

**Evaluating Psychologists' in  
Clinical Training perspective of  
Service User and Carer  
Involvement on placement on the  
University of Leeds Doctorate in  
Clinical Psychology programme**

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## **1. Introduction**

### **1.1 SUAC involvement overview**

The involvement of service users and carers (SUAC) in healthcare services is an integral part of ensuring services are fit for purpose and the voices of SUAC are heard (NHS England, 2015). SUAC participation has been built into key National Health Service (NHS) documents and policy to highlight the importance of incorporating SUAC at every level of healthcare (NHS England, 2014). This participation can occur at various stages from devolving to informing (Arnstein, 1969), allowing SUAC input into the planning, design and delivery of services.

In acknowledgement of the importance of SUAC involvement in healthcare services, the Health and Care Professions Council (HCPC), made it a requirement in 2013 for the training of all health professionals programmes it regulates to include SUAC involvement (HCPC, 2017). These standards for SUAC involvement set out by the HCPC are broad.

### **1.2 SUAC involvement in clinical training**

Service user and carer involvement is also an important part of the training of Clinical Psychologists. The accrediting body of Doctorate in Clinical Psychology (DClinPsy) programmes, The British Psychological Society (BPS), requires all programmes to include “working with users and carers to facilitate their involvement in service planning and delivery” (BPS, 2019, pg. 20). This is achieved through the three different elements of the programme: academic, research and clinical.

Most research has evaluated SUAC involvement in academic teaching on Clinical Psychology doctoral programmes. This has incorporated the perspectives of Psychologists in Clinical Training (PICT), programme staff as well as SUAC. Findings have indicated that SUAC involvement can be an empowering experience for SUAC, helping to increase their power to shape the psychology profession and allows an opportunity to use their distressing experiences in a positive way (Clarke & Holttum, 2013; Schreur, Lea &

Goodbody, 2015; Campbell & Wilson, 2017; Norwood, Tickle, De Boos & Dewa, 2019). For PICTs, SUAC involvement can be a transformational experience, enhancing learning and empathy whilst reducing ‘us and them’ barriers which allows a more collaborative and power balanced experience (Harper, Goodbody & Steen, 2003; Repper & Breeze, 2007; Lea, Holttum, Cooke & Riley, 2016; Norwood et al., 2019)

Although SUAC involvement in clinical training is viewed positively, it is not always integrated well into DClinPsy programmes (Briggs, O’Key, Tickle & Rennoldson, 2017). Other downfalls include the potential of SUAC involvement to become tokenistic which can exacerbate power differentials (Clarke & Holttum, 2013; Schreur et al., 2015). There are no minimum standards of how SUAC involvement should be integrated into DClinPsy programmes, but the Division of Clinical Psychology has created good practice guidelines to support this (Sheldon & Harding, 2010).

### **1.3 SUAC involvement on clinical placements**

Although a number of studies discussed above examine the use of SUAC involvement in clinical training programmes, the main focus has been on the academic element of the programme. This neglects the element of SUAC involvement in the clinical strand of the programme (SUAC involvement on placements). However, clinical placements allow experiential learning and provide ample opportunity for learning as this is where the majority of PICTs learning takes place (Hayward, Hughes, Southwood, Pearce & Holmes, 2006; Cooke & Hayward, 2010). Learning in practice also allows the academic aspect of training to transfer into clinical work meaning that SUAC involvement on placement can move content learning into process learning (Schreur et al., 2015).

Despite this, only one published study has examined PICTs’ experiences of SUAC involvement on placement. Tickle and Davison (2008) found that PICTs at the University of Surrey described a great range of benefits from engaging in SUAC involvement on placement. These included a better understanding of SUAC experiences and collaboration with SUAC. Despite the positive perception of involvement on placement, a number of

barriers were also reported. For example, lack of support from supervisors and a lack of availability of SUAC involvement on placement; with the presence of both of these reported as facilitators. Overall, PICTs were keen to have more opportunities for SUAC involvement in their future clinical placements.

These findings highlight the positive learning and enrichment of training through the use of SUAC involvement in clinical placements. However, the findings are limited to one DCLinPsy programme and the ways in which SUAC involvement is facilitated can vary from programme to programme.

#### **1.4 SUAC involvement on clinical placements on the Leeds DCLinPsy**

The DCLinPsy programme at the University of Leeds incorporates SUAC involvement in all aspects of the programme, including teaching, research, selection and personal and professional development. There is also a SUAC reference group, Everybody's Voice, which has an influence on the various aspects of the programme. In October 2015, an additional element of SUAC time on clinical placements was added to the programme. This involves PICTs spending half a day on placement to focus on SUAC involvement in the service, with the potential of being involved in a specific SUAC involvement project across the placement. For example, a PICT could be involved in co-facilitating a SUAC group or take part in an extended project evaluating the experience of SUAC.

Past evaluations of SUAC involvement on the Leeds programme have investigated involvement on the programme as a whole from the perspective of PICTs and SUAC (Dunning, 2015; Berry 2016). However, these evaluations have not solely focused on evaluating SUAC involvement on placements. Dunning (2015) noted that PICTs felt challenged by training demands and limited resources in order to be able to engage in SUAC involvement on the Leeds programme. PICTs also reported uncertainty about how to involve SUAC in placements and hoped for support from placement supervisors to engage in SUAC involvement during placement time. As a result, Dunning (2015) recommended some time on clinical placement to be allocated to SUAC involvement. It

was due to this evaluation by Dunning (2015) that the SUAC involvement time on placement was introduced on the Leeds DCLinPsy programme.

### **1.5 Commissioning Project and Aims**

The service evaluation project (SEP) was commissioned by Dr Tracey Smith, Clinical Tutor and Lead for SUAC involvement on the University of Leeds DCLinPsy programme. As there have been no past evaluations of SUAC involvement on placements since it was first introduced five years ago on the programme, the aim of the current SEP was to assess PICTs perspective of SUAC involvement on placements on the Leeds programme. It was also hoped that the project would allow an opportunity to consider ways to best support SUAC involvement on placement.

### **1.6 Research Questions**

1. What are PICTs experiences of SUAC involvement on clinical placements on the University of Leeds DCLinPsy?
2. How can the Leeds programme improve SUAC involvement on placement?

## **2. Method**

### **2.1 Design**

There were two phases to the research project. Phase 1 was an online questionnaire with qualitative responses that were analysed using qualitative research methods or described using frequencies. Phase 2 was qualitative in design and involved semi-structured interviews based on the responses from Phase 1. This was decided as the best way to gain an in-depth understanding of PICTs perspectives on SUAC involvement on placement by both the project commissioner and Expert by Experience from the Everybody's Voice group.

### **2.2 Participants**

All current PICTs on the Leeds DClInPsy programme and those who graduated from the programme in 2019 were invited to take part.

In total, 16 participants took part in Phase 1 of the research which equated to a 25% response rate. Of these 16, one participant was a Year 1 PICT, seven were in Year 2, five were in Year 3 and three had graduated in 2019. The research was limited to 2019 graduates on the Leeds DClInPsy programme, as the programme does not have permission to contact any prior cohorts for research purposes.

For Phase 2, there were six individuals who expressed an interest to take part and four participants who completed interviews. Of the two who did not complete the interviews, no response was received to confirm their interest in participating.

### **2.3 Recruitment**

Potential participants were invited to take part in Phase 1 via an email sent by the DClInPsy Programme Administrator (Appendix 1) which contained the information sheet (Appendix 2). This asked participants if they wished to take part in Phase 2 by leaving their email on the online questionnaire for Phase 1 when requested to do so. Participants that expressed



an interest in Phase 2 of the project were then contacted by the researcher via email (Appendix 7) to confirm their interest and arrange a convenient time for the telephone interviews.

## **2.4 Procedure and Materials**

### Phase 1

When participants were invited to take part in the study they were directed to an information sheet (Appendix 2) and asked to provide online informed consent (Appendix 4) if they were interested in taking part in the project. The Qualtrics Survey Software was used for the online questionnaire (Appendix 5). The questions were developed in conjunction with an Expert by Experience from the Everybody's Voice group. Participants were asked the questions for each placement they completed as well as their current placement. Participants were also able to report several types of SUAC involvement they may have engaged in during each placement. The survey was distributed at the end of June 2020 which was mid-placement for Year 1 and Year 2 PICTs and towards the latter part of Year 3 PICTs placement. A reminder email was sent out by the Programme Administrator two weeks after the original email (Appendix 3). Participants had four weeks from the initial email to complete the questionnaire.

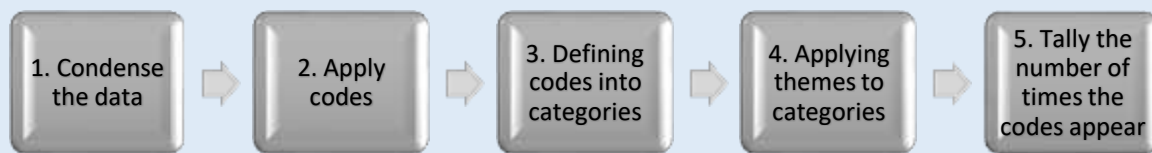
### Phase 2

Once the results for Phase 1 were complete, the researcher in collaboration with an Expert by Experience from the Everybody's Voice group reviewed the responses and created an interview schedule (Appendix 9). The focus was on specific SUAC involvement opportunities on placement. Other questions raised as a result of themes from Phase 1 were also incorporated into the interview schedule. Participants who expressed an interest in taking part in Phase 2 were contacted by email (Appendix 7) which had an information sheet attached (Appendix 6). Participants were asked to complete an online consent form (Appendix 8) and state their availability for a telephone interview. Each respondent was then contacted separately via email to confirm interview times. Interviews times ranged from 20 to 35 minutes and were recorded and then transcribed verbatim.

## 2.5 Data analysis

### Phase 1

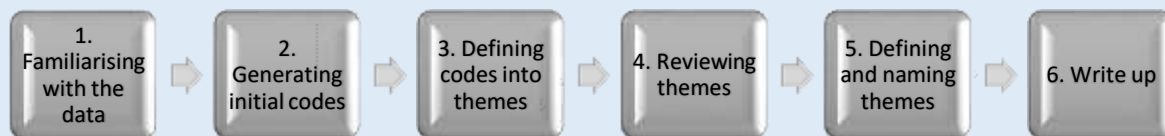
Qualitative responses from the online questionnaire were collated and analysed using Content Analysis. Content Analysis is used to describe data and tally the occurrence of the themes in the data. It can be beneficial to use when there are little research findings in the area under investigation (Hsieh & Shannon, 2005). Figure 1 summarises the stages of the Content Analysis that were undertaken (Erlingsson & Brysiewicz, 2017).



*Figure 1:* The steps taken to conduct a Content Analysis (Erlingsson & Brysiewicz, 2017).

### Phase 2

Thematic analysis is a qualitative method of analysing data through the use of themes that are present within the data. Themes are “something important about the data in relation to the research question, and represents some level of patterned response or meaning within the data set” (Braun & Clarke, 2006, pg.82). Themes from the data were obtained through inductive, data-driven methods and at the semantic level. Figure 2 summarises the steps described in detail by Braun and Clarke (2006) that were utilised to analyse the interview transcripts.



*Figure 2:* The steps for Thematic Analysis (Braun & Clarke, 2006)

## **2.6 Credibility check**

Credibility was achieved by sharing and checking the themes from both phases with the project commissioner and an experienced colleague. The findings were also shared in an Everybody's Voice meeting and distributed to group members for further credibility checks. Any suggestions were incorporated into the final results.

## **2.7 Ethics**

The project received ethical approval by the University of Leeds School of Medicine Research Ethics Committee (DCLinREC19-011).

Ethical consideration for anonymity was emphasised given that the researcher was on the same programme as those taking part in the research. The responses from the participants remained confidential and anonymity was preserved even though there was the possibility that the researcher may have been able to identify participants in the telephone interviews. The information sheet explained this to participants (Appendix 6).

## **2.8 Researcher's perspective**

Due to my position as a PICT on the Leeds DCLinPsy programme and my views from my own experience of SUAC involvement on placement, I reflected upon my position and assumptions throughout the research process. This was achieved through a reflexive diary and discussions with the project commissioner. This approach is viewed as being beneficial to obtain a level of objectivity in the analysis (Darawsheh & Stanley, 2014). Additionally, the involvement of an Expert by Experience in the research project enabled this.

### 3. Results

#### 3.1 Phase 1 – Frequencies

##### 3.1.1 Types of SUAC involvement

Figure 3 displays the types of SUAC involvement on placement that PICTs reported engaging in. The graph indicates that PICTs who were able to engage in SUAC involvement did so through SUAC groups, Recovery College and service evaluations. A large number of PICTs did not engage in any SUAC involvement on their placement.

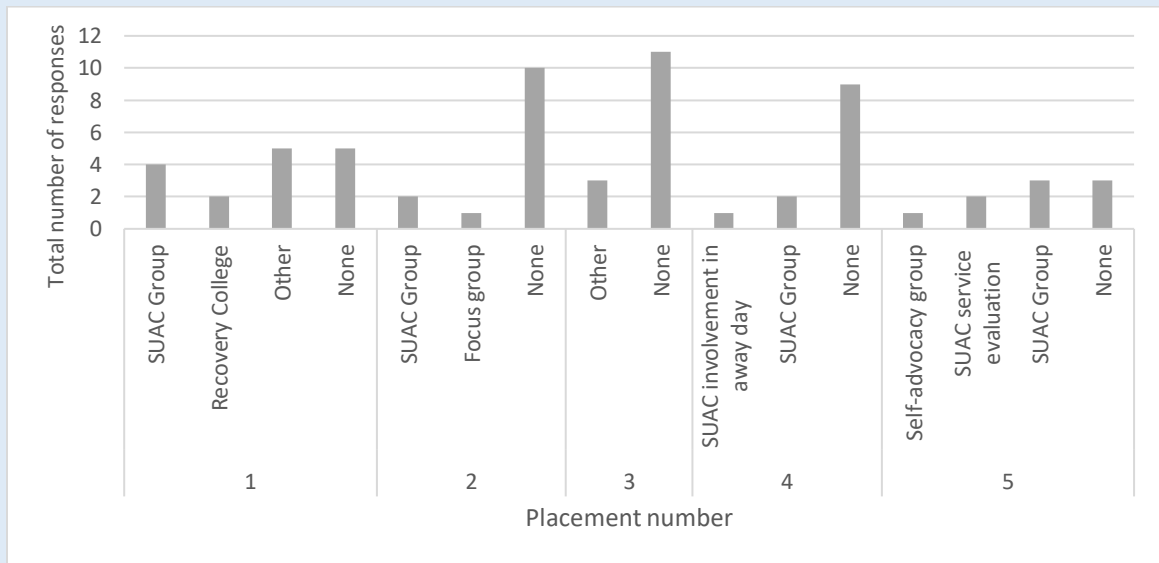


Figure 3: Types of SUAC involvement engaged in by placement number.

3.1.2 Duration of time spent on SUAC involvement

Figure 4 displays the reported duration of time spent in SUAC involvement on placement. The majority of PICTs engaged in SUAC time either once (half day or one day) or did not engage in it at all.

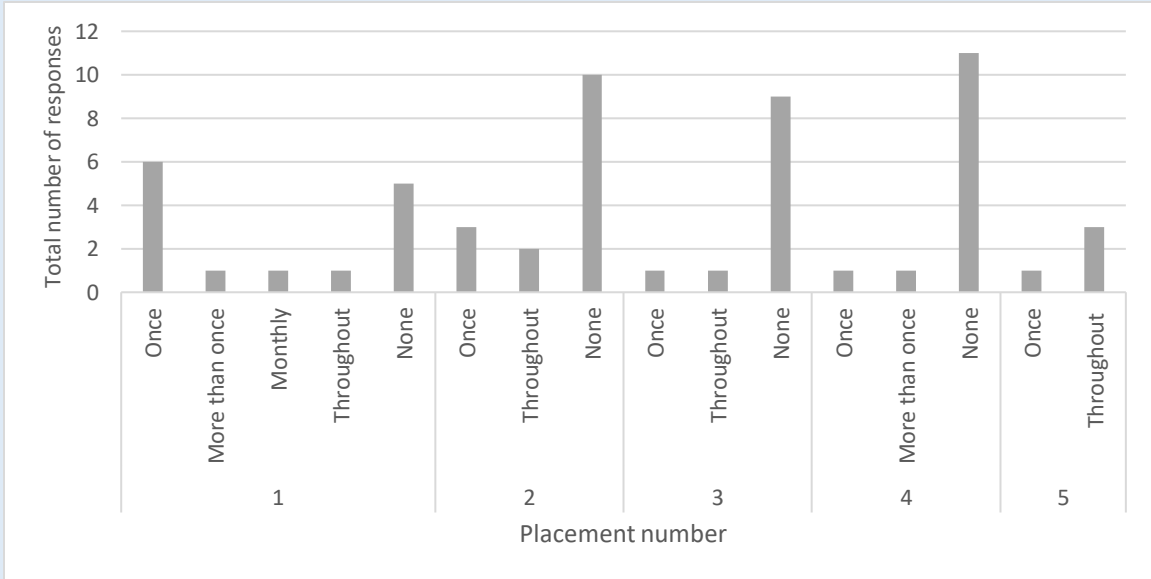


Figure 4: Duration of time spent on SUAC involvement on placement by placement number

### 3.2 Phase 1- Content Analysis

The themes that emerged from the online questionnaire are described below and displayed in Table 1.

Table 1: Content Analysis themes and number of times the codes appeared.

Theme	Codes	Number of codes
<b>Prioritisation of SUAC involvement on placement</b>	Planning/organisation	6
	Lack of resources	5
	Competing demands	4
<b>Value and importance of SUAC involvement</b>	Valuable input	20
	Lack of importance/emphasis	17
	Risk of tokenism	9
	Variability on placements	23
<b>Beneficial impact on services</b>	Understanding how services are received	4
	Improve services	8
	Shaping services	12
<b>Client's recovery process</b>	Client's perspective and voice	11
	Empowerment and connectedness	4
<b>Dynamics of power and relationships</b>	Shift in power	6
	Professional versus SUAC perspectives	6

#### 3.2.1 Prioritisation of SUAC involvement on placement

A specific theme raised from SUAC involvement on placement was the difficulties encountered by PICTs to engage in it. One of the main ways to prioritise it is through **planning and organisation**, with many respondents reporting that the **competing demands** of placements and clinical work made it difficult to engage in SUAC involvement. Others experienced a **lack of resources** in the services which reduced their ability to make SUAC involvement a **priority** on their placement.

### 3.2.2 Value and importance of SUAC involvement

Another theme present was recognition of the **value and importance of SUAC involvement**. Despite this, factors impeding SUAC involvement value and importance were acknowledged, such as SUAC involvement on placement feeling **tokenistic** and the **variability of opportunities on placements**.

### 3.2.3 Beneficial impact on services

This theme represented a number of responses on how SUAC involvement on placement can have a positive impact on healthcare services. PICTs reported that through **understanding** the perspectives of SUAC first-hand experiences services can be **improved**. This can also **shape services** to ensure that they are meeting the needs of the population.

### 3.2.4 Client's recovery process

PICTs perceived a number of benefits for SUAC through their involvement. The main positive was that SUAC involvement provides an opportunity for SUAC to share their **perspective and gives them a voice**. PICTs perceived that involvement in placements can help support the recovery journey for SUAC by increasing feelings of **empowerment and connectedness**.

### 3.2.5 Dynamics of power and relationships

A number of PICTs described how SUAC involvement can impact on the inherent power difference between professionals and SUAC. SUAC participation was viewed as an opportunity to **shift the power** imbalance and the notion of 'us and them'. Through this, differing **perspectives of professionals and SUAC** could be tackled to prevent professionals being in the position of expert and knowing how services should be.

### 3.3 Phase 2 – Thematic Analysis

The themes from the semi-structured telephone interviews are discussed below and a thematic map is presented in Figure 5.

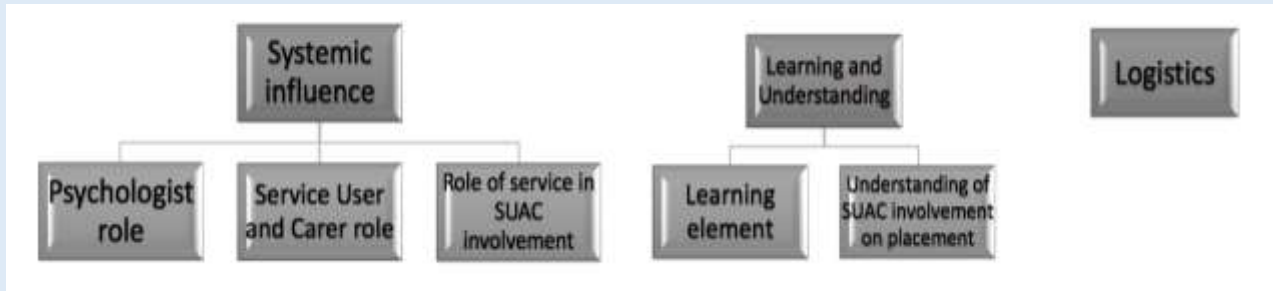


Figure 5: Thematic map displaying the themes from the telephone interviews in Phase 2.

#### 3.3.1 Systemic influence

The theme highlights three levels of influence in SUAC involvement on placement that PICTs described. The input from each entity supports SUAC involvement and requires investment from all three to work effectively.

##### *Psychologist role*

Since participants were PICTs, there was an emphasis on the role of psychologists in SUAC involvement in their clinical work. This included how **psychologists can utilise their skills** to play an important role to bolster SUAC involvement, but also indicated that some PICTs felt that in their placement experiences, **psychologists did not have SUAC involvement as part of their role.**

*“Service User and Carer involvement is everything that psychologists are meant to be doing, this falls in line with the leadership skills but I found they didn't really have that much time for it” (Participant 1)*



*Service User and Carer Role*

PICTs described the **beneficial impact of SUAC involvement for the individual** participating which shared similar ideas to the ‘client’s recovery process’ theme from Phase 1. The theme also emphasised that SUAC involvement on placement allows the **PICT to understand the views of the SUAC**.

*“It was good in a sense that they were able to voice what they had hoped for in the future” (Participant 1)*

*Role of service in SUAC involvement*

One of the other influences in SUAC involvement was the position of the service. PICTs described that for successful SUAC involvement, the NHS service they were working in needed to focus on **embedding it more into their service**. With this in mind, this theme also highlighted that having SUAC involvement opportunities in the service can be of **great benefit** to them.

*“I feel like NHS services are quite cut off from some of the other community based or more service user-based service user and carer involvement”  
(Participant 3)*

### 3.3.2 Learning and understanding

Learning and understanding was a prominent theme from PICTs experiences of specific work or projects of SUAC involvement that they completed during their placements.

*Learning element*

Being able to engage in a project or spending time on SUAC involvement whilst on placement was a **positive learning experience** for PICTs. This included learning about the **type of SUAC involvement** that takes place in the service as well as the narratives of different peoples’ experiences.

*“Personally I did learn a lot from it...was really useful for my learning at that stage in the training to be around people who experience that (condition)”*

*(Participant 2)*

#### *Understanding of SUAC involvement on placement*

This theme focused on PICTs reports of them and their placement supervisors having a **lack of understanding** about SUAC involvement time on placement. The responses from PICTs indicated a lack of clarity, awareness and focus which were described as barriers against engaging with SUAC involvement whilst on placement.

*“I feel like this is just a bit of a summary of us not really knowing what we meant to be doing” (Participant 4)*

#### 3.3.3 Logistics

One of the pertinent factors hindering SUAC involvement was the element of **logistics whilst on placement**. PICTs discussed the lack of time, opportunities, availability and difficulties to set up SUAC involvement on placement as obstacles that they experienced on their journey to seek SUAC involvement opportunities.

*“Only regret not doing something sooner as it was a little bit later on in my placement” (Participant 3)*

## 4. Discussion

### 4.1 Overview

The intended aims of the current SEP were to (1) understand PICTs experiences of SUAC involvement on clinical placements and (2) to understand ways to improve SUAC involvement on placement on the Leeds DCLinPsy programme. This was the first time an evaluation of SUAC involvement on placement on the Leeds programme was conducted. This evaluation provided useful insight and this was mainly achieved through qualitative methodology which allowed for an in-depth understanding of PICTs experiences.

### 4.2 Key findings

The main findings emerging from the current SEP indicated that only some PICTs engaged in SUAC involvement on placement and this was often a one-off involvement. Although SUAC involvement on placement was viewed positively such as having a beneficial impact on shaping services and impacting power dynamics, a number of barriers were also acknowledged. These barriers included a lack of understanding of what SUAC involvement on placement entailed as well as the difficulties PICTs encountered to prioritise SUAC involvement on placement. This may have contributed to the lack of engagement of PICTs in SUAC involvement on their placements. These findings will be explored below in further detail.

#### *4.2.1 Experiences of SUAC involvement on placement*

There was clear value of engaging in SUAC involvement on training and specifically from PICTs direct experiences on placement. This is in line with previous findings that SUAC involvement in services is valuable and a reason why SUAC involvement is integrated into services and the training of health professionals (NHS England, 2015; HCPC, 2017). More specifically to PICTs, a previous evaluation on the University of Surrey programme (Tickle & Davison, 2008), also found that PICTs described a number of benefits from SUAC involvement on placements. For example, the beneficial impact for SUAC when engaging in involvement as well as increasing perspectives for PICTs. These findings demonstrate

that incorporating SUAC into the clinical elements of the DClinPsy enhances PICTs learning experiences.

The systemic nature of SUAC involvement on placement was highlighted as a theme, with psychologists, SUAC and services being key stakeholders to enable participation in clinical practice. Clinical Psychologists are in key positions to facilitate and enhance the presence of SUAC involvement in the areas that they work (Sheldon & Harding, 2010). Not only this, but the unique training experience of psychologists allows them to consider the impact of SUAC involvement which can influence their careers beyond training.

Nevertheless, the current evaluation found that SUAC involvement was not always encouraged by placement supervisors resulting in a lack of opportunities for this experiential learning. A previous evaluation on the Leeds programme similarly found that SUAC involvement should occur in practice and PICTs hoped for more support from placement supervisors and programme staff to prioritise it (Dunning, 2015). One explanation for the lack of priority or emphasis in placements may be a lack of resources in services as this has often been cited as a reason why SUAC involvement does not always translate into opportunities (Clarke & Holttum, 2013).

A mechanism by which SUAC involvement in practice could be supported is through the role of the service that PICTs have their placement in. Having support from local services and healthcare providers could be a practical way to encourage the SUAC involvement in the placement host service and other third sector organisations. This would be effective given that the cooperation of services leads to more successful SUAC involvement (Repper & Breeze, 2007; Clarke & Holttum, 2013). Through meaningful engagement by services and incorporation of SUAC involvement into their practice, and more focus from programme staff, the opportunities for SUAC involvement on PICTs' placements could be enhanced. However, differing organisational aims and cultures could make SUAC involvement more difficult to embed (Elstad & Eide, 2009; Stickley et al., 2010) and therefore these barriers would need to be addressed to enable participation.

The third key stakeholder that was cited involved the input of SUAC. Although the results showed PICTs had few direct experiences of engagement in SUAC involvement on their placements, they cited that SUAC involvement has positives for both SUAC recovery and PICTs learning. Benefits for the SUAC such as recovery and empowerment have been ideas reported directly from SUAC in the past (Masters et al., 2002; Campbell & Wilson, 2017), therefore supporting the perspective of PICTs.

The dynamics of power in the relationship between psychologists and SUAC was also emphasised. Positively, PICTs described that SUAC involvement on placement was helpful to shift and rebalance power. One of the aims of SUAC involvement in services is to delegate power through collaboration and coproduction with SUAC (Arnstein, 1969). However, power differentials can often be a barrier and participation can be perceived as tokenistic. In their theoretical model for learning from SUAC involvement in DCLinPsy programmes, Schreuer, Lea and Goodbody (2015) acknowledged that joint working with SUAC can help balance power dynamics. SUAC have also reported that involvement in DCLinPsy training can increase their power of influence (Campbell & Wilson, 2017; Clarke & Holtum, 2013) and often this can help reduce ‘us and them’ barriers (Norwood et al., 2019; Berry 2016).

#### *4.2.2 Barriers to SUAC involvement on placement*

Although SUAC involvement was perceived as a beneficial experience, there was also the risk that the input could feel tokenistic. This lack of genuineness and ‘tick-box’ element of SUAC involvement can impede learning, be disempowering and is a barrier to successful SUAC involvement (Bassett, Campbell & Anderson, 2006; Sheldon & Harding, 2010; Schreuer, Lea & Goodbody, 2015). This is concerning since SUAC involvement is aimed to be recovery focused for the SUAC and empower them (Lea et al., 2016). The lack of genuineness also has the potential to refocus attention on power differentials and reinforce them, rather than helpfully changing attitudes.

To enable more beneficial and meaningful participation a culture change may be required as well as better collaboration with SUAC. The King’s Fund (2016; Seale, 2018) have

discussed that collaborative relationships with SUAC are key to involvement and suggest having ‘patients as partners’ as well as a shared responsibility towards healthcare; shifts that are needed in organisations. Furthermore, some of the barriers cited could be overcome by utilising guidance to measure current SUAC involvement and embed practical ways in which to make it genuine and enhance involvement (Together and Network for Mental Health, 2014).

The logistics of participating in SUAC involvement on placement and prioritising it were highlighted as obstacles. These included the multiple demands of training, planning SUAC involvement and setting it up. These themes also emerged in the past with PICTs describing these challenges occurring throughout the various strands of SUAC involvement in the training programmes (Tickle & Davison, 2008; Dunning, 2015). Since these themes resonate across the three strands of the DClInPsy programme, it would be beneficial for the programme to be aware of these and be proactive towards trying to reduce the obstacles and barriers that prevent successful and meaningful SUAC involvement.

### **4.3 Limitations and future research**

Although the study is the first to evaluate PICTs experiences of SUAC involvement on placement on the Leeds programme, in general there is a dearth of research in this field. There is a lack of understanding United Kingdom (UK) wide how programmes incorporate SUAC involvement on placements. It would be beneficial for a future SEP or evaluation to examine the views and experiences of PICTs on the DClInPsy programmes UK wide. This would help to provide an understanding of how different programmes implement SUAC involvement in the clinical strand, especially given the broad requirements for SUAC involvement set by the HCPC and BPS.

The sample sizes were small in both phases of the project and despite the range of participants from all years taking part in Phase 1, there was a lack of representation from first year PICTs. Therefore, the views of all years of PICTs and those graduating have not been incorporated into this project. The trend from the results demonstrated that in earlier

placements more PICTs engaged in SUAC involvement, but this reduced as placement number increased. Therefore, it would be helpful to explore the views of those at the start of training as some respondents stated there was more emphasis on SUAC involvement in the earlier parts of the programme.

An addition to the questionnaire design could have been useful to include such as the including quantitative questions about PICTs views (e.g. using a Likert scale) to ascertain their overall rating on various aspects of SUAC involvement. For example, PICTs could have been asked to provide their quantitative feedback on how helpful or unhelpful their SUAC involvement on placement experiences were.

Despite the involvement of an Expert by Experience in the research design and consultation, themes arose about the perceived benefits that SUAC involvement has for SUAC. However, this occurred in the absence of the direct views of SUAC and therefore it would be beneficial to understand the direct experiences of SUAC in their involvement with SUAC participation in practice with Clinical Psychologists. Such a project could provide useful insight and understanding towards developing minimum standards for SUAC involvement on placement for DClInPsy programmes that builds upon SUAC involvement good practice guidelines for Clinical Psychologists (Sheldon & Harding, 2010).

#### **4.4 Recommendations**

The findings from the SEP highlighted a range of positive experiences as well as barriers in engaging in SUAC involvement on placement. These recommendations are based on the lack of experiences PICTs have been able to engage in each of their placements, the logistical barriers they experienced and lack of understanding of what SUAC involvement on placement entails.

In light of these findings, a number of recommendations are suggested for the Leeds DClInPsy programme:

- To increase PICTs understanding of SUAC involvement, the placement handbook should further explain what it is and use some examples to increase the possibilities for PICTs.
- To emphasise the time given for SUAC involvement with placement supervisors in initial emails and placement meetings.
- To add SUAC involvement time on placement into the Placement Assessment Framework as a point of discussion for the Placement Planning Meeting, Mid Placement Visit and End of Placement Visit, so that it remains on the agenda for PICTs, supervisors and programme staff.
- Encourage PICTs to measure their placement SUAC involvement against Arnstein's (1969) ladder of participation to help them evaluate how genuine, meaningful and beneficial participation is and ways to improve it in their placement.
- To be aware of the barriers that PICTs face in engaging in meaningful SUAC involvement and actively try to reduce these.

#### **4.5 Dissemination of findings**

The findings were shared at the SEP conference in October 2020 with current PICTs and staff members from the Leeds DCLinPsy programme, including the programme commissioner. They will also be shared in Everybody's Voice meeting and the project commissioner will disseminate the findings via the Group of Trainers Clinical Psychology mailing list.



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## **6. Appendices**

**Appendix 1: Phase 1 - Recruitment email**

**Appendix 2: Phase 1 – Participant information sheet**

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**Appendix 9: Phase 2 – Interview Guide**

**Appendix 1: Phase 1 - Recruitment email****SEP Recruitment email**

Dear Psychologists in clinical training/newly qualified Psychologists,

As part of my service evaluation project (SEP) I am evaluating service user and carer involvement on placements on the Doctorate in Clinical Psychology at the University of Leeds.

The experiences that I would like to know more about is the half day during each clinical placement that is dedicated to service user and carer involvement. I would like to know about your experiences of this both if you **have/have not** had opportunities for service user and carer involvement on each of your clinical placements during the course.

If this is something that you would like to take part in please see the attached information sheet and you can access the questionnaire via this link:

[https://leedspsychology.eu.qualtrics.com/jfe/form/SV\\_55USZCo3kyCXnMx](https://leedspsychology.eu.qualtrics.com/jfe/form/SV_55USZCo3kyCXnMx)

The survey will be open until the end of Wednesday 8<sup>th</sup> July 2020.

Towards the end of completing this questionnaire you will be asked if you are interested in taking part in telephone interviews regarding the research. If you are interested please provide your email at the end of the questionnaire when asked. This second part of the research involves talking to participants in further about their experiences of service user and carer involvement in their placements (see phase 2 participant information sheet).

If you have any further questions about the research please contact 201290732 (Researcher) on [umlk@leeds.ac.uk](mailto:umlk@leeds.ac.uk).

The research has been granted ethical approval by the School of Medicine Research Ethics Committee (Reference number: DCLinREC19-011).

Regards,

Researcher 201290732  
Psychologist in Clinical Training

## **Appendix 2: Phase 1 – Participant information sheet**

**Project title:** Evaluating Psychologists in Clinical Training perspectives of Service User and Carer Involvement on placement on the Doctorate of Clinical Psychology programme at the University of Leeds

### **What is the purpose of the study?**

The aim of the project is to evaluate service user and carer (SUC) involvement on placements in the Doctorate in Clinical Psychology at the University of Leeds. The experiences that you will be asked about is the half day during each clinical placement that is dedicated to SUC involvement. Your experiences of this both if you have/have not had opportunities for SUC involvement will be asked about for each of your clinical placements during the course.

Since this was introduced onto the course in October 2015 there has been no form of evaluation of this aspect and therefore it remains unclear what Psychologists in Clinical Training (or recently qualified) experience of this has been.

### **Why have I been asked to take part?**

You have been asked to take part in the project because you are a Psychologist in Clinical Training on the Doctorate in Clinical Psychology at the University of Leeds or you have recently graduated from this course in 2019.

### **Who has organised the research?**

This service evaluation project (SEP) has been commissioned by Dr Tracey Smith (Clinical Tutor).

### **What will I have to do if I agree to take part?**

You will be asked to complete an online questionnaire about your views on service user and carer involvement on clinical placement. You will also be asked about the opportunities for service user and carer involvement on each of your clinical placements you engaged in. Most of the responses will be text boxes to add in your responses with a few multiple-choice questions. The questionnaires will take approximately 30 minutes to complete. Your consent will be inferred by you starting and submitting the questionnaire.

### **What are the possible advantages or disadvantages of taking part?**

You will have the opportunity to provide feedback on your experience of SUC involvement on your clinical placements. Although any feedback gathered may not have a direct benefit on your experiences of SUC on placement during the remainder of your time on the course, it will be beneficial to inform SUC aspect of placements in the future.

### **Do I have to take part?**

Research participation is completely voluntary and deciding not to take part will not affect your studies on the course in any way. If you wish you to take part you can do so by clicking on the link in the invitation email.

**Can I withdraw from the study?**

You can withdraw from the study at any point in completing the online questionnaire until it has been submitted. During any time completing the questionnaire if you decide to withdraw, none of your data will be submitted. However, if you submit your responses to the questionnaire you will be unable to withdraw from the study as all results from the questionnaire will be anonymous and cannot be linked back to individual participants.

**Who will know about my participation and what will happen to the information?**

Participation in the study is completely voluntary. If you decide to take part you are free to withdraw at any time prior to submitting your responses without providing a reason. All results from the study will be kept strictly anonymous and at no point will any identifiable personal information be linked with the results.

All of your data will be held in accordance with the university guidelines on use of personal data (<https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research-Privacy-Notice.pdf>).

**What will happen to the results of the study?**

The findings will be used to produce a presentation and report however all data will remain anonymous. The findings will also be shared with the Clinical Tutors on the Doctorate in Clinical Psychology at the University of Leeds. Again, all data will remain anonymous.

**Who has reviewed the study?**

The study has been reviewed and gained ethical approval by the University of Leeds, School of Medicine, Research Ethics Committee (Reference number: DClInREC19-011)

**Contacts for further information**

If you would like further information regarding the project you can contact: 201290732 (Researcher and Psychologist in Clinical Training) on [umlk@leeds.ac.uk](mailto:umlk@leeds.ac.uk) or Dr Tracey Smith (Clinical Tutor and SEP Commissioner) on [t.e.smith@leeds.ac.uk](mailto:t.e.smith@leeds.ac.uk).



**Appendix 3: Phase 1- Recruitment email reminder**

Dear Psychologists in Clinical Training/Newly Qualified Psychologists,

Please find attached an information sheet about a SEP that we have commissioned to evaluate Service User and Carer (SUC) involvement on placement. This is being completed by Researcher 201290732 (Year 2 Trainee).

This is the first evaluation to be completed about SUC involvement on placement and we are hoping to get as many responses as possible to help us get an understanding about what is currently happening and to help us think about how we can develop involvement in this area.

Regards,

Researcher 201290732  
Psychologist in Clinical Training

**Appendix 4: Phase 1 – Consent form**

**Project title:** Evaluating Psychologists in Clinical Training perspectives of Service User and Carer Involvement on placement on the Doctorate of Clinical Psychology programme at the University of Leeds

Date: 26.05.20

Version number: 1

**Consent Form**

I confirm that I have read and understand the information sheet dated 26.05.20 explaining the project and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any point up during the completion of the questionnaire without providing a reason. I understand that once I have submitted my responses to the questionnaire I will be unable to withdraw from the study.

I understand that the data gathered will be stored anonymously and securely in accordance with the University of Leeds guidance and will be held until the end of September 2021.

I understand that direct quotations from the research will be used in the project write up, but all personal identifiable information will be removed

I understand that ticking the above and proceeding with the questionnaire implies that I have given my consent to take part in the project.

## Appendix 5: Phase 1 – Questionnaire

### Questionnaire

**Project title:** Evaluating Psychologists in Clinical Training perspectives of Service User and Carer Involvement on placement on the Doctorate of Clinical Psychology programme at the University of Leeds

What is your current year of training?

- Year 1
- Year 2
- Year 3
- Graduated from the training course in 2019

What are your thoughts on service user and carer involvement?

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Broadly, what is helpful about service user and carer involvement?

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Broadly, what is unhelpful about service user and carer involvement?

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---

Broadly, what could be changed about service user and carer involvement?

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---

Which areas of the course have you seen service user and carer involvement?

What is your understanding of service user and carer involvement on placement?

---

---

What are your views on service user and carer involvement on placement?

---

---

Which placement are you currently on?

- Placement 1
- Placement 2
- Placement 3
- Placement 4
- Placement 5/I have completed the course

*These questions will appear based on the number of placements (e.g. Placements 1 -5) the trainee has been on/completed.*

Placement type \_\_\_\_\_

Placement location \_\_\_\_\_

What opportunities in service user and carer involvement on this placement have you engaged in?

---

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Which type of organisation did you engage in this service user and carer involvement with?

- NHS
- 3<sup>rd</sup> sector

Other, please detail: \_\_\_\_\_

How long did you engage in this service user and carer involvement?

---

What were the benefits of this service user and carer involvement on placement?

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What were the challenges?

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What is helpful about service user and carer involvement on placement?

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What is unhelpful about service user and carer involvement on placement?

---

---

What could be changed about service user and carer involvement on placement?

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Would you like to take part in Phase 2 of the project?

Yes

No

If yes: Please provide your email address

---

**Thank you for taking the time to complete this questionnaire. If you have provided your email address to take part in Phase 2 of the research, you will be contacted in due course.**

## **Appendix 6: Phase 2 – Participant information sheet**

**Project title:** Evaluating Psychologists in Clinical Training perspectives of Service User and Carer Involvement on placement on the Doctorate of Clinical Psychology programme at the University of Leeds

### **What is the purpose of the study?**

The aim of the project is to evaluate service user and carer (SUC) involvement on placements on the Doctorate in Clinical Psychology at the University of Leeds. The experiences that you will be asked about is the half day during each clinical placement that is dedicated to SUC involvement. Your opportunities for SUC involvement will be asked about for each of your clinical placements during the course.

Since this was introduced onto the course in October 2015 there has been no form of evaluation of this aspect and therefore it remains unclear what Psychologists in Clinical Training (or recently qualified) experience of this has been.

### **Why have I been asked to take part?**

You have been asked to take part in the project because you have already taken part in Phase 1 of the research and have provided consent to be contacted about the second part of the project. You have also been asked because you are a Psychologist in Clinical Training on the Doctorate in Clinical Psychology at the University of Leeds or you have recently graduated from this course in 2019.

### **Who has organised the research?**

This service evaluation project (SEP) has been commissioned by Dr Tracey Smith (Clinical Tutor).

### **What will I have to do if I agree to take part?**

You will be asked to participate in a telephone interview that will ask you further questions about your views and experiences of SUC involvement on clinical placements. It is anticipated that telephone interviews will be a maximum of 45 minutes. Your consent will be gained by you signing a consent form online. You will also be asked for verbal consent over the phone before the interview starts.

### **What are the possible advantages or disadvantages of taking part?**

You will have the opportunity to provide feedback on your experience of SUC involvement on your clinical placements. Although any feedback gathered may not have a direct benefit on your experiences of SUC on placement during the remainder of your time on the course, it will be beneficial to inform SUC aspect of placements in the future.

### **Do I have to take part?**

Research participation is completely voluntary and deciding not to take part will not affect your studies on the course in any way.

**Can I withdraw from the study?**

You can withdraw from the study at any point before and during the telephone interview. You can also withdraw up to 2 weeks after the telephone interview. After this time data analysis will have commenced and you will not be able to withdraw. You can withdraw without providing a reason and if you choose to withdraw all of your data will be destroyed.

**Who will know about my participation and what will happen to the information?**

Participation in the study is completely voluntary. Although the researcher may be able to identify you, your personal information will be kept anonymous in any of the data transcription. All responses from the study will be kept strictly anonymous and at no point will any identifiable personal information be linked with the results.

The telephone interview will be recorded and then transcribed. All of your data will be held in accordance with the university guidelines on use of personal data (<https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research-Privacy-Notice.pdf>). Your data will be destroyed at the end of the researcher's completion on the course which is expected in September 2021.

**What will happen to the results of the study?**

The findings will be used to produce a presentation and report however all data will remain anonymous. The findings will also be shared with the Clinical Tutors on the Doctorate in Clinical Psychology at the University of Leeds. Again, all data will remain anonymous.

**Who has reviewed the study?**

The study has been reviewed and gained ethical approval by the University of Leeds, School of Medicine, Research Ethics Committee.

**Contacts for further information**

If you would like further information regarding the project you can contact: 201290732 (Researcher and Psychologist in Clinical Training) on [umlk@leeds.ac.uk](mailto:umlk@leeds.ac.uk) or Dr Tracey Smith (Clinical Tutor and SEP Commissioner) on [t.e.smith@leeds.ac.uk](mailto:t.e.smith@leeds.ac.uk).



**Appendix 7: Phase 2 – Recruitment email****SEP Recruitment email**

Hi,

As part of my service evaluation project (SEP) I am evaluating service user and carer involvement on placements on the Doctorate in Clinical Psychology at the University of Leeds.

You took part in the first phase of the project and provided your email to say that you were happy to be contacted regarding this to answer further questions about your experiences of service user and carer involvement on your placements.

The research has been granted ethical approval by the School of Medicine Research Ethics Committee (Reference number: DCLinREC19-011).

If this is something that you would still like to take part in please see the attached information sheet and email back Researcher on [umlk@leeds.ac.uk](mailto:umlk@leeds.ac.uk) to arrange a time for the telephone interview.

Regards,

Researcher 201290732  
Psychologist in Clinical Training

**Appendix 8: Phase 2 – Consent form**

**Project title:** Evaluating Psychologists in Clinical Training perspectives of Service User and Carer Involvement on placement on the Doctorate of Clinical Psychology programme at the University of Leeds

Date: 26.05.20

Version number: 1

**Consent Form**

I confirm that I have read and understand the information sheet dated 26.05.20 explaining the project and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw during the telephone interview and up to 1 week after my telephone interview has taken place without giving a reason.

I understand that the telephone interviews will be recorded and will be kept until the interview is transcribed.

I understand that the data gathered will be stored anonymously and securely in accordance with the University of Leeds guidance and will be held until the end of September 2021.

I understand that direct quotations from the research will be used in the project write up, but all personal identifiable information will be removed.

I understand that agreeing and ticking the above implies that I have given my consent to take part in the project.

## Appendix 9: Phase 2 – Interview Guide

### Telephone Interview Script and Interview Guide

**Project title:** Evaluating Psychologists in Clinical Training perspectives of Service User and Carer Involvement on placement on the Doctorate of Clinical Psychology programme at the University of Leeds

#### Introduction

Hi, I'm a Psychologist in Clinical Training at the University of Leeds. I am carrying out a service evaluation project looking at trainees' experiences of service user and carer involvement on placement, more specifically the half day that is allocated during each placement. You took part in Phase 1 and were happy to be contacted in relation to Phase 2 of the project.

Are you still ok to participate in the second part of the project?

- Yes
- No [END CALL]

Did you also receive the email with the information sheet about Phase 2 of the project?

- Yes
- No [SEND INFORMATION SHEET AND ASK IF CAN CALL BACK AFTER READING IT]

Have you read through the information sheet?

- Yes
- No [ASK IF CAN CALL BACK AFTER READING IT]

#### Explain project

During this telephone call I will be asking you further questions about your experience of service user and carer involvement on placements on the course. This is in relation to the half day on each placement that is especially allocated to this. I may ask you more about each of the projects/experiences you had the opportunity to be a part of. You can answer the questions in as much details as you want or if you choose not to answer them you do not have to. The interview should take a maximum of 45 minutes. I will also be recording the interview as we speak so that I can later transcribe it.

Is this ok?

- Yes
- No [TERMINATE PHONE CALL]

#### Confidentiality and withdrawal

Just to remind you, as stated on the information sheet, all that we discuss will remain confidential and all your responses will be anonymised. If at any time during this call you would like to end it and no longer participate in the project, you can do so without providing any reason.

Before we proceed, do you have any questions?

- Yes [ANSWER QUESTIONS]
- No

#### Verbal Consent

I will now begin recording the call, is that ok?

- Yes
- No [EXPLAIN WHY YOU ARE RECORDING, IF NO RESOLUTION, TERMINATE CALL]

Would you like take part in this project?

- Yes
- No [DISCUSS REASONS AND OFFER SOLUTIONS. IF NO RESOLUTION, TERMINATE CALL]

Did you sign the consent form online?

- Yes
- No [ASK TO SIGN AND ARRANGE CALL AT A LATER DATE]

“Today is the [SAY DATE] and the current time is [SAY DATE]. Can you please tell me your name?”

[Await their response]

“[INSERT THEIR NAME] have you had the opportunity to read the information sheet about Phase 2 of the project”

[Await their response]

“Do you understand what you the project involves?”

[Await their response]

“Have you had the opportunity to ask any questions about the project?”

“Are you happy to continue to the interview?”

[Await their response]

What is your current year of training?

- Year 1
- Year 2
- Year 3
- Graduated from the training course in 2019

[Interview guide/schedule](#)

“Please tell me about your service user and carer involvement on placement [INSERT PLACEMENT NUMBER]”

[Await their response]

“Please tell me more about the projects you were involved on [INSERT PLACEMENT NUMBER]”

[Await their response]

“What would you want to change or be different about this experience?”

[Await their response]

“Were there any changes that were made from your service user and carer involvement on [INSERT PLACEMENT NUMBER]”

[Await their response]

“How did it feel being involved with service user and carer involvement outside of therapy/clinical work?”

[Await their response]

“Thank you for taking part in the interview today. Your contribution is much appreciated.”

[END CALL]