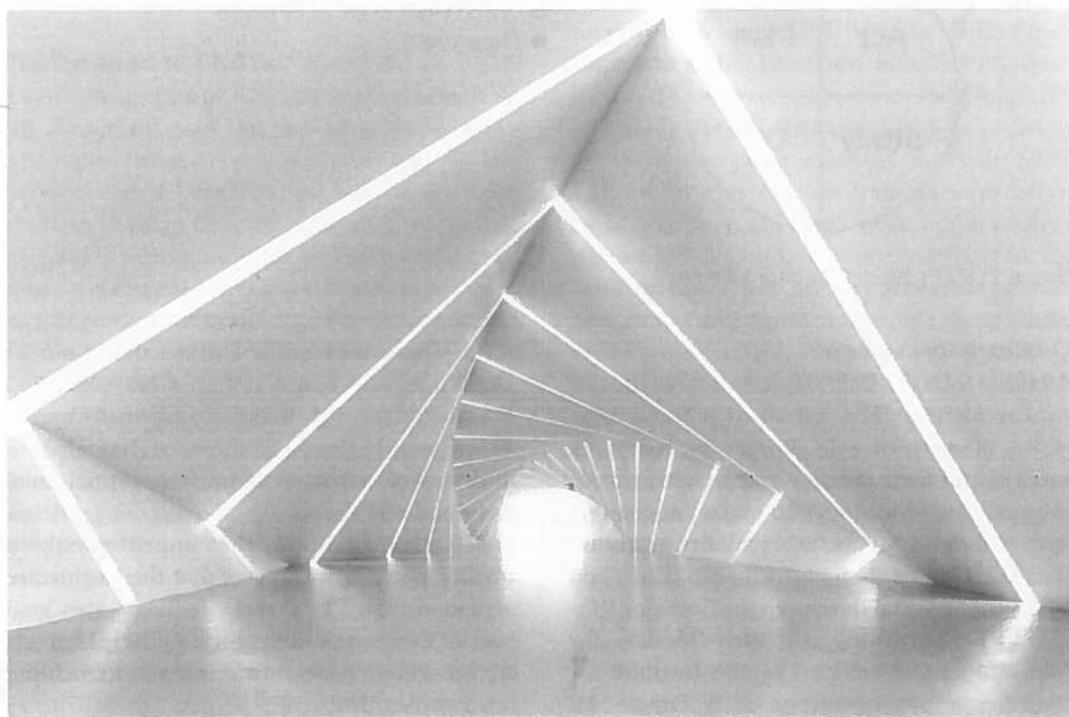


A coordinated approach to trainee clinical psychologist's service-related research through quality improvement methodology

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This paper outlines the outcomes of an NHS Trust-wide strategic approach to coordinate service-related research projects for first year clinical psychology trainees using a quality improvement (QI) framework.

EAST LONDON NHS Foundation Trust (ELFT) is a provider of mental health and community services to a population of approximately 1.5 million across three boroughs in East London (City & Hackney, Newham and Tower Hamlets), together with Richmond (IAPT services), Bedfordshire and Luton. The Trust has four feeder courses for doctoral clinical psychology

trainee placements, which are University of East London (UEL), Royal Holloway University of London (RHUL), University College London (UCL) and University of Hertfordshire (Herts). Annually, the Trust provides first year placements in secondary care for around 25 trainees, all of whom are required to conduct an service related research project (SRRP).

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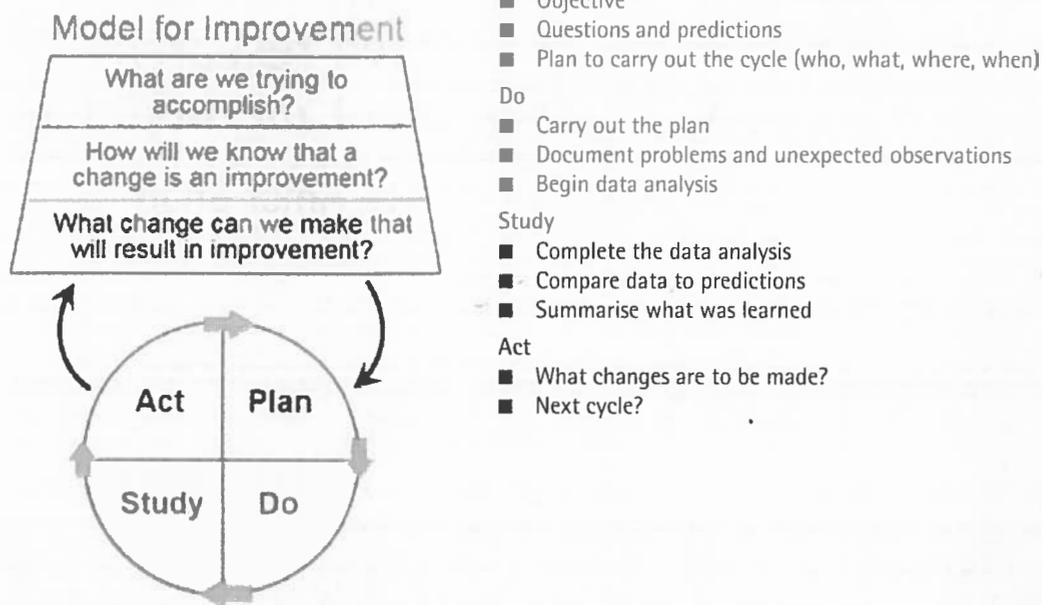


Figure 1: ELFT's 'Model for improvement'

Quality improvement

Batalden & Davidoff (2007) have defined quality improvement as: 'The combined and unceasing efforts of everyone – healthcare professionals, patients and their families, researchers, payers, planners and educators – to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning)'.

ELFT has adopted the 'Model for Improvement' developed by the Institute for Healthcare improvement (IHI; Figure 1). It is a simple yet powerful tool for accelerating improvement and is composed of a set of fundamental questions that drive all improvement and the Plan-Do-Study-Act (PDSA) cycle (Langley et al., 2009). We find that quality improvement (QI) goes beyond traditional management, target setting and policy making. QI methodology is best applied when tackling complex adaptive problems and this includes where the problem isn't completely understood and where the answer isn't known. For example, how to reduce frequency of violence on inpatient mental health wards or how to increase satisfaction with psychotherapy

services are multi-levelled service development challenges which are not so clear regarding how to address. QI therefore utilises the expertise of people closest to the issue, namely staff and service users, to identify potential solutions and test them.

To truly achieve the improvement in quality, outcomes and cost that the healthcare system needs, ELFT seeks to make this goal part of everyone's daily work. QI helps by:

- bringing a systematic approach to tackling complex problems;
- focusing on outcomes;
- flattening hierarchies; and
- giving everyone a voice, and bringing staff and service users together to improve and redesign the way that care is provided.

When done well, QI can release great creativity and innovation in tackling complex issues which services have struggled to solve for many years. The Quality Improvement Initiative within ELFT is developing staff to think and practice more innovatively, with the aim of increasing quality and the cost-effectiveness of services. ELFT has developed a growing

QI consciousness within all staff, establishing how 'Improvement Science' (Berwick, 2008; Reed et al., 2016) is now a central component of healthcare. To date, 3500 people have been trained at ELFT through 11 separate QI courses. Courses are tailored to the different role that individuals play in the organisation in relation to quality improvement. Additionally, there are approximately 70 active QI coaches operating within ELFT to support projects. In total, there have been 280 projects registered and 120 of these have now been completed, with 160 still active (see www.qi.elft.nhs.uk).

Background to SRRPs

Conducting practically oriented research is an important part of the clinical psychologist's professional role, and the aim of the service-related research project is to help trainees develop their research skills, including the ability to communicate research findings to clinical colleagues, and to give them experience in integrating research with clinical practice.

Each course has its own specific requirements embedded within the overall British Psychological Society accreditation framework (BPS, 2017), which states: 'Trainees must complete at least one formally assessed smaller scale project involving the use of audit, service development, service evaluation or applied research methods related to service delivery or professional issues.'

Courses are keen that SRRPs are of benefit to the service in which they are conducted, as well as providing a good learning experience of leadership for the trainee (BPS, 2010). The main course criteria are that they be carried out in the first year, are completed while on placement and fall under the broad domain of audit/service evaluation/research. The BPS *Code of Human Research Ethics* (2010) is adhered to, ensuring high standards in research ethics and processes.

A QI project entails an 'aim' which is achieved by its formulation encompassed within a 'driver diagram', which contains separate and specific areas of focus to achieve the aim. SRRPs align perfectly within a QI framework as they are methodologically compatible and designed to focus on the multiple levels at which services function to meet service

user's needs. As a consequence, it makes sense to cultivate and embed SRRPs and the role of clinical psychology trainees within a major expanding Trust-wide QI framework.

ELFT has invested in a quality improvement team, headed by a director, which provides strategic direction (agreed areas to focus improvement), coaching, training and data analysis.

Methodology for trainee QI integration

Informal discussions took place between the second author (GF) and academic staff in the three London universities during 2015 (and subsequently with the University of Hertfordshire when the Trust was awarded contracts in Bedfordshire), regarding the feasibility of aiming for all first-year trainees to adopt QI methodology as standard for their SRRP. The advantages for the trainees were access to a broader range of meaningful projects that would in turn have a direct impact on the work of the Trust, greater access to publication routes and a more collegial setting within which to conduct the research. The Trust has therefore benefited from the research capacity of high-quality postgraduate trainees in a targeted, strategic and focused way that also addressed the strategic aims of the Trust. Agreement was initially secured in the Trust by the Director of Quality, then with the relevant academic tutors, and was then co-ordinated within the Trust across all secondary care placements by the first author (ET).

Trainees do not conduct a full QI project, but focus on an agreed specific component of a wider QI project. Their contributions are diverse and each QI project will differ in size, scale and maturity. Over three years, a framework for integrating trainees into QI has been developed as follows:

QI training and coaching for trainees

One day of QI training and two seminars are provided at the start of placement and at intervals across the year. These are delivered on trainees' common day of placement in the Trust (Wednesdays). Ongoing QI coaching is provided to trainees throughout their one-year placement by the QI team.

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Bedfordshire

Wider QI Project: Aimed to reduce time taken to complete and feedback the findings from a neuropsychological assessment.

SRRP Focus: Streamlining the referral, assessment and write-up process in a Neuropsychological Service. By developing an assessment template, the trainee piloted it with psychology staff and was able to ensure the consistency and reliability of the neuropsychology assessment process.

Hackney

Wider QI Project: Aimed to enhance the Service User experience in those with the psychiatric label of personality disorder.

SRRP Focus: Evaluating a new Psychoeducation Group for patients with a label of Personality Disorder to facilitate engagement on an Inpatient Ward, the trainee was able to establish positive outcomes and empower nursing staff in their practice, which had a positive effect on Service Users.

Newham

Wider QI Project: Aimed to increase referrals to a Group Programme.

SRRP Focus: Understanding Service and Service User factors that related to Group Therapy Referrals in a community recovery team. Using staff focus groups and quantitative data, the trainee established the nature of unmet learning needs for staff to develop their understandings of recovery and thus aid referring.

Tower Hamlets

Wider QI Project: Aimed at reducing the waiting list in the psychotherapy service.

SRRP Focus: Reducing waiting times for assessment and therapy in an Outpatient Psychotherapy Service, the trainee trialled a new psychotherapy referral form with a large group of referrers which led to fewer inappropriate referrals and a resultant reduction in subsequent wastage of resources.

Figure 2: Examples of *quality improvement* service related research projects

The Trust frequently trains all staff in QI and this includes qualified psychologists. This gives a sound base for engagement by trainees in meaningful projects. Additionally, by September 2018 all clinical psychology supervisors were trained in integrating SRRPs into QI methodology, with most engaged in QI projects of their own. We understand that QI training needs are ongoing as staff changes and turnover across a large Trust will naturally occur.

Coordinating SRRPs across ELFT

Broadly, the allocation of QI projects is serendipitous, based on the QI project being conducted in the trainee's placement or area of work. Some flexibility is allowed if there is a QI project that a trainee is interested in contributing to nearby.

At a strategic level, the following Trust psychological services priorities/themes were

paramount in guiding the topic/subject matter of SRRPs. Trainees are encouraged, within the QI projects that they are allocated, to focus where appropriate on any of the following topics relevant to psychological services:

- Smoothing referral care pathways;
- Waiting list management efficiency;
- Improving access;
- Choice of evidenced-based interventions;
- Improving service user/carer/referrer experience;
- Did not attend reduction;
- Improving measurement outcomes/systems; and
- Streamlining staff governance systems.

Between October and January, trainees are expected to settle into their placement and be allocated a QI project. Their autonomy and choice is encouraged regarding SRRP focus.

From January onwards, engagement with their QI project team is expected, and between May and August active project work occurs. Since the SRRP submission with courses is sometime after trainees have left their placement, the emphasis is on achieving as much as possible by the end of placement although this can differ depending on nature of methodology.

Stakeholder integration

Regular liaison regarding the quality agenda between key stakeholders occurs throughout the year (i.e. universities, NHS services, placements and the QI team). This ensures that the focus and flow of the initiative is maintained and governance adhered to. Issues arising on placement are negotiated as and when they occur.

The QI SRRP is validated during placement by the course to check that the trainee is on track with their requirements. Each course has a particular expectation for SRRPs and these are taken into account when the trainee is planning their focus and methodology. Regular feedback between stakeholders to maintain a QI SRRP vision occurs to ensure that the trainee is supported appropriately on placement and to continue the viability of the strategy.

Dissemination and QI spread

The coordinator seeks to ensure that the trainee receives guidance on SRRP write-up and is able to contextualise their SRRP within their wider QI project, is able to articulate their chosen methodology and findings, how they contributed to the QI project (data change, service user experience, staff change, concept understanding, recommendations), and how they moved the project on.

SRRPs, on an ongoing basis, are disseminated within their respective services to develop the provision of care analysed and also presented at borough-based QI forums to foster wider learning and to ensure that knowledge gained is implemented across multiple Trust-wide services. Not all trainees will have collected all their service data by the end of the one year placement and as SRRP submis-

sion deadlines differ with each course this is taken into consideration. It is recognised that not only is the outcome important but also the process of conducting an SRRP, as responsibility to focus on an aspect of the wider QI entails invaluable leadership experience and facilitates a unique contribution to QI in ELFT.

An annual one day QI trainee conference is held in early summer which gives each trainee an opportunity to present their work in Poster format to peers, supervisors, QI coaches and senior managers within the Trust.

Examples of QI SRRP projects

Across the first three cohorts, 54 QI SRRPs have been conducted so far. Drawing on multiple methodologies, SRRPs have complemented a QI project depending on the stage that it is at and the enquiry needed to develop the QI project further and ultimately achieve the aim. Figure 2 shows examples of QI SRRPs.

Conclusions

Harnessing a developed quality improvement methodology as a focus for SRRPs has helped deliver focused, well developed and strategic projects that have contributed significantly to the improvement in the delivery of clinical care in ELFT. The approach also gives trainees a practical introduction to quality improvement as a methodology and a framework which supported the timely delivery of their SRRPs to their courses.

There has been an increase in both the numbers of trainees over the past few years and greater geographic spread. Whilst this has naturally led to additional service issues needing negotiation, psychology services across ELFT are increasingly familiar with QI methodology and have an increased capacity to develop this initiative locally. This approach has been in development since September 2015 and, including the current 2018 intake, 78 trainees from all four feeder universities have successfully participated in QI projects. This is a model that can be applied easily in other Trusts where QI-type frameworks exist and is an important way of demonstrating the additional and diverse skills of clinical psychologists.

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Acknowledgements

Thank you to all the first year trainees who have enthusiastically adopted this novel approach to SRRPs and to the academic and tutoring staff at University of East London, Royal Holloway University of London, and University of Hertfordshire for their endorsement and support of the process. Thank you to our psychology colleagues in secondary care for provision of high quality supervision and tutoring.

References

- Batalden, P.B. & Davidoff, F. (2007). *Quality & Safety in Health Care*, 16(1), 2–3.
- Berwick, D.M. (2008). The science of improvement. *JAMA*, 299(10), 1182–1184.
- British Psychological Society (2017). *Standards for the accreditation of doctoral programmes in clinical psychology*. Leicester: Author.
- Division of Clinical Psychology (2010). *Clinical Psychology Leadership Development Framework*. Leicester: British Psychological Society.
- Langley, G.L., Moen, R., Nolan, K.M. et al. (2009). *The improvement guide: A practical approach to enhancing organizational performance* (2nd edn). San Francisco: Jossey-Bass Publishers.
- Reed, J.E., Davey, N. & Woodcock, T. (2016). The foundations of quality improvement science. *Future Hospital Journal*, 3(3), 199–202.
- Tacsonelli, E., Shah, A., Innes, J. et al. (2017). *Evaluation of a trust-wide strategy to coordinate trainee clinical psychologists service related research projects (SRRPs) within QI methodology*. Paper presented at ELFT Annual QI Conference, London, 31 March.