Evaluation of Service User and Carer Involvement in Teaching on the Doctorate in Clinical Psychology Programme at the University of Leeds

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Abbreviations

BPS = British Psychological Society
DClinPsy = Doctorate of Clinical Psychology
HCPC = Health and Care Professions Council
NHS = National Health Service
NICE = National Institute for Health and Care Excellence
NSUN = National Survivor User Network
SEP = Service Evaluation Project
SUAC = Service user/s and carer/s
UK = United Kingdom

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Introduction

SUAC Involvement in Clinical Training

SUAC have first-hand experience of both their individual circumstances and healthcare systems (Ahuja & Williams, 2005). This unique expertise is a valuable resource for practitioners, particularly those in clinical training. This experience and value are recognised across national policies (Department of Health, 2001, 2014; NICE, 2020), healthcare providers (NHS England, 2017), and professional bodies (HCPC, 2017). The National Service Framework for Mental Health in England (Department of Health, 1999) outlined that "service users and carers should be involved in planning, providing and evaluating training for all health care professionals (pg. 109). This framework marked a seminal move away from the traditional view of practitioners as experts. It has been suggested that recognition of lived experience may have a positive impact for SUAC through empowerment, validation and subsequent enhanced psychological wellbeing (Ahuja & Williams, 2005; Townend, Tew, Grant, & Repper, 2008). Despite this, SUAC involvement in mental health services can be considered tokenistic and lacking in meaningful outcomes (Barnes et al., 2006; McLaughlin, 2009).

SUAC Involvement on the Doctorate in Clinical Psychology Training Programmes

The HCPC regulates 'practitioner psychologists' and educational programmes in the UK. The current standards of education and training (HCPC, 2017) stipulates that SUAC must be involved in the programme. Supplementary to these, the BPS (2019) published accreditation standards for DClinPsy training programmes which outlines that programmes SUAC "should inform and participate in the delivery of the curriculum" (pg.25), through collaboration and feedback.

SUAC involvement in teaching on the DClinPsy has been found to have several benefits for trainees including increased empathy, challenging stigmas, creation of lasting memories, and encouragement to adopt person-centred approaches (Schreur, Lea, & Goodbody, 2015). However, caution should be exercised when generalising the reported beneficial findings from this study particularly to carers as participants reported having limited experience of carer involvement. A further limitation of the study relates to the sample which ranged from trainees in their final year of the programme and qualified

clinical psychologists who had finished the programme within the last three years, and therefore the latter population were offering a retrospective account which may have been impacted by their ability to remember SUAC involvement in teaching and their post-qualification experiences.

Despite these limitations, findings from an earlier study investigating staff perspectives of SUAC involvement on two DClinPsy programmes established further positive aspects included developing trainee learning and challenging power differences (Clarke & Holttum, 2013). However, the researchers also highlighted barriers which included potential tokenistic involvement, differences of opinions of agendas between SUAC and staff, and lack of resources (personal and financial). There is limited research focused on SUAC own experiences of involvement in DClinPsy training, an earlier University of Leeds SEP reported positive experiences for SUAC as a sense of 'having a voice' and purpose, and less positive experiences for SUAC which included awareness of the academic agenda, personal and practical barriers to involvement (Berry, 2016).

In support of previous findings, a recent study evaluated both service users' and trainees' perspectives of SUAC involvement in teaching on the Nottingham DClinPSy programme (Norwood, Tickle, De Boos, & Dewa, 2019). The authors established beneficial aspects for both populations, SUAC reported enjoying supporting trainees and relational benefits from reflecting on their own therapy. Whilst, trainees reported enhanced clinical preparedness, critical and personal reflection. These findings propose that SUAC involvement is both meaningful and of mutual benefit in DClinPsy teaching. However, the authors utilised focused groups of which both had a small sample size of three SUAC and three trainees, which limits the generalisability of the findings to other trainee cohorts or SUAC's. Further research examining SUAC involvement in teaching on DClinPsy programmes as dual-aspect (e.g. trainees' and SUAC in a single study) or single aspect research would add to the limited research outlined.

The influential Ladder of Participation (Arnstein, 1969) is a model used to measure SUAC involvement across eight levels which resemble the level of power SUAC have in determining outcomes. The top of the ladder is referred to as 'co-production' and the highest level of power, whereas the bottom is considered coercion and the lowest level of power. A study explored SUAC involvement across DClinPsy

programmes in relation to Arnstein's Ladder and found that involvement varied from lower levels, sharing experiences, to higher levels of power, separate selection panel (Eames & Phillips, 2017). Further to this, a service evaluation of SUAC involvement across DClinPsy programmes and evidenced a variation in the amount, level of power and responsibility within reported involvement (Howarth, 2018). Although, the latter evaluation captured views from less than half of the national DClinPsy programmes and therefore may represent views of those programmes that are biased towards SUAC involvement.

The Leeds DClinPsy currently involves SUAC in several ways including selection, a representative committee 'Everybody's Voice', research, teaching, and clinical skills. A previous SEP by Dunning (2015) evaluated SUAC involvement on the Leeds DClinPsy across these strands, excluding selection. The SEP found that trainees reported positive aspects as learning through hearing experiences and consultation with SUAC about research improved quality. However, trainees also highlighted barriers to SUAC involvement including concerns about harm, lack of diversity, and meaningful involvement (Dunning, 2015). Consequently, this SEP provided recommendations to the programme which have been taken forward. Since this time, SUAC involvement in the Leeds DClinPsy has continually been appraised through the commissioning of SEP's from multiple perspectives. Despite this, to date SUAC involvement specifically in teaching has yet to be evaluated, and the perspectives of staff has not been explored in this context.

Aims of the SEP

The main aim of this SEP was to evaluate the importance of SUAC involvement in teaching and how SUAC are involved in teaching on the Leeds DClinPsy from both teaching staff and trainee perspectives. A further aim of the SEP was to establish perceived barriers and facilitators to SUAC involvement in teaching from the teaching staff perspectives. This SEP builds on the findings and recommendations from three previous SEP's (Berry, 2016; Dunning, 2015; Howarth, 2018), which were commissioned to better understand involvement. However, to date SUAC involvement in teaching on the programme has yet to be evaluated from multiple perspectives (teaching

staff and trainees). It was hoped that this SEP would contribute to future SUAC involvement in teaching through the capturing and comparing of current teaching practice from the perspectives of teaching staff and trainees including barriers and facilitators.

Method

Design

A mixed methods research design was utilised in this project. This approach involves the collection and analysis of both quantitative and qualitative data within the same study (Shorten & Smith, 2017). A mixed methods design was selected as it facilitates the exploration of different perspectives and the direct comparison of both qualitative and quantitative data.

Participants

Leeds DClinPsy teaching staff that taught on one or more occasions on the programme over the last four teaching years (2016-2020), trainees in the current cohorts across the three years of the programme (2017–2022) and the most recent graduated cohort (2016-2019) were invited to take part in the project by email from a member of the admin team. There were no exclusion criteria.

In total, 16 teaching staff and 27 trainees and completed the survey, percentage response rates were not calculated due to the anonymity of participants and the circulation of the recruitment email by a member of the admin team.

Measure

Two mixed methods questionnaires were developed and refined through discussions with commissioners based on what they felt was important for them to know from both staff (Appendix A) and trainees (Appendix B). The questionnaires consisted of a combination of multiple-choice questions, 10-point Likert scales, and free text questions for qualitative feedback. In general, the main themes included in the questions were: perceived importance of SUAC involvement, ways in which SUAC had been involved in teaching (including perceived valuable and less valuable involvement), and perceived barriers and facilitators to involvement. The questionnaires were administered

using the Online Surveys website. Alternative methodologies were considered with the commissioners including qualitative interviews which due to the pandemic would have had to be either online or telephone interviews. It was collaboratively decided with the commissioners that given the present SEP's aim to evaluate how SUAC are currently involved in teaching on the programme, that a larger sample and range of examples would be beneficial. In comparison, to exploring a richer understanding of involvement which was not the aim of the evaluation and therefore qualitative interviews were discounted.

Procedure

Individuals were invited to take part in the project through recruitment emails circulated by a member of the admin team, one for teaching staff (Appendix C) and another for trainees (Appendix D), these were sent again after 2 weeks as a reminder. These emails contained the links for the online surveys. Additional participant information was presented on the first page of each survey, and consent was indicated if participants proceeded to the following page which contained the survey questions. The survey took approximately 10-20 minutes to complete and was open for four weeks.

Ethical Considerations

The project was reviewed and approved by the University of Leeds School of Medicine Research Ethics Committee DClinPsy sub-REC (DClinREC 19-014). Participants were provided on the first page of each survey with information outlining the purpose of the project, right to withdraw, and confidentiality.

Data Analysis

The surveys contained both quantitative and qualitative data. The collected quantitative data was analysed using descriptive statistics. Qualitative data captured from free text responses was analysed using qualitative content analysis, which is a method used for "systematically describing the meaning of qualitative data" (Schreier, 2014, pp. 170). This approach organises open ended questions into concepts which frequently occur and is considered useful for comparing and summarising responses to questionnaire data

(Krippendorff, 2004). Alternative qualitative approaches were considered by the researcher and commissioners, including thematic analysis. However, methodologically this was not deemed appropriate given the aim of the project to summarise and compare responses across the two surveys and therefore reduce the volume of data.

Qualitative questionnaire responses were analysed using an inductive (data-driven) approach to content analysis and is typically used where there is little or fragmented previous research in the area (Elo & Kyngas, 2007). Additionally, an inductive approach was selected to reduce preconceived ideas and potential bias, as the researcher identifies as a trainee and therefore has their own experiences of SUAC involvement in teaching. Inductive content analysis can be divided into steps, the following steps outlined by Erlingsson & Brysiewicz (2017) were adhered to for this analysis:

1. Read and re-read responses to get a sense of the whole
2. Identify meaning units
3. Condense meaning units
4. Formulate codes
5. Create categories
6. Themes (optional step)

Themes were not created for this project to ensure the researcher remained close to the text and manifest content, as opposed to offering interpretation and the latent meaning of responses to reduce bias as aforementioned.

Credibility Checks

Credibility checks were conducting following the recommendations of Elliott, Fischer, and Rennie (1999). These included reviewing the raw data once collected and discussing any issues highlighted by participants in responding to the questions and planning how to address these e.g. the collapsing of some questions as participants felt some questions were repetitive, see the results section for more detail on this. In addition to this once the researcher had completed data analysis, all qualitative categories were then reviewed by the commissioners to reduce bias of the researcher particularly given

their position as a trainee who has experienced SUAC involvement in teaching and therefore enhance the reliability of the findings. An example of the qualitative data analysis process from meaning units to categories can be found in Appendix E.

Results

Descriptive Data

Sixteen teaching staff in total completed the survey. One participant had taught once on the course, six participants had taught between 2-5 sessions, four participants had taught between 5-10 sessions, and five participants had taught 10+ sessions. Three participants only taught Year 1, five participants only taught Year 2, no participants taught only Year 3, and eight participants taught across more than one year of the course. Participants stated that they worked in the following types of services: four participants worked in adult mental health, three in health, two in older adult, one in child and adolescent, one in neuropsychology, one in psychosis, one in learning disabilities, one with refugee's and asylum seekers, one in psychoanalysis, and one stated psychological therapies. Six participants (37.5%) indicated that they had involved SUAC in their teaching sessions and ten participants (62.5%) stated they had not included SUAC in their teaching sessions on the course. Fourteen teaching staff participants (87.5%) selected 'Yes' when asked if they thought there were barriers to involving SUAC in their teaching sessions, compared to two participants (12.5%) who selected 'No'.

Twenty-seven trainees in total completed the survey, of these twelve participants were in Year 1 of training, a further twelve participants were in Year 2, two participants were in Year 3, and one participant had graduated the previous year.

Participants across both surveys (teaching staff and trainees) were asked to indicate on a 10-point Likert scale how important it is to involve SUAC in teaching sessions. 0 on the scale indicated that an individual felt it was 'not important', 5 indicated 'sometimes important' and 10 indicated 'very important', with indices of 1 in between these labelled points on the scale. In the teaching staff survey the majority of participants, 31.3% ($N=5$), selected 8 on the scale, 25% ($N=4$) selected 9, 18.8% ($N=3$)

selected 5 'sometimes important', 12.5% (*N*=2) selected 10 'very important', 6.3% (*N*=1) selected 0 'not important', and no participants selected options 1-4 or 6 on the scale. Comparatively, in the trainee survey the majority of participants, 59.3% (N=16), selected 10 'very important', 18.5% (*N*=5) selected 9, 18.5% (*N*=5) selected 8, 3.7% (*N*=1) selected 7, and no participants selected 0-6 on the scale. These results are represented in figure 1 below.
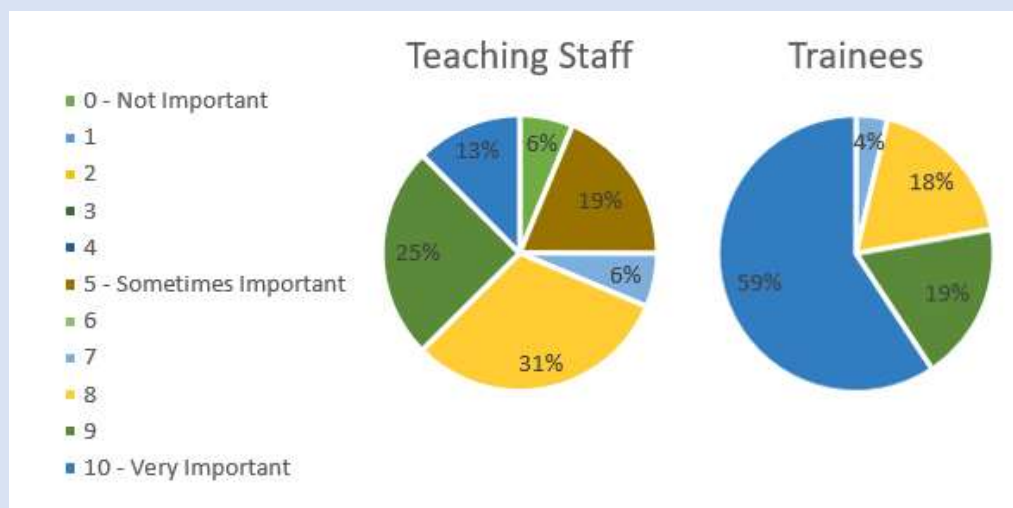
Figure 1. Comparison b5)etween teaching staff and trainees survey responses to the question "how important do you think service user and carer involvement is in teaching sessions?".

Qualitative Content Analysis

The free text questions of the surveys were analysed using an inductive (data-driven) qualitative content analysis approach. These questions predominantly centred on examples of SUAC involvement in teaching, and perceived barriers and facilitators to involvement. The analysis and results for several responses from both surveys were omitted from this section as they are beyond the scope of this report and did not address the mains aims of this SEP. These includes questions 4.a from the teaching staff survey and 2.a from the trainee survey which were centred on the impact on SUAC involvement, a summary of these can be found in Appendix E. In addition to this, several questions and responses were combined due to participants indicating some overlap of questions across both surveys. For example, if barriers to involvement were written about in any question

this was counted and analysed under the category of barriers to ensure responses were not missed. Finally, two questions (15. and 6.) which asked teaching staff if there was anyway the DClinPsy programme could support SUAC in their future teaching and the latter which asked trainees how SUAC could be improved were omitted from the content analysis and instead are summarised in the recommendations section of the discussion.

Three main categories were identified in the teaching staff survey: 1. Types of Involvement, 2. Barriers, 3. Facilitators. Two main categories were identified in the trainee survey: 1. Positive Involvement, 2. Negative Involvement. A full breakdown of the main categories, sub-categories and condensed meaning units can be found in Appendix E. The frequency of responses is indicated alongside each sub-category.

Teaching staff – Main category 1: Types of involvement.
The teaching staff who indicated they had involved SUAC in their teaching sessions reported the ways they did so, which was the main aim of this SEP. This main category was divided into six sub-categories, a summary of these are represented in figure 2.
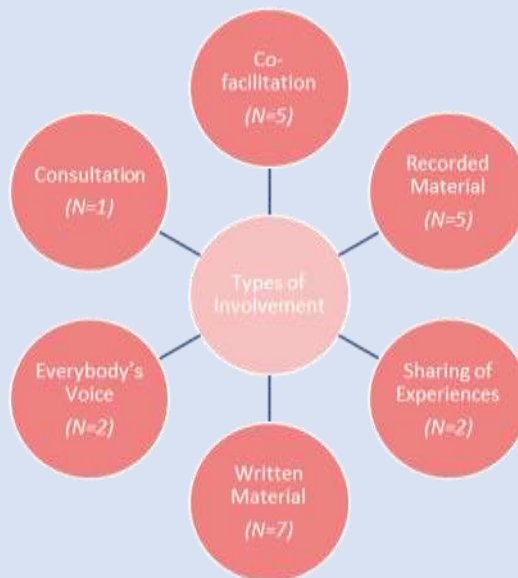
Figure 2. Summary of teaching staff survey responses for Types of Involvement (main category) and seven sub-categories with associated frequencies.

Sub-category 1: Co-facilitation (frequency = 5).

There were five responses from teaching staff participants which described including the SUAC as a co-facilitator. These responses included *"s/user as co-teacher"*, *"facilitators who have lived experience of the issue they are talking about"* and *"joint-teaching"*.

Sub-category 2: Recorded material (frequency = 5).

There were five responses from participants which described instances of using recorded material in their teaching sessions. For example, *"I have previously got consent for using tapes"* and *"videos of interviews with s/users"*.

Sub-category 3: Sharing of experiences (frequency = 2).

There were two responses from participants relating to the sharing of SUAC experiences. One example included reference to direct sharing in teaching, *"service users telling their story"*. The other example referred to indirect sharing and included *"a client wrote a letter describing her experiences and what it meant to her to be read out to the trainees"*.

Sub-category 4: Written material (frequency = 7).

Data analysis revealed seven responses from teaching staff participants which desribed using written material in their teaching sessions in different ways. These responses included examples of *"case vignettes and case studies"* and *"sharing actual formulation with consent"*.

Sub-category 5: Everybody's voice (frequency = 2).

There were two responses which referred to including SUAC members of Everybody's Voice in their teaching sessions. The responses included *"I am involved with 4 different teaching sessions with Everybody's Voice"* and *"EV contribute to sessions on working with service users and carers and thinking about issues of difference and diversity"*. There were analysed as a separate sub-category as the responses did not indicate how they had involved Everybody's Voice in teaching for them to be coded into an alternative sub-category.

Sub-category 6: Consultation (frequency = 1).

There was one response from a participant which described consulting with SUAC about their teaching session. For instance the response stated *"discussed the content of teaching"*.

Teaching staff – Main category 2: Barriers.

All participants who responded to the teaching staff survey outlined barriers or difficulties to involving SUAC in teaching sessions. This main category of Barriers was divided into six sub-categories, a summary of these are represented in figure 3.
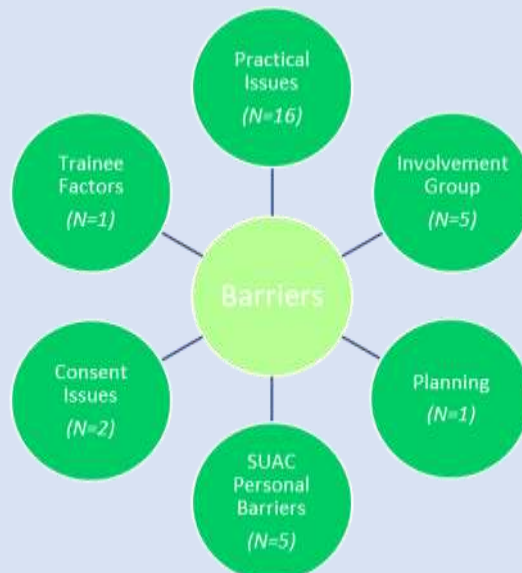
Figure 3. Summary of teaching staff survey responses for Barriers (main category) and six sub-categories with associated frequencies.

Sub-category 1: Practical issues (frequency = 16).

All participants who responded to the teaching staff survey described an array of practical issues as barriers to involving SUAC in their teaching sessions. These responses included *"service users coming into the university can be challenging"*, *"having adequate time for involvement meaningful"*, *"a budget is needed to be able to pay involve rates"* and *"service users need support to and from teaching sessions"*. Other

responses highlighted population specific practical issues including *"logistics of arranging or helping with transport to a venue for people with dementia"*.

Sub-category 2: Involvement group (frequency = 5).

Five responses from participants referred to the difficulty of teaching staff not having access to or knowledge of SUAC involvement group/s who have a shared interest in being involved in teaching sessions. For example participants expressed *"at another university we are able to draw on a panel we have established of experts-by-experience"* and *"having access/knowledge of service users who have an interest in the area of teaching and would be willing to collaborate"*.

Sub-category 3: Planning (frequency = 1).

There was one response which was centred on planning of teaching sessions and ways of involving SUAC. This responses included *"I probably need to be more creative about how to involve service users in different ways"*.

Sub-category 4: SUAC personal barriers (frequency = 5).

In contrast, five responses highlighted percieved SUAC personal barriers to involvement in teaching sessions. For example, one participant stated *"I think coming to the university to speak to a group would be very anixety-provoking"* and *"they would need final choice on the day whether to co-facilitate"*.

Sub-category 5: Consent issues (frequency = 2).

There were two responses which referred to issues with SUAC consent to be involved in teaching. For example, one response expressed *"I think service users form a relationship not only with their clinician but also the service – this will have unconscious and conscious aspects – the latter may make it difficult to make a truly informed choice about whether they genuinely want to partake in such an activity or it might lead them to want to partake for unconscious reasons e.g. to comply"*.

Sub-category 6: Trainee factors (frequency = 1).

One participant response highlighted trainee factors as a barrier to involving SUAC in teaching sessions. This response stated *"teachers and service users also need to have confidence that trainees will treat the service users with respect – this can be a barrier to service users agreeing to come".*

Teaching staff – Main category 3: Facilitators.

Several teaching staff participants who responded to the survey discussed things that make SUAC involvement easier or that help. These were termed under the main category of Facilitators and a further four sub-categories emerged from the analysis, a summary of these are represented in figure 4.
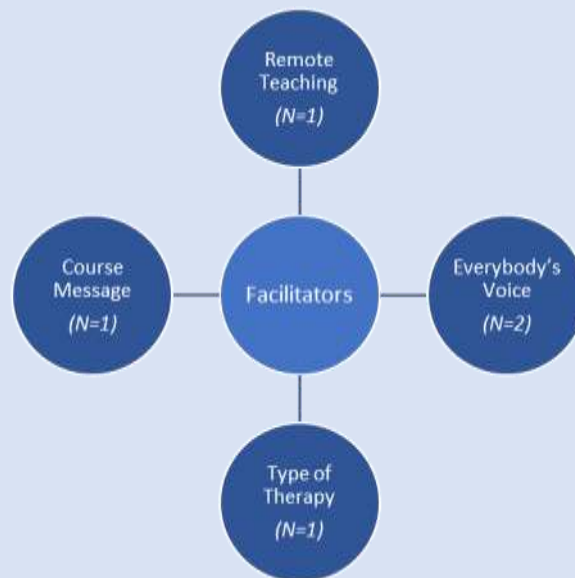
Figure 4. Summary of teaching staff survey responses for Facilitators (main category) and four sub-categories with associated frequencies.

Sub-category 1: Remote teaching (frequency = 1).

One response referred to finding the current circumstances of delivering remote teaching to be more helpful to including SUAC in teaching sessions. This response stated

"service user can join remotely (via live video link) as coming to the university may be very challenging".

Sub-category 2: Everybody's voice (frequency = 2).

There were two responses which higlighted that involvement of Everybody's Voice in teaching was helpful for teaching staff. These included *"the involvement of Everybody's voice with lived experience of different issues to come and talk about it"* and *"Everybody's voice is obviously fab and so helpful. I've genuinely always found them lovely to work with – and spend time with and full of good ideas"*.

Sub-category 3: Type of therapy (frequency = 1).

One participant response proposed that the type of therapy they use in clinial practice has a positive influence on involving SUAC in their teaching session. For example, *"I mostly use third wave approaches that I find to be very collaborative and levelling. I think this helps form a relationship where the client feels able to share their experiences and also normalises mental health difficulties and so hopefully reduces the sense of stigma people might have that gets in the way of them talking about difficulties and vulnerabilities"*.

Sub-category 4: Course message (frequency = 1).

There was one teaching staff participant response which highlighted that the Leeds DClinPsy course message helps with the way they involve SUAC in teaching. This response included *"there is a clear willingness and encouragement from the course to do this"*.

Trainees – Main category 1: Positive involvement.

All trainee participants who responded to the survey discussed examples of what they thought was valued and positive SUAC involvement in teaching. These were termed under the main category of Positive involvement and a further six sub-categories emerged from the analysis, a summary of these are represented in figure 5.

Figure 5. Summary of trainee survey responses for Positive involvement (main category) and six sub-categories with associated frequencies.

Sub-category 1: Sharing of experiences (frequency = 27).

All trainee participants who responded to the survey discussed the positive value of SUAC sharing their experiences with them in teaching sessions. For example responses included *"we had a mum of a service user talking about her experiences of what were and were not helpful things to say to a carer"* and *"we had the opportunity to listen to a SU in our forensic teaching, and this was really eye opening and gave me the chance to reflect on my own assumptions of this population"*.

Sub-category 2: Recorded material (frequency = 2).

Two trainee responses referred to the use positive use of recorded material such as videos in teaching. One of these included *"videos of 'factilitator' interviewing and role playing with children"*.

Sub-category 3: Written material (frequency = 11).

Eleven trainee participant responses highlighted written material as positive SUAC involvment in teaching. A sample of these responses stated *"case studies/vignettes and formulation examples"*, *"I have always found case vignettes and would encourage their continued use"* and *"sharing of formulation in CAT teaching"*.

Sub-category 4: Assessment and feedback (frequency = 13).

Similarily, around half of the trainee respondents to the survey identified opportunities for SUAC assessment and feedback within teaching sessions as positive and valued involvement. For example, one respondent expressed *"assessment sessions at the beginning of training"*. Futher to this another response stated *"I also enjoyed the working with children and families teaching where we met with several families and had the opportunity to work in small groups. It was really nice and helpful at the end of the session to also get feedback on the types of creative tashs the families each preferred"*.

Sub-category 5: Co-facilitation (frequency = 3).

There were three trainee participant responses which referred to SUAC co-facilitation of teaching sessions as valued involvement. For example these responses included *"co-facilitate the sessions"* and *"I have also enjoyed the teaching with Everybody's Voice members where they co-facilitated a teaching session"*.

Sub-category 6: Informative (frequency = 2).

Two trainee respondents discussed how receiving information in teaching about SUAC involvement was valued and beneficial. These responses included *"talk about the importance of service user evaluation"* and *"session on working with carers (on zoom)"*.

Trainees – Main category 2: Negative involvement.

A small number of trainee participants who responded to the survey highlighted experiences of SUAC involvement in teaching which they found less helpful. These were termed under the main category of Negative involvement and a further two sub-categories emerged from the analysis, a summary of these are represented in figure 6.
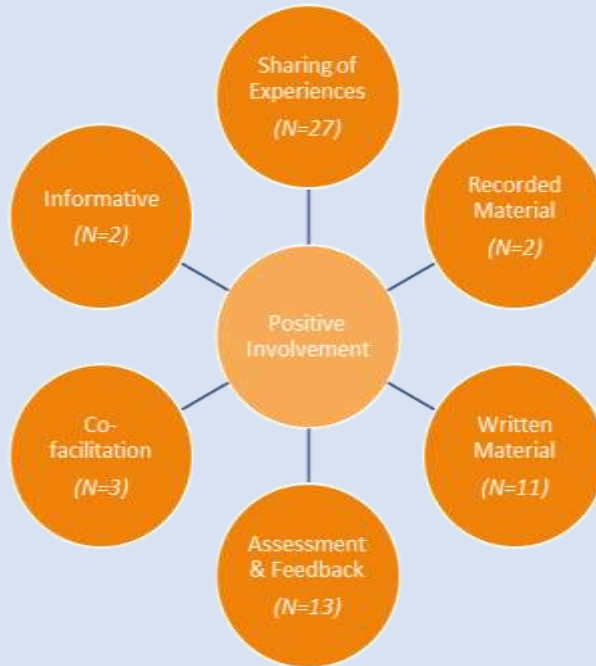
Figure 6. Summary of trainee survey responses for Neative involvement (main category) and two sub-categories with associated frequencies.

Sub-category 1: SUAC wellbeing concerns (frequency = 3).

Three responses from trainees highlighted concerns for SUAC wellbeing as a driver for them to view involvement as not valued and less positive. One example of these responses included *"the carer was asked to speak about her lived experience to us (which felt very raw at the time). It didn't feel particularly contained and I just felt more concerned for the service user being asked to talk".*

Sub-category 2: Lacking meaning (frequency = 6).

There were six trainee responses which questioned the meaning of the SUAC involvement and felt it was not as valuable. A few responses included *"I think sometimes lecturers use SU in a bit of a tokenistic manner"* and *"I can't remember what the session was about, but it involved people from Everybody's Voice and we had to interview them about something. I remember it feeling like it was a bit forced in terms of being asked to ask them questions about their experience, perhaps it did not feel genuine or something?".*

Discussion

The aim of this SEP was to evaluate how SUAC are involved in teaching on the Leeds DClinPsy from both teaching staff and trainee perspectives. It was hoped that this SEP would contribute to future SUAC involvement in teaching through the capturing and comparing of current teaching practice from the perspectives of teaching staff and trainees including barriers and facilitators. Although it is important to highlight that at the time of data collection the coronavirus pandemic had resulted in a national lockdown, which ultimately has impacted on the delivery of teaching including SUAC involvement. The key findings are findings, strengths and limitations of the project, and recommendations for the course are discussed within this section.

Teaching Staff Perspectives

The current practice of how teaching staff are involving SUAC in their teaching on the Leeds DClinPsy course was evaluated from self-report questions, including the barriers and facilitators to involvement. An earlier SEP evaluated SUAC involvement across DClinPsy programmes and evidenced a variation in the amount, level of power and responsibility within reported involvement (Howarth, 2018). The present SEP's findings build on this through the evaluation of the types of involvement and how often it is occurring on the Leeds DClinPsy course. Participants responses indicated that the most frequent way they involved SUAC in teaching was through written material and this was typically in the form of case studies, vignettes and formulations. Second to this recorded material and co-facilitation were the second most common types of SUAC involvement as reported by teaching staff. A smaller number of participants also reported using consultation, sharing of SUAC experiences, and Everybody's Voice as other ways in which they have involved SUAC in their teaching sessions. However, in total less than half of teaching staff participants stated that they had involved SUAC in their teaching sessions and largely participants had not included SUAC in their sessions.

Furthermore, five participants reported facilitators to SUAC involvement in their teaching. Comparatively the most frequently described was the ability to draw on the established Everybody's Voice committee, but also included remote teaching, type of

therapy, and the course message. Despite this, all participants reported barriers to involving SUAC in their teaching sessions. The most frequently highlighted barrier was practical issues which was referred to by all participants and included aspects such as the length of teaching sessions, transport to the university and difficulties finding the teaching room, admin support, payment, and organisational barriers. Further to this, participants also reported an involvement group, planning, SUAC personal barriers, consent issues, and trainee factors as other barriers to involvement. However, it was unclear in responses if those participants who stated that access to SUAC who are interested in involvement were already aware of Everybody's Voice of whether they were proposing an alternative involvement group or information about existing groups.

Trainee Perspectives

Trainees perspectives were sought to evaluate what was perceived as valuable and less valuable ways of involving SUAC in teaching on the course. The project revealed that all participants described the sharing of SUAC experiences in teaching as the most frequent type of involvement that they felt was positive and valued. This was followed by both written material and assessment and feedback as the second frequently reported type of involvement that was positive for trainees. A smaller number of participants described less valuable ways that SUAC have been involved in teaching from a trainee perspective, these included occasions where concerns were raised about SUAC wellbeing and experiences where it has lacked meaning, with the latter reported as the most frequent.

These findings share parallels with the results of a previous SEP which evaluated SUAC involvement on the Leeds DClinPsy across selection, research, and clinical skills, from trainee perspectives (Dunning, 2015). The earlier SEP established that trainees reported positive aspects of involvement was hearing experiences and highlighted concerns about harm and meaningful involvement. These themes remain represented in the present project in the positive involvement category which contains sharing of experiences sub-category, and the negative involvement category comprised of the lacking meaning, and SUAC wellbeing concerns sub-categories.

Comparisons of Teaching Staff and Trainee Perspectives

The findings from this SEP have facilitated a comparison of teaching staff and trainee perspectives of SUAC involvement in teaching. Interestingly, the responses across the surveys centred on the importance of SUAC involvement in teaching showed a larger range of responses for teaching staff when compared to trainees' responses which clustered around the higher end of important. All participants across both surveys identified similar types of involvement, however trainees reported assessment and feedback, and informative aspects of SUAC teaching as valuable which was not represented in teaching staff responses. Furthermore, trainee responses referred to co-facilitation less frequently than teaching staff.

These findings suggest that the two participant groups place importance on different types of SUAC involvement and support previous research which found that involvement varied from lower levels, sharing experiences, to higher levels of power, separate selection panel (Eames & Phillips, 2017). In terms of understanding the present projects comparative findings, it is possible that teaching staff are more familiar with Arnstein's (1969) ladder of participation which considers co-production as the highest level of power, and therefore teaching staff aspire to include this in their teaching and report it more frequently. However, it is important to consider these comparisons in the context that trainees are exposed to a whole programme of teaching with session which do or do not include SUAC involvement, whereas teaching staff only deliver their sessions which ranged between a single session and ten plus sessions.

Strengths and Limitations

Two key strengths of this project are the novel evaluation of SUAC involvement from multiple perspectives and the exploration of these in an anonymous survey which provides respondents with the space to offer honest perspectives. However, the project has a number of limitations.

Firstly, the project would have benefitted from the piloting of the survey questions, as responses indicated some overlap of questions which meant the researcher was required to collapse questions as outlined in the results section. This could have resulted in the miscoding of raw data into categories and sub-categories, although

analysis was quality checked by commissioners to increase the internal validity of the findings. Secondly, comparative to the trainee participants, there was a reduced number of teaching staff participants and therefore the types of involvement reported are based on a smaller sample who often reported more than one type of involvement in their responses, and therefore comparisons between the results from the two surveys should be viewed with caution. Also, although teaching staff and trainees were asked similar questions these were not exactly the same in line with the SEP's aims and therefore comparisons between the results outlined in the discussion should be held tentatively. Further research would help to elucidate this particular aspect of the service evaluations findings.

A further limitation relates to the methodology, as although survey methods are useful for sampling a larger participant group, the survey can limit detail in responses. This was evident in the teaching staff survey when compared to trainees who tended to include more in-depth responses. Finally, it is important to consider the impact of the researchers position as a trainee who has experience of SUAC involvement in teaching, which could have introduced researcher bias into the analysis of the raw data and conclusions drawn from this despite efforts outlined to minimise this type of bias.

Recommendations

This SEP project highlighted a number of recommendations for the Leeds DClinsPsy programme to enhance SUAC involvement in teaching from both teaching staff and trainee perspectives. The following recommendations should be considered by the programme for teaching staff. Firstly, the programme should consider providing a separate SUAC involvement guidance for teaching staff as a possible 'working document' which is updated yearly. This guidance would benefit from containing examples of different ways SUAC have been involved in teaching and 'top tips' from teaching staff who are already doing this. In addition to this, the programme should consider developing an information source for SUAC's including pictures of the building for directions and pictures of typical teaching rooms, this could benefit from being developed collaboratively with members of everybody's voice. The programme should also consider exploring and collating a list of SUAC's (with their consent) and local

SUAC groups (e.g. young dynamos) that are interested in being involved in teaching for staff to approach if appropriate.

The following recommendations should be considered by the programme for trainees. This includes consideration of how to increase involvement in patient groups or services which may experience difficulties with SUAC involvement due to issues around consent (e.g. learning disabilities and older adult populations). This could be done through further consultation with teaching staff. Secondly, trainees may benefit from teaching staff highlighting and discussing where SUAC involvement in sessions has not felt relevant or possible, as trainees may have suggestions as to how to overcome this. Finally, the programme should consider including SUAC involvement on the feedback forms which are completed by every trainee after each teaching session, as a way of continually evaluating teaching involvement and gathering trainee suggestions for the guidance document. This recommendation could also benefit from being discussed with the everybody's voice committee, in terms of considering what question/prompt would help gather the most helpful feedback from trainees.

The recommendations from this SEP project are summarised in table 1 below.

Table 1

Recommendations from the perspectives of both teaching staff and trainees to the commissioners of this SEP project evaluating SUAC involvement on the Leeds DClinPsy programme.

Teaching Staff	Trainees
SUAC involvement group or the details of local groups	Increased involvement (particularly in learning disabilities & older adult populations)
Information source for SUAC (including pictures of the building)	Guidance to teaching staff acknowledge when there is no involvement

Course guidelines for teaching staff (including examples of how others have involved SUAC, different ways of involving SUAC)	Inclusion of SUAC involvement on feedback forms
	Trainee involvement as SUAC

Dissemination

       The results of this SEP have been disseminated as part of the planned Leeds DClinPsy SEP conference in October 2020. They will also be shared at the next Everybody's Voice committee meeting in November 2020. The report has also been shared with the commissioners who are involved in SUAC involvement in teaching on the programme, and who intend to share these findings with existing and future teaching staff as part of a wider initiative to increase SUAC involvement across the programme as a whole.

Conclusion

       The findings from this SEP highlight the current practice and ways SUAC are involved in teaching from both the perspectives of teaching staff and trainees on the Leeds DClinPsy programme. Furthermore, the findings from teaching staff survey also established current facilitators and barriers to involvement and inform clear recommendations for the commissioners. Although the findings are limited by several methodological limitations, they both extend on and reflect similarities of previous research. In conclusion, this fulfils the aims of this SEP.

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Appendices

Appendix A –Teaching Staff Survey

Service User and Carer Involvement in Teaching - Teaching Faciliator's

0% complete

Page 1: Service Evaluation Project Information

Evaluation of Service User and Carer Involvement in Teaching on the Doctorate of Clinical Psychology Training Programme at the University of Leeds

Thank you for your interest in taking part in this project.

Invitation to take part:

You are being invited to take part in a service evaluation project. Before you decide it is important for you to understand why the evaluation is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the project?

The purpose of this study is to evaluate the involvement of service users and carers in teaching from both the perspective of teaching facilitators and trainees. We are interested in your perspective as a facilitator to help improve involvement on the training programme.

Why have I been chosen?

You have been invited because you have taught on the DClinPsychol training programme at the University of Leeds on at least one occasion. We would value your participation whether or not service users and carers were involved in your teaching as we would like to understand what the facilitators and barriers to service involvement in teaching are.

Do I have to take part?

It is up to you to decide whether or not to take part. You are free to withdraw at any point during the survey by closing the window, without giving a reason. This project does not offer anything in exchange for taking part.

What do I have to do?

Here is some important information if you decide to take part:

- You will be asked to complete an online survey, which might take anywhere between 10 to 20 minutes to complete.
- You will be asked to provide some basic demographic data e.g. how many sessions you have taught on the course and your area of discipline, but no identifiable information will be collected. If direct quotations are used from responses, then a pseudonym will be used.
- You will be asked questions about whether you have involved service users and carers in your teaching, how you have done this, difficulties with doing so and any ideas or hopes for future teaching.

What are the possible disadvantages and risks of taking part?

There are no expected disadvantages and risks. Participants are asked to not name specific teaching sessions to ensure anonymity of responses.

What are the possible benefits of taking part?

There are no rewards for taking part in the research, but some participants may benefit from an opportunity to share their experiences and contribute to future service user and carer involvement in teaching on the DClinPsychol programme.

Use, dissemination and storage of research data

This project will be written into a report and submitted in November 2020 as part of a course requirement for the Doctorate of Clinical Psychology at the University of Leeds. This project will be presented at an internal conference at the University of Leeds in October. The report and data will also be made available to the DClinPsychol programme staff team and may be used for further reports or research. The survey data produced from this project will be stored electronically on the university's secure server for 3 years.

What will happen to my personal information?

No personal information will be collected as part of this project, some demographic data relating to the number of times you have taught on the programme and your area of discipline will be collected.

Research Participant Privacy Notice

This Notice explains how and why the University uses personal data for research; what individual rights are afforded under the Data Protection Act 2018 (DPA) and who to contact with any queries or concerns.

The notice can be read in full on the following website https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research-Privacy-Notice.pdf

Prepared on the Leeds D.Clin.Psychol. Programme, 2020

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Contact for further information

My name is Megan McTiffin (ummmc@leeds.ac.uk) and I will be undertaking the project. If you have any questions, then please do not hesitate to contact me on the above email address.

This project is supervised by Dr Tracey Smith (T.E.Smith@leeds.ac.uk) and Dr Tom Cliffe (T.D.Cliffe@leeds.ac.uk), who are clinical and academic tutors on the Doctorate at Leeds both can be contacted on the above email addresses.

Ethical approval has been sought and approved from the DClin REC at the University of Leeds (project number: _____).

Thank you for taking the time to read through this information, by continuing with this survey and progressing to the next page, it will be assumed that you are consenting to take part.

Next >

Service User and Carer Involvement in Teaching - Teaching Faciliator's

25% complete

Page 2: General Questions

1. **How many sessions have you taught on the course over the last 3 years?** (rough estimate if you are unsure) • *Required*

   ☐ 1   ☐ 2-5   ☐ 5-10
   ☐ 10+

2. Which year do you typically teach? • *Required*

   ☐ Year 1   ☐ Year 2   ☐ Year 3
   ☐ I teach across more than
     one year

3. What is your area(s) of discipline? (e.g. health, learning disabilities) * Required

This part of the survey uses a table of questions, view as separate questions instead?

4. How important do you think it is to involve service users and carers in teaching sessions?
   * Required

Please don't select more than 1 answer(s) per row.

Please select at least 1 answer(s)

	0 - Not Important	1	2	3	4	5 - Sometimes Important	6	7	8	9	10 - Very Important	
0	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	10

a. Why did you give that rating to the importance of service user and carer involvement in teaching? (e.g. why did you rate the importance as 6?) * Required

5. Have you ever involved service users and carers in your teaching sessions on the DClinPsychol programme? * Required

☐ Yes   ☐ No

6. If Yes, please tell us why you have? * Required

7. If No, please provide the main reasons why you have not involved service users and carers in your teaching? * Required

8. How do you think service user and carer involvement in teaching may impact on trainee learning? * Required

Page 3: Involving Service Users and Carers in Teaching

There are many different ways that service users and carers can be involved in teaching, some examples might include: case studies/vignettes, discussions with your service user/carer about particular issues and topics for your teaching, inviting service users/carers into teaching to share their experiences or co-facilitation of teaching, to name a few.

The following question will be focused on how you have done this previously in your sessions:

Please only answer the following question on this page if you answered "Yes" to having involved service users and carers in your teaching on the DClinPsychol programme.

9. **Please give as many examples of how you have involved service users and carers in your teaching on the Leeds DClin programme over the last 3 years?** • *Required*

10. **Please give as many details of how you have involved service users and carers in your teaching on the Leeds DClin programme over the last 3 years?** • *Required*

Page 4: Barriers and Facilitators to Involvement and Ideas for Future Teaching

11. **Are there any things that make service user and carer involvement in your teaching easier or that help?** • *Required*

12. **Do you think there are barriers or difficulties to involving service users and carers in your teaching sessions?** • *Required*

☐ Yes   ☐ No

a. *If Yes, what are they?* • *Required*

13. What do you think can help or have helped you overcome any barriers to involving service users and carers in your teaching? *Required

14. Do you have any hopes or ideas for involving service users and carers in your teaching sessions going forward? *Required

15. Finally, is there any way the DClin programme can support service user and carer involvement in your teaching in the future? *Required

Service User and Carer Involvement in Teaching - Teaching Faciliator's

100% complete

Final page

Thank you for participating in this survey on service user and carer involvement in teaching on the DClinPsychol programme at the University of Leeds.

Your responses have now been submitted.

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Appendix B –Trainee Survey

Service User and Carer Involvement in Teaching - Trainee Survey

0% complete

Page 1: Service Evaluation Project Information

Evaluation of Service User and Carer Involvement in Teaching on the Doctorate of Clinical Psychology Training Programme at the University of Leeds

Thank you for your interest in taking part in this project.

Invitation to take part:

You are being invited to take part in a service evaluation project. Before you decide it is important for you to understand why the evaluation is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the project?

The purpose of this study is to evaluate the involvement of service users and carers in teaching from both the perspective of teaching facilitators and trainees. We are interested in your perspective as a trainee to help improve involvement on the training programme.

Why have I been chosen?

You have been invited because you have attended teaching on the DClinPsychol training programme at the University of Leeds as a current or previous trainee, and we wondered whether you were able to share how service users and carers have been involved in this teaching.

Do I have to take part?

It is up to you to decide whether or not to take part. You are free to withdraw at any point during the survey by closing the window, without giving a reason. This project does not offer anything in exchange for taking part.

What do I have to do?

Here is some important information if you decide to take part:

- You will be asked to complete an online survey, which might take anywhere between 10 to 20 minutes to complete.
- You will be asked to provide some basic demographic data e.g. what year of training you are in or when you graduated. If direct quotations are used from responses, then a pseudonym will be used.
- You will be asked questions about different ways teaching facilitators have involved service users and carers into teaching, your opinions on which have worked well and not as well, and any ideas or hopes for future teaching.

What are the possible disadvantages and risks of taking part?

There are no expected disadvantages and risks. Participants are asked to not name specific teaching sessions to ensure anonymity of responses.

What are the possible benefits of taking part?

There are no rewards for taking part in the research, but some participants may benefit from an opportunity to share their experiences and contribute to future service user and carer involvement in teaching on the DClinPsychol programme.

Use, dissemination and storage of research data

This project will be written into a report and submitted in November 2020 as part of a course requirement for the Doctorate of Clinical Psychology at the University of Leeds. This project will be presented at an internal conference at the University of Leeds in October. The report and data will also be made available to the DClinPsychol programme staff team and may be used for further reports or research. The survey data produced from this project will be stored electronically on the university's secure server for 3 years.

What will happen to my personal information?

No personal information will be collected as part of this project, some demographic data relating to your year of training or graduation will be collected.

Research Participant Privacy Notice

This Notice explains how and why the University uses personal data for research; what individual rights are afforded under the Data Protection Act 2018 (DPA) and who to contact with any queries or concerns.

The notice can be read in full on the following website https://dataprotection.leeds.ac.uk/wp-content/uploads/sites/48/2019/02/Research-Privacy-Notice.pdf

Contact for further information

My name is Megan McTiffin (ummmc@leeds.ac.uk) and I will be undertaking the project. If you have any questions, then please do not hesitate to contact me on the above email address.

This project is supervised by Dr Tracey Smith (T.E.Smith@leeds.ac.uk) and Dr Tom Cliffe (T.D.Cliffe@leeds.ac.uk), who are clinical and academic tutors on the Doctorate at Leeds both can be contacted on the above email addresses.

Ethical approval has been sought and approved from the DClin REC at the University of Leeds (project number: _____).

Thank you for taking the time to read through this information, by continuing with this survey and progressing to the next page, it will be assumed that you are consenting to take part.

Next >

Page 2: General Questions

1   What year of training are you currently in?   ● *Required*

☐ Year 1   ☐ Year 2   ☐ Year 3
☐ Graduated

This part of the survey uses a table of questions, view as separate questions instead?

2   How important do you think it is for teaching staff to involve service user and carer in their sessions?   ● *Required*

Please don't select more than 1 answer(s) per row.

Please select at least 1 answer(s).

	0 - Not Important	1	2	3	4	5 - Sometimes Important	6	7	8	9	10 - Very Important	
0	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	10

a.   Why did you give that rating to the importance of service user and carer involvement in teaching? (e.g. why did you rate the importance as 6?)   ● *Required*

[   ]

Page 3: Involving Service Users and Carers in Teaching

There are many different ways that service users and carers can be involved in teaching, some examples might include: case studies/vignettes, sessional material e.g. formulations/poems/life story work, attendance in teaching to share their experiences or co-facilitation of teaching.

The following questions will be focused on your experiences of how this has been done previously in teaching sessions:

3. **Give as many examples and details where service users and carers have been involved in teaching sessions that stand out in your mind as being valuable** (please inclue as many details as possible such as the area of teaching e.g. health): ＊ Required

a. **Why have you identified the above examples and details as valuable?** ＊ Required

4. **Give as many examples and details where service users and carers have been involved in teaching sessions that stand out in your mind as being *not* as valuable** (please inclue as many details as possible such as the area of teaching e.g. health): ＊ Required

a. **Why have you identified the above examples and details as *not* as valuable?**
    ＊ Required

5. **Has service user and carer involvement in teaching had any impact on your clinical practice?** (please explain why, and provide as many details as possible to support your answer) ＊ Required

How do you think service user and carer involvment in teaching could be improved on the programme? * Required

< Previous   Finish ✓

Service User and Carer Involvement in Teaching - Trainee Survey

100% complete

Final page

Thank you for participating in this survey on service user and carer involvement in teaching on the DClinPsychol programme at the University of Leeds.

Your responses have now been submitted.

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Appendix C –Teaching Staff Recruitment Email

Dear Teaching Facilitator,

I hope my email finds you well. My name is Megan McTiffin and I'm a 2nd year trainee on the DClin Psychol programme at the University of Leeds. I'm emailing to ask whether you would be willing to take part in my service evaluation research project, which will take place online via a survey.

My project is an evaluation of service user and carer involvement in teaching on the programme and aims to explore your ideas and different experiences of involving or not involving service users and carers in your teaching sessions. It is my hope that this project will contribute to increasing service user and carer involvement in teaching on the programme in the future.

There are lots of different ways service users and carers can be involved in teaching, some examples might include: case studies/vignettes, discussions with your service user/carer about particular issues and topics for your teaching, inviting service users/carers into teaching to share their experiences or co-facilitation of teaching, to name a few. We would also value the participation of facilitators who do not have experiences of involving service users and carers into their teaching to help us consider what the barriers may be to involvement.

This project is being supervised by Dr Tracey Smith and Dr Tom Cliffe, both of whom are clinical and academic tutors on the DClinPsychol programme at the University of Leeds. The project has received ethical approval from the DClin REC at the University of Leeds.

The participant information sheet can be found on the first page of the survey for you to look over for further details. If you are interested in taking part in this project, then the survey link can be found below:

(to include survey link once content has been approved by the ethics committee)

Best Wishes,
Megan McTiffin
Trainee Clinical Psychologist at the University of Leeds

Follow-up Recruitment Email – Teaching Staff

Dear Teaching Facilitator,

I sent an initial email a few weeks ago regarding participation in my service evaluation project, which is an online survey. My name is Megan McTiffin and I'm a 2nd year trainee on the DClin Psychol programme at the University of Leeds. This email is just a reminder that the survey will now close in 2 weeks' time.

My project is an evaluation of service user and carer involvement in teaching on the programme and aims to explore your ideas and experiences of involving service users and carers in your teaching sessions. It is my hope that this project will contribute to increasing service user and carer involvement in teaching on the programme in the future.

The participant information sheet can be found on the first page of the survey for you to look over for further details. If you are interested in taking part in this project, then the survey link can be found below:
 (to include survey link once content has been approved by the ethics committee)
Best Wishes,
Megan McTiffin
Trainee Clinical Psychologist at the University of Leeds

Service Evaluation Project   Service User and Carer Involvement in Teaching

Prepared on the Leeds D.Clin.Psychol. Programme, 2020   42

Appendix D –Trainee Recruitment Email
Hello Trainees and Graduated Trainees,

I hope my email finds you well. My name is Megan McTiffin and I'm a 2nd year trainee at Leeds. I'm emailing to ask whether you would be willing to take part in my service evaluation research project, which will take place online via a survey. My project is an evaluation of service user and carer involvement in teaching on the programme and aims to explore your ideas and experiences of how service users and carers have been involved in teaching sessions and the impact this may have had on your learning.

There are lots of different ways service users and carers can be involved in teaching, some examples might include: case studies/vignettes, sessional material e.g. formulations/poems/life story work, attendance in teaching to share their experiences or co-facilitation of teaching. We are interested in your opinions on the types of involvement in teaching that you have found the most and least valuable and why.
This project is being supervised by Dr Tracey Smith and Dr Tom Cliffe and the project has received ethical approval from the DClin REC at the University of Leeds.
I have attached the participant information sheet for you to look over for further details. If you are interested in taking part in this project, then the survey link can be found below:
(to include survey link once content has been approved by the ethics committee)
Best Wishes,
Megan McTiffin
Trainee Clinical Psychologist at the University of Leeds

Follow-up Recruitment Email – Trainees

Hello Trainees and Graduated Trainees,
I sent you an email a few weeks ago asking you to consider participating in my service evaluation project, which is an online survey. My name is Megan McTiffin and I'm a 2nd year trainee on the DClin Psychol programme at the University of Leeds.
This email is just a reminder that the survey will now close in 2 weeks' time.
My project is an evaluation of service user and carer involvement in teaching on the programme and aims to explore your ideas and experiences of how service users and carers have been involved in teaching sessions and the impact this may have had on your learning.

This project is being supervised by Dr Tracey Smith and Dr Tom Cliffe and the project has received ethical approval from the DClin REC at the University of Leeds.
I have attached the participant information sheet for you to look over for further details. If you are interested in taking part in this project, then the survey link can be found below:

(to include survey link once content has been approved by the ethics committee)
Best Wishes,
Megan McTiffin
Trainee Clinical Psychologist at the University of Leeds

Appendix E – Complete Qualitative Data Analysis Table

Table of Data Included within the Main Report

Teaching Staff		
Condensed Meaning Units	**Sub-Categories**	**Main Categories**
SUAC as co-teacher		
Joint teaching		
Co-teaching	Co-facilitation	
Co-facilitation		
Videos of interviews	Recorded Material	
Case vignettes	Written Material	
Case studies		
Formulation		
Letters of experiences		Types of Involvement
Facilitators with lived experience	Sharing of Experiences	
SUAC telling their story		
Teaching sessions with Everybody's Voice	Everybody's Voice	
Discussed the content of teaching	Consultation	
Shared the presentation		
Coming into the university		
Availability of SUAC		
Adequate time for meaningful involvement		
Organisation barriers		
More time	Practical Issues	
Admin support		
Payment in advance		
Support to and from teaching		
Transport to teaching		
Access to SUAC involvement group		
An established panel	Involvement Group	Barriers to Involvement
Lack of access to SUAC		
Build relationships		
Need to be more creative	Planning	
Being in front of a group	Perceived SUAC Personal Barriers	
Change their mind		
Confidence issues		
Declined involvement		
Relationship between SUAC and therapist	Consent Issues	

Condensed Meaning Units	Sub-Categories	Main Categories
Trainee's reactions to material	Trainee Factors	
SUAC join remotely (via video link)	Remote Teaching	
Everybody's Voice involvement	Everybody's Voice	Facilitators to Involvement
Third wave approaches	Type of Therapy	
Encouragement from the course	Course Message	

Trainees		
Condensed Meaning Units	**Sub-Categories**	**Main Categories**
SUAC attended teaching		
Direct sharing of experiences	Sharing of Experiences	
Role plays		
Videos/Interviews	Recorded Material	
Remote involvement		
Vignettes		
Case studies		
Formulation	Written Material	Positive Involvement
Poem shared by teaching staff		
Involved in assessments		
Give Feedback	Assessment & Feedback	
Practice skills		
Co-facilitate sessions	Co-Facilitation	
Sessions of how to involve SUAC	Informative	
Not a safe space		
SUAC distress		
Felt forced	SUAC Wellbeing Concerns	
Needs to be the right time		
Uncontaining		Negative Involvement
Tokenistic		
Not feeling genuine	Lacking Meaning	
Feels forced		

Prepared on the Leeds D.Clin.Psychol. Programme, 2020

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Table of Data Excluded from the Main Report

Teaching Staff		
Condensed Meaning Units	**Sub-Categories**	**Main Categories**
Compliments teaching		
Increases credibility of teaching		
Alternative to medical model		
Different perspectives		
Gives trainees experience and skills		
Anti-discriminatory practice	Impact on Learning & Practice	Positive Impact
Lived experience		
Increases trainee skills		
Real life impact of clinical work		
Increases understanding		
Improves therapeutic relationship		
Increase holistic thinking		
Increase creativity		
Increases trainee engagement		
"Brings a session to life"		
"Brings issues to life/bring alive"	Memorable	
Valuable insight		
Memorable		
Powerful		
Informs discussions		
Increases engagement		
They are experts		
Equalises power		
"All in this together"	Power Dynamics	
Collaborative		
"All the same/all in this together"		
Increases trainee reflection		
Increase trainee confidence		
Increased empathy	Interpersonal development	
Increased insight		
Challenges beliefs		
Challenges preconceptions		

Lack of time		
Teaching duration		
Information governance	Practical Issues	
Access to SUAC		
SUAC declined		
Teaching complexity		
Not suitable for every session	Applicability & Meaning	
Needs to add something		
Not relevant to session		
Tokenistic		
Difficulty public speaking		
Uncomfortable sharing experiences	SUAC Factors	Negative Impact
Unable to give informed consent		
When to ask for consent?	Informed Consent	
Trainees are unable to be honest		
Limits discussion		
Detrimental effect on learning	Impact on Learning	
Trainees get this on placement		
Boundary issues		
Impact on therapeutic relationship	Impact on Therapy	
Widen participation	Involvement Group	
Panel of register to draw on		
More Everybody's Voice involvement	Everybody's Voice	
Ongoing conversations with SUAC		
Lack of confidence	Clinician Factors	Ways Forward
Need to give it more thought		
Examples from other teaching staff		
Alternative formats of involvement	Inspiration	
Creative ways of involving		
Encouragement from course		
Guidelines from the course		
Training for SUAC	Training	
Familiarity with environment		

Condensed Meaning Units	Sub-Categories	Main Categories
Dedicated admin	Practical Suggestions	
Minimal payment paperwork		
Travel help		
Information packet for SUAC		

Trainees		
Condensed Meaning Units	**Sub-Categories**	**Main Categories**
Crucial to our work		
Demonstrates clinical application		
Consolidates teaching		
Contextualises teaching		
Different perspective		
Deeper understanding		
Insight		
Ensures our work is relevant		
Another perspective		
Practical applications of teaching	Impact on Learning & Practice	Positive Impact
Informs practice		
Anti-oppressive practice		
Make links between theory & clinical		
How to adapt services		
Enriches learning		
Improve learning		
Useful feedback		
Learn from their experience		
Reminder of what's important		
Real world application		
Challenges stigma		
Skills development		
"Brings it to life"		
Valuable		
Powerful	Memorable	
First-hand information		
Adds something extra		
Emotive		
Stands out		

Reduces power imbalance		
SUAC as experts		
"SUAC at the heart"	Power & Diversity	
Increases diversity		
Positive experience for both trainees & SUAC		
Challenges assumptions		
Increased reflection	Interpersonal development	
Increased creativity		
Future self		
More in Year 1		
Lack of in specific clinical populations		
Remote involvement		
SUAC feedback e.g. therapy	Increased Involvement	
Co-facilitation		
Co-production		
More involvement		
SUAC involvement in research		Ways Forward
More carers specifically		
Role plays with SUAC		
Acknowledgement if no involvement	Accountability	
Place to comment on SUAC on feedback forms		
Increase diversity & representation	Difference & Diversity	
Trainees as SUAC	Trainee Involvement	