

## **SECTION 18: THE SERVICE-RELATED PROJECT**

### **Aim**

Service-related research is applied research that is (1) relevant to service provision and (2) undertaken within a clinical setting. The aim of the service-related project is to help trainees develop their research skills, including the ability to communicate research findings to clinical colleagues, and to give trainees experience in integrating research with clinical practice. Conducting practically oriented research is an important part of the clinical psychologist's professional role.

### **Competencies to be demonstrated**

The service-related report allows trainees to demonstrate that they are able to plan, execute and write up a small-scale, applied research project within the constraints of a clinical setting.

### **What the markers will be looking for**

The markers will want to see:

1. one or more clearly stated research questions relevant to clinical service provision,
2. a brief review of the theoretical or service-related literature that provides a the background to the research question(s),
3. a clear description of the methods,
4. a presentation of the results in an easily understandable form,
5. a discussion that relates the findings back to the research question(s) and to the literature,
6. a consideration of the strengths and limitations of the project,
7. clinical recommendations, based on the findings, with a statement about how the recommendations have been (or will be) fed back to the clinical service.

### **Timing and setting**

The service-related project report is submitted instead of a clinical report. (The course requirement is a total of three clinical reports plus the service-related project report.) The work is carried out during placement time.

The project is normally completed during one of the first two six-month placement periods (i.e. during the first year of the course), and is submitted at the due date of Clinical Report 3 in the Autumn of the second year. Trainees should discuss the SRP with their clinical supervisor in the first placement; this will be reviewed in the first Mid-Placement Review.

Ideally, it is conducted in the trainee's current clinical placement setting, but if no suitable project is available there, it is also possible to do it in another clinical service – trainees should investigate linked services to which they may have ready access.

If, in unusual circumstances, there is not an opportunity to carry out the service-related project in the first year placement(s), then it can be carried out in a later placement period and submitted at the due date of Case Report 4, i.e. early in Year Three.

### **Topic and question**

The research question must be service-related, that is, relevant to the planning, delivery or outcome of clinical (not necessarily clinical psychology) services. Usually, the project will have arisen out of the day-to-day work of the department in which the trainee is placed: clinical supervisors often have a wish-list of potentially useful projects that could be conducted in their service.

It is recommended that the trainee read the HQIP guidelines 'A Guide to Quality Improvement Methods' (June, 2015) to ensure that the project considers at least one of: clinical effectiveness, patient experience, and/or patient safety.

Some Trusts request that the projects fit with their QI (Quality Improvement) strategy and conform to the QI methodologies. The trainee and supervisor should consider if the QI project requested by the Trust relates in some way to the provision of psychological services, or if psychological factors are relevant to the study before agreeing a QI project with the Trust. In some Trusts, QI projects are registered with the R&D department, benefiting from formal support, and trainees are encouraged to use this option where available.

Some examples of past titles are:

- Do telephone reminders increase patient attendance at primary care psychological appointments?
- Service users' experiences of an assessment clinic in a secondary care psychology service.
- Risk assessment documentation at a community mental health team: an audit and focus group.
- Implementing a clinical supervision group for cancer nurses: A preliminary analysis of nurses' definitions, expectations, hopes and fears.
- Audit of provision of community leave in a Medium Secure Unit.
- A needs assessment for staff support following patient suicide.
- Client satisfaction with a locality mental health team for adults with severe and enduring mental illness.
- Audit of the referrals to the psychology section of a mentally disordered offenders' team.

### **Training-focused projects**

When, rarely, no service-based project is available, another option is to conduct a training-focused project, in which the training/workforce system is the "service" to be evaluated. Such projects could be focused, for example, on equality, diversity and inclusion. This option should first be discussed with the trainee's tutor. A database is maintained by the course of potential projects of this nature. Such projects must adhere to the principles of an SRP in terms of methodology, generate recommendations, and feed these back, e.g. to relevant DClinPsy or BPS committees.

### **Research methods and sample sizes**

A range of research methods can potentially be used, as appropriate to the research question: these are covered in the research methods lectures. Some possible research designs are listed below.

One frequently asked question is what the sample size should be. There is no hard and fast rule – considerations of statistical power, which are important in the major research project, can be relaxed. Service-related research is commonly exploratory rather than hypothesis testing.

For each type of design, we offer suggestions about adequate sample size based on the kinds of analyses that are likely to be conducted. These are rules of thumb, not rigid requirements.

- *Service audit.* The researcher does a descriptive audit of an established service, for example to look at how long clients have to wait after a referral, and whether this varies with the type of problem or the source of referral. This usually involves a retrospective examination of case notes or a database. The suggested N is 50. There may be a problem with missing data, so the N may need to be larger.
- *Client satisfaction with a service already received.* The researcher surveys clients about a service or intervention that has ended, often including some existing instruments (e.g. the Client Satisfaction Questionnaire), and may also correlate satisfaction scores with other client variables, e.g. ethnicity. Reports merely presenting descriptive client satisfaction scores are not usually adequate. The suggested N is 20 or more. An alternative is to examine clients' views of the service via qualitative interviews (see below).
- *Needs assessment.* Similar to the client satisfaction survey. The researcher assesses the psychological needs of potential clients for a service. The suggested N is again 20 or more.
- *Service comparison.* The researcher compares the clients of service X with those of service Y, on demographic and psychological variables. The suggested minimum N is 25 in each group.
- *Treatment outcome using pre- and post-intervention measures.* The researcher gives outcome measures to clients before and after an intervention. The suggested N is 12 or more, if just pre-post measurement is used. However, there is often a major problem with attrition in this design: to have 12 clients post-intervention may require at least 15 or 20 to start with, and this sample size is usually unattainable for a service-related project. An alternative strategy is to use more intensive measurements, e.g., session-by-session measures of a client's problems, within a multiple single case design. These then could be examined on an individual basis. The suggested N for this latter option is around 6. If a multiple single case design is used for the service-related project, trainees should not also do the single case design as one of their optional case reports.
- *Qualitative studies.* One common type of qualitative service-related project is to examine users' or staff's views about some aspect of a clinical service. It is acceptable to conduct the analysis from audio recordings: intensive qualitative investigations, involving transcriptions of interviews, are usually inappropriate for the service-related project, as they tend to be very time-consuming. The sample size depends on the method of data collection and analysis: e.g. studies with in-depth interviews will have a smaller sample size than those with more superficial data. The suggested sample size is 5 to 15.

### **Data analysis and presentation**

Statistical analyses should be appropriate to the research questions and sample size of the study. Most service-related projects typically use descriptive statistics, or simple tests of association such as t-tests, chi-squares and correlations; complex statistical analyses, e.g. multiple regression, are rarely necessary. It is normally best to present data in tables, as is done in psychology journals; avoid bar charts and pie charts as they are imprecise and often hard to read. Tables should be formatted in standard APA style (e.g. no vertical rulings, minimal horizontal ones).

For qualitative data, a simple thematic analysis will usually suffice. Service-related questions tend not to require more specialised (and more time-consuming) analytic approaches. Two recommended references are Dancey and Reidy (2014) and Haslam and McGarty (2014).

### **Structure of the report**

The report should be written up using the standard research report format: structured Abstract (with headings of Aims, Method, Results, Conclusion), Introduction, Method, Results and Discussion. For guidance on content, see the section above on “what the markers will be looking for”. The name of the service should be obscured, e.g. “a forensic psychology service in North London.”

### **Supervision**

The project will normally be conducted in close liaison with the trainee's clinical placement supervisor, and it is a good idea to plan it early in the placement and to include it in the trainee's placement contract. Its progress can then be evaluated at the mid-placement review. It is essential that the trainee discusses the suitability of the topic and the proposed research methods with their course tutor before they start the project. In addition, it is advisable that students consult their course tutor again as they plan the write up of their report. If there are specific concerns or questions which arise at any stage of the SRP that cannot be answered by the course tutor, the trainee may then choose to contact either the SRP coordinator or the statistics demonstrator for additional advice.

It is good practice that any emails between course staff and trainees regarding the SRP should include the placement supervisor involved with the project, to ensure transparency and collaboration.

### **Ethical issues**

Ethical approval is not normally needed for the service-related project (as it is considered to be audit or service evaluation), but if in doubt, discuss the issue with your clinical supervisor, and consult the useful [HRA defining research](#) table, which sets out the distinction between research, clinical audit and service evaluation. Note that NHS ethical approval is not needed for research with NHS staff.

If NHS ethical permission is needed, the only way that the project can be done is if the supervisor has already obtained ethical and R&D approval (NHS ethics procedures are far too burdensome and time consuming to be completed within the timescale for the service-related project). All projects must conform to the [BPS ethical principles and code of conduct](#) and [BPS Code of Human Research Ethics](#).

### **Joint work**

The trainee may report on work which they have undertaken jointly with their supervisor, although the write-up must be their own. If two trainees are on the same placement, it may be possible to conduct a project using the same data set. In this case, different aspects of the data set must be analysed by each trainee, and the contribution of each trainee must be clearly identified in both reports. The cover page of the report should say “Project jointly conducted with [trainee code number].”

If the trainee is in any doubt about whether a report will meet these criteria, they should consult their course tutor.

### **Additional material**

There are no specific requirements, but additional material may be presented in an appendix. Copies of interview schedules or of questionnaires that are not well known should be included.

**Length**

The report should be up to 4000 words (including tables, figures and quotations from qualitative transcripts, but excluding references and appendices).

**References**

Dancey, C.P., & Reidy, J. (2014). *Statistics without maths for psychology* (6<sup>th</sup> ed.). Pearson Education.

Haslam, S.A., & McGarty C. (2014). *Research methods and statistics in psychology* (2<sup>nd</sup> ed.). Sage.

<https://www.hqip.org.uk/wp-content/uploads/2018/02/guide-to-quality-improvement-methods.pdf>