

Arts Therapies Practice Based Learning Resources

Some resources for practice educators and Arts Therapies Trainees



NHS Education for Scotland Allied-Health Professionals Practice-Based Learning Recovery Project

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# Introduction

## Using these resources

The information in this package is designed to support Arts Therapies (Art Psychotherapy, Dramatherapy and Music Therapy) trainees[[1]](#footnote-1) throughout their placements within NHS settings. This has been developed as part of the NHS Education for Scotland Practice Based Learning Recovery Project to support practice educators and trainees within diverse NHS settings.

Practice Educators may choose to make use of some, or all, of the resources presented below. However, we advise that trainees read through all the resources to facilitate a greater understanding of some of the expectations and processes inherent in an NHS placement.

This is designed to be an electronic resource. You may jump to a section by control + clicking the title within the contents page or selecting “View” in the tab overhead and ticking “Navigation Pane” to observe contents on the right of the document.

Within this section, you will find the practice education handbooks for each modality, trainees should access the handbook relevant to their course of study. This section also contains the HCPC Guidance on Conduct and Ethics for Students, and a well-being toolkit.

## The Practice Education Handbook

Practice Education information is included in each programme’s handbook. Please access the handbook that is relevant to your field of study: <https://www.qmu.ac.uk/current-students/practice-based-learning/>

## HCPC Guidance on Conduct and Ethics For Students

The HCPC Guidance on Conduct and Ethics for Students can be found at the following link:  
<https://www.hcpc-uk.org/globalassets/resources/guidance/guidance-on-conduct-and-ethics-for-students.pdf>

## Well-Being Toolkit

[ QMU have created a Wellbeing Toolkit](https://eur01.safelinks.protection.outlook.com/ap/b-59584e83/?url=https%3A%2F%2Fscottish.sharepoint.com%2F%3Ab%3A%2Fs%2FAHPPracticeEducationResourceSite%2FEXTP37n57TJDnofldZCkBJoBn3p4C-VcLuo7N0-RfsnmYw%3Fe%3Dsy3yXV&data=05%7C01%7CKassandra.Esilva%40nhslothian.scot.nhs.uk%7Caf7481cb3fd3420f9d1e08dabccb759d%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638029879304765717%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=FY0Abe7kfA75B72ELnWZz7iynMd7ejrBQ9w4fuMlTts%3D&reserved=0)  to encourage resilience and support trainees and Practice Educators to look after the wellbeing of the trainee on placement.

# Pre-placement Resources

## In This Section

Once the university has allocated you to a placement, there are various resources you may decide to use to support setting off on the right foot. These may be presented as a delivered induction, as a printed package for each trainee, or both.

In this section you’ll find:

1. **What we are aiming for 1: Nine Core Competencies for Arts Therapists.**
2. **What we are aiming for 2: Principles of Good Practice***.*
3. **What we are aiming for 3: Band 6 Generic Job Description**
4. **Pre-Placement Interview.**
5. **Logistics of Placement.**

## Nine Core Competencies for Arts Therapists

*This document gives trainees a clear idea of the competencies they should be able to demonstrate in their clinical work by the end of placement in order to pass their placement.  
 Based on University College London psychoanalytic/psychodynamic competences and adapted by NHS Lothian Arts Therapies*

Table

Description automatically generated

## Principles of Good Practice

*The Principles of Good Practice works alongside the Nine Core Competencies to guide trainees as to what their clinical work should look and feel like. These comprise the key ingredients of the therapist’s stance in sessions, and indicators of progress.   
 Courtesy of Jonathan Shedler, adapted from Nancy McWilliams*

Arts Therapies: Principles of Good Practice

**Therapeutic stance**

* Interested, empathic, engaging, authentic and validating
* Explorations, curiosity, maintain not-knowing stance
* Managing session (including group) boundaries
* Attending to group phases
* Active promotion of group cohesion, attending to the group and each member
* Modelling use and potentials of art form and expanding use of art form
* Attention to implicit experiences (arts based, embodied communication, emotional content)
* Focus on relationship between therapist and client
* Encourage integration of arts, implicit and relational experiences within the group/session
* Integrating use of art-form and associated understanding inside and outside of sessions
* Acknowledging and encouraging strengths, preferences, positive experience, associated mastery of emotional states
* Maintain curiosity about non-mentalising states

**Indicators of Therapeutic Progress**

* Greater attachment security/sense of safety in relationships
* More integrated and coherent experience of self and others
* Increased sense of personal agency
* More realistically grounded and reliable self-esteem
* Greater emotional resilience and capacity for affect regulation
* Quicker to regain affect regulation and mentalising capacity when lost
* Greater ability to reflect on and understand own and others’ inner experience
* Increased comfort in functioning both independently and communally (interdependently)
* More robust sense of vitality and aliveness
* Enhanced capacity for acceptance, forgiveness, gratitude
* Movement towards more mature and flexible defenses

*Courtesy of Jonathan Shedler, adapted from Nancy McWilliams*

## Band 6 Job Description

*Any trainee who passes their placement should be equipped to apply for a Band 6 Arts Therapies job.*

This is an example of a Band 6 job description from NHS Lothian. It is important to note that different NHS Boards may have different job specifications, and this is included here only as an exemplar to illustrate what trainees may expect when applying for jobs as a newly qualified therapist.



## Pre-Placement Interview

*This proforma provides a structure for the initial interview between Practice Educator (PE) and Trainee. The purpose of the interview is to stimulate active and reflective thinking and discussion from the outset of the placement. It also gives the trainee an idea of who their PE is and what they can expect from the placement.  
Each setting may choose to use/adapt the interview to suit their purposes.   
 Courtesy of NHS Lothian*

Name:

* I’m curious about the key factors in you deciding to train as an Arts Therapist.   
  Could you tell me something about this?
* Tell me about your first Arts Therapies placement.  
  Can you tell me about a piece of work you felt went well?   
  And a piece that didn’t go so well?
* What do you know about the setting for your upcoming placement?
* Trainees often run groups with a co-facilitator. Could you tell me about some of the things that you would be thinking about in preparation at the start of the group both inside and outside of the therapy room? What would you bear in mind when working with a co-facilitator?
* Scenario Question about working with vulnerable people:   
  *During one of the group sessions, one patient presents with wounds on their arm – how might you respond at the time in the group, what actions would you take?*
* In individual treatment a trainee normally works with at least two patients on a weekly basis. When coming to the end of the piece of work, what things do you put in place to help the patient end their treatment? Think about inside and outside of the therapy room.
* Could you tell me a little of your understanding of [insert a Diagnosis, Symptom, or Problem, relevant to the placement setting], and their treatment?
* Scenario Question about the dynamics of working as part of a Multi-Disciplinary Team:   
  *Your clinical team comprises mostly clinical psychologists, CBT therapists and support workers.*  
   *A senior Psychology colleague approaches you and asks that you work with a long-term patient of theirs who they think could really benefit from Art Therapy treatment. They want you to start this work as soon as possible.   
    
  What things might you consider in thinking about whether this is an appropriate referral? Think about what might be behind your colleague’s request, and what might be happening for the patient.*
* What do you bring to this placement?
* What would you like to achieve here for your learning?  
   *Courtesy of NHS Lothian*

**

## Logistics of Placement

*This section outlines timekeeping, absence and sickness reporting, communication practices, and general professionalism.*

### Hours of work and place of work:

e.g., 9-5 Tuesday and Wednesday. Be changed and ready to start work at 9am, there is half an hour for lunch.

### Presence at work / Absence reporting / checking in and out (where lone worker):

Trainees will be on placement for the duration of placement except for planned breaks agreed with the HEI. Any other time off must be agreed with their practice educator.

If a trainee is unwell or needs to take time off for any other reason, they must inform the clinical site of their placement, their practice educator and their Personal Academic Tutor at University.

Following a safe and well procedure, the trainee will either be checked in by their practice educator or a designated person at the site of their placement. Should the trainee not be there when expected, the practice educator (or designated person) will try to contact the trainee and will contact the university to ensure the trainee is safe.

### ID Badge

Trainees should always have both their QMU name badge and relevant NHS ID badge (or equivalent ID badge, if applicable) visible within clinical areas.

### Communication / checking of email / email signature etc

Trainees should communicate through their NHS email once this has been set up (if applicable) and should check this regularly.

Below is an example email signature for trainees and can be adapted in line with setting-specific guidelines:

***Jock Tamson***

Trainee Dance-Movement Psychotherapist Therapist

North-South Community Mental Health Team**,** Inchbridge Street House

9:00-17:00 Tuesdays and Wednesdays

**For urgent queries out with my office hours:**

**Practice Educator:** *Jane Bloggs***,** *Dramatherapist, 07 123 45 678*

**Team Lead:** *Aneurin Bevan, NHS Duncairn Outpatient Arts Therapies Team Lead*

# General Placement Resources

## Structure and Organization of NHS Scotland Wards and services

### NHS Scotland National Uniform leaflet



The above PDF describes the uniform colour coding system utilised by NHS Scotland which should help trainees identify staff members within the hospital environment. At present, Arts Therapists may wear a dark blue uniform.

### Description of NHS Scotland Mental Health Services

Trainees may be placed within one of a range of mental health services. Below is a list of some of these, though this is not exhaustive.

* Inpatient services
  + Adult services: Acute, Rehabilitation, Intensive Psychiatric Care Unit, Acquired Brain Injury, Mother and Baby Unit, Forensic Mental Health
  + Older People services: Functional/Organic Acute, Long-stay, Hospital Based Complex Clinical Care units
* Outpatient services
  + Community Mental Health Teams
  + Primary Care
  + Other Specialist services
* Children and Young People Services (CAMHS)
  + General Inpatient and Outpatient
  + Specialist Inpatient and Outpatient
  + Schools

## Information Goverance

Trainees must understand the importance of and be able to maintain confidentiality (HCPC Arts Therapists Standards of Proficiency 7). Trainees must understand how to obtain informed consent as well as the limits of confidentiality (<https://www.hcpc-uk.org/standards/meeting-our-standards/confidentiality/>).

Below is a patient leaflet describing the ways in which information is used/shared within the NHS, briefly overviewing the Caldicott Guardian (information governance safeguarding), and the Data Protection Act 1998.



*Courtesy of NHS Lothian*

## Supervision and the Supervisory Relationship

### Supervision

Supervision, within the context of a trainee placement, is the formal and collaborative process in which trainees meet with their practice educator/supervisor to discuss the clinical content and process of their work, and the placement more broadly including communication with colleagues, setting logistics etc. (HCPC Arts Therapists Standards of Proficiency 11).

 The principle aims of supervision are:

* To protect patient safety
* To reflect on and develop the trainee’s practice

The trainee is responsible for their clinical work. The supervisor is accountable for the trainees’ clinical work and should support the trainee to develop their clinical practice, and to ensure the welfare of the patient through the supervision process.

The process of supervision should ensure that the needs of the patient are being addressed, monitor the effectiveness of therapeutic interventions, support the trainee to monitor and reflect on the work and themselves.  It should be educational, function as a form of self-regulation for trainees, and be both supportive and stimulate the trainee to consider their way of working. It is important that trainees bring aspects of their work that are challenging or that they feel may not be going well rather than only presenting pieces of work that they perceive to be going well. This may help to challenge patterns that appear ingrained and help to expand therapeutic techniques and theoretical knowledge (HCPC Arts Therapists Standards of Proficiency 1.1 – 1.3, 2).

 Supervision may include discussion of:

* The Arts Therapies medium and verbal material
* The emotional and psychological world of the patient, including conscious and unconscious processes
* The relationship between patient and the trainee and the impact of this on the therapy, and areas of resistance/difficulty
* Aspects of placement management as well as clinical content

It may also include exploration of the relational dynamic between supervisee and the supervisor where this reflects or parallels aspects of the clinical work.

This is done safely within the supervisory relationship. Supervision is a clinical resource that benefits from an environment of trust where the supervisee is free to explore challenges and difficulties, including the emotional impact of the work, in a supportive and contained environment.

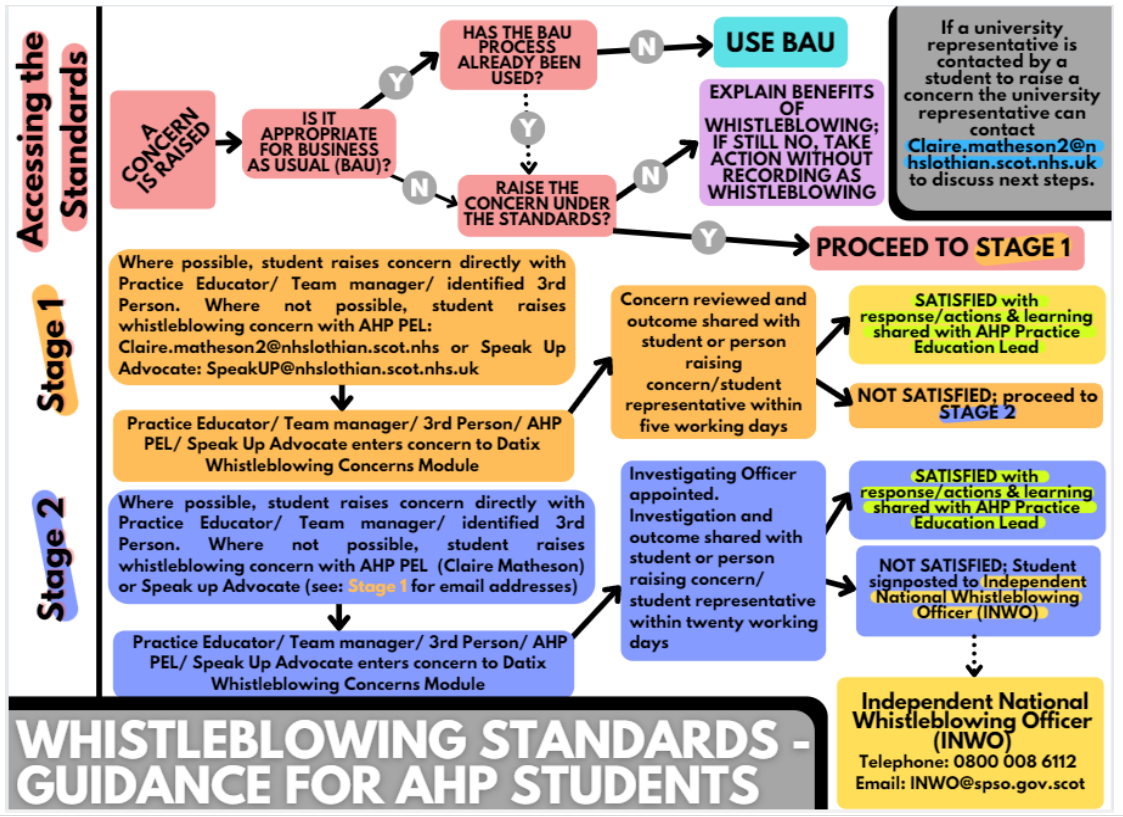
### The Supervisory Relationship

The supervisory relationship is paramount to the supervision process. The questionnaires below highlight aspects that the trainee and supervisor should consider when developing their relationship. You may choose to use these or an abbreviated form to guide the development of, and/or assess, the supervisory relationship at the midway and end points of the trainee placement.



## Whistleblowing

See information about the NHS Scotland whistleblowing policy here [Whistleblowing (scot.nhs.uk)](http://intranet.lothian.scot.nhs.uk/HR/hrpolicy/Whistleblowing/Pages/Whistleblowing.aspx). The policy outlines what to do if a student wants to raise concerns about patient safety, working conditions or wrong doing. Turas training on the whistleblowing standards is available here [National Whistleblowing Standards training | Turas | Learn (nhs.scot)](https://learn.nes.nhs.scot/40284/national-whistleblowing-standards-training). **Where possible the student should raise concerns directly with their Practice Educator.** Where this is not possible or the student feels uncomfortable doing so, they can raise the issue with AHP Practice Education Lead (PEL) in their board.



## Student Datix Reporting

Any AHP student involved in an incident and/or adverse event should complete the Datix form with support or be present during the completion of the Datix form as part of the learning process.

The guidance is relevant for students from any AHP profession and from any University that hosts pre-registration AHP Courses.

• The practice educator and/or the student coordinator as well as the student’s HEI must be informed of any incident or adverse event involving a student, whether that be directly or indirectly, to support the student if needed.

• The AHP student and/or practice educator should inform the Academic Tutor of the incident/adverse event as soon as possible after the event, but no more than 72 hours of the incident/adverse event occurring.

• The AHP PEL receives notification of all Datix that mention ‘AHP student’ and these are reviewed by the AHP PEL Team within 72 hours of the Datix report being submitted.

• The AHP PEL Team will make contact with the student coordinator/team lead/operational manager if a Datix form indicates a student experiencing or being part of an incident involving:

* severe harm
* verbal or physical abuse
* exposure to blood or body fluids
* inappropriate behaviour in a digital environment
* exposure to radiation
* needle stick injury
* significant injury involving sharps
* failure of a medical device or therapy equipment causing harm
* exposure to occupational disease
* a breach of data protection regulations.

This is to ensure awareness of the incident/adverse event, appropriate communication with the university and to offer support if required to student and staff involved.

• The Academic tutor will contact the student, as per HEI policies, as soon as possible but no more than 5 working days of being informed of the incident to identify any additional learning or developmental needs. Response time will be proportional to the severity of the incident.

• The Academic tutor will liaise with the student coordinator/team lead/operational manager and practice educator and inform them of any learning or developmental needs identified to support the student and support the implementation of these if required.

• The practice educator/student coordinator/team lead/operational manager will make any referrals as appropriate as per NHS Scotland policies and as a result of the investigation into the incident.

• The practice educator/student coordinator/team lead/operational manager will complete the Datix review as per NHS Scotland policy.

## Measuring Impact

Monitoring the impact of the Arts Therapies intervention is essential for service user, clinician and service and should always be embedded in practice and shared back to each of the stakeholder mentioned above (HCPC Arts Therapists Standards of Proficiency 12).

### Experience Measures

Experience measures are used to gain insight into the way in which the Arts Therapies intervention is experienced by the patient and ward staff within the placement setting. Below are examples of one Patient Feedback and one Staff Feedback form that you may choose to use/adapt for your purposes.

Courtesy of NHS Lothian

### Outcome Measures

Below are examples of two patient-generated, and two staff-generated, outcome measures that you might decide to use when evaluating the impact of the Arts Therapies’ intervention. This is not an exhaustive list of outcome measures, and there may be existing measures in use within your setting, and this would be discussed/decided within supervision.

#### PSYCHLOPS

Psychological outcome profiles (PSYCHLOPS) is a short one page mental health outcome measure and may be used during the course of any psychotherapeutic intervention. It is patient-generated and can be self-completed, focusing on questions around problems, function and wellbeing. It can be used to set a focus for the therapy and captures data before, during and after a course of therapy. Change can be measured throughout the process of therapy, regardless of whether the block of therapy is completed.





#### CARE Measure

The Consultation and Relational Empathy (CARE) Measure is a person-centered, quick (10 questions), and easy to complete patient-completed questionnaire which measures empathy in the context of the therapeutic relationship.

Over the course of the placement, patients may be invited to complete the measure outside of therapy sessions to minimise the possibility of bias. Some patients may require support from nursing staff to complete the questionnaire.

#### WEMWBS

The Warwick-Edinburgh Mental Well-being Scales (WEMWBS) were developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing.



#### CAT-SRS

The Creative Arts Therapies Session Rating Scale is an Arts Therapies specific observational tool, developed by Simon Hackett, that scores an individual on a scale of 0-5 across 11 observed areas, namely: communication, social skills, attention and concentration, use of emotional vocabulary, linking (the ability to make links between experiences within therapy to their personal experiences), engagement/participation, self-awareness and sensory interest

### Process Measures

Process measures understand that the development of the therapeutic alliance does not happen within in the vacuum of interpersonal relating between therapist and patient but exist within, and rely upon, the systems and environment of the setting.

Process measures are thus used to evaluate the various processes involved within the therapeutic journey. These processes may include, but are not limited to, relevance of referrals, referral pathways, ease of patient access to the intervention in terms of time/space/setting, handover information between ward staff and therapist and vice versa, integration of intervention within ward processes, therapeutic model used etc.

This information may be captured in some of the feedback measures described above. You may wish to include further questions pertaining to these aspects within your staff feedback questionnaire. Furthermore, process measures may describe your personal experiences of implementing the service and these observations are valid here as well.

## Progress Notes

Clinical notes (progress notes) should be completed for each patient after all clinical sessions and by the end of the trainee’s placement day (HCPC Arts Therapists Standards of Proficiency 8.1, 8.3, 9.4, 10). Each setting may have a unique digital system for inputting these notes, and in rare cases paper notes are still in use. The following is an exemplar structure which highlights the information that you might include in these notes:

**HEADER:** (intervention, date, time, session no).

**CONTEXT:** (why see this person, what have you understood about their needs from notes or handover, how have you come to work with this person?).

**THEMES / CONTENT:** (what are you trying to communicate to the wider team that is relevant and useful).

**STRENGTHS/CONCERNS /RISKS**: (How do they respond to your session? If someone only attends for a short time is that an improvement or deterioration in comparison with their day / week? Can you identify what is challenging for them, not just what they tell you, have you tested their statement out or asked about it in a different way?)

**PRESENTATION (BEFORE & AFTER):** (How did the person appear in terms of mood, engagement, wakefulness etc. before and after the session?)

**PLAN:** (Only put in if you have one. If you think they would benefit from being encouraged to participate in ward activities say why. Or if you think there are helpful ways of encouraging participation, share them.)

**SIGNED** (Name, profession, date):

## Report writing

### General Guidance

Report writing should be held in mind and considered within the context of continuous verbal or written feedback over the course of your placement. Final reports should be a reflection and summation of these. The following guidance is for reports where the patient has capacity to read and understand what is written. For reports to parents, carers, teachers, and other professionals, the following guidance remains but the focus becomes on what is most helpful to communicate to appropriate audience, i.e. parent, spouse, GP, etc.

· The report is a letter to the patient to detail the work undertaken together. It is also uploaded to the SCI store or sent to their GP.

· Where possible, keep it to two sides of A4 NHS headed paper.

· Reports support the patient to integrate work done in therapy, and to share this with other professionals.

· Write in the first person and be professional but congruent in your language.

· Avoid any jargon and only include with explanation if it is helpful.

· You should discuss the report with your patient where appropriate.

· Avoid adding any conjecture or interpretation that wasn’t verbalised in sessions.

· If there are aspects within the report about which the patient disagrees which cannot be resolved, it may be necessary to name both interpretations of the event.

· Name relevant areas of conflict or disagreement with sensitivity.

Structure:

1. First Paragraph: Context

Summarise number and length of sessions, from which period, location, and reasons for referral/self-referral.

2. Paragraph 2 and 3: Progress

Detail the trajectory of the clinical work chronologically. This should be succinct and identify events overarching themes within sessions/blocks of sessions.

3. Paragraph 4: Summation and Recommendations

Highlight the main themes of the work. Where possible, use patient’s own descriptions of events. Include clear recommendations for beyond therapy, this may include further therapy.

4. Paragraph 5: Conclusion

You may wish to finish by thanking the patient for their time or wishing them well for the future. If you are a student, you may highlight the role this clinical work might have played in your development as a clinician and personal growth etc.

## Attendance Statistics

Attendance statistics, or clinical contacts, should be recorded after each clinical session. Each placement setting may have its own form of record-keeping for this.

Contacts should be recorded for

* Individual sessions.
* Group sessions.
* Follow-up sessions.

All trainees are responsible for updating their clinical contacts daily. The data may then be collated at the end of your placement, and within the placement setting’s attendance statistics, to provide a helpful overview of how many patients are accessing Arts Therapies services.

# Further Resources for practice educator preparation

This section contains signposting for Practice Educators to training resources in preparation of taking on an Arts Therapies trainee.

* Practice Educator Training (PET) is offered by QMU throughout the year as one-hour online webinars addressing different topics. For more information and to book, see: <https://www.qmu.ac.uk/current-students/practice-based-learning/nursing-and-allied-health-programmes-pbl-information/>
* NES TURAS module “Being and becoming an AHP Practice Educator”

<https://learn.nes.nhs.scot/36925/being-and-becoming-an-ahp-practice-educator>

* QMU Practice Based Learning Hub   
  [https://www.qmu.ac.uk/current-students/practice-based-learning/nursing-and-allied-health-programmes-pbl-information/](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.qmu.ac.uk%2Fcurrent-students%2Fpractice-based-learning%2Fnursing-and-allied-health-programmes-pbl-information%2F&data=05%7C01%7Ckassandra.esilva2%40nhs.scot%7C0d5f3569a932437ff61b08daaa9fcecb%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638009900580544503%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=bwwQPl84uRLsaNpxI0bc%2BZQhgwVS%2BoMnWyIFs5YDnqM%3D&reserved=0)
* NES Practice Based Learning “How To” workshops  
  <https://learn.nes.nhs.scot/60126/allied-health-professions-ahp-learning-site/ahp-practice-based-learning-prbl/ahp-prbl-how-to>
* You will also find a [series of webinars](https://learn.nes.nhs.scot/30460/allied-health-professions-ahp-learning-site/ahp-webinar-series#supporting) which look at Practice Based Learning recovery in Scotland including shared stories of how it worked in different professions and settings.
* The HCPC Standards of Proficiency for Arts Therapists  
  <https://www.hcpc-uk.org/standards/standards-of-proficiency/arts-therapists/>

1. Different contexts may use differing language, in this document trainee may be used interchangeably with learner/student. [↑](#footnote-ref-1)