4.2 Service Related Project (SRP)

4.2.1 Introduction

Trainees should contribute to the NHS quality improvement agenda by conducting service related research during training. This section provides guidance on the Service Related Project (SRP) – a small scale project aimed at examining issues of relevance to the provision of clinical psychology-related services within clinical settings. In some cases, trainees undertake SRPs identified by their clinical supervisor(-s) on their first year placements. However, the programme provides a list of other potential SRP projects and we suggest that trainees investigate other potential SRP projects that may relate to quality improvement initiatives elsewhere in NHS trusts etc. The aims of the SRP are to provide trainees with the experience of completing service-related research within a clinical context and to foster the development of research awareness and skills, including:

- Understanding of processes associated with service improvement
- Involving stakeholders in service improvement
- Evaluating outcomes and disseminating findings relating to service improvement
- Contributing to (local) service improvement initiatives

The SRP must be underpinned by relevant psychological models and / or have some form of appropriate theoretical underpinning.

4.2.2 Support and Supervision for SRPs

Various support systems are in place for the SRP.

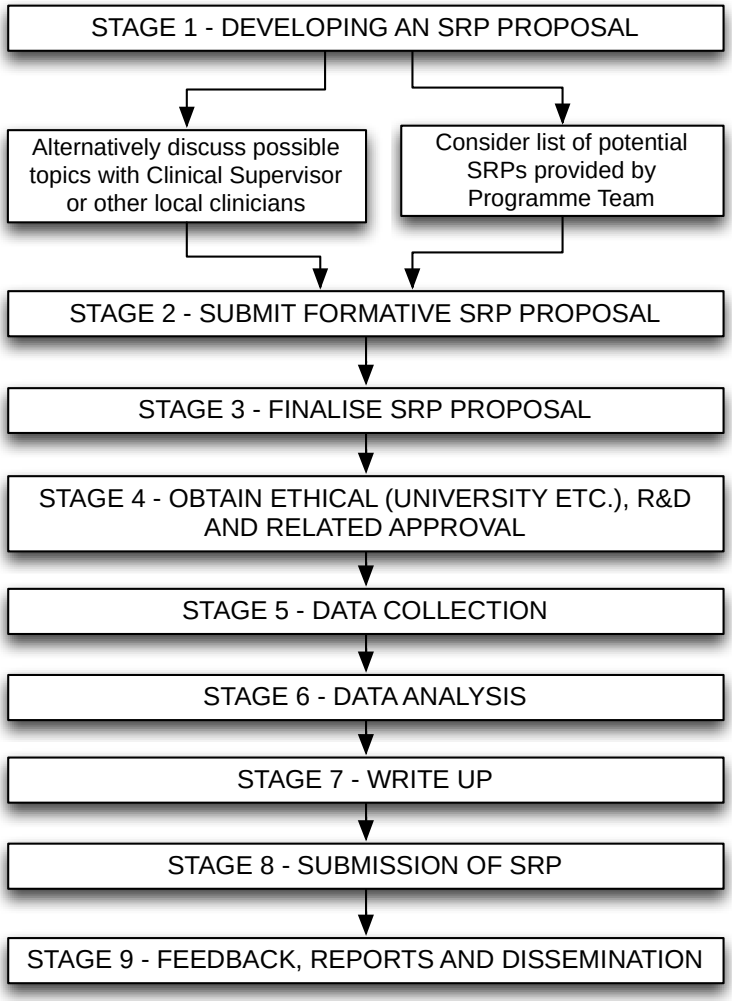
1. The programme provides a list of potential projects, commissioned / proposed by local services. This list is available on the HS763 Moodle pages and may change from time to time.
2. Trainees may develop SRPs in consultation with local clinicians or their clinical supervisor in the first year of training. Although SRPs may therefore be linked directly to particular placements, it is of course possible for trainees to conduct SRPs elsewhere. Where a SRP is not directly linked to a trainee's placement, other clinicians (generally clinical psychologists) may provide equivalent support for the SRP. Clinical supervisors and other clinicians:
    - Can facilitate identifying and carrying out a SRP
    - Could provide support to trainees to gain support from colleagues for the project and negotiating local R&D approval.
3. Research tutors provide teaching and guidance relevant to the SRP throughout the clinical research modules of the first and second year. Generally research tutors provide methods-related advice and support to SRP advisors and trainees where this is required.
4. Trainees are assigned **SRP advisors** once they have identified a viable SRP. By default, personal tutors initially act as SRP advisors unless otherwise arranged, although some effort is made to allocate trainees to other members of staff where that member of staff has specific interests relating to the SRP. SRP Advisors:
    - Provide guidance on research design and methods, data analysis, and support with the write up and dissemination of the SRP
    - Monitor the progress of the SRP
    - Must review (and countersign) the University of Essex ethics application, NHS ethics applications (where required) and any related submissions to the organisation in which the SRP will be conducted.
    - Must approve any reports and dissemination of SRP results following completion of the SRP.

5. Health care organisations / NHS Trusts have research and development / quality assurance and audit departments that ultimately have to approve SRPs. Trainees should ideally consult with these departments (E.g. QAAG within EPUT, PACE within Hertfordshire NHS foundation trust etc.) prior to finalising any SRP.
6. Research Tutors provide formative feedback on a section of the SRP report (maximum of 2000 words), providing the trainee submits their draft section at least 6 weeks prior to the submission deadline via FASer. The work submitted for formative feedback must have the School's Formative Feedback form attached specifying where assistance is specifically required. The Formative Feedback from can be found in the following link https://www1.essex.ac.uk/hhs/documents/current/formative-feedback-form.docx . The School's policy on formative feedback can be found in the Post Graduate Taught Handbook.

4.2.3 The SRP from start to finish

The diagram below outlines the stages of the SRP from developing the proposal to disseminating the results of the SRP. These stages are described further in this section.

Figure 1. Stages of the SRP



4.2.3.1 STAGE 1: Developing an SRP Proposal

A list of potential SRPs will be provided on HS763 Moodle pages early on in the first year. This list provides details on various projects, with brief descriptions of the projects where available and details on whom to get in touch with to find out more about the projects. Additionally, trainees will meet placement supervisors early on in the first term and this will provide additional input to developing SRP ideas and proposals that are not listed in the project list provided on Moodle. In all circumstances, trainees must discuss such possible projects with the programme team (i.e. with their personal tutor or research tutor) in order to determine whether the SRP will meet the programme's requirements and in order to determine whether the project is viable. Trainees will also have opportunities within the clinical research teaching during the first year, to share their ideas on possible SRPs with their peers and with research tutors and to refine these ideas on the basis of this feedback. Please consult with the Module leads for HS763 for further information on these SRP development support processes.

STAGE 2: Submit SRP proposal. A brief proposal (no more than 1000 words) should be submitted to the programme administrator via FASer on or before the deadline in the 1st year of training. The aim of this submission is to determine the viability of the project and to provide the trainee with feedback. Trainees should not begin work on their SRP until their proposal has been reviewed and approved by the course team. Please note that this is an academic assignment and that you should submit a brief, but coherent and well-written proposal (i.e. not telegram style etc.).

The SRP Proposal should have the following sections:
Brief abstract
Introduction / Background / Service context
Service evaluation aims and questions
Method section including:

- Study Design
- Measures/instruments used including commentary on reliability and appropriateness of these for your study
- Sample size intended & method of selecting
- Data collection method/procedures
- Data analysis method
- Ethical Considerations

Anticipated timescale
Appendices which must include:

- Service evaluation measures / audit tools etc.
- Draft completed application form to QAAG / R&D or similar (this could be very preliminary, but we wish to see trainees engage early on with the application process)
- Timeline (which can take the form of a GANNT chart or similar)
- Budget (if appropriate)
- Copies of summaries or brief reports of previous service evaluation / audit if the current project is directly related to a previous service evaluation / audit
- Complete the online decision tool (http://www.hra-decisiontools.org.uk/research/) and attach the final page. This determines whether your project is considered to be a service evaluation or research. If it is research you will need to apply for NHS ethical approvals via the HRA website.

Following submission of the SRP proposal, trainees will be assigned their SRP advisor (if different from their personal tutor or previously assigned SRP Advisor where specific specialist topics have been chosen).

4.2.3.2 STAGE 3: Finalise SRP proposal

This is the stage in which trainees need to integrate feedback from all sources (SRP Advisor, clinical supervisor and others) in order to refine the proposal in readiness for progressing to Stage 4.

4.2.3.3 STAGE 4: Obtain ethical and related approval(-s)

Once the SRP Advisor is in agreement that the proposal has been finalised and that it is ready for stage 4, trainees must apply to the relevant Trust ethics or governance committee for approval. The following approvals must be sought:

- NHS ethical approval: may need to be sought if the project is classified as research. Trainees may be advised of this requirement by the Trust R&D / QAAG or similar body or by the University of Essex Faculty Ethics committee (or similar).
- Trust R&D / QAAG or similar approval: Most NHS trusts and similar organisations have specific departments that deal with quality assurance, clinical governance and audit processes. Clinical supervisors may be able to advise or assist with identifying the correct Trust committee. In all cases, such departments need to approve the SRP (generally requiring completion of appropriate documentation provided by the trust).
- Always seek University of Essex approval: Where NHS ethical approval has been sought via the IRAS system, trainees may only have to complete a partial version of the University Ethical approval form, accompanied by the proposal and the NHS ethical approval documentation. If external (NHS or similar) ethical has not been sought (as the project is not classified as research), the entire University of Essex ethical approval form needs to be completed.

The Health Research Authority (HRA) has various resources available on their website (http://www.hra.nhs.uk/). In addition, the leaflet *Defining Research* (NRES, 2009) is most helpful for the purposes of deciding what process to follow when applying for ethical approval for SRPs (and indeed for dissertation-related research projects as well). See Appendix 15 for a flow chart based on the table presented in *Defining Research.* This leaflet has been made available on the Moodle pages relating to SRP and Clinical Research modules. Additionally, trainees also have to complete (See above), the HRA's online decision tool to help them decide whether the project would most likely be considered to be research, service evaluation or audit.

4.2.3.4 STAGE 5: Data collection

Data collection can only proceed once trainees have actually obtained full ethical approval as outlined in the previous stage. Often, trainees rely on assurances of a particular individual in a service that data will be collected and available for analysis. Unfortunately, this has led some trainees in the past to be severely delayed or have very small data sets due to lack of compliance within services. We therefore recommend that trainees proactively monitor data collection processes and / or pilot the creation of a database based on initial data in order to ensure the timely collection of data. Any difficulties in this regard must be discussed with the SRP Advisor and others involved in the project. Additionally, remember that services are doing trainees an immense favour in hosting SRPs and that trainees must under no circumstances expect services to "do the legwork". Always approach services tactfully and with due recognition of the other commitments staff have.

For some trainees relying on prior data collection (E.g. IAPT datasets), this stage can also be time consuming as it may involve data cleansing and missing data analysis as well as subsequent liaison with the service from which the data was obtained.

4.2.3.5 STAGE 6: Data analysis

Almost invariably, trainees tend to leave too little time for this important stage of the process. Additionally, previously planned data analysis methods may need adjusting in the light of the nature of the data that was actually collected in the previous stage. We therefore recommend that you leave ample time for this important stage in the process and that you aim to complete data collection as soon as possible in order to allow you to seek advice from your SRP Advisor and others should you require it at this stage.

4.2.3.6 STAGE 7: Write up of SRP report

Service Related Project (SRP) should be **no longer than 5,000 words** including figures and tables (but excluding references and appendices). The SRP should be written up in accordance with the latest APA Publication Manual (currently 6th Edition).

4.2.3.6.1 *Presentation*

In presenting your report, you should aim for high standards in every aspect of the report. You should pay attention to the following in particular:

- Title page – candidate number must be provided but do not provide your name.
- Include a table of contents after the abstract and prior to the main body of the SRP
- Adhere to APA-style guidance (currently 6th Edition of APA Publication Manual) for all aspects of the presentation of the document.
- Check all spelling and grammar thoroughly.
- Spell out abbreviations on first use.
- Check that all references have been included and that all reference lists comply with the latest APA Style guidance (Current Publication Manual - 6th Edition).
- Pay particular attention to anonymise all aspects of the document in accordance with SHSC and University of Essex regulations. In particular, all documents in the appendix must have all identifying names, specific details that could potentially identify the service and references blanked out. This includes the candidate's own name. Any lapse in anonymisation will be treated as an academic offence and dealt with accordingly.

4.2.3.6.2 *Content and structure*

Abstract: You should write an abstract of your SRP which should be a concise summary of the project, covering each section of the report i.e. Introduction, Aim, Method, Results, Discussion, Dissemination.

Introduction: You should provide a focused introduction to the service development or quality improvement issue or question with **critical** reference (i.e. employing critical appraisal skills) to the extant literature and any relevant evidence base to provide sufficient background and context for the project. The aim of the project and what it hopes to achieve should be stated and the rationale for the project clearly located in the service context in which it arose.

As with any introduction to a report, you should aim to ensure that you start by presenting the broad context for your report and narrowing down towards the more specific context. The Introduction should clearly delineate the question to be investigated or the aim that is set for the project. The aim or question being addressed in the project should be firmly grounded in the relevant **psychological** literature and service context. The need for the project must be justified well and clearly related to an issue of quality improvement or service development within the setting in which it was done. A concise but critical review of the relevant policy, psychological theory, research, and practice literature should be provided, and other work

within the service informing the rationale for the project should be reported. A basic structure for the Introduction might look like the following:

- Broad Context
  - Policy, psychological theory
  - Relevant literature, research – **critically** assessed
- Service Context
  - Describe service & relate to Broad Context
  - Justify need for project
  - Identify quality issue / service evaluation focus & background in service
- Research Question and Aims
  - Aim grounded in broad and service context

Note that you must demonstrate (as in other areas of your coursework) your critical appraisal of the literature and this should be evident in the introduction (and the remainder of the document).

Methods: Provide an account of how the project was implemented and the process engaged in to address the questions or project aims. The project method and sample used, and the ethical considerations should be described clearly and succinctly. You should ensure that in writing the Method, you demonstrate that the method chosen is appropriate to the aim or question of interest within that context, and the procedures adopted were well executed. You should demonstrate that ethical procedures have been followed in the conduct of the project. Where aspects of the project did not come off as anticipated, you should demonstrate that this was due to circumstances that could not have been realistically foreseen, and steps were taken where practical to compensate for this so as to improve the validity of the results, including implications for continuing quality improvement work within the service. The choice of methodology should be well explained and appropriate to the project aims or questions. It should follow from the rationale, and aim to generate meaningful and valid results. Appropriate standardised measures should have been identified and employed where appropriate, and where measures have been developed specifically for the purpose of the project, you should provide an evaluation of the appropriateness, strengths and limitations of these. Ethical considerations must be fully dealt with.

A suggested structure for your Method section might be:

- Study Design including why this is appropriate to address the aim
- Measures/instruments used including commentary on reliability and appropriateness of these for your study
- Sample size intended & method of selecting
- Data collection method/procedures
- Ethical Considerations

Note that you should not report the actual sample size you achieved as this comes in the Results section. The Method section is how you went about the study (how many cases you intended to include and how you tried to achieve this) and the Results section is what you got from the study including how many cases you were actually able to include. The Ethical Considerations section should be thought about very carefully. It is not sufficient to comment that you received approval from Committee X to go ahead with the study. You must demonstrate that you have thought through any potential ethical issues or consequences, whether or not these concerned any committee. Consider for instance, data protection, confidentiality, coercion to participate (including staff projects), what potential risks were

there including risks around data and confidentiality, not just physical or emotional risks to participants.

Results: A clear style of presentation should be used to communicate the key findings of the project and how the project led to the desired quality improvement or development in the service, or how the project led to changes in the understanding of the salient quality improvement issues. The emphasis is on communication that should be accessible to a broad range of stakeholders rather than on the technical aspects of the methodology and analysis, although the latter should be clearly and well described. You should begin your Results by describing the sample (as distinct from the Sampling Method, see above). You should then present appropriate analyses of the data, ensuring your data demonstrates that you have conducted analyses that investigate the aim or questions of interest. You should present your findings clearly, and remain focused on the main aims or questions. Use tables and figures where appropriate, but ensure these are simple, clear and well labelled and numbered and referred to clearly in the text.

A suggested structure for your Results section is as follows:

- Describe Sample
- Descriptive/demographic data
- Comparison against standards (if relevant)
- Appropriate analysis (focused on aims)

Discussion: Discuss the process and outcome of the project, in the context of service development or quality improvement questions or aims. You should then discuss your findings one by one, relating the findings to the issues set out in the introduction and to previous literature. You should take care not to over-interpret your findings and remember the small scale nature of the SRP. You should outline the limitations of the method and project as a whole and set out the implications of these limitations. You should provide a description of the feedback and suggestions for quality improvement given to the interested parties, and offer an evaluation of the impact of the dissemination of the findings and any improvement that has occurred. You should show a capacity for critical self-evaluation, an ability to articulate the learning process that was engaged in, and an identification of competencies developed in carrying out the project. There should be a clear sense that the project is seen as part of an on-going process of quality improvement or service development. The sophistication of conceptual material and argument should be of a high, doctoral-level standard.

A suggested structure for the Discussion is as follows:

- Discuss each finding and relate to aims
    - Base discussion on relating findings to broad policy context and service context do not just summarise the main results
- Implications of findings (broad & local)
- Limitations of methods and findings
- Describe opportunities/recommendations for improvement of service and any steps taken /to be taken to implement change

Appendices

Appendices must include the following material:

- Documents confirming ethical and/or Trust approval for conducting the project

- Materials used for data collection
- Service Report (approximately 1000 words, although this may vary depending on the report forms required for submission to the service / organisation)
- Additional materials used for presentation or dissemination (e.g. draft power point slide hand-outs etc. / executive summary to a service etc.).

4.2.3.7 STAGE 8: Submission of SRP

The SRP must be submitted on or before the SRP submission deadline in the 2nd year. Please note that delays in gathering data as planned would not constitute grounds for extenuating circumstances / lateness applications. Trainees are required to ensure that data collection progresses throughout the SRP and that such data is available for write up. It is imperative that the SRP demonstrates a trainee's ability to undertake (collaborative) research in a clinical context with the aim of applying psychological models and theory to service contexts, specifically focusing on service delivery and service improvement. Any SRP which presents trivial findings (e.g. due to recruitment difficulties or a lack of demonstration of the SRP's implications for service delivery) will most likely fail. The mark sheet used for the SRP assignment appears below.

4.2.3.8 STAGE 9: Feedback, reports and dissemination

Following marking, trainees will receive feedback from marking which should be integrated (where possible) in the feedback trainees need to provide to services and organisations as planned from the outset. Such feedback processes should be negotiated with services and need to be in accordance with the various approvals sought and gained in stage 4. This could include:

- A presentation to a team or similar group
- Completion of the organisation's audit and service evaluation report forms
- Provision of an executive summary to identified parties
- Provision of the full SRP report to relevant parties
- Write up of the project in anonymised form for journal publication

Note that any and all such dissemination of the SRP must be negotiated with the SRP advisor and relevant external supervisors (where applicable) as well as with the relevant responsible departments involved in monitoring the SRP. The SRP Advisor and others involved in monitoring the project must first agree to any dissemination before this takes place. Failure to do so may result in disciplinary action.