<u>**Service Improvement Poster Presentation (SIPP)**</u>

<u>**Background and Rationale**</u>

Service development and improvement is central to the work of NHS clinicians. Government policy for the past 20 years has emphasised the need to continually improve the quality of care in the NHS. Lord Darzi's report '*High Quality Care for All: Our Journey So Far' (2008),* highlights the need for a healthcare culture that enables *"all clinicians [to] feel able and obliged to step up and lead the changes required to improve quality for patients."*

The Clinical Psychology Leadership Development Framework (Division of Clinical Psychology, 2010) advises that at a Band 7 (newly qualified) grade, clinical psychologists should be expected to: *"construct and share service development plans"* and *"influence organisational policies and procedures."* This places a responsibility on clinical psychology training programmes to help trainees develop these skills in preparation for qualified roles.

This is supported by the Standards for Doctoral Programmes in Clinical Psychology (BPS, 2014) which state that trainees need to demonstrate "the skills, knowledge and values to work in a range of *indirect ways* to improve psychological aspects of health and healthcare. This includes leadership skills and competencies in *consultancy, supervision, teaching* and *training,* working collaboratively and *influencing psychological mindedness and practices of teams*."

The SIPP assignment will use 'project-based learning' approach. Project-based learning is a collaborative, group-based method whereby students work together on a project that has a defined output. This approach allows a range of assessment methods, such as individual collaborative and group working skills, effective communication skills, and quality of the project output.

<u>**Structure of the Assignment**</u>

The assignment comprises four elements:

1. **Group work:** trainees will work collaboratively in groups to develop a service improvement proposal (the 'project')

2. **Project poster:** trainees will produce a poster summary of their project

3. **Presentation and communication skills:** trainees will deliver a presentation of their project, and respond to marker questions

4. **Service development proposal and short summary:** Each group of trainees will produce a written service development proposal and a short 'easy-read' summary

Assignment Processes

Prior to the group work sessions, the DClinPsy will request senior NHS Clinical Psychology staff in the region to nominate real life issues or service development needs that would be suitable for trainees to work on. From these the assignment co-ordinator will select four project ideas for use with the assignment. Trainees will work in groups of between four and six, with each group allocated one project idea to work on. Each group will be asked to develop specific initiatives that set out how clinical psychology services could be developed to better meet a specific need.

Group-work Sessions

Group work will take place over four days on campus (spread over two weeks). Trainees will not be expected to work on the assignment outside of this allocated time. The group will work to populate a standard service development template, which includes the following areas:

- A persuasive case for a service development, leading to a statement of needs based on:
  - Local population data, e.g. identifying a local need by analysing data on local suicide rates versus national rates.
  - Data collected by an existing service e.g. of demographics of service users as opposed to the demographics of the local population, non-attendance figures, recovery rates etc.
  - Published research
  - Local or national policy guidelines and priorities
- Identification of an appropriate psychological intervention or service based on a thorough review of the literature/evidence. This may include the results of service evaluations as well as peer reviewed journal articles.
- Results of service improvement tools (e.g. from The Handbook of Quality and Service Improvement Tools, NHS Institute for Innovation and Improvement, 2010) to establish the best way to provide this service.
- A 'theory of change' explaining the causal links between the identified needs, the proposed initiative and the intended outcomes.
- A cost/benefit analysis, including approximate costs.
- Evaluation methods that will provide data on outcomes and how impact will be measured.
- A stakeholder analysis, resulting in a communication and action plan which identifies influential stakeholders and networks and shows how they can be reached.

The group will also produce a single-sided 'easy read' summary of the service development proposal.

Facilitation and Assessment

There will be 90 minutes of planned facilitation and assessment time from one or two markers within each day, during which the group will feed back on their progress to date and engage in a structured group exercise. The exercises will vary across the days, but will

involve activities relating to both group process (e.g. group rules, agreeing individual roles) and generating and synthesising poster content (e.g. using a service improvement tool).

In order to meet the university requirement for 20% of assignments to be double-marked, at least one of the trainee groups will be joined by both markers for the facilitated time. The live assessment will involve the rating of trainee's individual performances during facilitated time rather than their performance as a group. Facilitated sessions will also be video recorded to enable moderation by external examiners.

Poster Summary

Trainees will summarise their service development proposal into a single A0 poster, using a standard template. The proposal, summary and poster will be submitted electronically at the end of the fourth day.

Presentation Session

All groups will present on the same day, which will be in the week following the group work sessions. Trainees will present to a pair of markers and an audience. Markers will usually comprise one member of programme staff (who will have facilitated the group sessions) and a clinical psychologist external to the programme. The presentation audience will be other programme staff, and invited representatives including NHS commissioners, NHS senior management staff, and service users.

Each group will be allocated a two hour slot that will include time for markers and audience to read the report, easy-read summary and poster, a poster presentation from the group followed by questions, and feedback to markers from the audience.

Group members will jointly deliver a short presentation (with visual aids if they choose) which summarises the process of developing the proposal and the final initiative that they are proposing (i.e. the poster content). After the presentation there will be questions from the markers chosen from a list of standard questions, with each trainee being required to answer one question. There will then be time allocated for open questions from the audience.

Following the questions, the trainees will leave the room and the markers and audience will discuss their performance and evidence shown for the assessed competencies. The role of the audience in the assessment process will be to suggest evidence for particular domains to the markers. However, they will not have a formal role in assessment beyond this. Administrative support will be available within the session to take notes on feedback.

Following the feedback discussion, markers will leave the session to agree competency ratings and trainee feedback, whilst the next group slot begins. All assessment and trainee feedback will be completed on the day, and a provisional mark will be given to each trainee as soon as possible.

Assessment

Markers will actively grade the assignment in relation to the following domains:

Descriptive name	Domain name	Where Assessed
"Gathering"	L1 Collating information and knowledge	Poster and Presentation
"Doing"	L4. Performance skills	Group & Presentation
"Communicating"	6. Communicating information effectively	Group, Poster & Presentation
"Interacting"	7. Interpersonal skills & collaboration	Group & Presentation

The assignment will comprise the following assessed elements:

1. **Leadership and group working skills:** trainees will be individually assessed on evidence from the facilitated group working sessions relating: to performance skills, communication skills, interpersonal skills and professional behaviour.

2. **Poster summary:** trainees in each group will be assessed together on evidence demonstrated within the poster relating to: communication skills, organisational skills and demonstrating knowledge.

3. **Presentation and communication skills:** trainees will be individually assessed on evidence from the presentation and their response to questions relating to: performance skills, communication skills, interpersonal skills, demonstrating knowledge and professional behaviour.

4. **Service development proposal and easy-read summary:** these need to be submitted in order to pass the assignment but will not be summatively assessed.

These elements will be summarised on a single marksheet for each trainee. Within the marking scheme, all domains will have individually assessed elements, ensuring that each trainee's grades are not solely based on group performance, or unduly influenced by the performance of other trainees.

Support for Trainees

Prior to the assignment, trainees will receive two teaching days on topics relating to the assignment content (service development and commissioning), and a half day session on the structure of this assignment. On group work days, trainees are expected to work on campus, will be provided with programme laptops, and will be able to access library and other electronic resources.

During the facilitated group work time, the marker will not act in a supervisory capacity or provide guidance or advice around the content of the service development proposal.

Appendix: Relevant Standards for Doctoral Programmes in Clinical Psychology (BPS, 2014)

2.2.8. Communication and teaching

1. Communicating effectively clinical and non-clinical information from a psychological perspective in a style appropriate to a variety of different audiences (for example, to professional colleagues, and to users and their carers).

2. Adapting style of communication to people with a wide range of levels of cognitive ability, sensory acuity and modes of communication.

3. Preparing and delivering teaching and training which takes into account the needs and goals of the participants (for example, by appropriate adaptations to methods and content).

5. Understanding the process of providing expert psychological opinion and advice, including the preparation and presentation of evidence in formal settings.

2.2.9. Organisational and systemic influence and leadership

1. Awareness of the legislative and national planning contexts for service delivery and clinical practice.

2. Capacity to adapt practice to different organisational contexts for service delivery. This should include a variety of settings such as in-patient and community, primary, secondary and tertiary care and may include work with providers outside of the NHS.

3 .Indirect influence of service delivery including through consultancy, training and working effectively in multidisciplinary and cross-professional teams. Bringing psychological influence to bear in the service delivery of others.

5. Understanding of leadership theories and models, and their application to service development and delivery. Demonstrating leadership qualities such as being aware of and working with interpersonal processes, proactivity, influencing the psychological mindedness of teams and organisations, contributing to and fostering collaborative working practices within teams.

6. Working with users and carers to facilitate their involvement in service planning and delivery.

7. Understanding of change processes in service delivery systems.

8. Understanding and working with quality assurance principles and processes including informatics systems which may determine the relevance of clinical psychology work within healthcare systems.