

## **SECTION 10: ACTIVITIES ON PLACEMENT**

- **CONSULTING WITH SERVICE-USER REPRESENTATIVES AND SERVICE USERS/CARERS WHILE ON PLACEMENT**
- **INTER-PROFESSIONAL LEARNING: CONSULTING WITH COLLEAGUES WHILE ON PLACEMENT**

### **A) CONSULTING WITH SERVICE-USER REPRESENTATIVES AND SERVICE USERS/CARERS WHILE ON PLACEMENT**

#### **Background**

Although trainees have extensive contact with service-users in each placement this will usually be in the context of a formal professional relationship, where they are seeking actively to help the service user resolve problems or difficulties.

This focus usually means that there are few opportunities to step to one side of the intervention and explore the service user's experience of the service. There are a number of reasons for this. The power imbalance inherent to even the best-run and most sensitive service makes it harder for service users and carers to express their views directly. It is also quite a challenge for trainees to maintain a focus on both delivering a competent intervention as well as seeking to learn more about client's perspectives on, and experience of, the services they are receiving.

In order to gain a clearer sense of service users' concerns and outlook a different approach is needed in which the aim of contact is not 'therapy' but more a consultation - an opportunity actively to seek out the expertise service users have developed on the basis of their contact with clinical services.

#### **Course requirements**

In at least two of their six placements trainees should organise contact with service user organisations, or service users/carers. There are two primary objectives:

- a) to develop a clearer sense of service-user issues, concerns, experiences and perspectives, and to discuss what is learned from this within supervision.
- b) to gain experience of initiating this sort of contact (with guidance on how this is best done from the supervisor or the Course). In itself, learning how to initiate such contacts is an important area of skill development.

### **Nature of the consultation**

This contact could take many forms, but it is crucial to avoid any exploitation of individual service users. An example of how this can arise is when one or two service users find themselves being asked repeatedly to undertake this sort of consultation (perhaps on the basis that they have a reputation as being helpful and approachable). This can become an abuse, as can the expectation that they should offer their time for free.

To avoid this sort of problem it makes most sense for trainees to meet with members of local organisations which represent service users and/or their carers. Because these individuals are tasked to represent the views of service users their role is entirely congruent with the task being undertaken.

It may be the case that trainees also have the opportunity to meet with service users and/or carers in the clinical service within which they work, although this should not involve individuals with whom the trainee has current direct or indirect clinical responsibility. It is important that trainees discuss this option carefully with their supervisor in order to ensure that there is no risk of exploitation. A part of this discussion involves identifying how the service user consents to participation (in particular, how to ensure that they are making a free choice – which includes declining to help).

Making these contacts work depends on the trainee establishing an appropriately egalitarian relationship where it is clear that the trainee is explicitly hoping to learn from the service user representative - on the basis of their experience the service user is (in a specific sense) the expert. It is important that the trainee approaches this task in a manner which does not reproduce the formal role-relationships which characterise their more usual contacts with service users.

### **Number of meetings**

In many cases the consultation may take the form of a one-off meeting, but the number of meetings will depend on the service context and the trainee's aims.

### **Making contact with service users**

In some locations (such as a residential rehabilitation unit or in a CMHT setting where service users attend a day programme) it is probably fairly straightforward to initiate contacts with service users with whom the trainee is not directly involved. In other settings access might be more difficult – for example, in an outpatient service it could be a breach of data protection to access client records in order to identify service users for this purpose, as this would be outside routine clinical service provision. Discussion with supervisors should help to clarify what is, or isn't possible in any particular setting.

### **Consultation with current service user forums**

As an alternative to making contact with individual service users trainees could become involved with existing service user forums. As noted above, in some settings this might be the only appropriate mode of consultation.

### **Previous examples of service user consultation**

In February 2015, the Course surveyed trainees across the three-year groups to find out what activities were taking place on placement to involve and consult with service users/carers. Below are some examples of service user consultation projects that may assist you in developing your ideas:

- Consulting with service users in the development of the Service Related Research Project (e.g. interview schedules/questionnaires).
- Consulting with service users on the content of therapeutic materials and/or service materials (e.g. leaflets)
- Consulting with service user groups and/or local community forums to provide information on service provision and improving access to services.
- Meeting with service user/carers groups to gather information on experiences of how services are delivered. Feeding this back to the team with the aim to improve service provision (e.g. developing a service leaflet)
- Helping to set up a peer led support group

### **Support for planning the consultation, and supervision of the work**

Trainees should take the initiative in planning this consultation, as this is part of the aim of the exercise. However, it is important to involve the supervisor at the planning stage:

- to ensure that the plan is viable
- to ensure that the approach to service user representatives is appropriate and sensitive to their needs
- to clarify the areas the trainee would like to focus on

Trainees should discuss the consultation(s) with their supervisor as part of routine supervision, not only to consider the consultation itself but also the implications of what is being learned for the placement as a whole. It is likely that they need to consider how to manage a number of boundary issues when setting up the consultation – for example:

- how to be clear with the service user about the purpose of the contact
- contracting length and frequency of meetings
- identifying limits - for example,
  - expectations – e.g. making clear that there are limits on your capacity to take forward any complaints about the service, bearing in mind your role
  - confidentiality - e.g. whether relevant feedback about the organisation of services is discussed with other professionals, and if so whether the service user would prefer to maintain anonymity
- ensuring that the sessions do not become therapy
- thinking about whether and how any service issues the service user raises are fed back to the service

Although it is appropriate for most discussion to take place in the context of placement supervision, trainees should also feel free to talk to their Tutor (for example, to clarify Course expectations or to talk about how the exercise went).

**Building in feedback to the service user:** Some consultations might lead to positive changes in the service, and if this is the case it would be good practice to give feedback about this to the service user representative/ service user.

### **Course monitoring of the consultation**

Formal monitoring of the consultation will be via the supervisor, who will be able to comment on how this exercise has gone in their Feedback form and at MPR.

## **B) INTER-PROFESSIONAL LEARNING: CONSULTING WITH COLLEAGUES WHILE ON PLACEMENT**

### **Background**

The main way in which trainees engage in learning about other professions is through their time on placement. Most clinical settings involve working in teams with a range of clinicians, and it is through this that trainees can expect to learn about the roles, functions and assumptions of different professional groups, and the ways in which their skills are deployed. However, this can be implicit rather than explicit learning, with the risk that assumptions about each other's roles are not tested or challenged.

Learning about the work of other professions is usually referred to as Inter-Professional Learning (IPL). On some programmes IPL is taught as part of the curriculum (for example, by having members of different professions sit in the same lecture), but this can be a passive process which doesn't promote learning about the work of others. As such, a more active and direct approach has been adopted by the programme.

### **Inter-professional learning: Consulting with colleagues while on placement**

In at least one placement, trainees are expected to undertake an IPL exercise. This involves identifying a mix of professionals<sup>1</sup> from the team with whom they are working, and meeting individually with them. This could be done through a meeting specifically arranged for this purpose or in the context of joint work

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<sup>1</sup> The number of professionals with whom meetings are set up will reflect the range of professions with whom the trainee is working. In a context where there are a lot of different professions working together then judgment should be used to select (for example) no more than 3 or 4 individuals with whom to meet.

with or observation of members of other disciplines (though if the latter, care needs to be taken to ensure that there is adequate time for discussion).

Both parties would be expected to discuss:

- a) their route into training (e.g. what qualifications and experience are required)
- b) the nature of their training (e.g. length of training, how it is structured, an idea of the content, etc.)
- c) how they see their role in the team, and how this relates to their background training
- d) what they see as similar or different about their roles, and how this impacts on working as a team

It is important to stress that for this to work well it should not be a 'tick-box' exercise, but one approached with a spirit of curiosity about the questions – many of which trainees will not know the answer to. It should also be a two-way process, because work colleagues may well know little about the details of training in Clinical Psychology.

Trainees should prepare a short report (no more than 500 words), usually structured in relation to the four points above. As such it should cover the main learning points from this exercise, with an emphasis on the trainee's understanding of the roles of members other disciplines, their preferred models of working, and the implications for inter-professional working).

The report and the exercise should be discussed and reflected on supervision.

The report is not formally evaluated, but should be countersigned by the supervisor and submitted to the college via the Electronic Trainee File System (ETFS; under the Interprofessional Learning section, into 'IPL Exercise').