and experienced human rights abuses, including violence, humiliation, persecution, torture and imprisonment, as well as loss and displacement. The Refugee Therapy Centre (RTC) was established in 1999 in response to a growing need for a specialist intercultural therapeutic service for refugees and asylum seekers which respected and worked with individuals' linguistic and cultural needs. We offer individual, group, couple and family therapy based on an assessment of each individual's needs.

The Centre was set up with the aims of:

•   Helping refugees feel empowered to deal with their psychological distress by offering a culturally and linguistically sensitive therapeutic service. Providing a creative, supportive and containing environment in which people who have endured considerable trauma are better able to understand their feelings and experiences, and through this to feel more content about themselves

•   Helping to ease the demanding and intricate processes of adaptation many refugees have to face. Providing a safe, supportive space in which people can rediscover their abilities and regain their confidence to be active members of society.

•   Giving priority to children, young people under 25 and their families, and those who have been in the UK for less than 10 years.

•   Providing initial training for refugees in psychotherapy, counselling, administration or other skills, to encourage re-entry into the job-market and society in general.

RTC offers expertise in the delivery of an integrated and user-friendly therapeutic service for people who have endured trauma and forced displacement. The Centre provides psychotherapy, counselling and associated treatments to refugees and asylum seekers in their own languages or in English if preferred. We provide a safe space in which people can regain their confidence, learn new skills and find the empowerment that enables settlement and integration into the new society. In particular we are eager to help ease the demanding and intricate processes of transition many traumatised people have to face before they are able to become integrated, economically strong and productive members of society.

In addition to psychotherapy and counselling, we also have

•   Bi-lingual Support Outreach Community Development Workers, who provide a more active style of support to people coping with practical issues related to the processes of resettlement. The support workers also do outreach work to build links with refugee communities.

•   A Mentoring Project providing one-to-one sessions to support clients in the process of adapting to a new environment, with a focus on helping people improve their English, as well as helping children and young people with school work.

The following values lie at the heart of RTC's success as an organisation. These values are an integral part of all its work:

•   Respect and recognition
•   Continuing Professional Development of staff
•   Commitment to serving clientele and the wider community
•   Accountability
•   Transparency
•   Equal opportunities
•   Fairness

Each member of staff and students at RTC should incorporate these values into all aspects of their work. RTC's philosophy is that the expression of these values fundamentally transforms the internal and external relationships of the organisation, and therefore the organisation as a whole.

The RTC has a track record of over eighteen years of community engagement in the provision of psychological therapy and associated treatments to refugees and asylum seekers. In 2007, the service was recognised as a model of Best Practice Specialist Service by Islington Primary Care Trust (PCT), and commissioned for the CDW Project to work with refugee communities

in Islington. In 2008 we received funding for this service from City and Hackney PCT for the financial year 2009-2010. In July 2010 the Refugee Therapy Centre won a shortlisted prize Award from the Centre for Social Justice. In June 2009, the Centre's Clinical Director received the 2009 Women in Public Life Award for Voluntary Sector Achiever of the Year. The Dods & Scottish Widows Women in Public Life Awards were established to recognise and promote the work of women in politics, business, the civil services and community leadership. Winners are great achievers in their line of work, who show passion and drive in their endeavours and are an inspiration for others.

Resilience Research at the Refugee Therapy Centre
We at the Refugee Therapy Centre continuously strive to improve the quality of the services we deliver and consequently the outcomes of therapeutic interventions. We aim to adopt best practice and maintain a culture of innovation with specific focus on resilience while also dealing with vulnerability.

We have recently completed a study on resilience carried out by all workers at the Refugee Therapy Centre, led by Aida Alayarian, the Clinical Director.
This study has helped us to learn what works best and what is ineffective in providing services to refugees and asylum seekers, and others who have endured trauma. The findings will be published in scientific journals and books. We will also develop assessment tools, which will be available for dissemination.
Based on the newly gained knowledge about resilience focused intercultural therapeutic intervention, the overall aim of the study is to improve care for people who have been traumatised, particularly when other forms of interventions have failed.

RTC Aims and Objectives
Our central purpose is to provide psychotherapeutic help for refugees and asylum seekers, especially children and families of recently arrived refugees who are having problems of adjustment.

The Refugee Therapy Centre offers expertise in the delivery of an integrated and user-friendly mental health service for people who have endured considerable trauma and forced displacement.

The Centre provides psychotherapy, counselling and associated treatments to refugees and asylum seekers in their own language. The Centre endeavours to help people to deal with and overcome psychological problems in a creative, supportive and containing environment in which they are better able to understand their feelings and experiences, and through this to feel more content about themselves.

This provides them with the opportunity to regain their confidence, learn new skills and find the empowerment that enables reintegration.

In particular we are eager to help ease the demanding and intricate processes of transition many traumatised people have to face before they are able to become integrated, economically strong and productive members of society.

•   To empower refugees and asylum seekers to deal with their psychological difficulties in an effective and appropriate manner

•   To provide a safe space in which people can rediscover their abilities and rebuild their confidence to be active members of the community

•   To provide psychotherapy and associated treatments for refugees and asylum seekers

•   To give priority to children, young people and their families

•   To give priority to those with less than ten years in the United Kingdom at the time of first contact

•   To provide initial training for refugees working for the Centre in psychotherapy, counselling, support work, administration and other skills.

RTC is an organisational member (OM) of United Kingdom Council for Psychotherapy (UKCP) / Council for Psychoanalysis for Jungian Analysis (CPJA), and a registered charity (No. 1085922).

Our Commitment to Equality

At the Refugee Therapy Centre, we take our duty towards equality seriously and without compromise. We actively commit ourselves to upholding the principle of equality in all aspects of our work and at all levels of our organisation. In accordance with current legislation, we assess characteristics of Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Race, Religion or Belief, Sex, and Sexual Orientation as outlined in the Equality Act 2010. In addition to these characteristics, we include language, ethnicity and immigration status. Acting in transparency and strictly adhering to this policy is at the ethos of the services we provide and our organisational structure.

See more at: www.refugeetherapy.org.uk/about-us/

Dates and deadlines

2016

September 2016 Registration

29th September 2016 Introduction to QMUL and RTC & start of formal teaching programme

15th December 2016 End of first term

2017

12th January 2017 Start of second term

30th March 2017 End of second term

20th May 2017 Start of third term

6th July 2017 End of third term

B. Departmental and RTC Information

Department location and contact details

The Wolfson Institute of Preventive Medicine is situated on the QMUL Charterhouse Square campus. Your first point of contact for the programme is Ciara Byrne, email: C.Byrne@qmul.ac.uk, telephone number: 020 7882 2013. The Refugee Therapy Centre is located at 1a Leeds Place, Tollington Park, London N4 3RF. Your point of contact for RTC is by email: trainingteam@refugeetherapy.org.uk, telephone number: 07828 049 099.

Refugee Therapy Centre, 1A Leeds Place, Tollington Park, London, N4 3RF

How to reach RTC
Underground: Finsbury Park (Victoria and Piccadilly Lines)
Train: Finsbury Park and Crouch Hill
Bus: 4, 19, 29, 106, 153, 210, 236, 253, 254, 259, W3, W7

Department information and facilities

We are justifiably proud of our Medical libraries at Charterhouse Square and Whitechapel (with additional facilities at West Smithfield) and the specialist library at the Refugee Therapy Centre.

The Internet is being used increasingly to carry administrative information for students, course information and timetables and learning materials and further information will found on QM Plus (http://hub.qmplus.qmul.ac.uk/).

When you register you will be given a QMUL e-mail address, which will facilitate communication with staff and with each other. **This is the primary means for staff/student communication and you must check your QMUL e-mail at least once per day for course information and for messages**.

Library Facilities

QMUL has library collections to support your postgraduate programme. Most of the resources that you need will be available in the Whitechapel Library, but your ID card will also give you entry to the library at Mile End, where you will be welcome.

Whitechapel Library is situated within the Church of St Augustine with St Philip on Turner Street, London E1 2AD.

Whitechapel Library term time opening hours	
Monday to Thursday	8.40am* - 12:00 midnight
Friday	8:40am* - 8:00pm
Saturdays	10:00am - 7:00pm

Sundays	2:00pm - 9:00pm

* The library opens at 8:40 am Monday to Friday for reference only and normal service begins at 9:00 am.

For further information about the libraries at Queen Mary, please refer to the Library leaflet *About QMUL Libraries* or to the Library Services web page and QM Library News Blog:

http://www.library.qmul.ac.uk/

As students of the University of London you are also entitled to use any of the libraries of the University for reference, although you may not be able to borrow books. Libraries which other students have found particularly useful are:

➢ The London School of Hygiene and Tropical Medicine, Gower Street.
➢ Institute of Education, Bedford Way.
➢ The British Library, Euston Road.

You must pay for any photocopying carried out at Barts and The London. No journals are allowed out of the Medical School libraries. If articles need to be photocopied from these journals, you can do this with the use of a special card that operates the photocopier in the library. You can purchase these cards from machines in the library.

Books loaned from any library are your responsibility and should not be passed on to any other person. Losses incurred will be the direct responsibility of the person in whose name the book was signed out.

The Library Users Forum (LUF) monitors library services and provides a forum for general and open discussion on the use of the Library and user's input to the development of library services. Please raise issues for the LUF through your student representatives.

Campus Maps

Maps are available online at:
www.qmul.ac.uk/about/howtofindus/ (select the relevant campus to see maps)

Computing Facilities

You will have access to the Internet for web browsing and e-mail, as well as networked Microsoft Office software from workstations provided at Queen Mary's libraries. Access to the network is by username and password, which can be obtained by registering with Computer Services. This is confirmed via IT when you are fully enrolled.
If students encounter any issues with log in please contact the IT helpdesk -
helpdesk@qmul.ac.uk

Information about open-access IT Labs, help-desk opening hours, off-campus access and general Computing Services support can be found at:
http://qm-web.css.qmul.ac.uk/

Careers guidance

As a postgraduate student you are probably very clear about why you have chosen your programme of study. You can get careers advice from academic staff and from the QMUL Careers Office at Mile End campus.

How will the School/Institute and Queen Mary contact me?

QMUL will communicate with you in a variety of ways. Formal correspondence will be sent to you by letter, and it is important that you keep Queen Mary up to date with your personal details and address. However, it is most common for the School/Institute, QMUL and the Students Union to contact you by e-mail. You are assigned a university e-mail address when you enrol, and you are responsible for checking this account on a daily basis. All major notifications and updates will be sent to you by email first.

You can access your email account by logging on to a QMUL computer, or, if you are not on campus, at: http://mail.qmul.ac.uk

RTC - Facilities

Library
You will have access to RTC's small specialist library, in addition to QMUL's library and facilities. As far as possible, all referenced reading material will be located in the RTC library. There are rules governing borrowing, these will be addressed during your induction. The library will be open to students during the break time every week of the programme. Books can be borrowed for 3 weeks and some reference books are for inspection only.

Printing and photocopying
Students may use QMUL's library and learning services to photocopy and print materials in connection with their studies, adhering to QMUL's printing and photocopying policy.

Access to the Computer and the Internet
The RTC, we try to make a computer with internet access available for students to use for research and writing assignments. Students who wish to use computer facility can use the training room during the RTC Office Opening hours

RTC is smoke-free. Smoking is not permitted anywhere in the buildings.

During application and enrolment you will have provided personal information about yourself which is held both at the QMUL and RTC. Your address and other contact information are important. Please ensure this is accurate and keep it up to date throughout your studies and inform both RTC and QMUL of any changes in your details.

Staff contact list

Departmental Staff and Facilities

The key staff on the course including Administrative & General Support) are listed below:

Course Co-Director
Prof. Kam Bhui
k.s.bhui@qmul.ac.uk

Course Co-director
Dr Aida Alayarian
aalayarian@refugeetherapy.org.uk

Course Administrator at the QMUL
Ciara Byrne (Tues -Thurs)
C.Byrne@qmul.ac.uk
Tel: +44 (0)20 7882 2013

Business Administrator
Rehana Patel (Mon-Fri)
Rehana.patel@qmul.ac.uk
Tel:+44 (0)20 7882 2038

E-Learning Technologist
Michael Parkes
(part-time)
e-learningmentalhealth@qmul.ac.uk
Tel: +44 (0)20 7882 2016

Placement Coordinator at the RTC,
Nerma Biscevic:
nerma@refugeetherapy.org.uk

Administrative staff at the RTC contact:
trainingteam@refugeetherapy.org.uk

RTC Training Committee members
Aida Alayarian: Chartered Clinical Psychologist, Child and Adult Psychoanalytic
Psychotherapist with background in medicine
Micole Ascoli: Consultant Psychiatrist and psychotherapist
John Denford: Consultant Psychiatrist and Psychoanalyst
Nerma Biscevic: Neuropsychiatrist and Psychodynamic Counsellor
Lennox Thomas: Psychoanalytic Psychotherapist

Regular Teaching Staff
Teaching staff are involved in delivering lectures, academic seminars and clinical seminars,
personal tutors, experiential group and supervisor .

All staff at the RTC can be contacted via: trainingteam@refugeetherapy.org.uk

Safety / emergencies

You should familiarise yourself with emergency procedures for all areas in which you work,
noting the location of emergency exits, assembly points and equipment. In case of a fire,

immediately leave the building by the nearest exit point. Do not use the lifts. Fire action notices are displayed in corridors and by fire escapes.

In an emergency, dial 3333 from any internal phone and clearly state the nature and location of the problem, your name, and the number you are calling from (if known). If there is no internal phone available, call 999 and follow the normal procedure. You should ensure that corridors and doorways are not obstructed and that fire fighting equipment is not removed from its station.

First aid assistance for minor accidents can be obtained by dialling 2222 from an internal phone, or 020 7882 2222 from any other telephone.

Smoking

QMUL campuses are all smoke-free. Smoking is not permitted anywhere in the School's buildings.

Accidents

A report must be filed once any injuries have been attended to. Keep a copy for your own records. Forms are available from the Student Office. The report is copied to the Health Centre and QMUL Safety Adviser and to the School Safety Committee.

Personal information and data protection

During application and enrolment you will have provided personal information about yourself which is held in MySIS, such as relevant addresses and information about your background, and given QMUL consent to process this. It's important that you ensure this is accurate and keep it up to date. Throughout your studies you may provide other personal information to us and you should be aware that your personal information also includes any assessed text you produce, i.e. coursework and exam scripts. Tutors may occasionally use anonymised student essays (or portions from them) as part of the teaching process. We hope you will be willing to support your fellow students by allowing this, but you may opt out by contacting the course administrator at QMUL.

Use of QMUL ID card

You will receive a QMUL photo-identity (ID) card upon enrolment. This card is very important, and must be carried at all times on campus. If you do not produce this card upon request and satisfy staff that it is your card through comparison of your face and the photograph, you may be removed from the building, or from campus.

The card shows your student number. You must take your card into all examinations, and display it on your table for inspection. You will also need to copy the student number onto your paper.

The card also serves as your library card, and as an access card for certain buildings. Many buildings have security points at which you must show your card, and others require you to scan your card to release the doors.

It is vital that you keep your card safe and with you at all times on campus. If you lose your card, or if your card is stolen, you should contact the Student Enquiry Centre (http://www.arcs.qmul.ac.uk/students/sec/student-card/index.html), who will be able to help you. A fee is charged to replace lost ID Cards.

Personal security

You should take care to safeguard yourself, particularly when working out of hours. The wearing of your QMUL ID Card is an integral part of this arrangement. A few simple precautions will greatly enhance your safety. Ensure that you remain in contact with and accessible to colleagues. Know the location of emergency telephones and the numbers to dial for help (666 or 668). Be ready to state your location and the nature of the problem.

In the event of fire you should:

Activate the nearest alarm. If possible, ring Security on 3333 from an internal telephone, or 999 from a pay-phone or a direct BT line. State the location and nature of the fire, if known. Whenever the fire alarm sounds, leave the building by the nearest route. Follow the 'Fire Exit' signs. Use the stairs. DO NOT USE THE LIFT. If you are in the lift when the alarm sounds, keep calm: the lift will automatically return to the ground floor where the doors will open.

Go to the Assembly Point for Charterhouse Square. Do not wander off. Your absence may lead to the assumption that you are still in the building – unnecessarily endangering members of the Fire Service sent in to rescue you. Do not tamper with fire and other safety apparatus. Fire doors must not be propped open or impeded in any way.

C.   Departmental Procedures

QM Charter

The QMUL Charter contains a list of expectations for both staff and students to help create a community which is mutually supportive and works to further knowledge creation and dissemination.
http://www.qmul.ac.uk/ourcommunity/

Student Engagement Policy Framework

Wolfson Institute – Centre for Psychiatry
For the timely and effective administration of support, the School will use the following markers of student engagement. This is to ensure that students are well supported and given every opportunity to progress with their studies and to achieve to their fullest potential whilst here.

Coursework (submission, extension, penalties)

Students are expected to submit reports, exercises, essays, and other pieces of coursework associated with each module for which they are registered as part of their programme of study, by the individually advertised deadlines and method of submission.

You will receive deadlines for all coursework that you have to submit and information about how to submit your completed work. If you need an extension to the time needed to complete coursework you should contact the programme organiser and module leader in good time, explaining the circumstances that have prevented you from submitting on time. If your reason for late submission is due to sickness then you will be asked to produce a medical certificate. You should also read carefully the section on Extenuating Circumstances below.

Late submission penalties

1. Where an assignment is submitted late (and there are no extenuating circumstances) a mark of zero (0 F L – zero, fail, late) shall be applied immediately, unless the School/Institute has made it explicit that the alternative penalty of graduated deductions applies.
2. Where the penalty of graduated deductions applies, five per cent of the total marks available (i.e. five marks for an assignment marked out of one hundred) shall be deducted for each 24 hour period or part thereof after the submission date and time, including weekends and bank holidays. An assignment submitted more than 120 hours late shall be awarded a mark of zero (0FL).
3. Where the penalty of graduated deductions applies, a school/institute must make students aware of the penalty in advance, or else the default penalty (an immediate mark of 0 F L) will apply. This may be published in the programme handbook and/or - where a school/institute does not use the same policy for all assessments - in module handbooks.
4. Where a student fails a module as a consequence of one of these penalties in an assessment, normal resit provision shall apply (where attempts remain).

Research Dissertation/Clinical Course Elements

Dissertation
Your dissertation should be 50,000 words, excluding reference list and appendices. You should read carefully the requirements for in Appendix 2 of this Handbook.

Professional Practice Portfolio
This assessment will comprise a written report from the student, assessed in conjunction with reports from the Placement Supervisor and Clinical Seminar Leader. Your written work should state how you have utilised supervision and therapy in developing your clinical approach to practice (including recognition of how learning influences ability to learn from the client). It should draw on your formative learning journal, which is kept throughout the academic year as a means of reflecting on experiences in training with particular reference to the content and processes of each week. A sample Proforma for the Placement Supervisor's and Clinical Seminar Leader's reports can be requested from the Placement Coordinaor at the RTC.

Clinical Requirements for Registration with the RTC, UKCP-CPJA

If you wish to be registered with the RTC as a fully qualified Intercultural Psychoanalytical Psychotherapy and recommended for registration with the UKCP-CPJA, you must complete all the clinical requirements to a satisfactory level, in addition to all the summative assessments required. All components of clinical practice are equally important. Your clinical work will be graded on a pass/fail basis to signify whether or not you are on target to meet the requirements for RTC, UKCP-CPJA registration.

If you successfully complete the academic part of the programme, but do not yet meet the clinical requirements, then you may continue to work on your clinical practice with support from the Refugee Therapy Centre's staff. In such a case, you will not have to pay any further tuition fees, but will only continue to pay for your supervision and personal therapy.

Clinical Process Record

You are not permitted to tape-record clinical sessions, but need to write a record of each session and the process of your interventions and your thoughts afterwards to take to your supervision and also use your note for your six monthly clinical progress report as well as your final clinical case study.

Comments within the process note must be precise and based on a segment of a session of 10 minutes duration for each session. You must present and discuss this record weekly with your Supervisor to ensure you understand the process. It is vital for your development that you focus and present a segment of the session on what you need most help with from your supervisor.

Purpose
a. To demonstrate the ability to reflect on clinical practice.
b. To demonstrate the ability to conceptualise practice, relevant to theory.

Content
a) Select a piece of clinical work of approximately 10 minutes.
b) Make a transcript of the segment.
c) Divide the page into two parts. To indicate your reflections after each interaction, write a commentary on the recorded segment.
d) Write a brief introduction to the piece. Look at such issues as:
•   What is your assessment of the client?
•   How do you conceptualise the piece of work within your own intercultural and psychoanalytical framework?
•   What theoretical concepts (for instance the working alliance, empathic attunement) have you observed?
•   Self Object Needs, transference and counter transference – and what do you use to understand your client's comments and your own?
•   What was the aim of your intervention(s) and did you achieved it?
•   What did you learn from the client's response to your intervention(s)?
•   How did you incorporate your client's response into your reflections and considerations of subsequent intervention(s)?
•   What input your supervisory relationship added to your own reflections
•   Significance of your own personal process (countertransference)

Six-monthly Case Progress Reports

You must submit six-monthly case progress reports for both of your training patients. For the patient who you choose to write your Clinical Case Study (see below) you do not need to submit a final six-monthly case progress report. Please note that your six monthly progress report most cover the last six months of your clinical work prior to your submission with a patient and your learning and clinical development by use of your supervision and other aspects of your learning; i.e.: you cannot delay one report, than wanted to hand two report together which covers one year.

Supervision Reflective Practice Reports

These should be submitted every six months, following discussion with your supervisor. These reports will reflect your work with a client who has been supervised by the Supervisor, your relation to your supervisor and the triangle nature of your learning. Where relevant, it is good to use your learning from your personal analysis to your Reflective Practice Report.

Purpose:
•   To demonstrate the capacity to use supervision.
•   To show how what was learned in supervision was translated into practice.
•   To reflect on a theme over time.

Content:
•   Look at 8-10 consecutive sessions with a client. Describe each session, or combine one or two, followed with a discussion of a supervision session outlining what was discussed, then give your subsequent reflections upon the material and show how you integrated your awareness into the ongoing work.
•   Show how you used supervision to enhance your practice during this time:
•   What method/s of supervision was used? e.g. process recording, transcript etc.
•   What issues were identified in supervision? e.g. The working alliance and developmental issues
•   Issues of transference, counter transference and defences
•   Issues of assessment and treatment direction
•   Ethical Issues
•   Outline any deficits in information or skills including:
•   The main supervisory themes.
•   The insights gained in supervision; give reflections and show how this learning was subsequently incorporated into clinical work and evaluate the outcome of this process.

Clinical Case Study (8,000-10,000 words)

You must submit a Clinical Case Study based on one of your training patients. You will have to present your paper to a clinical panel in order to demonstrate your good grasp of the theory and knowledge gained through research methodology of clinical implications. If successful the panel will recommend you for Full Membership of the RTC and you will then be qualify to apply for the RTC Membership, and be recommended for UKCP-CPJA registration.

Assessment of Supervised Practice

As part of the ongoing assessment process, your supervisor/s will monitor your developing competency, your professional maturity and capacity to integrate theory into practice. This will be a basis for identifying strengths and areas for development. Learning outcomes for each year will be used as part of the clinical monitoring criteria.

<u>Supervisor's report on clinical practice</u> A formal report, prepared by your supervisor/s, will be done once a year, and handed to the Programme Leader each year, after being read by one or both Co-Directors and the result to be presented as pass or fail at a working group meeting for the academic year, as well as being kept in your clinical personal portfolio. You have to stay with your supervisor for each patient and cannot change supervisor. If, with a valid reason you obtain permission from the programme Co-director/s to change supervisor/s during the course of the training year, your previous supervisor's report must be filed when that contract ends. A further report will then be supplied by your new supervisor at the end of the academic year. This is an essential component of the clinical practice assessment process.

<u>Procedure for Ongoing Assessment of Clinical Practice</u>
Your clinical practice, and progress towards suitability for registration with the RTC and UKCP-CPJA, will be assessed throughout the programme according to the following procedure:
1. Completion of clinical reports/cases and feedback from the tutor, peers and self-assessment.
2. Mid-year staff meeting to discuss each student's progress including any relevant reports from supervisors and tutors.
3. Any possible problem identified will be conveyed to the student by the relevant tutor.
4. If a student wishes to discuss their progress towards meeting the clinical requirements for registration, the Programme Leader can facilitates a meeting between student, Personal Tutor and/or Supervisor.

Complaints Procedure
The RTC has policies and procedures including a complaints procedure. This takes into account the CPJA and the UKCP as well as BACP policies. Students must comply with the RTC, CPJA and UKCP policy and procedures at all times during the clinical training.

Programme Committee
The Programme Committee meets once each semester to monitor and steer the progress, students' development and developments of the Programme. The Programme Committee is responsible for assuring and enhancing the quality of the student experience at programme level by:
• Providing a forum in which students can express their views about the management of the programme, and the content, delivery and assessment of modules, or equivalent, in order to identify appropriate actions to be taken in response to the issues raised and to ensure that the implementation of these actions is tracked.
• Providing formal yearly student feedback on the programme as input into the preparation of the Programme
• Reviewing programme questionnaire results and making recommendations and changes arising from these.
• Receiving new guidance, considering and approving the Programme and identifying responsibilities for action to be taken before it is considered necessary for the Committee.
• Reviewing the relevant documentation and other evidence prepared for Academic and collaborative Institutional Review and other external review processes.
• Reviewing proposals for modification of the programme structure and noting implementation arrangements for modifications.

- Advising the Programme Co-Directors on mechanisms by which University policy statements, which have an impact on programme design and delivery, are implemented.

Student representation on the Programme Committee

Student representatives are elected by the student group at the beginning of each academic year, and are responsible for attending relevant meetings as the student representative and for communicating between the student group and programme committee. One representative from each year of the programme will be on the Programme Committee.

On an informal basis all students are welcome to approach their tutors, programme administrator/s and the programme Directors with any concerns they may have.

Feedback from Students

Feedback from students on the programme is integral to the RTC and QMUL approach, and vital in helping us improve and develop the learning experience we are providing. Students are asked to fill out Evaluation Forms for each module at the end of each semester. In addition, once a year students will participate in an unsupervised discussion of the programme, in which two students will be asked to summarise the content in writing. Participating in these evaluations is an integral part of the programme for all students.

Student Support

Tutorials

Each student will be assigned a tutor and given their contact details at the start of the programme. You are expected to meet with your supervisor at regular basis, although additional meetings can be arranged between students and tutors where needed.

At the start of the programme, it is the responsibility of each student to contact their tutor to arrange regular meetings during the year. If you have difficulty getting in contact with your tutor, you should notify the Course Administrator immediately.

Tutorials are an opportunity for you to discuss your research, progress and other professional and personal concerns, such as your choice of topic. The tutorial is also recognition of the fact that students at times may have difficulties in a larger group with spontaneous discussion, and may find it easier to raise concerns at their own pace with just one other person.

You may also bring to the tutorial any issues you feel may be adversely affecting your participation in the programme in order to think about what support may be available. The tutorial will not be a therapeutic occasion, but a source of recognition that the teaching, research and the general approach of this programme can stir up feelings which students may feel they need some individual support to deal with. It is hoped that students will also feel free to use tutorials to raise issues concerning the programme, thus providing the programme committee with additional feedback.

Where needed, you may request additional appointments with your tutor. Please note, this is subject to their availability and you are advised to request appointments as much in advance as possible; for example, if you would like to ask your tutor to look at drafts of your dissertation and s/he agrees, you would need to arrange a time with them well in advance of handing them your draft work. On occasions when it is not possible for your supervisor to arrange a face-to-

face meeting, s/he may suggest helping you by communicating on the telephone or via emails or arrange a Skype meeting.

You can also access support through QMUL's pastoral system which includes student counselling, English language and study support and the QMUL Student's Union. For further information please visit www.qmul.ac.uk/studentlife/support/index.html

Attendance Requirements

Students are expected to attend all scheduled taught sessions including lectures, practical classes, group work, workshops, tutorials, seminars, project meetings, and other events which are associated with the modules for which they are registered as part of their programme of study.

Students are expected to participate in a range of formal or informal activities that signify continued engagement with their programme of study. Examples of such activities are scheduled meetings with Academic Tutor or Advisors, and group work.

Open Seminars

Once each semester, the seminar will be left open, without presentation, and one or both Co-Directors or another delegated senior member of teaching staff will lead an open discussion about the programme so far. Students may bring to the discussion any questions they have about the programme and any problems they may be experiencing. This is another opportunity for students to gain advice and support with their learning, in addition to students' individual meetings with their supervisors.

Careers Advice

In the Open Seminar sessions, a member of the team will be available for students to discuss their career path. Students can also make use of the QMUL's Careers Service, which helps students with careers advice and other aspects of employability. Please see www.careers.qmul.ac.uk/

Both RTC and QMUL are committed to Equal Opportunities and all staff aim to ensure that equal opportunities apply in student admissions, assessment procedures, learning and teaching practices. We welcome and support disabled students and dyslexic students. Support for dyslexic students is available at QMUL for their academic components and students are encouraged to make use of the facility. For details on how to access support, visit www.qmul.ac.uk/studentlife/support/index.html

Student support and guidance

The Wolfson Institute's Centre for Psychiatry's strategy for postgraduate student support and guidance is based on the supervisory meetings. Your supervisor will help you with academic and pastoral support.

You will make formal appointments to meet your supervisor during the year, especially for research supervision and to receive regular feedback on your progress.

The [Student Advice and Counselling Service](#) at Mile End provide additional support when appropriate.

Actions by Schools are designed to support students to engage or re-engage with their study programme. The underpinning principles are that the School, once it has admitted a student to a programme of study, has a duty of care to that student, whilst in turn the student has a responsibility to engage with the available support. In such cases, support will be designed by the School around the needs of the individual student.

A student identified as approaching or falling below the minimum requirements of engagement set by their School will be contacted alerting them to this, outlining support mechanisms to deal with the issues that may be contributing to this.

Once a student is identified as in need of support in order to re-engage with their studies, they will be invited to a meeting with their Academic Advisor to discuss issues that might be affecting their studies, and for the provision of encouragement/advice (with possible referral to QM support services if necessary). The first port of call is the Academic Advisor, who in turn may liaise with the School's Student Support/Experience Manager. In exceptional circumstances, a senior member of the School team, such as the Head of Department or the Head of School, may be involved in this process.

The School will always try to help students who are experiencing problems, but we cannot do so if we are not kept informed of them. If there are factors making a student's engagement with their programme difficult, it is essential that the student discusses these with their Tutor/Academic Advisor, or an appropriate person in the School, at an early stage. This will give us the opportunity to provide the necessary support. Please note that if a student experiences difficulties during the clinical course they must bring these to the attention of their clinical supervisor. It is each student's responsibility to seek support if they are experiencing difficulties on the programme.

Absence Notification

You must notify us in advance Ciara Byrne (C.Byrne@qmul.ac.uk) for your attendance at the QMUL and notify RTC for their attendance at the RTC (trainingteam@refugeetherapy.org.uk) if you are absent with good reason for any period, and provide a medical certificate for any periods of prolonged absence due to illness. You will need to complete a sickness record form available on QM Plus or from the Course Administrator.

Deregistration

Should you not meet module requirements for attendance or for submission of coursework, you may be deregistered from the module. You will be given warnings before deregistration occurs, and you will have the right to represent your case to the School/ Institute. Deregistration from modules may lead to deregistration from your programme of study.

Extenuating circumstances

If you believe that you have a case for consideration, you should write to the programme Co-Directors and supply supporting documentation (for example medical certification, death certificate, police report and crime number), or other written evidence from a person in

authority. You must submit the paperwork in person. Please note that although supporting documentation can be submitted late, a claim without any evidence will not be considered.

Extenuating circumstances are defined by Queen Mary as:

Circumstances that are outside a student's control which may have a negative impact on a student's ability to undertake or complete any assessment so as to cast doubt on the likely validity of the assessment as a measure of the student's achievement.

Extenuating circumstances are usually personal or health problems. Health problems include your emotional wellbeing and mental health, as well as your physical health. Extenuating circumstances do not include computer problems, misreading your exam timetable, planned holidays or events, or local transport delays.

Queen Mary operates a fit to sit policy, which covers all assessments including coursework and exams. If you sit an exam or submit a piece of coursework you are deemed to be fit to do so. In such instances a request for extenuating circumstances will not normally be considered. If you do not feel you are well enough to attend an invigilated exam then you should not attend and should submit a claim for extenuating circumstances instead. You will need to attend a medical consultation within three days of the date of your exam that you missed. Similarly if you get sick during an exam and have to leave you will need to attend a medical consultation within three days.

Your extenuating circumstance request must be accompanied by relevant supporting evidence (for example medical certification, death certificate, police report and crime number, or other written evidence from a person in authority) Please note that although accompanying documentation can be submitted after the form claims without any evidence cannot be considered. It is in your best interest to provide evidence and supporting documentation that is as comprehensive as possible.

When you submit an extenuating circumstance form you will be given a receipt, you must keep the receipt safe for the duration of your studies. All claims must be received no later than three working days before the relevant examination board meeting otherwise they cannot be considered.

All extenuating circumstances claims are kept confidential until they are considered by a subcommittee of the examination board. All proceedings of the subcommittee are strictly confidential, and will not normally be discussed at the full examination board meeting.

It is your own responsibility to submit any claims for extenuating circumstances, not that of your tutor. Please ensure that if you have what you believe is a valid case, you complete the submission process in accordance with the School/Institute guidelines and deadlines.

It is not possible to make a retrospective claim for extenuating circumstances, specifically once you know your results. Therefore claims submitted after the deadline will not be considered by the examination board. Please refer to the full guidance notes on extenuating circumstances from the Advice and Counselling service or online at www.welfare.qmul.ac.uk/publications/studentadvice/index.html

Updating personal details

It is important that QMUL has up to date personal details for all students. You will be able to update your address and contact details on line using MySIS, however a change in name must be done in person at the Student Enquiry Centre with accompanying identification. You can find out more information on the Student Enquiry Centre website.
http://www.arcs.qmul.ac.uk/students/mysis-record/index.html

Conduct

You will receive a Code of Practice for Postgraduate Students which outlines your responsibility to act professionally.

The Code of Student Discipline is available at:
http://www.arcs.qmul.ac.uk/docs/policyzone/101884.pdf

Representation

Your views are important to the School/Institute and Queen Mary as well as the RTC. There are a variety of ways in which you can tell us what you think and share your ideas for improvements. Student representatives who are elected by students speak on behalf of the student body at School, Faculty and QM-wide level and the RTC via various committees, groups and meetings.

The first point of contact should be the programme Lecturer. If you wish to discuss your academic progress more formally you can make an appointment with Rehana Patel.

Postgraduate Staff Student Liaison Committee

This is perhaps the most important forum for you to make known your views on the curriculum and other matters. The committee, chaired by a member of the academic staff, meets regularly to listen to feedback between students and staff, with students representing postgraduate programmes.

Postgraduate Taught Experience Survey (PTES)

The Postgraduate Taught Experience Survey (PTES) is conducted every year. It gives you, as a postgraduate taught student, an opportunity to give your opinions on what you liked about your time at QM, as well as those aspects that you feel could have been improved. Please do consider completing the survey; your feedback is invaluable and will help us make a difference for future generations of QM students.

D. Programme and Modules of Study

Programme structure

A. General Aims and Objectives of your Course

The general aims of the programme are:
• To develop an in-depth knowledge and application of the key theories of psychoanalysis and its contemporary themes, principally the unconscious, with focus on intercultural themes.
• To be able to use and critique psychoanalytic methodology, its strengths and weaknesses, in the context of an inter-cultural approach specifically in relation to working with refugees.
• To critically evaluate research literature, articles, books or verbally presented materials in presentations, in discussion and in writing.
• To provide students with an opportunity to learn the application of theory to innovative clinical practice, in order to acquire the skills, knowledge and experience to practise as independent Intercultural Psychoanalytic Psychotherapists.
• To develop research skills and expertise on evidence synthesis, and apply this in a specific piece of original research that will contribute to the overall assessment.

Programme Modules

The course is organised in a series of modules, each of which has an assessment dedicated to it. The overall modular structure of the programme is outlined below:

Teaching is run on a modular basis:

MODULE TITLE	CREDITS
Foundations and Contemporary Psychoanalysis	60
Intercultural Psychoanalysis	60
Research methods	60
Psychoanalytical assessment and treatment in an intercultural context	30
Systemic approaches: organisations, groups and families	60
Intercultural psychoanalysis and its place in society	60
Research Dissertation	210
CLINCAL PLACEMENT	
TOTAL	

In addition there are mandatory clinical elements; these include a clinical placement, personal analysis for a minimum of twice a week, a year before starting clinical work; seeing two training patients for 18 and 24 months a minimum of twice weekly (you need to have 570 hours of supervised clinical practice with two patients, we suggest you see patients three time a week if possible for you and patients) respectively. Your written clinical work requirements are included in this handbook. You will have opportunity to bring any questions regarding your clinical work to the open seminar that you have in each semester.

Marking criteria and grading

Percentage	Definition
70.0 to 100.0	Distinction
60.0 to 69.9	Merit
50.0 to 59.9	Pass
0.0 to 49.9	Fail

To view your marks for assessment, log-in to MySIS (your personal area of SIS) with your usual computer log-in, where they will be listed. These are marks are provisional and subject to until they are agreed by the appropriate subject examination board. MySIS will indicate whether the results are provisional or confirmed. (Please note your clinical work assessments are not included here as it is only pass or fail.) Guides on checking your results on MySIS are available on the Student Enquiry website.
www.arcs.qmul.ac.uk/students/mysis-record/provisional-results/index.html

Reading List

The following **BOOKS/PAPERS are** recommended for the Course/Programme

Alayarian, A. (2015). *Handbook of working with children, trauma, and resilience*. Karnac Books: London.
Alayarian, A. (2011). *Trauma, torture and dissociation: A psychoanalytic view*. Karnac Books: London.
Alayarian, A. (2008). *Consequences of Denial: The Armenian Genocide*. Karnac Books: London.
Alayarian, A. (2007) *Resilience, Suffering and Creativity: The Work of the Refugee Therapy Centre*. Ed. Karnac Books: London.
Self and Society, Vol.32, No.5, December 2004-January 2005. Special issue on 'Working with Refugees' by the Refugee Therapy Centre.

- Bhui KS, Lenguerrand E, Maynard M. Stansfeld S. Harding S. Does cultural integration explain a mental health advantage for adolescents? International Journal of Epidemiology. 2012, doi:10.1093/ije/dys007

- Bhui KS, Hicks MH, Lashley M, Jones E. A public health approach to
- understanding and preventing violent radicalisation. BMC Med. 2012 Feb 14;10(1):16.

- Campion J, Bhui K, Bhugra D. European Psychiatric Association (EPA) guidance on prevention of mental disorders. Eur Psychiatry. 2012 Feb;27(2):68-80.

- Tuck A, Bhui K, Nanchahal K, McKenzie K. Suicide by burning in the South Asianorigin population in England and Wales a secondary analysis of a national data set. BMJ Open. 2011 Dec 19;1(2)

- Adamson J, Warfa N, Bhui K. A case study of organisational Cultural Competence in mental healthcare. BMC Health Serv Res. 2011 Sep 15;11:218.

- Keown P, Weich S, Bhui KS, Scott J. Association between provision of mental illness beds and rate of involuntary admissions in the NHS in England 1988-2008: ecological study. BMJ. 2011 Jul 5; 343:d3736.

- Bhui K, Dinos S. Preventive psychiatry: a paradigm to improve population mental health and well-being. Br J Psychiatry. 2011 Jun;198(6):417-9.
  - Bhui K (**Elements of Culture and Mental Health: Critical Questions for Clinicians**

Module 1
Joseph, B. (1989) 'Psychic Equilibrium and Psychic Change: Selected Papers' in New Library of Psychoanalysis. London: Routledge
Sandler, J. (1997) Freud's Models of the Mind: An Introduction. London: Karnac Books.
Winnicott, D. W. (1982) The Maturational Process and the Facilitating Environment. London: Hogarth Press.
Bion, W. R. (1962) Learning from Experience. London: Heinemann. Reprint, London: Karnac, 1989.

Recommended
Freud, S. (1953) Standard Edition of the Complete Psychological Works of Sigmund *Freud*. 24 Volumes. London: The Hogarth Press and the Institute of Psychoanalysis. (Also available in Penguin paperback Classics)
Laplanche, J. and Pontalis, J.B. (1988) *The Language of Psychoanalysis.* London: Karnac Books.

Module 2
Anderson, R. (ed.) (1991) Clinical Lectures on Klein and Bion New Library of Psychoanalysis. London: Routledge.
Bion, W. R. (1967) Second Thoughts. London: Heinemann.   Reprint, London: Karnac, 1987.
Hinshelwood, R. D.   (1994) Clinical Klein. London: Free Association Books.
Klein, M. (1951) Love, Guilt and Reparation. London: Hogarth Press.Rayner, E. (1991) The Independent Mind in British Psychoanalysis. London: Free Association Books.
Sandler, J., Sandler, A., & Davies, R. (Eds.) (2000) Clinical and Observational Psychoanalytic Research: Roots of a Controversy - Andre Green & Daniel Stern. London: Karnac Books.
Segal, H. (1964) Introduction to the Work of Melanie Klein. London: Hogarth. Reprint, London: Karnac, 1988.
Weiss, J., Sampson, H. & the Mount Zion Psychotherapy Research Group (1986) Psychoanalytic Process: Theory, Clinical Observations and Research. USA: The Guilford Press
Bion, W. R. (1962) Learning from Experience. London: Heinemann. Reprint, London: Karnac, 1989.
Freud, A. (1936) *The Ego and The Mechanisms of Defence*. London: The Hogarth Press and the Institute of Psychoanalysis.
Gomez, L. (1996) *An Introduction to Object Relations.* London: Free Association Books.
Hinshelwood, R. D. (1989) *A Dictionary of Kleinian Thought*. London: Free Association Books.
Klein, M. (1988) *Envy and Gratitude and other works 1946 – 1963.* London: Vintage

Module 3
Fonagy, P., Target, M., Cottrell, D., Phillips, J., & Kurtz, Z. (2002). What Works For Whom? A Critical Review of Treatments for Children and Adolescents. New York: Guilford.

Fonagy, P., Target, M., Steele, H., & Steele, M. (1998). Reflective-Functioning Manual, version 5.0, for Application to Adult Attachment Interviews. London: University College London.

Gabbard, G. O., Coyne, L., Allen, J. G., Spohn, H., Colson, D. B., & Vary, M. (2000). Evaluation of intensive inpatient treatment of patients with severe personality disorders. Psychiatr Serv, 51(7), 893-898.

Gabbard, G. O., Gunderson, J. G., & Fonagy, P. (2002). The place of psychoanalytic treatments within psychiatry. Archives of General Psychiatry, 59, 505-510.

P. Richardson, H. Kächele & C. Renlund (Eds.), Research on psychoanalytic psychotherapy with adults. London: Karnac.

Alayarian, A. (2007) *Resilience, suffering and Creativity.* London: Karnac.

Fairbairn, W.R.D. (1952) *Psychoanalytic Studies of the Personality*. London: Routledge and Kegan Paul.

Winnicott, D.W. (1965a) 'Ego Distortions in terms of True and False Self' in *The maturational process and the facilitating environment*. New York: International Universities Press, pp.140-152

Module 4

Coltart, N. (1988) 'Diagnosis and assessment for suitability for psycho-analytic psychotherapy' in British Journal of Psychotherapy, 4, pp. 127-134.

Kareem. J and Littlewood. R, (1992) Intercultural Therapy. Themes, Interpretations and Practice. London: Blackwell Scientific Publication.

Mace, C. (1995) The Art of Science of Assessment. London: Routledge

Alayarian, A. (2007) Resilience, suffering and Creativity. London: Karnac.

Alayarian, A. (2011) Trauma, Torture and Dissociations, A Psychoanalytic view. London: Karnac.

Fairbairn, W.R.D. (1952) Psychoanalytic Studies of the Personality. London: Routledge and Kegan Paul.

Winnicott, D.W. (1965a) 'Ego Distortions in terms of True and False Self' in The maturational process and the facilitating environment. New York: International Universities Press, pp.140-152.

Module 5

Armstrong, D. (2005) 'The organization-in-the-mind: reflections on the relation of psychoanalysis to work with institutions' in Organization in the Mind: Psychoanalysis, Group Relations and Organizational Consultancy. London: Karnac, pp. 29-43

Bion, W. R. (1961) Experiences in Groups. London: Tavistock/Routledge.

Freud, S. (1921) Group Psychology and the Analysis of the Ego, The Standard Edition of the Complete Psychological Works of Sigmund Freud. London: The Hogarth Press and the Institute of Psychoanalysis. SE, XIII: II, III and V.

Behr, H. and Hearst, L. (2005) 'A Century of Group Therapy' in Group Analytic Psychotherapy: A Meeting of Minds. London: Whurr.

Foulkes, S. H. (1948) Introduction to Group Analytic Psychotherapy. London: Heinemann.

Hinshelwood, R.D. and Skogstad, W. (1999) 'The method of observing organisations' in Hinshelwood R.D. and Skogstad, W. Observing Organisations: anxiety, defence and culture in health care. London: Routledge.

Menzies, I. (1992) 'The functioning of a social system as a defence against anxiety' in Menzies, I & Lyth. Containing Anxiety in Institutions. London: Routledge

Module 6

Kareem. J and Littlewood. R, (1992) Intercultural Therapy. Themes, Interpretations and Practice. London: Blackwell Scientific Publication.

Littlewood, R. and Lipsedge, M. (1989) Aliens and Alienists; Ethnic Minorities and Psychiatry. London: Routledge. Reprint, London: Routledge, 1997

Thomas. L. K. (1995) Psychotherapy in the Context of Race and Culture: An Intercultural Therapeutic Approach, Chapter in Mental Health in a Multiethnic Society. Ed. Fernando, S. Routledge, London.

Freud, S. (1930[1929]) Civilization and its Discontents. London: The Hogarth Press and Institute of Psycho-Analysis. SE, XI: pp. 57-145.

Helman, C. (1997) Culture, Health and Illness, 5th Edn. London: Hodder Arnold.

Kleinman, A. and Good, B. (1985) Culture and depression: studies in the anthropology and cross-cultural psychiatry of affect and disorder. Berkeley; London: University of California Press..

Module 7

Bernal, G., Jiménez-Chafey, M., & Domenech Rodríguez, M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. Professional Psychology: Research and Practice, 40, 361-368/

Fonagy, P., Kachele, H., Krause, R., Jones, E., Perron, R., Clarkin, J., et al. (2002). An open door review of outcome studies in psychoanalysis (2nd ed.). London: International Psychoanalytical Association.

Lutz & Hill Special Issue: Quantitative and qualitative methods in psychotherapy research. Psychotherapy Research Volume 19, Issue 4-5, 2009

Olfson, M. (1999). Emerging methods in mental health outcomes research. Journal of Practical Psychiatry and Behavioural Health, 5, 20-24.

SUGGESTED FURTHER READING LIST

Ainsworth, M. D. S. (1978) *Patterns of attachment: a psychological study of the strange situation.* Hillsdale, N.J.: Lawrence Erlbaum Associates.

Bollas, C. (1987) *The shadow of the object, Psychoanalysis of the unthought known*. London: Free Association Books.

Bowlby, J. (1953) *Childcare and the Growth of Love.* London: Penguin Books.

Bowlby, J. (1988) *A Secure Base*. Hove and New York: Brunner-Routledge.

Bowlby, J. (1991) *Attachment, Separation and Loss.* London: Penguin Books. Volume 1, 2 and 3.

Britton, R. S., et al, (1989) *The Oedipus Complex Today: Clinical Implications*. London: Karnac.

Casement, P. (1985) *On Learning from the Patient.* London: Routledge.

Coltart, N. (1996) *The Baby and the Bathwater.* London: Karnac Books.

Daw, D. and Loose, J. (1999) *Child Psychotherapy: A Report From the Tavistock Clinic Psychoanalytic Inquiry. 19:2.* Analytic Press.

Fromm, E. (1968) *The Revolution of Hope: Towards a Humanized Technology.* Toronto. New York. London: Bantam.

Fromm-Reichmann, F. (1971) *Principles of intensive psychotherapy*. Chicago and London: University of Chicago Press.

Greenson, R.R. (1967) *The Technique and Practice of Psychoanalysis*. New York: Int. Univ. Press.

Guntrip, H. (1961) *Personality Structure and Human Interaction: The developing synthesis of Psychodynamic Theory.* London: Hogarth Press.

Holmes, J. (1998) *There's No Such Thing As A Therapist.* London: Karnac Books.

Kennedy, E. & Charles, S.C. (1990) *On Becoming a Counsellor.* Dublin: Newleaf.

Kernberg, O.F. (1992) *Aggression In Personality Disorders And Perversions*. London: Yale University Press.

Kernberg, O.F. (1995) *Love Relations*. London: Yale University Press.

Khan, M. (1979) *Alienation in Perversion.* London: Hogarth Press.

King, P. and Steiner, R. eds. (1992) *The Freud / Klein Controversies 1941-45*. London: Routledge

Klein, J. (1987) *Our need for others and its roots in infancy*. London: Tavistock Publications.

Klein, J. (1995) *Doubts and Certainties in the Practice of Psychotherapy.* London: Karnac Books.

Klein, M. (1961) *Narrative of a Child Analysis*. London: Vintage.

Klein, M. (1965). *Contributions to psycho-analysis, 1921-1945*. The International psycho-analytical library, no. 34. London: Hogarth Press.

Kohon, G. (1985) *The British School of Psychoanalysis: The Independent Tradition.* London: Free Association Books.

Lacan, J. (1959-60) *The Ethics of Psychoanalysis*. London: Routledge.

Laplanche, J. (1976) *Life and Death in Psychoanalysis.* Baltimore and London: The Johns Hopkins University Press.

Meltzer, D. (1978) *The Kleinian Development*. Perthshire: Clunie Press.

Menninger, K. (1958) *Theory of Psychoanalytic Technique.* London: Imago.

Mitchell, J. (1986) *The Selected Melanie Klein*. New York: Penguin Books

Money, K. R. (1978) *The Collected Papers of Roger Money-Kyrle*. Perthshire: Clunie Press.

Papadopoulous, R.K. (2002) *Therapeutic Care for Refugees: No Place Like Home*. London: Karnac Books.

Racker, H. (1968). *Transference and counter-transference*. New York, International Universities Press.

Rayner, E. (1971) *Human Development*. London: George Allen and Unwin.

Reich, W. (1972) *Dialectical Materialism and Psychoanalysis*. New York: Vintage.

Reich, W., & Higgins, M. (1994) *Beyond psychology: letters and journals, 1934-1939*. New York: Farrar, Straus, and Giroux.

Riesenberg –Malcolm, R. (1999) *On Bearing Unbearable States of Mind*. London: Routledge.

Robertson, J. and Robertson, J. (1971) *Young Children in Brief Separation: A fresh look*. London: Tavistock Child Development Research Unit. (Films also available e.g. *"A Two Year Old Goes to Hospital"*).

Rosenfeld, H. A. (1985) *Psychotic States: A Psychoanalytic Approach*. London: Karnac Books.

Sandler, J. Dare, C. and Holder, A. (1975) *The Analyst and the Patient.* London: George Allen and Unwin.

Schafer, R. (1997) *The Contemporary Kleinians of London*. New York: Int. Univ. Press.

Schore, A. N. (2003) *Affect Dysregulation and Disorders of the self.* New York: W.W.

Sinason, V. (1994) *Treating Survivors of Satanist Abuse.* London and New York: Routledge.

Vander, V.G. (1992) *Counselling and therapy with Refugees: Psychological Problems of Victims of War, Torture and Repression.* Chichester. New York. Brisbane. Toronto. Singapore: John Wiley & Sons.

Winnicott, D. W. (1957) *The Child, The Family and the Outside World.* London: Tavistock Publications Ltd.

Winnicott, D. W. (1958) *Through Paediatrics to Psychoanalysis.* London: Karnac Books.

Race and culture

Gordon, P. (2004) *Souls in armour: thoughts on psychoanalysis and racism,* British Journal of Psychotherapy. 21(2), 277-292

Khalid, S. (2006) *'Counselling from an Islamic Perspective'. Healthcare Counselling and Psychotherapy Journal.* 6 (3), 7-10.

Lago, C. (2005) 'You're a white therapist have you noticed?' *Counselling and Psychotherapy Journal.* April 16(3), 35-7.

Littlewood, R. (1999) *Cultural Psychiatry and Medical Anthropology.* London: Routledge.

Morgan, H. (1998) 'Between fear and blindness: the white therapist and the black patient'. *Journal of the British Association of Psychotherapists.* 3(34), 48-61

McKenzie M. A. (2006) '*Black issues in counselling training*', *Healthcare Counselling and Psychotherapy Journal.* 6(3), 11-14.

Sullivan, H.S. (1970) *The Psychiatric Interview*. New York &London: Norton.

Periodicals
International Journal of Psychoanalysis
British Journal of Psychotherapy
Therapy, BACP journal *CPJ*
Psychotherapy, UKCP Journal
Politics and Psychoanalysis
Psychoanalytic Psychotherapy
Forced Migration: http://repository.forcedmigration.org/journals/

CHAPTERS/ARTICLES

Bell, D. (ed.) (1997.) 'Reason and Passion: A celebration of the Work of Hanna Segal' in *Psychoanalysis and Culture: A Kleinian Perspective.* London: Karnac.

Bion W.R. (1989) 'Group Dynamics: A Review', in Klein, M. et al. *New Directions in Psychoanalysis*. London: Tavistock.

Biran, H. (1997) 'An attempt to apply Bion's alpha and beta elements to processes in society at large' in, Bion Talamo et al*, Bion's Legacy to Groups*. London: Karnac.

Cooper, A. and Rendall, S. (2002) 'Strangers to ourselves' in *Therapeutic Care for Refugees: No Place Like Home*, ed. R. K. Papadopoulos, London: The Tavistock Clinic Series.

Denford, J. (1995), 'How I assess for in-patient psychotherapy' in Mace, C. *The Art and Science of Assessment in Psychotherapy*. London: Routledge.

Holmes, D.E. (1992) 'Race and Transference in Psychoanalysis and Psychopathology' in *International Journal of Psycho-Analysis*. 73:1, pp.1-12.

Joseph, B. (1989) 'Object Relations in Clinical Practice' in *Psychic Equilibrium and Psychic Change-Selected Papers of Betty Joseph.* eds. M. Feldman and E. Bott Spillius. London: Routledge.

Klein, J. (2002) 'When we counsel, when we analyse, when we therap' in *Challenges to Practice*. ed. B. Bishop et al. London: Karnac.

Klein, J. (1990) 'Patients Who Are Not Ready for Interpretations' in *British Journal of Psychotherapy.* Vol.7 (1): pp.38-49.

Klein, J. (1996) *'Group Psychotherapy and Disrupted Attachments'*. Unpublished paper.

Hinshelwood, R.D. (1997) 'Attacks on the Reflective Space' in Pines, M. and Schermer, V.L. *Ring of Fire: Primitive Affects and Object Relations in Group Psychotherapy.* London: Routledge

Hinshelwood, R.D. (1995) 'Psychodynamic formulation in assessment for psychoanalytic psychotherapy' in *The Art and Science of Assessment in Psychotherapy,* ed. Chris Mace. London: Routledge.

Hinshelwood, R.D. (2004) 'Suffer the mad: Counter transference in the Institutional Culture' in *Suffering Insanity: Psychoanalytic Essays on Psychosis*. London: Routledge. pp. 107-157.

Holmes, J. (1993) 'Attachment Theory and the practice of psychotherapy' in *John Bowlby and Attachment Theory.* London: Routledge.

Holmes, J. (1993) 'Loss, anger and grief' in *John Bowlby and Attachment Theory.* London: Routledge.

Holmes, J. (1994) 'Brief dynamic psychotherapy' in *Advances in Psychiatric Treatment.* Vol 1, p.9-15.

Mahler, M.S. (1952) 'On Child Psychosis and Schizophrenia-Autistic and Symbiotic Infant' in *the Psychoanalytic Study of the Child.* 7:286-305.

Main, M. (1985) 'Security in Infancy, Childhood, and Adulthood: A Move to the Level of Representation. Monographs of the Society for Research' in *Child Development* 50 (1-2), pp.66-104.

Menzies, I. (1988) 'Reflections on my work: Interview with Ann Scott and Bob Young' in *Containing Anxiety in Institutions.* London: Free Associations, pp. 1-42.

Ussher, J. (1991) 'Reconstructing women's madness' in *Women's Madness: Misogyny or Mental Illness?* Hemel Hempstead: Harvester Wheatsheaf.

Weinstein, H., Sarnoff, R., Gladstone, E., & Lipson, J. (2000). Psychical and psychological health issues of resettled refugees in the United States. *Journal of Refugee Studies, 13,* 303-327

Woodcock, J. (2002) 'Therapy with Refugee Families; Threads from the labyrinth: therapy with survivors of war and political oppression' *Journal of Family Therapy*. 23 (2), pp 136 – 15

E.   The DPsych Assessment

Students must pass all Modules to gain an overall pass.
Examination boards may use a borderline policy when making recommendations for final degree classifications. The following criteria are used:

1.   Students with College Marks within one per cent of a borderline (except at the pass/fail border) shall be determined to fall within the 'zone of consideration';

2.   Students with College Marks within 1.5 per cent of a borderline and with significant extenuating circumstances in the final year not taken into account elsewhere may be determined to fall within the zone of consideration. However, if this approach is taken then the extenuating circumstances may not also be used as a reason to raise the classification itself;

3.   All students falling within a zone of consideration shall be considered as possible cases for application of the borderline policy;

4.   Students falling within the zone of consideration and with at least half of their final year credits with marks at the level of the upper classification (or higher), shall be raised to the higher classification. The dissertation/project does not have to be among the credits at the higher level;

5.   Students falling within the one per cent zone of consideration and not meeting the requirements of point 4, but with significant extenuating circumstances in the final year not taken into account elsewhere shall be raised to the higher classification provided the SEB is confident that – without the effect of the extenuating circumstances – the student would have achieved the higher classification.

Resit

Students are allowed one resit attempt.

Students will be automatically opted in to their resit, however students can still opt out and forfeit the attempt if they choose to do so. The resit will take place at the next available opportunity either in the late summer period or main examination period of the following academic year.
Please note that the progression requirements for clinical components of the course are separate and students must refer to the specific guidance on this from RTC.

F.   Writing and Assessment

Plagiarism and referencing

QMUL defines plagiarism as: "Presenting someone else's work as your own, whether you meant to or not. Close paraphrasing, copying from the work of another person, including another student, using the ideas of another person, without proper acknowledgement, or repeating work you have previously submitted without properly referencing yourself (known as 'self plagiarism') also constitute plagiarism."

Regulations on Assessment Offences www.arcs.qmul.ac.uk/students/student-appeals/assessment-offences/index.html

Plagiarism is a serious offence and all students suspected of plagiarism will be subject to an investigation. If found guilty, penalties can include failure of the module to suspension or permanent withdrawal from Queen Mary.

It is your responsibility to ensure that you understand plagiarism and how to avoid it. The recommendations below can help you in avoiding plagiarism.

- Be sure to record your sources when taking notes, and to cite these if you use ideas or, especially, quotations from the original source. Be particularly careful if you are cutting and pasting information between two documents, and ensure that references are not lost in the process.
- Be sensible in referencing ideas – commonly held views that are generally accepted do not always require acknowledgment to particular sources. However, it is best to be safe to avoid plagiarism.
- Be particularly careful with quotations and paraphrasing.
- Be aware that technology, such as TurnItIn, is now available at Queen Mary and elsewhere that can automatically detect plagiarism.
- Ensure that all works used are referenced appropriately in the text of your work and fully credited in your bibliography.

If in doubt, ask for further guidance from your adviser or module tutor.

QMUL and RTC treats plagiarism as a serious offence and as part of this encourages submission of coursework though Turnitin (a text matching tool that identifies where text in student work matches external sources).

Further information on Plagiarism

Plagiarism is to take and use the thoughts, writing and ideas of another person and pass these off as your own, whether you have read these in books or articles, taken them from a web page or heard them in a lecture/workshop. Usually we all formulate our own ideas from the things we read, experience and hear. Plagiarism involves a blatant and deliberate attempt to pass off someone else's ideas as your own, or to copy sections or chunks of text from another's work without attempting to put these ideas into your own words or acknowledge the sources. This constitutes a plagiarism; a form of theft and could put students' participation on the programme at serious risk.

At QMUL and RTC plagiarism is taken extremely seriously and it can have serious consequences. On the other hand, it is impossible to study at university without using other people's ideas. So, how do you overcome this problem – the need to avoid plagiarism while using and referring to other people's ideas? The answer is that you can include other people's ideas in your work as long as you do not just repeat what you have read. Instead, you need to translate these ideas into your own words and add your own thoughts and analysis about what you have included. In other words, it is acceptable to use other people's ideas in your work but it is essential that you build on these ideas (adding your thoughts) and in so doing create your own, original work. However, in order to avoid plagiarism, there is a second important thing you must do when you use other people's ideas in your work: you must acknowledge what you have done. The way you do this is by including references in your text (citing/citations) and a bibliography at the end of your work.

In simple words, plagiarism is taking another person's words or ideas and using them as if they were your own. It is extremely important that you understand what plagiarism is and take steps to avoid it. If even a small section of your work is found to have been plagiarised it is likely that you will fail that assignment and possibly the whole module. In more serious cases, you can be expelled from the university.

Plagiarism has always gone on, but the growth of internet has made it much easier, with a massive expansion of the amount of information available to students. There can be a temptation to "cut and paste" sentences or paragraphs from websites and to insert them into your own essay. This is not acceptable. As well as being dishonest, plagiarism is ultimately self-defeating as you will not learn by copying. Essays and assignments are as important to your development and eventual success as exams. Nor does plagiarism necessarily mean better marks. But perhaps the most convincing argument that can be made against plagiarism is that there is a high chance that you will get caught. Just as the internet has made plagiarism more tempting, it has also made it much easier to detect.

G.   The Student Guide

my.qmul

my.qmul should be used together with this handbook for general information on your time at Queen Mary.

my.qmul contains a wide range of information, including:
- Academic and student support services
- The academic year
- Campus facilities
- Details of some key Academic Regulations
- How to? advice
- QM contact information
- Calendar
- Graduation
- Student administration, and enrolment advice
- QM policies
- Campus and QM information

Appendix 1
(for detailed module descriptions and timetables please see QMPlus)

The course details are as follows:

Year 1
There will be three modules at level 8 (Total: 120 taught credits and 60 research credits)
Foundations of Contemporary Psychoanalysis (60 credits-towards the non-research component)
Intercultural Psychoanalysis: the evidence (60 credits-towards the non-research component)
Research Methods including the development of a study protocol (60 credits-towards the research component)

Clinical placement: either 33% of time is spent on placement if already established at start of course as is the case for some candidates; or placement is established in the first year and not taken until year 2,3.

Year 2
Students will take three modules (Total: 150 taught credits)
Psychoanalytical assessment and treatment in an intercultural context (30 credits)
Systemic approaches: organisations, groups and families (60 credits)
Intercultural psychoanalysis and its place in society (60 credits)

Clinical placement: either 33% of time is spent on placement if already begun in year 1; or 50% of time if begun in year 2. The clinical placement is intended to also be the venue for research activity, if possible with permission from your placement manager and placemen supervisor, and gathering original data in the form of evaluation data or transcripts of clinical sessions. Students should adhere to the Confidentiality Policy of the RTC and of their Placement Organisation at all time.

Year 3
Research Dissertation (210 research credits).
The research dissertation will include the following elements: a critical and systematic literature review, a coherent, original and detailed investigation which can take the form of a) original hypothesis driven research or b) an exploratory qualitative study to better understand a new area of evidence based practice or policy, or c) a coherent series of detailed case studies that elaborate existing theories and challenge or improve them (for example, feasibility and pilot studies).

The methodological standards for each approach must meet doctoral level criteria, be original, and rigorously applied and reported permitting replication of original research. New methodological approaches to collecting and analysing data will be encouraged, as well as research that responds to an original research

question. The research may and mostly will be located in the clinical practice placement.

The research will take advantage of a unique disease area or specific challenge around access to care or the development of new procedures or intervention elements; or it may recruit patients form the population, or for multi-centre studies it may include several services from which patients can be recruited. Interdisciplinary research will also be encouraged, for example, there is a new wave of research that attempts to link neuroscience, imaging, biomarker and psychoanalytic research traditions (attachment theories, suicide and self harm behaviours, personality disorders, PTSD research).

Research may focus on outcomes of specific interventions at a group level, randomised designs, or outcome development, or the development of new assessment schedules to permit improvements in practice, alongside the testing of innovations. Detailed individual case studies is a tradition in psychoanalytic research, where patients may be seen for 1-5 times a week, with detailed documentation of patterns of thinking, emotional recall of past events, all influenced by cultural and linguistic influences; this reveals a great deal complex historical and psychological information that requires systematic and critical analysis when drawing clinical and research conclusions. Methods of collecting and analysing such data are being developed and could form the basis of research projects. A strong theoretical framework in the context of the wider literature must underpin such research, and the research should seek to modify, improve, or challenge theory and improve practice.

All research should meet the standards of a Doctorate, specifically it must demonstrate a deep synoptic understanding of the field of study (through literature review and analysis of the reasons for the research), objectivity and the capacity for judgment in complex situations, autonomous work and a significant and distinct contribution to knowledge and practice, evidence of originality through the discovery of new facts, exercising independent critical judgement and/or innovation in practice.

The protocol will be completed in year 1 alongside the taught element on research methods alongside a background literature review. Ethical forms will be prepared in year 1, but clearance sought by year 2; pilot work will be completed in year 2, and the research work may begin in year 2, completed in years 2 and 3, with delivery of the final thesis by the end of year 3.

Clinical placement: either 33% of time is spent on placement if already established and begun in year 1; or 50% of time is spent on clinical placement; note the placement is also the venue for research so might be understood as a 'laboratory of data gathering'.

Appendix 2
Research dissertation

The dissertation is up to 50,000 words in length.

The format of the dissertation is as follows:
Title page
Abstract
Introduction
Aims, Hypothesis & Objectives
Research Methods & Methodology
Results
Discussion, Limitations & Conclusion
References
Appendix (Acknowledgements, detailed information on quality assessment, evidence of ethical clearance, copy of the questionnaires, and any supporting documents, for example, consent forms and relevant tables).

Full-time students with no previous background in research methods do not have enough time to secure an ethical approval for their research project as well as carry out primary data collection, data analysis, and write up. This is evident from experience; those trying to do so have consistently not been successful. Our advice is to carry out a systematic review, but students can elect to follow original research if they wish and take responsible actions to deliver this within the time available. This is unlikely to be successful unless they are already experienced and secure ethical approval early. We also provide students with the opportunity to join existing research projects. So we would encourage those who are keen to carry out qualitative and quantitative research to join our on-going research projects, rather than developing an unrealistic new research dissertation from scratch.

If you are interested in conducting empirical research (i.e. using participants or empirical data) then you will need to start this process early, as you will need to ensure you get ethical approval and this can take several weeks to months depending on the study you are conducting. We advise that you speak to a supervisor about this as soon as possible.
If you do not secure ethical approval for your project then you:

- Will not be able to start your project and
- Will not be able to use participants for your pilot study.

Key outcomes of completing the dissertation are:

- Literature searching abilities
- Critical thinking skills, specially applied to reading research papers
- Understanding the link between research and health improvement
- Understanding different types of research methods and methodologies
- Understanding how to identify and formulate a research question
- Formulating research/ideas question following a review of the literature or original research papers
- Organising and presenting information and ideas from a variety of sources in a clear and concise manner

Dissertation formatting

Word count	Up to 50,000 words maximum includes everything except appendices and bibliography.
	The word count should be indicated on the front page
Font for main text	12 point in Arial or Times New Roman
Spacing	Double line spacing
Page numbers	Insert page numbers in top right-hand corners for all pages
Tables	All tables and figures should be clearly numbered
Margins	Top and bottom margin : 2cm
	Left margin minimum 3.5 cm to allow for binding
	Right Margin 2.5 cm
Printing	Print on single sides of A4
Binding	The final document should be bound with a standard coversheet on the front

Please submit 1 PDF copy through QM Plus and 2 bound copies of your dissertation by the deadline.

Standard Format of your research project

Your pilot study & research dissertation should be structured as follows:

Title page
Abstract
Introduction
Aims, Objectives (& Hypothesis)
Research Methods & Methodology
Results
Discussion, Limitations & Conclusion
References
Appendix (acknowledgements, quality assessment, evidence of ethical clearance, copy of the questionnaires and any supporting documents, for example, consent forms, and other relevant tables)

Each part of this structure is designed to meet specific objectives in terms of both content and format.

1. **Title page**
This page should enable the clear identification of the:
- student's name;
- academic affiliation;
- date of the submission;
- title of the research topic;

- supervisor's name;
- Word count (excluding only appendices and bibliography)

The title of the research topic should be written in a clear form, for example:

"A systematic review of the impact of Culture and Ethnicity on the therapeutic alliance in psychotherapy" (Langhoff, 2008); "Does migration cause mental illness? A comprehensive review" (Bulter, 2006)

This will later help you with your search strategy.

2. Abstract

This is a short summary (up to 300 words) of your dissertation. This will include key information about the background to the research, methods, results and conclusion.

3. Introduction

This section should cover evidence-based literature related to your subject. This must be written from the standpoint of readers who are not familiar with your topic. You should give a background to the subject and then state why further research into this area is necessary. Towards the end of this section, you should outline what you intend to do in the rest of the document.

4. Aims, Objectives (& Hypothesis)

Your aims, hypothesis and objectives must be stated here. For example, what are you aiming to do in the proposed dissertation? By carrying out your aims, what are you hoping to achieve? In what way?

Aims are usually broad statements of benefits, and objectives are usually more specific statements informing the reader about how you will carry out your research. Please write in bullet points up to two aims and up to four objectives. Your aims and objectives are very important and must be clearly written. Your dissertation will be examined against your objectives, for example: have you carried out what you aimed to do in your dissertation?

Your hypothesis should be stated here unless your research is qualitative. Your hypothesis must be logically based on the findings of your literature review or a concept or theory derived to build on what is already known in the field. All pre-existing works used to define your hypothesis must be clearly referenced as your sources.

5. Research Methods & Methodology

The choice of your research design must be appropriate and justified here. For example, what research methods are you using?
- Qualitative
- Quantitative
- Mixed-Method

Why was a particular approach chosen? What compromises were necessary between feasibility and the research objectives? You must also note down all details relating to your search strategy and data synthesis. How was it carried out? What databases were used when gathering relevant materials/articles? What inclusion and exclusion criteria were selected? What was your quality assessment based on? For example, how would you prioritise the findings of one article over the other? What population was this related to? In which location/setting did this study take place and why? What obstacles did you have to face? How

did you overcome these obstacles? During the research process, you must write down everything you did to collect, organise or analyse your study.

This exercise starts and is practiced in Module 1 as a 'writing a research protocol exercise' from which the pilot study can emerge, and from which your final research project can be developed if you select your topic with care from the beginning.

For systematic reviews a flow diagram is useful to show how papers were identified, and the number of manuscripts at each stage of the review, those that met inclusion criteria and those that were excluded. Forward and backward citation tracking is also used to identify papers. The methods are set out clearly in the course materials.

6. Results

This section is to report key outcomes and the analysis of your data, and to summarize this in a table before in depth analyses takes place. For example, it reports outcomes and analysis from your key sources and research articles. The actual number of research articles that you need to review depends on your research question. If your systematic review is based on a quantitative topic, then you would need to extract statistical information from your articles, p-values (also Odds Ratios, Rate Ratios etc.) and tabulate these. The exact data will vary across research publications but this is something you will need to factor into your analysis.

Do not repeat in the text what is in the tables or vice versa. Make sure you use words economically and to add to what the tables say, bringing out the key points and comparisons.

7. Discussion, Limitations & Conclusion

A detailed discussion of the importance and relevance of your topic should be presented here. This must be based on your findings. You should give a summary of the findings, consider how these related to existing knowledge and how they add. Critically examine and interpret the limitations of the work. Then present the future research you think is necessary and, if applicable, clinical, program, policy or other practical implications.

Referencing for Projects

In the text the author's name and date should be used as follows: ' . . . corresponding figures are reported to be 97 per cent (Dowell & Joyston-Bechal, 1981)' or 'Blinkhorn (1978) studied . . .'. More than two authors are cited as, for example "Backer-Dirks et al. (1961), but three authors are named in full at the first citation. Several references to an author in one year are shown as 1983a, 1983b, etc.. Where several references appear together in the text, they should be in order of publication. Authors of unpublished work or work which is not in press should be included within the text only. The list of references at the end of the paper is arranged alphabetically by name of the first author. The following information is required:

Journals
(1) Authors' names with initials. (2) Year of Publication. (3) Title of article. (4) Full name of Journal. (5) Volume (6) First and last page numbers.

Books
(1) Authors' names with initials. (2) Year of publication (3) Title of book, or title of contribution followed by book title. (4) Edition, if other than the first; names of editors if any; pages. (5) Location and name of publisher.

Computer generated Medline searches make it much easier to establish the background literature for a project. You should always keep a record of your literature search.

If you want to create a manual backup of your search activity then you should buy a supply of small index cards. Record each article and book you have found of use on a separate card. Make sure you record the full title, the author's name and the volume number, date and page numbers and in the case of books or reports, the name and address of the publishers.

It is also useful to start a collection of reprints of useful articles by either photocopying the article or requesting a reprint from the author (for details of this ask your supervisor).

We recommend that Harvard referencing is used. See guidance:
http://www.library.qmul.ac.uk/referencing

Research ethics approval

Although most students will be expected to do a systematic review of the literature, if you are a part time student interested in research involving participants, you will need to seek ethical approval for your research.

What is ethical approval?
Ethical approval is the process by which a committee approves your research as following agreed ethical standards. It is required for all forms of research involving human and animal participants. It is not required for systematic reviews or audits (although some audits may require ethical approval depending on the data being collected – see below). There are two different types:

- Queen Mary ethical approval is required if you are doing research that **does not** involve NHS patients or services. This could still include research with mental health service users, as long as you do not recruit them through an NHS service.

- NHS ethical approval is required if:

  - Participants are recruited due to them being patients and users of the NHS whether past or present (including recently deceased). It includes NHS patients treated under contracts with private sector institutions;

  - Individuals identified who are relatives or carers of patients or users of the NHS.

  - Access to data from NHS Patients.

  - The use of NHS premises or facilities.

  - NHS staff recruited as research participants by virtue of their professional role.

Some studies **may not** need ethical approval, for example if you are using NHS data that has already been collected and anonymised, or if you are using data that is regularly collected by a service (e.g. audit data).

For all projects it is worth seeking an opinion about whether ethical approval will be needed. This can involve calling the relevant ethics committee or research and development (R&D) department and discussing it over the phone.

If you are taking part in another institution's research project and wish to use some of the outcomes as your main research project, then you need to seek advice from your supervisor and contact the Ethics' Committee as soon as possible.

Note: Because of the length of time taken to get ethical approval, sometimes up to four or more months, we encourage full time students to do a systematic review. If you are interested in doing research involving participants, it is necessary to start planning as soon as possible.

What is involved in obtaining NHS or Queen Mary ethical approval?
There are differences in the forms you need to complete and the number of steps required. A major difference is that NHS ethical approval tends to take a lot longer and involves more work than university based approval.
Further details of getting approval from Queen Mary can be found:
www.arcs.qmul.ac.uk/academic_board/research_ethics_committee/index.html

To carry out research in the NHS, you need to:
1. Formulate a research question
2. Identify a trust or a service which is willing to host your research.
3. Decide if your research counts as "research" (rather than audit) and needs NHS ethical approval. (trust R&D departments can help with this)
4. Get R&D (research and development) approval from that trust. This may involve getting an honorary contract, unless you already work in the NHS or have a contract.
5. Complete and submit the NHS ethics form and all supporting documentation (e.g. R&D ethical approval)
6. Attend an NHS ethical review board (you don't have to attend, but it generally helps, as you can answer any questions there and then).
7. Receive answer from review board.
8. Answer any ethical concerns.
9. Celebrate as you now have ethical approval!

The procedure for NHS ethical approval is outlined in full here: http://www.hra.nhs.uk/about-the-hra/our-committees/res/

The standard application form for submitting a request for ethics can be found here: https://www.myresearchproject.org.uk/.

Appendix 3
Clinical Practice Requirements

Requirement for training patients
After you have been in personal analysis (minimum twice per week) with an RTC-approved analyst for a year, you will be eligible to take on training patients. As part of your clinical training you need to see 2 patients that you see privately (twice per week minimum) for 18 and 24 months respectively. You need to have 570 hours supervised practice with the two training patients. We suggest that you see your patients 3 times a week if it is practically possible for you and patients

Clinical placement
Students will have to start looking to secure appropriate clinical placements as early as possible. RTC may offer a small number of placements each year, and will provide students with list of possible organisations to apply to.

Other placements are permissible if they meet standards of the clinical accrediting body. We strongly encourage students to seek placement within the NHS, but other voluntary or statutory sector clinical settings will be considered as well. Students are encouraged to start planning to set up their own private practices from the beginning of their training. Trainees have to ensure they adhere to the RTC, the UKCP-CPJA (United Kingdom Council for Psychotherapy-Council for Psychoanalysis and Jungian Analysis) codes of ethics and practice; and have in place appropriate indemnity insurance and regular clinical supervision with RTC approved supervisor before seeing patients.

Students are required to be in placement in an organisation providing psychodynamic counselling and/or psychoanalytic psychotherapy for one year. You should start to think about this in the beginning of your first year, as the placement will be undertaken during the second year of the programme. Placements can be in an NHS setting or in other therapeutic services, and must be British-based. You are encouraged to have two placements with different organisations in order to learn to work with different types of client, and in both long and short term work.

It is your responsibility to locate appropriate placements for yourself. However, support and guidance for students about where to look for placements will be available, and RTC will help all students find placements. As indicated above RTC will compile a database of appropriate, possible placement organisations; we will display relevant information on the student notice board; and can offer support where needed with preparing application letters. You can also speak with your Personal Tutor or your Clinical Seminar Leader for guidance.

Although, some placements may be possible at RTC,you cannot depend on this as the numbers of placements that the Centre can offer each year is very limited. However, all placements outside RTC will be subject to the programme's approval by the placement coordinator to ensure that placements at RTC and in other settings will be equivalent and all the requirements for placement are met. Placements at RTC and approved placements in external agencies will be treated as equal, and neither will be privileged in relation to assessment of clinical practice. Some students who are not able to be placed due to issues relating to personal circumstances or readiness may be subject to RTC and QMUL's Suitability Procedure regarding programmes leading to a professional qualification.

You will need to comply with any requirements for DBS checks and ISA vetting at your placement organisations, as well as any professional, statutory or regulatory body requirements governing your suitability. Furthermore you must respect and adhere to all relevant policies of the placement organisation with regards to both children and adults. Once in placement, you will receive support and supervision from your Placement Supervisor, as well as from your Personal Tutor and Clinical Seminar Leader at RTC For students that who do not have their placement at the RTC, the RTC's Placement Coordinator will communicate with your selected placement organisation and your placement supervisor in order to obtain assessment documentation and reports regarding your progress.

Your Placement Supervisors must be five-year post-qualified, psychoanalytically trained and registered with the UKCP-CPJA or BCP, preferably with experience of work with refugees or patients from other black and ethnic minorities. RTC will provide Placement Supervisors with clear guidance regarding assessment criteria for the programme, and the Placement Supervisor's assessment reports will be considered in conjunction with reports from the student's Clinical Seminar Leader at RTC, and student reflective practice reports in order to ensure consistency and reliability of the assessment.

Placement Aims
The aim of the placement is to equip you with an understanding of the clinical aspects of mental health and psychotherapy within institutions; this is an essential aspect of the programme. It gives you insights into working therapeutically within an organisational setting, and helps you to develop your clinical skills and professional development within a team. The aim of the placement also is for trainees to learn to work in an organisational setting. The clinical placement is in addition to the private work with training patients undertaken by you as an intercultural psychoanalytic psychotherapy trainee.

What you may learn in your placements:
-	One to one therapeutic skills with adults
-	The possibility of group work
-	The possibility of working within an organisation
-	Learning to work and collaborate with other agencies
-	Working with other clinicians as part of the multi-disciplinary team to learn about other therapeutic interventions, their assessment processes and treatment

Placement outcomes
Students will:
-	Be confident and competent to practise
-	Be able to relate, to learn theories and critically imply and analyse their own understanding of issues
-
Suitability Procedure
RTC will confirm that all placement organisations meet the following criteria satisfactorily before agreeing to place any students there:
•	Patients referred to students must be previously assessed by a senior clinician within the agency (five-year post-qualified, psychoanalytically trained and registered with RTC, CPJA-UKCP or BCP) to ensure suitability for treatment by a trainee. In the absence of adequate assessment facilities, the programme staff may be called on at the expense of the placement organisation or students.

• Placement agencies must provide students with one hour of supervision with a five-year post-qualified, psychoanalytically trained and registered with RTC and or CPJA-UKCP or BCP, for every six hours of patient contact. In the absence of adequate supervision facilities within the organisation, an external supervisor may be engaged at the expense of the placement organisation or students

• Placement organisations must provide students with an induction at the beginning of the placement and support the student with familiarisation of administrative and other systems of the organisation, including guidance on good practice and ethics, office procedures and the organisation's policies.

• Where necessary the placement organisation must provide appropriate training on Safeguarding Vulnerable Adults and in the case of children involve risk assessments and Child Protection.

Placement organisations must have in place:
• A safe environment;
• Safe and effective practice;
• Capacity to deliver learning, teaching and supervision designed to encourage safe and effective practice, independent learning and a high standard of appropriate professional conduct;
• Expectations for professional conduct and related processes for addressing concerns or complaints that arise in relation to the trainees' fitness to practice;
• Clear communication and lines of reporting

A contract outlining the terms and conditions of the placement will be provided by RTC, and signed between the placement provider and students. This should include:
• Timings and duration of placement
• Code of ethics and practice
• Clinical procedures
• Confidentiality issues
• Health and safety requirements
• Complaints procedures
• Procedures to allow students to complete placement requirements in cases where the placement needs to be terminated early by one of the parties involved.

RTC's Placement Coordinator will be responsible for ensuring
• The suitability of placement providers according to the above criteria
• Placement providers are aware of their responsibilities in relation to students in placement
• There is a signed pro-forma or contract for each placement confirming that the necessary requirements is in place at the provider
• Assessment documentation from Placement Supervisors is received on time
• Feedback from students is collected both during the placement and on completion of the placement
• Students and providers have relevant information about the learning outcomes to be achieved and are aware of the assessment procedures including the implications of, and any action to be taken in the case of, failure
• Regular reporting to the programme leader and programme committee

The Placement Supervisor

Clinical supervision is a process that promotes personal and professional development within a supportive relationship, in order to ensure high clinical standards and the development of expertise.

The role of the clinical supervisor is therefore central to the provision of high quality training. Placement organisations must therefore ensure that they meet the following criteria for the appointment of clinical supervisors. In order to fulfil the requirements of the role, supervisors must demonstrate that they:
• Value the clinical supervision
• Have a strong interest in Intercultural clinical development
• Are proficient practitioners, with a good level of knowledge, skills and experience
• Are able to be supportive and to create a trusting relationship for learning with the supervisee
• Have excellent time keeping

<u>Placement Supervisors will be responsible for:</u>
• Monitoring and evaluating students on placement
• Delivering clinical supervision to students on placement
• Filling in assessment documentation and reports regarding students on placement. A sample Proforma for the Placement Supervisor's report can be obtained from the RTC
• Liaising with Personal Tutors regarding students' progress; reporting concerns about student progress to RTC's Placement Coordinator
• Clarifying the nature of the supervisory relationship with students
• Clarifying appropriate boundaries and confidentiality, as well as any exceptions (i.e. any circumstances in which client or staff safety and well-being may be compromised by confidentiality. Any such disclosure will be discussed as part of the process)
• Clarifying the importance for all concerned of discussing and negotiating placement arrangements with the line manager within the organisation
• It is the responsibility of both the placement supervisor and the student to keep clear, accurate and up-to-date records of supervision meetings. While these records must respect the confidentiality of patients, the supervisor's and supervisee's log of meetings (i.e. times and dates) must be accessible for purposes of audit and evaluation in the Placement Organisation.
• Encouraging students to keep their own more comprehensive records, for example, as part of a reflective journal and/or professional portfolio.
• Being explicit and open concerning any factors which are relevant to his/her relationship with the student. Such factors might include issues such as the interface with management responsibilities, possible conflicts of interests, and multiple relationships, any of which may impinge upon the supervisory relationship.

Clinical Supervision
Clinical supervision is a process by which students and supervisors build a relationship to reflect together on the student's clinical practice; the aim is to increase understanding of the clients/patients presenting problems and the students' clinical intervention and most importantly, to improve standards of clinical practice and client/patient care. Supervisors will be responsible for ensuring that the student understands and meets the professional standards expected at the level of the Programme – e.g. record keeping, communicating with clients/patients and other professionals, attending clinical and other relevant meetings required. The Supervisor has to ensure that students meet the programme requirements.

Supervision provides an opportunity for students to:

       - Reflect upon and review clinical practice
       - Reflect on transference/countertransference
- Learn from positive and negative criticism
- Become skilled at using supervision to further patient's progress
- Accept the need to discuss issues that may arise in personal therapy
- Discuss individual cases/group work in depth
- Review implementation of code of ethics, code of practice and clinical guidelines
- Gain support and feedback on clinical performance and outcomes
- Develop clinical skills and knowledge
- Identify and plan for further learning and development needs
- Focus on performance (i.e. what student does in the workplace)
- Establish evidence based practice within psychoanalytical intercultural framework
- Record these evidences as they occur

The clinical placements and clinical supervision have a formative function as the basis for feedback and educational planning for students clinical learning and developments. This is helping to identify any specially focused teaching and learning that might be necessary to fill gaps or resolve weaknesses. Students have to write process notes of their sessions with their patients and their learning from and with patients' and about supervision throughout the training to demonstrate effective learning. Students are staying with the same approved supervisor/s and not to leave them until the end of training/clinical placement. Although individual sessions and recording have no 'pass' or 'fail' score, taken together they contribute to the summative function of providing evidence for the attainment of competencies and professional maturity.

However, in placement, for students to attain a successful completion of the supervision process it is mandatory for placement supervisors, as part of the narrative report, to fill the form, which is part of formative assessment of the clinical placement toward students' eligibility for the completion of the Programme.

This section explains some of the main terms that you are likely to encounter in this handbook and in your studies.

Academic credit: An indicator of the amount and level of learning. Given in multiples of 15.

Academic level: The relative complexity, depth of study, and learner autonomy required in relation to a module in the context of its discipline. Each module shall be assigned a level from the following scale:

- Level 3: Foundation or pre-degree level (previously level 0)
- Level 4: Introductory (previously level 1)
- Level 5: Intermediate (previously level 2)
- Level 6: Final (previously level 3)
- Level 7: Masters (previously level M)
- Level 8: Research level

Academic Supervisor: academic supervisor for the dissertation

Academic year: A period running from 1 August to 31 July. The developmental years of most undergraduate programmes follow academic years, and policies and regulations are normally written by academic year. See also developmental year, and calendar year.

Advanced standing: Prior, certificated study from another institution deemed equivalent to QMUL modules from which exemption is sought.

Assessed coursework: Coursework that students are required to complete and submit, and which contributes in whole or in part to module marks and awards.

Award: Undergraduate, graduate, and postgraduate certificates, diplomas, bachelors degrees, and undergraduate and postgraduate masters degrees. The awards offered by QMUL are detailed in the Ordinances and the Academic Regulations.

Calendar year: A twelve month period. Many masters programmes run for a full calendar year, which may cross two academic years. See also academic year; developmental year.

Clinical supervisor: supervisor for clinical practice.

College: Queen Mary University of London (QMUL).

College Mark: The weighted average of a student's performance, calculated in accordance with the regulations for the award, on which the classification of the award is based. It is held to one decimal place.

Component of assessment: See Element of assessment.

Compulsory module: A module that must be taken to meet requirements for progression or award.

Core module: A module that must be taken and passed to meet requirements for progression or award. Core modules cannot be condoned.

Co-requisite module: A module that must be taken at the same time as another, specified, module.

CPJA: Council for Psychoanalysis for Jungian Analysis

Course, course unit: See Module. The terms course and course unit are no longer used.
Delegated authority: Where the authority invested in an individual or body is delegated to another individual or body for a specified purpose.

DBS: Diclosure and Barring Service

Developmental year: A year of a programme. Normally one academic year of full time study, during which a student is normally required to be registered for 120 credits of modules. Developmental years for part time students normally last two years. See also academic year and calendar year.

Dissertation, project, research project: An extended piece of independent study assessed by an output report or extended essay. The dissertation or project comprises a significant part of most masters and all doctoral programmes.

Element of assessment: An individual item of assessment. The assessment for a module may comprise several elements of assessment.

Enrolment: A process by which individuals with offers of places to study become students of QMUL. New students must pre-enrol before enrolment, and returning students must re-enrol each year.

Extenuating circumstances: Circumstances that are outside a student's control which may have a negative impact on a student's ability to undertake or complete any assessment so as to cast doubt on the likely validity of the assessment as a measure of the student's achievement.

External examiner: A senior professional academic from outside QMUL who monitors the assessment process for fairness and academic standards.

Field of study: The description of the modules passed by a student. Represented in the title of the award conferred upon a student.

First sit: The repeat of all or part of a module's assessment following a certified absence at the first attempt due to extenuating circumstances acceptable to the examination board. A first sit replaces the first attempt and does not count towards the value of academic credit for which a student must normally be registered in an academic or developmental year. First sit module marks are not capped.

First take: The repeat of a module following failure at a previous attempt. This involves attendance and completion of all elements of the module, and submission of all assignments,

whether assessed or not. First takes count towards the value of academic credit for which a student must normally be registered in an academic or developmental year. Module marks for first takes are not capped. First takes incur pro rata tuition fees.

Intercollegiate examiner: An external examiner from within the University of London.

Invigilated examination: A timetabled summative examination that contributes in whole or in part to the module mark.

Journal of Journey: a reflective journal documenting your emotional experience throughout your training

Level: See Academic level.

Module assessment: Assessment of the performance of a student on a module. This may include a variety of elements and forms, including coursework, dissertations, and practical assignments.

Module: An approved block of teaching and learning leading to the award of academic credit and forming part of a programme of study. 'Module' also refers to course, course unit, subject, or any equivalent approved unit of assessed teaching.

Module mark: The overall module result. This may be an aggregate of marks from several elements of assessment, which may be weighted. It is held to one decimal place.

Notional study hours: The number of hours required to complete an academic credit, module, or programme.

Pathway: A specific combination of modules within a programme leading to a named award.

Prerequisite module: A specified module that must be taken before a second specified module can be taken.

Professional Practice Portfolio: comprises an assessed written student report, with reports from Placement Supervisor and Clinical Seminar Leader

Programme regulations: The regulations for an individual programme of study, approved by Senate, or its delegated authority.

Programme of study (programme): A package of modules approved by Senate, or its delegated authority, and leading to an award of QMUL or the University of London.

Progression: The process of moving from one developmental year to the next, or from the taught element to the dissertation or project element of a programme.

Project: See Dissertation

QMACF: Queen Mary Academic Credit Framework. The structure of academic credits and levels applied to all modules and programmes leading to awards of QMUL or the University of London (introduced in 2008).

Qualifying mark: A specified minimum mark that must be obtained in one or more elements of assessment in order to pass a module. This is in addition to, and distinct from, the requirement to achieve a pass in the module mark to pass the module. For example:

'Students must obtain a minimum aggregated and weighted coursework average of 30.0, and a minimum module mark of 40.0, in order to pass the module.'

Registration: A process by which a student signs up for modules of a programme of study.

Required assessment: Assessment that students are required to complete to a prescribed standard and to submit, but which does not contribute to the module mark.

Research students: Students registered for a programme of study specifically designated as a research programme. Research programmes have separate Academic Regulations.

Resit: The repeat of all or part of a module's assessments, following failure at a previous attempt. Resits do not involve the repeat of attendance for the module. They do not count towards the value of academic credit for which students must normally be registered in an academic or developmental year.

Retake: The repeat of a module following failure at a previous attempt. Retakes involve attendance and completion of all elements of the module, and the submission of all assessments (summative and formative). They count towards the value of academic credit for which students must normally be registered in an academic or developmental year. Retakes incur pro rata tuition fees.

RTC: Refugee Therapy Centre

Special regulations: Programme regulations that diverge from the general Academic Regulations for good reason, and which are approved by Senate or its delegated authority. The special regulations are detailed in Sections 6 and 7 of the Academic Regulations.

Students: Students of QMUL. Ordinance C1 describes 'those persons who are students of QMUL and associate students of QMUL'. The Academic Regulations apply to all students undertaking undergraduate or postgraduate study at QMUL, and to any persons whom Senate declares to be students of QMUL.

Subject: The term by which modules (see Module) are known for the LLB and other programmes that operate under the LLB regulations. Where the term 'module' is used in these regulations it also refers to subjects, unless otherwise stated.

Taught component: The parts of a programme delivered as taught modules, as opposed to dissertations or projects. The term is generally used in relation to postgraduate programmes.

Total credit value: The total amount of academic credit required for an award.

Threshold requirement: A progression requirement for MSci and MEng programmes. Students must achieve a year - or aggregate - average (threshold) to progress to the next developmental year. This is in addition to the credit requirements for progression.

UKCP: United Kingdom Council for Psychotherapy

University: The University of London, unless otherwise specified.

<p style="text-align:center">Assessment types definitions</p>

Invigilated examination (EXM): A formal, timed and invigilated assessment that takes place under the regulations for invigilated examinations.
To include, but not limited to: Seen and unseen examinations (including on-line examinations) that take place in QMUL's formal examination periods.

Coursework (CWK): An assessment that takes place during the module.

To include, but not limited to: Essays; reports; presentations; poster presentations; seminar or tutorial work; in-class or in-semester tests; mid-session examinations; project proposals; gobbet exercises; homework sheets.

Practical (PRA): An assessment that requires the application or demonstration of knowledge and/or skills/competencies in a practical context.

To include, but not limited to: Laboratory work; computer work; performances; fieldwork; Objective Structured Clinical Examinations; oral assessments in languages.

Dissertation/project (DIS): An extended piece of independent study that is assessed by the output report or long essay.

To include, but not limited to: Dissertations; research projects; project reports;

Professional capability (CAP): An assessment of a student's professional attitude and conduct to meet the requirements of a Professional and Statutory Regulatory Body.

To include, but not limited to: Assessment of behaviour and conduct (primarily for primary qualifying medical and dental qualifications but may be appropriate in other programmes).