EVALUATION REPORT

Masterclasses:

Promoting excellence in evidence-based outcomes informed practice & user participation for child mental health professionals

9 May 2013

Grant Reference: 2010/052

AIMS application ID: 273154

Julian Childs was the lead author of this report, with parts of the quantitative and qualitative analysis contributed by EBPU staff.

Acknowledgements: Sincere thanks go to all attendees who took the time and effort to be involved in the Masterclasses and its evaluation and to all EBPU staff who developed, conducted and evaluated the Masterclasses: (in alphabetical order) Neus Abrines , Thomas Booker, Jessica Deighton, Andy Fugard, Jasmine Hoffman, Melanie Jones, Carly Raby, Slavi Savic and Miranda Wolpert. Thanks also to the Department of Health Grants Hub for enabling and supporting us in this work to improve the mental health of children and young people.

CAMHS Evidence Based Practice Unit

Caring for young minds Anna Freud Centre

UCL

Masterclasses
Promoting excellence in evidence-based outcomes informed practice and User participation for child mental health professionals

Executive Summary

Aim: To improve the mental health of children and young people by promoting excellence in evidence-based, outcomes informed practice and user participation in treatment for child mental health professionals.

What we did: Conducted 36 Masterclasses over three years in London, Birmingham, Bristol, Manchester, Peterborough and Durham. In total, 1,795 professionals registered and 891 attended. The Masterclasses were evaluated using (a) feedback surveys following each event, (b) questionnaires on skills and competencies completed by attendees before each event and 2-9[1] months later and (c) questionnaires on skills and competencies of attendees completed by nominated colleagues and managers before each event and 2-9 months later.

What we found: Overall, 91% of attendees rated the Masterclasses as either excellent or good. Broadly, qualitative responses to the feedback surveys showed: that attendees felt the Masterclasses increased their knowledge and confidence, that the opportunity to share experiences with other professionals was useful, and that attendees intended to implement learning from the Masterclasses; for example, "[The Masterclass] will help me in making [Shared Decision Making] an integral part of my practice in CAMHS." However, attendees also noted that the Masterclasses were intensive and on occasion were experienced as quite demanding. One feature noted by many attendees was the open and fair-handed approach the Masterclasses adopted to contentious and complex issues, such as outcome evaluation and evidence-based practice, and the ways they supported and encouraged best practice in challenging times: "These workshops have made a difference re whether I left my job or not as I'm very alone with it all." "I am thankful to have had a thinking space at a time when there is so much change. I am inspired by the innovative practice and energy conveyed by staff here - gives me the strength to carry on working to enable young people". Dovetailing with the qualitative responses, in all but one of the Masterclasses, significant changes were found in attendees' self-efficacy or confidence scores before and after the Masterclass, suggesting that the Masterclasses increased attendees' self-efficacy. Attendees nominated a colleague to also complete a questionnaire - about the attendee - in eight of the Masterclasses. Significant changes were found in colleagues' scores before and after the Masterclass for five Masterclasses, suggesting that the Masterclasses increased colleagues' perceptions of attendees' self-efficacy.

Conclusion: A number of limitations should be considered when interpreting the findings of this report; in particular, there was a consistently low completion rate for questionnaires after the Masterclass, resulting in small sample sizes. Hence, all findings should be interpreted as tentative. Still, the results of this evaluation suggest that the Masterclass series had a positive impact on attendees' self-efficacy (as rated by the attendee and their colleague), meeting the aims of the project to increase evidence-based practice, outcomes evaluation and user involvement in CAMHS.

[1] The length of follow up varied for different Masterclasses.

Table 1: Structure of report and summary of findings

Masterclass theme*	Round 1: 2010/11	Round 2: 2011	Round 3: 2012/13
	N = 342	*N = 307*	*N = 242*
	See pg. 7-13	*See pg. 14-20*	*See pg. 21-26*
	Significant change before and after Masterclass		
> Evidence-Based Practice in CAMHS/ using outcome measures as part of clinical conversations	**Self-rated efficacy** **Colleague-rated efficacy**	**Self-rated efficacy** **Colleague-rated efficacy**	**Self -rated efficacy** ***Colleague-rated efficacy not measured***
> Outcome Evaluation in CAMHS/using data to inform decision making	Self-rated efficacy Colleague-rated efficacy not sig.	Self-rated efficacy not sig. Colleague-rated efficacy not sig.	Self -rated efficacy Colleague-rated efficacy
> User Involvement in CAMHS/shared decision making	**Self-rated efficacy** **Colleague-rated efficacy**	**Self-rated efficacy** **Colleague-rated efficacy not sig.**	**Self-rated efficacy** **Colleague-rated efficacy**

= statistically significant improvement

= no statistically significant change

***** Masterclasses changed over the 3 years as the topics were developed iteratively based on feedback from earlier years; see Masterclass Agenda (pg. 57) for an overview of topics covered in session

Contents

Masterclass Evaluation: Report Overview

This report is divided into three sections, each covering one of the three rounds of Masterclasses. In each section, a brief synopsis of the round is presented before an illustrative quote(s) from the qualitative feedback survey responses and then the descriptive and inferential statistics for evaluation.

Professional background of attendees

Psychologists represented the largest proportion of attendees, with 18% being clinical, assistant, forensic or unspecified psychologists. The second largest proportion was therapists, and 16% were therapists, psychotherapists or family therapists. Managers or Very Senior Managers comprised 15% of attendees, psychiatrists 13% and coordinators or support workers 11%. Smaller proportions of attendees were comprised by unspecified CAMHS staff (8%), nurses or matrons (6%), commissioners (4%), social workers (2%) and others (6%).

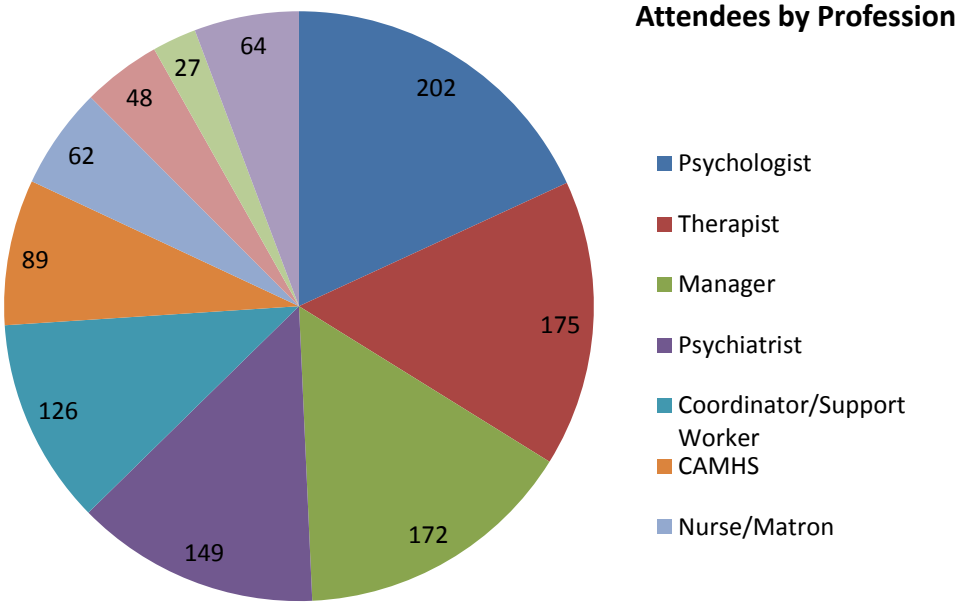
Organisations who attended

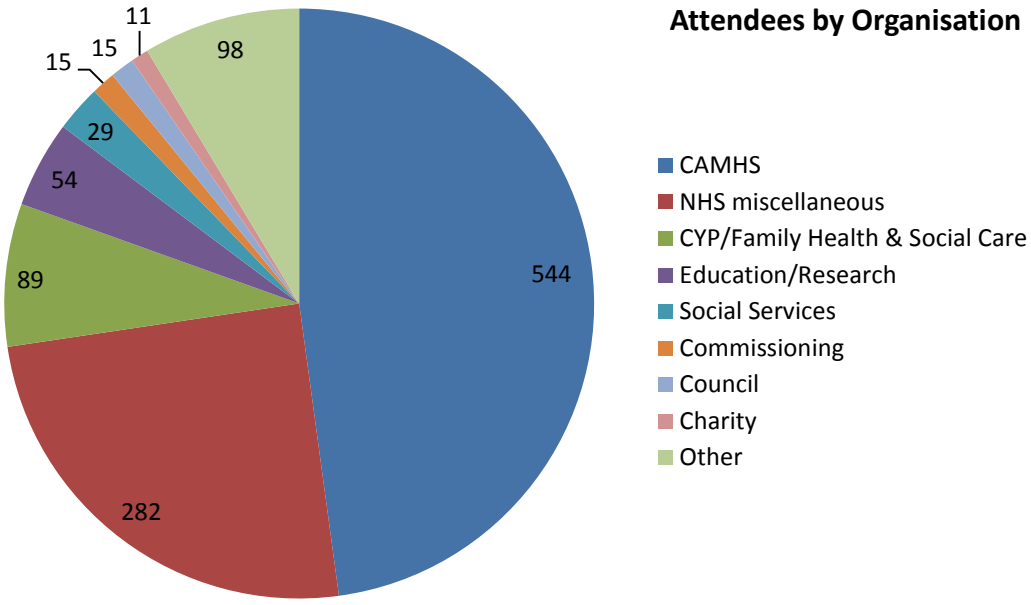
The majority of staff worked in Child and Adolescent Mental Health Services (CAMHS): 48% of attendees. The next largest proportion was NHS staff working in an adult mental health or unspecified service (25%). Eight per cent of attendees worked in health and social care services for children, young people or families, and 5% worked in education or research. The remaining organisation types were social services (3% of attendees), commissioners (1%), Council (1%), charity (1%) and other (9%).[2]

Figures 1a and 1b overleaf show the estimated number of attendees of all Masterclasses by profession and organization.[3]

[2] Note: Attendees were not restricted as to what they could enter for profession or organisation, hence some indicated that they worked as a commissioner for profession but not that they worked in commissioning for organisation, for example.

[3] Note: these are estimated figures as some attendance information was missing (also see the Conclusion of this report for limitations). Hence, the total number of attendees reported in Figures 1a and 1b is greater than the total reported on page 2.


Attendees by Profession
202
175
172
149
126
89
62
48
27
64
Psychologist
Therapist
Manager
Psychiatrist
Coordinator/Support Worker
CAMHS
Nurse/Matron


Attendees by Organisation
544
282
89
54
29
15
15
11
98
CAMHS
NHS miscellaneous
CYP/Family Health & Social Care
Education/Research
Social Services
Commissioning
Council
Charity
Other

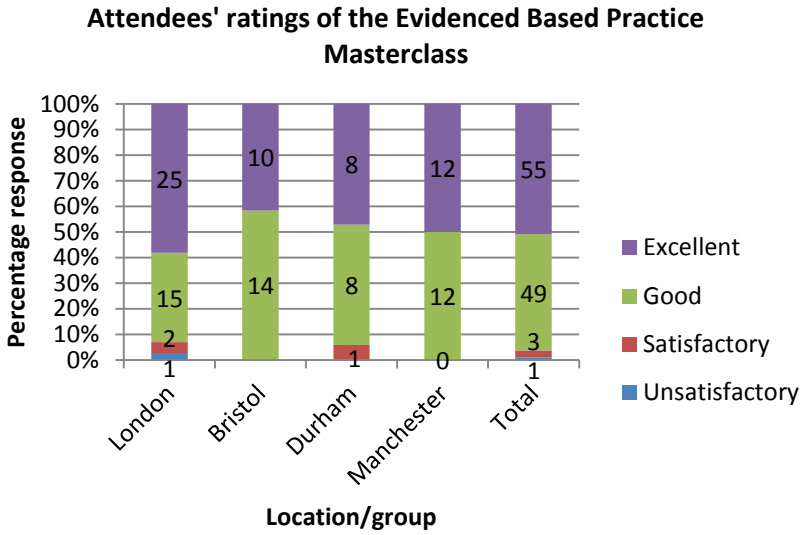
Masterclasses Round 1

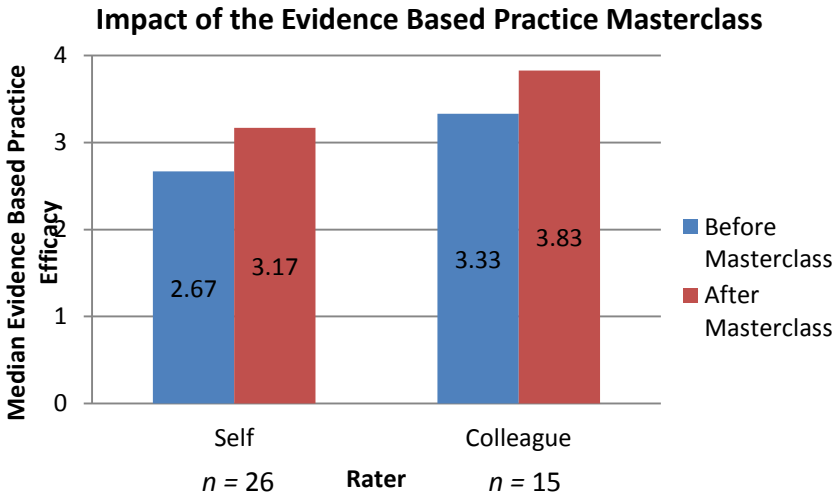
The first round of Masterclasses was carried out between June 2010 and March 2011, and it was split into three parts: Local Evaluation, User Participation and Evidenced-Based Practice Masterclasses.

1. Evidenced-Based Practice Round 1

A total of 302 people registered an interest in this Masterclass. Overall, 150 people attended the Evidenced-Based Practice Masterclasses. These Masterclasses were held across four national locations: London, Durham, Bristol and Manchester. Out of 150 attendees, 108 provided feedback on the course.

Figure 1a & 1b: Satisfaction and impact scores for Evidence-Based Practice Round 1





"Increased knowledge re evidence/outcome measures."

"Ideas of implementing outcomes in therapy."

Out of the attendees who provided feedback on the course, 51% rated the Evidenced-Based Practice Masterclass as excellent, 45% as good, 3% as satisfactory and 1% as unsatisfactory.

In addition to the above feedback surveys, attendees and a nominated colleague completed questionnaires before and after the Masterclass. Six questions asked about attendees' self-efficacy in employing evidence-based practices in their work (e.g., "How able do you feel in relation to your knowledge of the relevant evidence base for your work?", "How able do you feel to share with service users the evidence base for your work?" (self-rated); "How able do you feel your colleague is to use routine outcome evaluation in their work?", "How able do you feel your colleague is to share information on the outcomes of their work with service users?" (colleague-rated)). All questions were answered on a five-point scale from not at all able (0), not very able, 50/50 able, fairly able to very able (4).

In total, 26 attendees and 15 colleagues completed questionnaires before and after the Masterclass. Attendees' self-rated efficacy in employing evidence-based practices in their work significantly increased after the Masterclass ($Z = 3.82$, $p < .001$), as did colleague-rated efficacy ($Z = 2.30$, $p < .05$). Given the small sample sizes, findings for both attendees and colleagues should be treated tentatively[4].

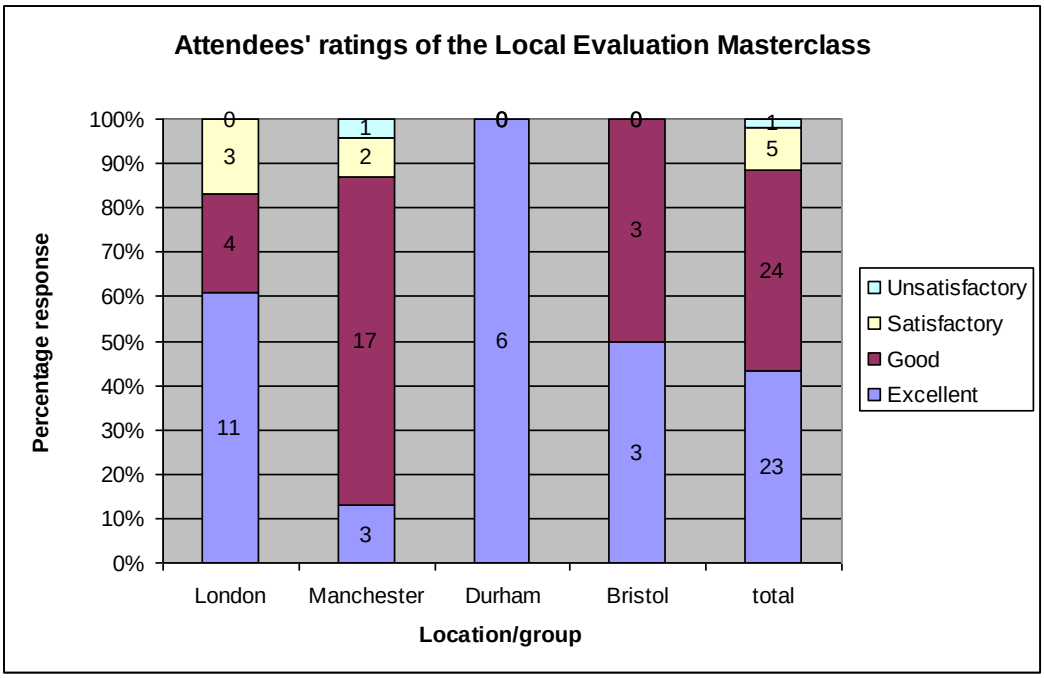
After the Masterclass, attendees were also asked: "How big an impact would you say that attending the Masterclass has had on the way you work?" Responding on a 4-point scale from none (0), slight, big to very big (3), 11 of the 28 attendees who responded to this question rated the impact as big, 14 as slight and 3 as very big. Attendees were then asked, "Would you say this impact has been positive?", and all 28 attendees responded that the impact had been positive.

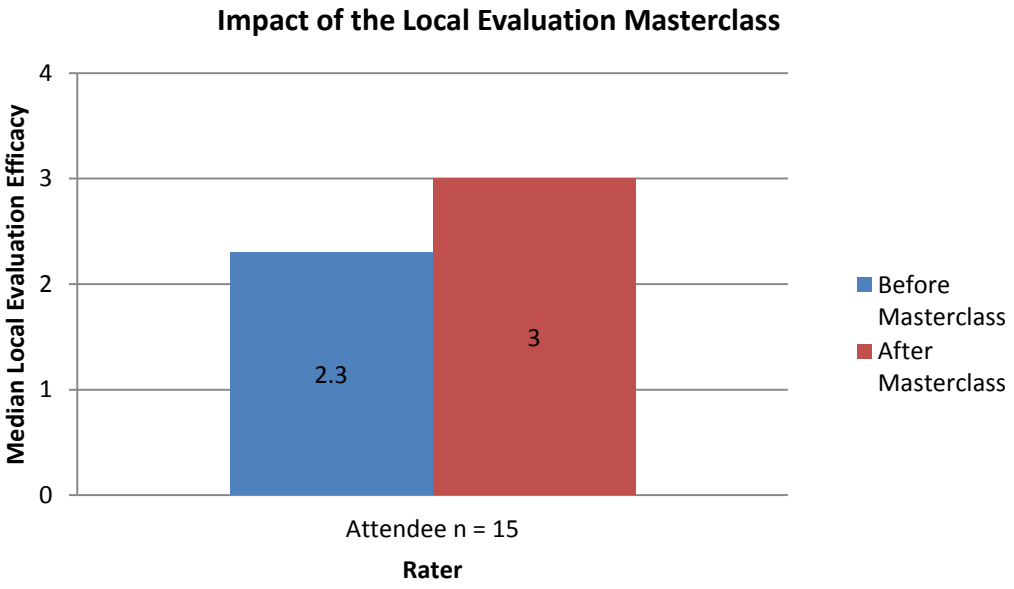
[4] Nonparametric tests were used because of the small sample sizes, which rely on fewer assumptions about the normality of distributions compared to parametric tests - in particular, the Wilcoxon signed rank test. The minimum number of pairs of scores recommended for this test is 16 but there were only 15 pairs of scores for colleagues.

2. Local Evaluation Round 1

A total of 211 people registered an interest in this Masterclass. Overall, 83 people attended the Local Evaluation Masterclasses. These Masterclasses were held across four national locations: London (n = 28), Durham (8), Bristol (11) and Manchester (36). Out of 83 attendees, 53 provided feedback on the course.

Figures 2a and 2b: Satisfaction and impact scores for Local Evaluation Round 1





"Better insight regarding complexities and challenges in evaluating CAMHS services."

"Widening my awareness of what to consider when evaluating projects."

Out of the attendees who provided feedback on the course, 43% rated the Local Evaluation Masterclass as excellent, 45% as good, 10% as satisfactory and 2% as unsatisfactory.

In addition to the above feedback surveys, attendees and nominated colleagues were asked three questions about attendees' self-efficacy in evaluating work at a local level before and after the Masterclass (i.e., "How able do you feel to undertake evaluations of clinical work at a local level?", "How able do you feel to identify suitable approaches and methods in order to undertake a local evaluation?" (self-rated); "How able would you say that your colleague is at interpreting local findings in meaningful ways?" (colleague-rated)). Both attendees and colleagues responded on a five-point scale from not at all able (0), fairly able, 50/50 able, quite able to very able (4).

In total, fifteen attendees and nine colleagues answered these questions before and after the Masterclass. Attendees' median local evaluation efficacy score increased from 2.3 to 3, and this change was significant ($Z = 1.97$, $p < .05$). However, there was not a significant change in colleagues' scores ($Z = 1.28$, $p = .201$). Given the small sample sizes, findings for both attendees and colleagues should be treated tentatively[5].

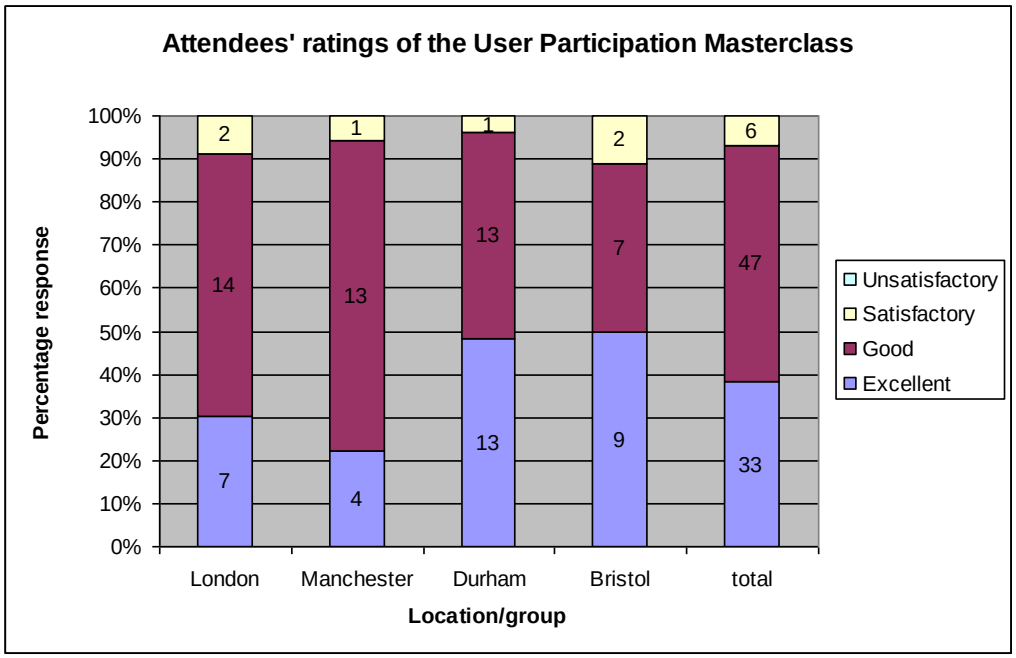
Before the Masterclass, attendees were asked to provide three priories that they hoped to address during the Masterclass. After the Masterclass, colleagues were asked whether or not they had noticed a change in the attendee's practice in regards to each of the priority areas (answered yes vs. no) and how positive or negative this change had been (answer on a 1-5 rating scale from very negative (1) to very positive (5)). Of the 10 colleagues who completed the questionnaire after the Masterclass, six reported that they had noticed a change in reference to the first priority area, nine to the second and six to the third. Moreover, the median response to how positive or negative the change had been was 4 out of a maximum of 5.

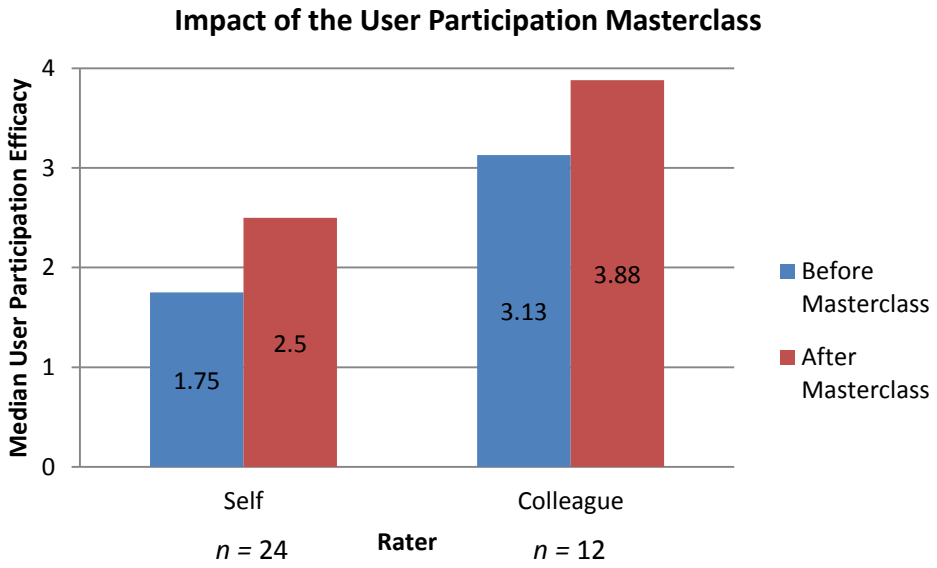
[5] Nonparametric tests were used because of the small sample sizes, which rely on fewer assumptions about the normality of distributions compared to parametric tests - in particular, the Wilcoxon signed rank test. The minimum number of pairs of scores recommended for this test is 16 but there were only 15 pairs of scores for attendees and nine for colleagues.

3. User Participation Round 1

A total of 266 people registered an interest in this Masterclass. Overall, 109 people attended the User Participation Masterclasses. These Masterclasses were held across four national locations: London, Durham, Bristol and Manchester. Out of 109 attendees, 86 provided feedback on the course.

Figures 3a and 3b: Satisfaction and impact scores for User Participation Round 1





"I have a greater understanding around what involvement and user participation is and how to make it real in my area of work."

"Learning that giving feedback to yp is an important part of the process of participation"

Out of the attendees who provided feedback on the course, 38% rated the User Participation Masterclass as excellent, 55% as good and 7% as satisfactory; no attendee rated the Masterclass as unsatisfactory.

In addition to the above feedback surveys, attendees and a nominated colleague completed questionnaires before and after the Masterclass. Four questions asked about attendees' self-efficacy in involving service users in their work (e.g., "How able do you feel with regards to presenting your work to children and young people?", "How able do you feel with regards to involving children and young people in service planning?" (self-rated); "How able would you say that your colleague is at differentiating between and selecting appropriate models of involvement of children and young people?", "How able would you say that your colleague is at evaluating the impact of the involvement of children and young people?" (colleague-rated)). All questions were answered on a five-point scale from not at all able (0), not very able, 50/50 able, fairly able to very able (4).

In total, 24 attendees and 12 colleagues completed questionnaires before and after the Masterclass. Attendees' self-rated efficacy in involving service users in their work significantly increased after the Masterclass (Z = 2.79, p < .01), as did colleague-rated efficacy (Z = 2.62, p < .01). Given the small sample sizes, findings for both attendees and colleagues should be treated tentatively[6].

Before the Masterclass, attendees were asked to provide three priories that they hoped to address during the Masterclass. After the Masterclass, they rated how relevant and positive the impact of the Masterclass had been in addressing each area. Responses were made on a 1-5 rating scale from completely irrelevant/very negative (1) to very relevant/very positive (5). The median score was 3.5 out of a maximum of 5.

Colleagues were also asked whether or not they had noticed a changed in the attendee's practice in regards to each of the priority areas (answered yes vs. no) and how positive or negative this change had been (answer on a 1-5 rating scale from very negative (1) to very positive (5)). Of the 11 colleagues who completed this question, 10 reported that they had noticed a change in reference to the first, second and third priority areas. Moreover, the median response to how positive or negative this change had been was 4 out of a maximum of 5.

Finally, attendees were asked: "Are you aware of any frameworks and/or systems currently in place within your organisation in relation to mapping participation practice?" and "Are you currently facing barriers to delivering effective participative practice with children and

[6] Nonparametric tests were used because of the small sample sizes, which rely on fewer assumptions about the normality of distributions compared to parametric tests - in particular, the Wilcoxon signed rank test. The minimum number of pairs of scores recommended for this test is 16 but there were only 12 pairs of scores for colleagues.

young people?" (answered no vs. yes). Of the 26 attendees who responded to these questions, 11 were aware of frameworks in place for user participation before the Masterclass and 12 after the Masterclass. Moreover, before the Masterclass, 19 attendees reported facing barriers to user participation and 18 after the Masterclass. Still, neither of these changes were significant.

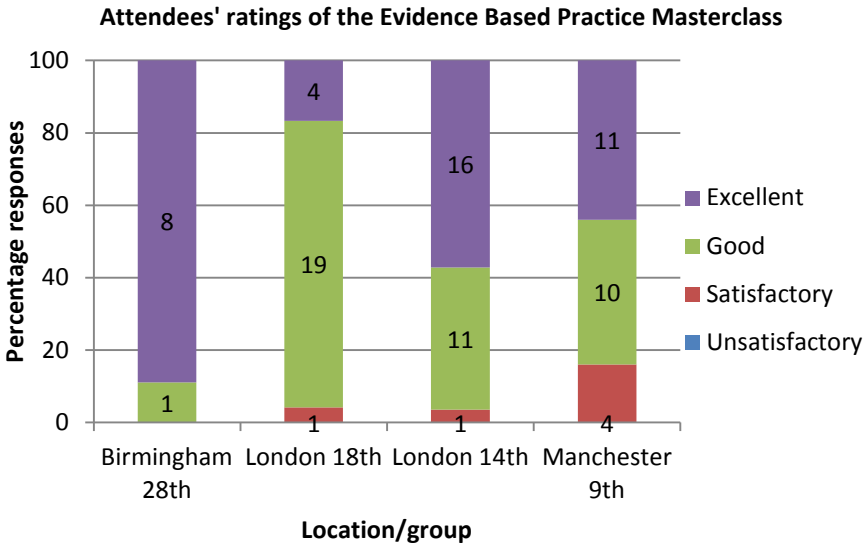
Masterclasses Round 2

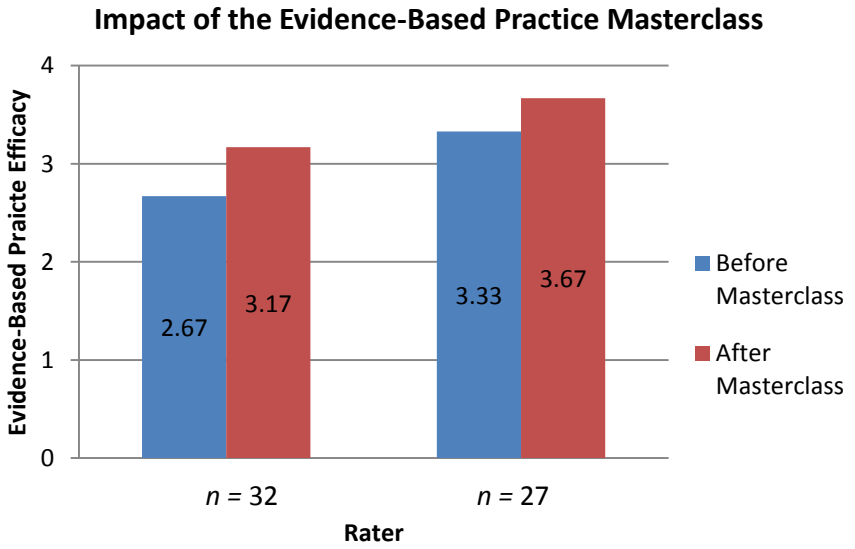
The second round of Masterclasses was carried out between March and November 2011 and was split into three parts: Local Evaluation - Quality Improvement (Parts 1 and 2), User Participation and Evidenced-Based Practice Masterclasses.

4. Evidence-Based Practice Round 2

A total of 255 people registered an interest in this Masterclas. Overall, 109 people attended the Evidence-Based Practice Masterclasses. The Masterclasses were held across three national locations: two in London (n= 72), one in Birmingham (n = 9) and one in Manchester (n = 28). Out of the 109 attendees, 86 provided feedback on the course.

Figures 4a & 4b: Satisfaction and impact scores for Evidence-Based Practice Round 2





"thought provoking with a genuine regard for the dilemmas faced by clinicians juggling multiple and often divergent requests for information/ data. Also the many different interests that need to be held in mind: Clinical use; research...commissioners".

Overall, out of the attendees who provided feedback on the course, 45% rated the Evidence-Based Practice 2 Masterclass as excellent, 48% as good and 7% as satisfactory; no attendee rated the course as unsatisfactory.

In addition to the above feedback surveys, attendees and a nominated colleague completed questionnaires before and after the Masterclass. Six questions asked about attendees' self-efficacy in employing evidence-based practices in their work (e.g., "How able do you feel in relation to your knowledge of the relevant evidence base for your work?", "How able do you feel to share with service users the evidence base for your work?" (self-rated); "How able do you feel your colleague is to use routine outcome evaluation in their work?", "How able do you feel your colleague is to share information on the outcomes of their work with service users?" (colleague-rated)). All questions were answered on a five-point scale from not at all able (0), not very able, 50/50 able, fairly able to very able (4).

In total, 32 attendees and 27 colleagues completed questionnaires before and after the Masterclass. Attendees' self-rated efficacy in employing evidence-based practices in their work significantly increased after the Masterclass ($Z = 3.58$, $p < .001$) as did colleague-rated efficacy ($Z = 2.96$, $p < .01$). Given the small sample sizes, findings for both attendees and colleagues should be treated tentatively[7].

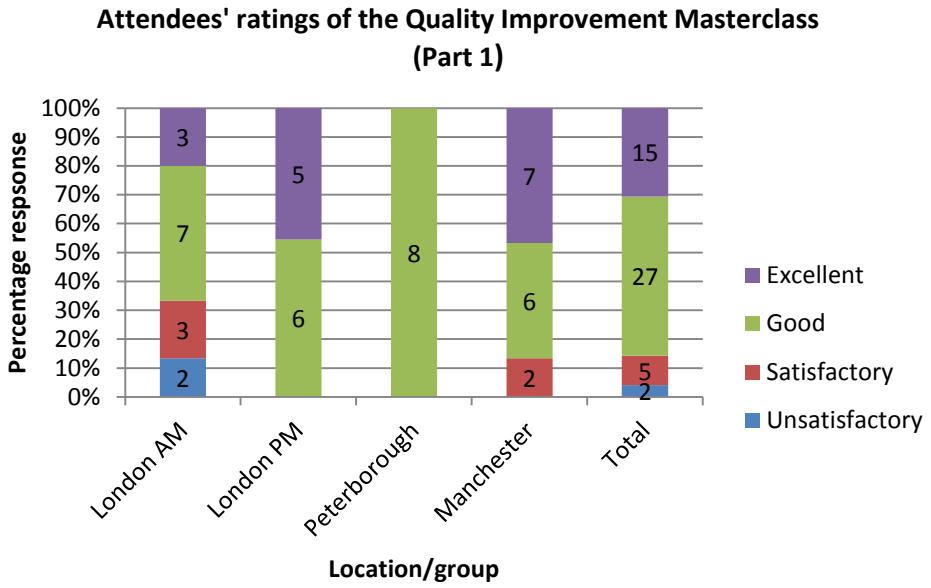
After the Masterclass, attendees were also asked: "How big an impact would you say that attending the Masterclass has had on the way you work?". Responding on a 4-point scale from none (0), slight, big to very big (3), the median response was 2 or big. Attendees were then asked, "Would you say this impact has been positive?", and 30 attendees responded that the impact had been positive while two answered that it had not been.

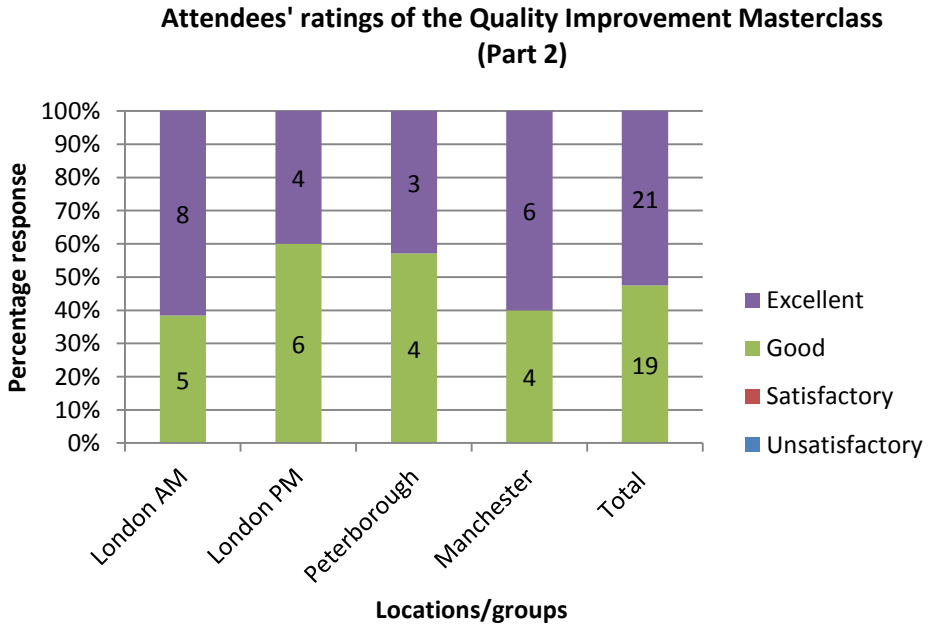
[7] Nonparametric tests were used because of the small sample sizes, which rely on fewer assumptions about the normality of distributions compared to parametric tests - in particular, the Wilcoxon signed rank test.

5. Local Evaluation Round 2

A total of 134 people registered an interest in this Masterclass. Overall, 61 people attended the Local Evaluation - Quality Improvement (Part 1 of 2) Masterclass. These Masterclasses were held across three national locations: two in London (n= 27 & 12), one in Peterborough (n = 8) and one in Manchester (n = 14). Out of the 61 attendees, 49 provided feedback on the course. A total of 48 people attended the second part of this Masterclass, which were again held across three national locations: two in London (n= 13 & 11), one in Peterborough (n = 7) and one in Manchester (n = 12). Out of the 48 attendees, 40 provided feedback on the course.

Figures 5a & 5b: Satisfaction scores for Local Evaluation-Quality Improvement Round 2





"Will definitely try to incorporate some of the principles of steps etc. into all areas."

Question: What effect (if any) is today's training likely to have on the way you work?
"In a number of ways to evaluate and change individual practice and perhaps team tasks."

Out of all the attendees who provided feedback on the course, 31% rated the Local Evaluation - Quality Improvement (Part 1) Masterclass as excellent, 55% as good, 10% as satisfactory and 4% as unsatisfactory. Out of the attendees who provided feedback on the second part of the course, 52% rated the Masterclass as excellent and 48% as good; no attendee rated the course as satisfactory or unsatisfactory.

In addition to the above feedback surveys, attendees and nominated colleagues were asked a question about quality improvement before and after the Masterclass (i.e., "How able do you feel to make positive quality improvement changes in your organisation?" (self-rated); "How able do you feel your colleague is to make positive quality improvement changes in your organisation?" (colleague-rated)). Both attendees and colleagues responded on a five-point scale from not at all able (0), fairly able, 50/50 able, quite able to very able (4).

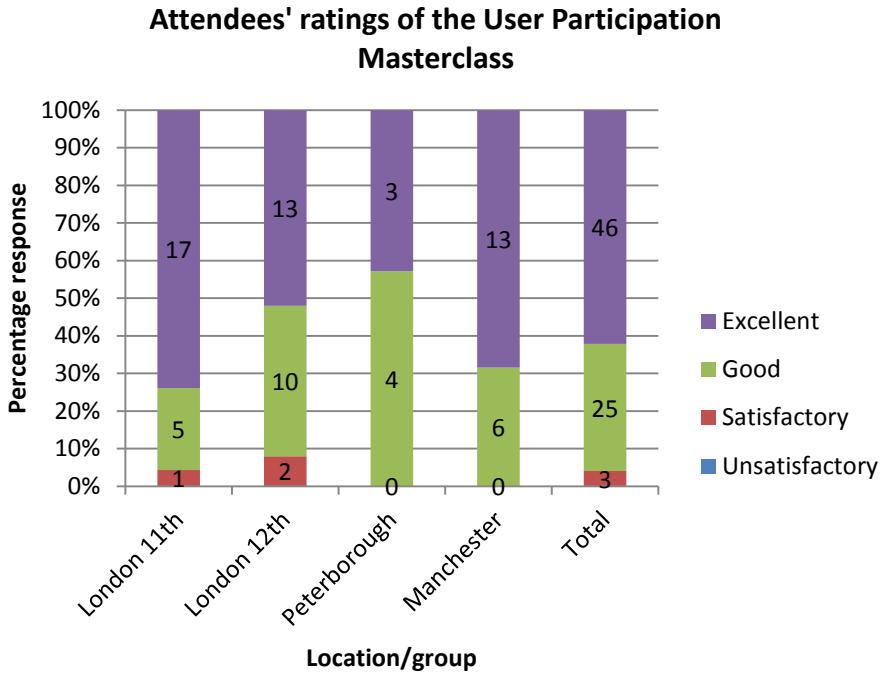
In total, eight attendees and 10 colleagues answered this question before and after the Masterclass. There were no significant changes in attendees' (Z = 1, p = .317) or colleagues' scores (Z = 1, p = .317) before and after the Masterclass. Given the small sample sizes, findings for both attendees and colleagues should be treated tentatively[8].

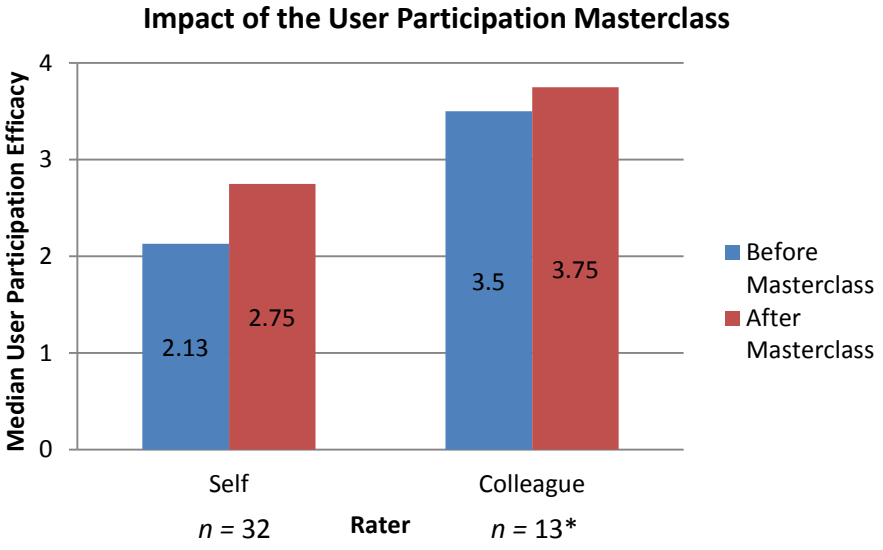
[8] Nonparametric tests were used because of the small sample sizes, which rely on fewer assumptions about the normality of distributions compared to parametric tests - in particular, the Wilcoxon signed rank test. The minimum number of pairs of scores recommended for this test is 16 but there were only eight pairs of scores for attendees and 10 for colleagues.

6. User Participation Round 2

A total of 202 people registered an interest in this Masterclass. Overall, 150 people attended the User Participation Masterclass. These Masterclasses were held across three national locations: two in London (n = 100), one in Peterborough (n = 7) and one in Manchester (n = 43). Out of the 150 attendees, 74 provided feedback on the course.

Figures 6a & 6b: Satisfaction and impact scores for User Participation Round 2





*Note: the difference between colleagues' before and after scores was not statistically significant ($Z = 1.7$, $p = .09$)

"I will feedback to the rest of the team to start a discussion and how we can become more participatory."

"Reinvigorated to build participation into my daily practice."

Out of the attendees who provided feedback on the course, 62% rated the User Participation Masterclass as excellent, 34% as good and 4% as satisfactory; no attendee rated the course as unsatisfactory.

In addition to the above feedback surveys, attendees and a nominated colleague completed questionnaires before and after the Masterclass. Four questions asked about attendees' self-efficacy in involving service users in their work (e.g., "How able do you feel with regards to presenting your work to children and young people?", "How able do you feel with regards to involving children and young people in service planning?" (self-rated); "How able would you say that your colleague is at differentiating between and selecting appropriate models of involvement of children and young people?", "How able would you say that your colleague is at evaluating the impact of the involvement of children and young people?" (colleague-rated)). All questions were answered on a five-point scale from not at all able (0), not very able, 50/50 able, fairly able to very able (4). In total, 32 attendees and 13 colleagues completed questionnaires before and after the Masterclass. Attendees' self-rated efficacy in involving service users in their work significantly increased after the Masterclass (Z = 3.94, p < .001), and there was a trend for colleague-rated efficacy to increase although this was not statistically significant (Z = 1.7, p = .09). Given the small sample sizes, findings for both attendees and colleagues should be treated tentatively[9].

Before the Masterclass, attendees were asked to provide three priories that they hoped to address during the Masterclass. After the Masterclass, they rated how relevant and positive the impact of the Masterclass had been in addressing each area. Responses were made on a 1-5 rating scale from completely irrelevant/very negative (1) to very relevant/very positive (5). The median score was 4 or out of a maximum of 5.

Colleagues were also asked whether or not they had noticed a changed in the attendee's practice in regards to each of the priority areas (answered yes vs. no) and how positive or negative this change had been (answer on a 1-5 rating scale from very negative (1) to very positive (5)). Of the 13 colleagues who completed the questionnaire after the Masterclass, 11 reported that they had noticed a change in reference to the first priority area, nine to the second and six to the third. Moreover, the median response to how positive or negative the change had been was 4 out of a maximum of five.

Finally, attendees were asked: "Are you aware of any frameworks and/or systems currently in place within your organisation in relation to mapping participation practice?" and "Are you currently facing barriers to delivering effective participative practice with children and young people?" (answered no vs. yes). On the one hand, before the Masterclass, 17

[9] Nonparametric tests were used because of the small sample sizes, which rely on fewer assumptions about the normality of distributions compared to parametric tests - in particular, the Wilcoxon signed rank test. The minimum number of pairs of scores recommended for this test is 16 but there were only 13 pairs of scores for colleagues.

attendees were aware of frameworks in place for user participation and eight were aware after the Masterclass. On the other hand, before the Masterclass, 20 attendees reported facing barriers to user participation and 12 reported barriers after the Masterclass. Still, neither of these changes were statistically significant.

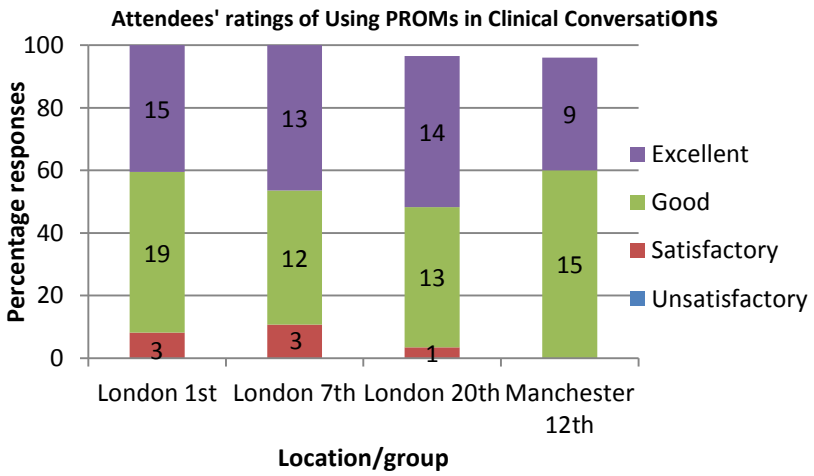
Masterclasses Round 3

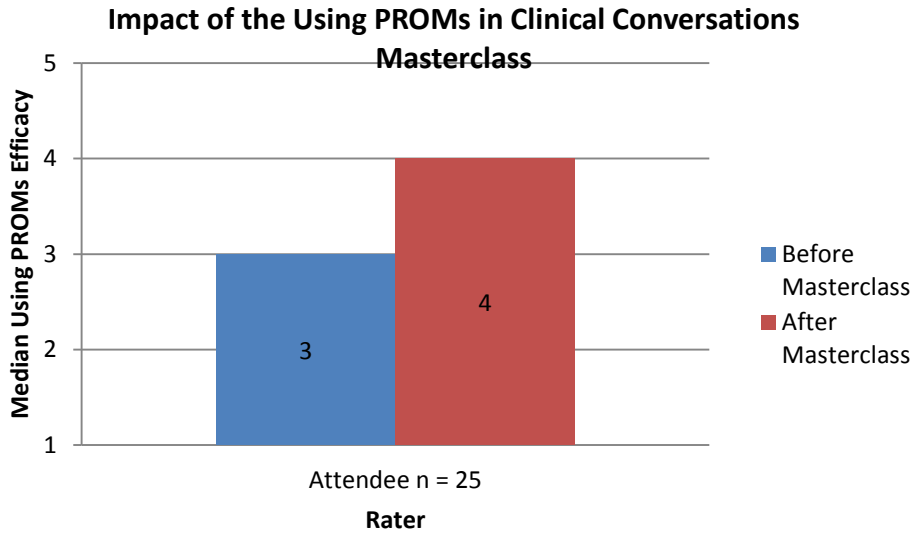
The third round of Masterclasses was carried out between November 2012 and March 2013 and was split into three parts: Using Patient Reported Outcome Measures (PROMs) as Part of Clinical Conversations. Using Outcome Data and Shared Decision Making in Child and Adolescent Mental Health Services (CAMHS).

7. Using PROMs in Clinical Conversations Round 3

A total of 164 people registered an interest in this Masterclass. Overall, 135 people attended the Using PROMs in Clinical Conversations Masterclasses. The Masterclasses were held across two national locations: three in London (n= 41, 31 & 38) and one in Manchester (n = 25). Out of the 135 attendees, 119 provided feedback on the course.

Figures 7a & 7b: Satisfaction and impact scores for Using PROMs in Clinical Conversations Round 3





"It was useful to share discussions about how the use measures with young people and families and the different ways to use/administer these measures as as how to use clinical judgment as part of that".

"I found the day very useful and helpful in considering using outcome measures with clinical conversations"

Out of all the attendees who provided feedback on the course, 43% rated the Using PROMs in Clinical Conversations Masterclass as excellent, 50% as good and 7% as satisfactory; no attendee who provided feedback rated the Masterclass as unsatisfactory but two attendees did not rate the Masterclass.

In addition to the above feedback surveys, attendees completed questionnaires before and after the Masterclass; nominated colleagues were not given questionnaires for this Masterclass. Two questions asked about attendees' efficacy in using PROMs in their work (e.g., "How would you rate your confidence in the use of PROMs?", "How would you rate your confidence with regards to interpreting PROM data" (self-rated)). The questions were answered on a five-point scale from no confidence (1) to very confident (5).

In total, 25 attendees completed questionnaires before and after the Masterclass. Attendees self-rated efficacy in engaging patients in shared decision making in their work significantly increased after the Masterclass ($Z = 3.58$, $p < .001$). Given the small sample sizes, findings should be treated tentatively[10].

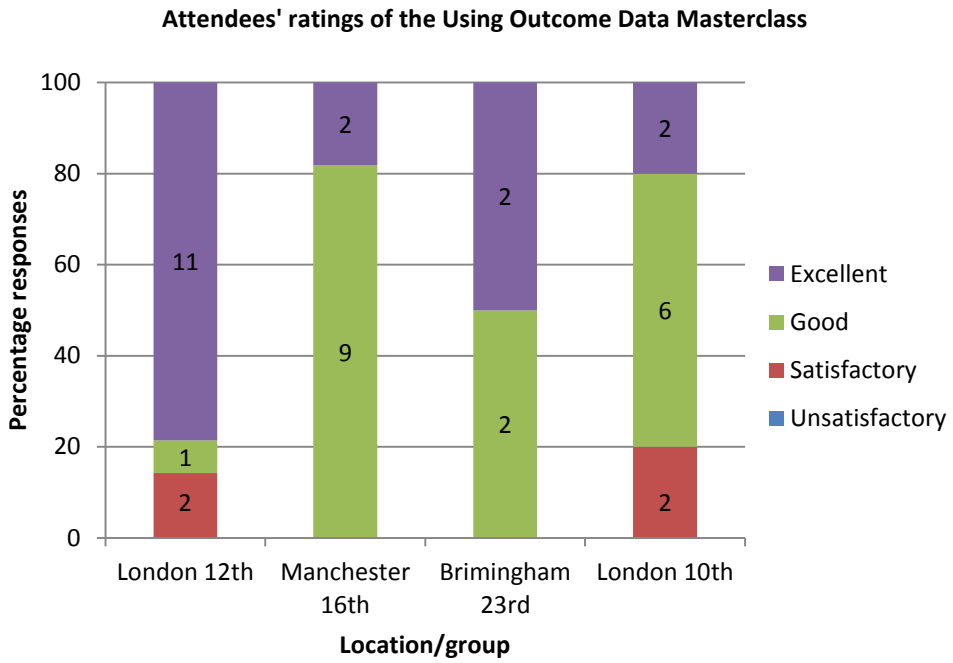
Attendees were also asked how many young people they use PROMs with - for assessment at the start of treatment and review and 6-months and/or case-closure - and how many young people they use PROMs with on a session by session basis. These two questions were answered on a 4-point scale from none (0), a few, most to all (3). Attendees' median response was 2, or most, for assessment and review use of PROMs before the Masterclass, and 1, or a few, after the Masterclass. Still, this was not a significant change ($Z = 0.50$, $p > .05$). Likewise, attendees' median response for session by session use of PROMs was 0, or none, both before and after the Masterclass ($Z = 1.00$, $p > .05$).

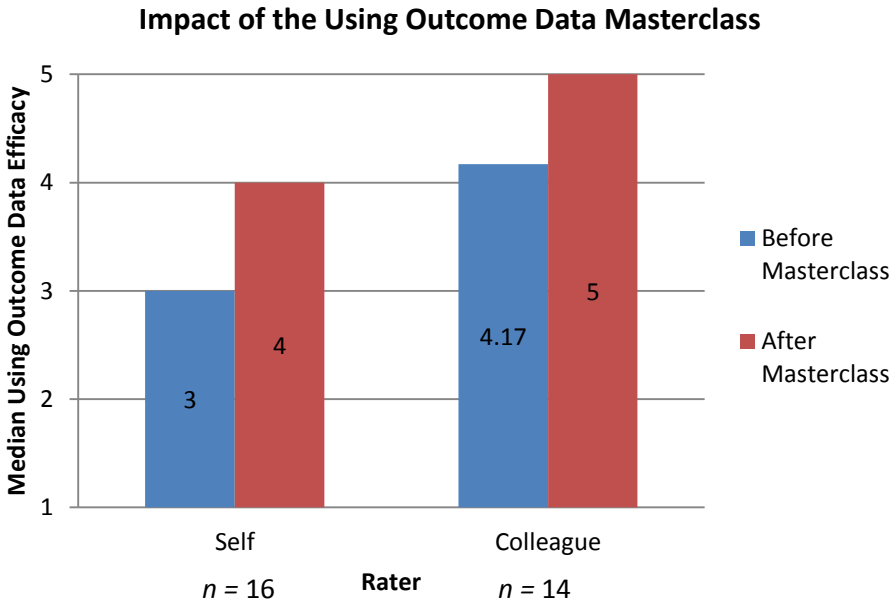
[10] Nonparametric tests were used because of the small sample sizes, which rely on fewer assumptions about the normality of distributions compared to parametric tests - in particular, the Wilcoxon signed rank test.

8. Using Outcome Data Round 3

A total of 156 people attended the Using Outcome Data Masterclasses. The Masterclasses were held across three national locations: two in London (n= 17 & 14), one in Birmingham (n = 12) and one in Manchester (n = 21). Out of the 64 attendees, 39 provided feedback on the course.

Figures 8a & 8b: Satisfaction and impact scores for Using Outcome Data Round 3





"Very useful, applied stats to clinically relevant service development - relevant issues".

"[I] Will 1) be more discerning looking at data 2) attempt to introduce in my work."

Out of all the attendees who provided feedback on the course, 44% rated the Using Outcome Data Masterclass as excellent, 46% as good and 10% as satisfactory; no attendee who provided feedback rated the Masterclass as unsatisfactory.

In addition to the above feedback surveys, attendees and a nominated colleague completed questionnaires before and after the Masterclass. Three questions asked about attendees' efficacy in using outcome data in their work (e.g., "How would you rate your current knowledge level with regards to understanding and making use of outcomes data as part of your current professional role?", "How would you rate your confidence with regards to understanding and making use of outcomes data as part of your current professional role?" (self-rated); "How would you rate your colleagues' ability to understand and make use of outcomes data as part of their current professional role? (colleague-rated)). The questions were answered on a five-point scale from very poor/no confidence/not at all able (1) to very good/very confident/very able (5).

In total, 16 attendees and 14 colleagues completed questionnaires before and after the Masterclass. Attendees' self-rated efficacy in using outcome data in their work significantly increased after the Masterclass ($Z = 2.87$, $p < .01$) as did colleague-rated efficacy ($Z = 2.52$, $p < .05$). Given the small sample sizes, findings for both attendees and colleagues should be treated tentatively[11].

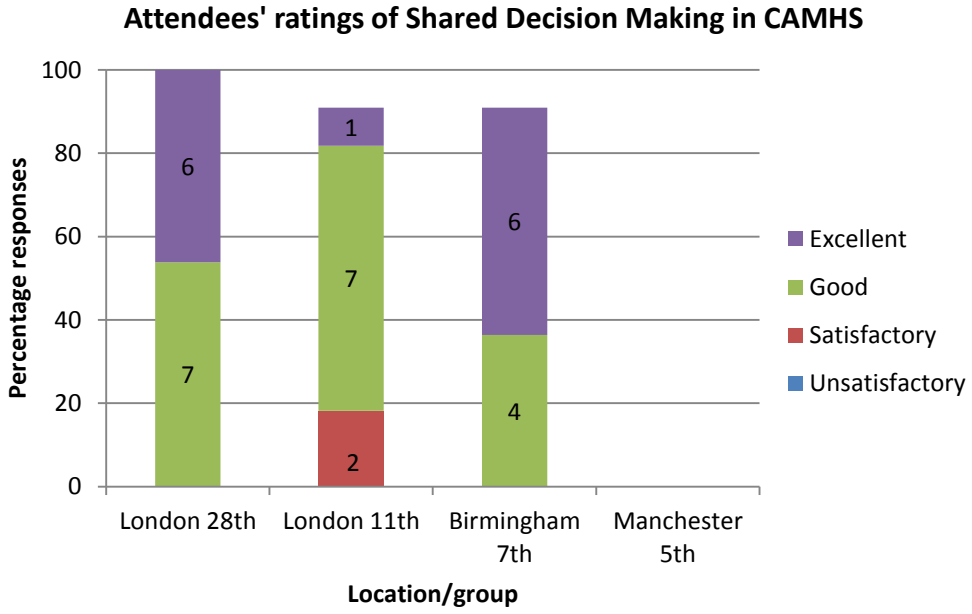
Attendees were also asked if they had performed 10 activities in relation to using outcome data in their work (e.g., extracted data from a patient record system, computed means, looked at outcomes data) in the two months before and after the Masterclass. There were no significant changes in whether or not attendees had performed these activities, and 94% had performed one or more activity before and after the Masterclass.

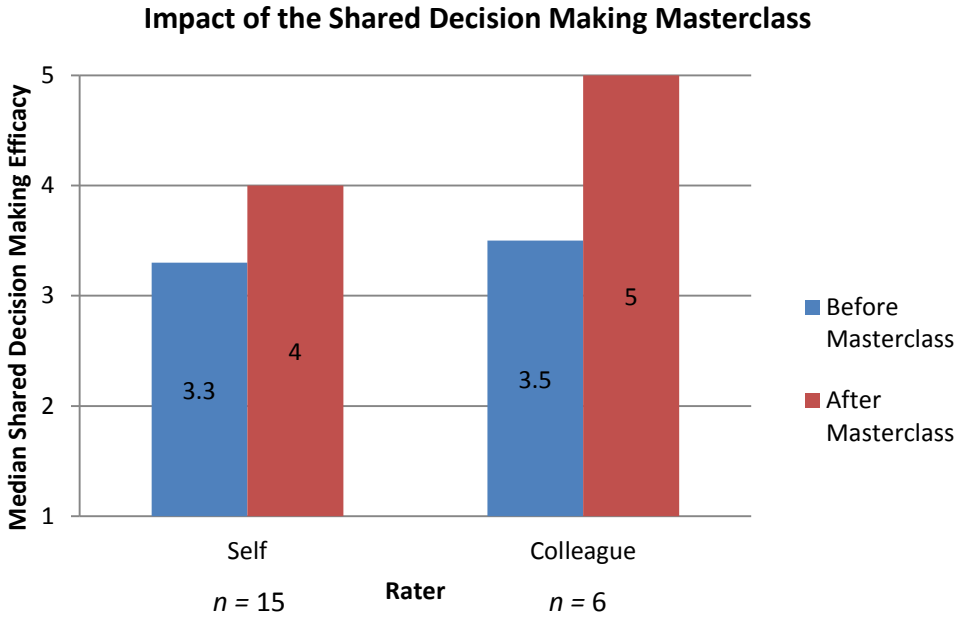
[11] Nonparametric tests were used because of the small sample sizes, which rely on fewer assumptions about the normality of distributions compared to parametric tests - in particular, the Wilcoxon signed rank test. The minimum number of pairs of scores recommended for this test is 16 but there were only 14 pairs of scores for colleagues.

9. Shared Decision Making in CAMHS

A total of 105 people registered an interest in this Masterclass. Overall, 43 people attended the Shared Decision Making in CAMHS Masterclasses. The Masterclasses were held across three national locations: two in London (n= 13 & 11), one in Birmingham (n = 10) and one in Manchester (n = 9). Out of the 43 attendees, 35 provided feedback on the course but no feedback was available for the Manchester Masterclass.

Figures 9a & 9b: Satisfaction & impact scores for Shared Decision Making Round 3





"[The Masterclass] gave specific steps and tools to use and allocated time to put this into practice in role play situations."

"[The Masterclass] will help me in making SDM an integral part of my practice in CAMHS."

Out of all the attendees who provided feedback on the course, 37% rated the Shared Decision Making in CAMHS Masterclass as excellent, 51% as good and 6% as satisfactory; no attendee who provided feedback rated the Masterclass as unsatisfactory but 2 did not rate it.

In addition to the above feedback surveys, attendees and a nominated colleague completed questionnaires before and after the Masterclass. Three questions asked about attendees' efficacy in engaging patients in shared decision making in their work (e.g., "How would you rate your current knowledge level with regards to using shared decision making as part of your current professional role?", "How would you rate your confidence with regards to using shared decision making as part of your current professional role?" (self-rated); "How would you rate your colleague's current ability to use shared decision making as part of your current professional role?" (colleague-rated)). The questions were answered on a five-point scale from very poor/no confidence/not at all able (1) to very good/very confident/very able (5).

In total, 15 attendees and six colleagues completed questionnaires before and after the Masterclass. Attendees' self-rated efficacy in engaging patients in shared decision making in their work significantly increased after the Masterclass ($Z = 2.73$, $p < .01$) as did colleague-rated efficacy ($Z = 2.03$, $p < .05$). Given the small sample sizes, findings for both attendees and colleagues should be treated tentatively[12].

[12] Nonparametric tests were used because of the small sample sizes, which rely on fewer assumptions about the normality of distributions compared to parametric tests - in particular, the Wilcoxon signed rank test. The minimum number of pairs of scores recommended for this test is 16 but there were only 15 pairs of scores for attendees and six for colleagues.

Conclusion

This report evaluated Masterclasses: promoting excellence in evidence-based outcomes informed practice and user participation. Thirty-six Masterclasses were held across three years. The Masterclasses broadly covered three topics: Evidence-Based Practice in CAMHS, Outcome Evaluation in CAMHS and Increasing User Involvement in CAMHS (also see pg. 1).

To evaluate the Masterclasses, attendees completed feedback surveys and attendees and a nominated colleagues completed questionnaires before and after the Masterclass. Feedback surveys were analysed using descriptive statistics and qualitative analysis and questionnaires were analysed using inferential statistics as a means of assessing the impact of the Masterclasses.

Overall, 91% of attendees rated the Masterclasses as either excellent or good. Broadly, qualitative responses to the feedback surveys showed: that attendees felt the Masterclasses increased their knowledge and confidence, that the opportunity to share experiences with other professionals was useful, and that attendees intended to implement learning from the Masterclass; for example, "[The Masterclass] will help me in making [Shared Decision Making] an integral part of my practice in CAMHS." However, attendees also noted: that the Masterclasses were intensive, that more group sessions would have been valuable, and that they had a concern over the role of routine outcome monitoring in CAMHS because "You don't fatten a pig by weighing it". On balance, the Masterclasses were seen as allaying such concerns more so than exacerbating them, due to the open and fair-handed approach to the Masterclasses.

Dovetailing with the qualitative responses, in all but one of the Masterclasses, significant changes were found in attendees' self-efficacy or confidence scores before and after the Masterclass, suggesting that the Masterclasses increased attendees' self-efficacy. Attendees nominated a colleague to also complete a questionnaire - about the attendee - in eight of the Masterclasses. Significant changes were found in colleagues' scores before and after the Masterclass for five Masterclasses, suggesting that the Masterclasses increased colleagues' perceptions of attendees' self-efficacy. Colleagues' scores may provide a more objective assessment of impact than attendees' self-ratings alone.

Still, a number of limitations should be taken into account when interpreting the above findings. As this was a service evaluation, a non-experimental design was employed, and results should be interpreted as suggestive of correlational relationships, not causal ones. Low completion rates of the after Masterclass evaluation questionnaires resulted in small sample sizes for all tests; hence, nonparametric tests used, which rely on fewer assumptions about the normality of distributions. Nevertheless, the minimum number of pairs of scores recommended is 16 but, at times, data scores for fewer than this were available. Low completion rates may have resulted in bias, in that those attendees (and colleagues) who completed the second questionnaire may have been those who benefited the most from the Masterclasses.

Data were nested (i.e., pairs of attendees and colleagues), however this was not taken into account given the small sample size and because it was not possible to match all pairs. Some registers were not available therefore numbers of attendees for some Masterclasses were based on the number of attendees registered, not the number of actually attendees. Finally,

composite scales were computed using questionnaire items, however these were not validated measures. Still, scales were only retained when they demonstrated an acceptable internal consistency (i.e., Cronbach's alpha ≥.6).

In spite of these limitations, the results of this evaluation suggest that the Masterclass series had a positive impact on attendees' self-efficacy, meeting the aims of the project to increase evidence-based practice, outcomes evaluation and user involvement in CAMHS.

Appendix A

Qualitative Analysis

Masterclasses Round 2

1. Evidenced-Based Practice Round 1

1. How useful was the overall format of the day?

Synopsis of attendees' feedback:

Positive feedback: Useful, well-paced and thought-provoking; clear presentation; well-structured & well-delivered, interactive; good mix of presentation and small group exercise; useful introduction to ideas and understanding the importance of EBP; helpful to reflect on measuring clinical practice; interesting to look at the perception of what clinicians do by others (families and patients/clients); useful mix of teaching, discussion and role-play; energetic trainer; useful because it focussed on practical ideas and challenged professional perceptions & stereotyped beliefs; good amount of information in the timeframe; clear goals in manageable chunks

Negative feedback: frustrating in that it did not address how to evaluate more difficult clients; v useful but a bit rushed; perhaps too much time on role-play; role-play purpose?; unclear intent at times

2. How useful did you find the presentations?

Synopsis of attendees' feedback:

Positive feedback: very informative and useful – clear slides and presentation; excellent presenter; thought-provoking and stimulating; useful to focus on debilitating dichotomies; excellent synthesis of literature, clinical practice issues and discussion of themes and management of audience consent; specific to CAMH services which is rare; engaging presenting style with good relevant context; good balance of discussion/role-play/presentation; informative and educational; knowledge of facilitator v impressive

Negative feedback: presentations were okay but the slides didn't feel essential; difficult to see well in the room; too many words in too small spaces; too directive at times; not always relevant but mostly useful; did not do more than scratch the surface re problems of skewed/unrepresentative research re successful therapies; text on hand-outs could be bigger; would be useful to have key ref lists; wanted something more commission orientated

3. How useful did you find the group work sessions?

Synopsis of attendees' feedback:

Positive feedback: useful; good to clarify thinking and discuss dilemmas and dichotomies; excellent and engaging; good to bounce off others with ideas and learn others' perspectives; gave opportunity for individual voices to be heard; good for clarifying differences; useful to think about how to put activities into practice; role-play useful;

Negative feedback: sometimes became a bit side-tracked; smaller group sessions preferable; not so useful; role-play daunting; good, but not enough peer to peer discussion; lost track of direction and purpose of role-plays

4. What did you find most useful/informative at today's Masterclass?

Based on the given responses, these have been divided into themes:

Process of the day: review of the way the client/young person is presented with information, and involved in choice about their care; honest exploration of the complexities and challenges; role-play; holding together the debilitating dichotomies; info and discussions about incorporating useful measures into clinical work; consideration of the barriers to EBP; group discussions and reflections; presentation; audience questions; provocation to think about philosophy of outcome evaluation; interactivity; PowerPoint slides; talking about informed decision making; problem solving about getting past the boundaries; clear presentation of current thinking about research and EBP; goal-setting demonstration; role play about bridging qualitative and quantitative elements of our practice; reflecting on improving practice; introductory talk in the morning

Working with others: opportunity to hear a range of opinions; networking; sharing common concerns with others; hearing other professionals' points of view

Presenters: Miranda's clinical awareness and enthusiastic delivery style; M's passion and knowledge - excellent speaker

Ideas conveyed: the range of outcome measures available; ideas about how outcomes can inform practice; use of Patient Recorded Measures as priority; goal based outcomes; update of EBP; overview of research; information about current commissioning climate; importance of evidence; outcome measures to inform self-practice; 1-3-5 idea; hierarchy of evidence; importance of setting goals with clients; learning about useful measures; what works for whom info; goals which child/yp wants; hearing the other side of EBP; setting goals at the start of an intervention; how to engage yps; debilitating dichotomies; offering choice to clients; payment by results; monitoring clinical performance on individual patient all the way through – not just at the start and the end; info about measures used in CAMHS; GBO thinking; how to present outcomes to commissioners

Materials: information booklet; hand-outs from the presentation

5. What could we do to improve the content and format of the Masterclasses?
    - Make the class less of a motivational seminar
    - Provide background information before the Masterclass
    - Cover looked-after and adopted children
    - More time
    - More small group work – feedback, scenarios
    - Examples of all the different measures and how to access them online
    - Funding ideas for RCTs
    - Smaller groups
    - Commissioning – marketplace of providers
    - Synchronised overheads and hand-outs
    - The practicalities of collecting and using data

- Less rushed – earlier start
- Timetable of breaks and finish time
- Follow-up on same issues to review
- Less lecture, more exercises
- Summary conclusions
- More emphasis on working with younger children with fewer verbal abilities

6. What effect (if any) is today's training likely to have on the way you work?

I will use more goal based outcomes; be more aware of outcome measures; have greater enthusiasm for self and team in order to persist with outcomes work; review and change the way young people are involved in their care; consider the different perspectives about what makes a good practitioner; help clinicians be more creative about goals; goal-setting and reviewing; give more thought and determination regarding outcome measures; therapeutic planning with families; consider using GBO before and after treatment; put in place appropriate measures; develop my reflective capacity as a CAMHS clinician; consider the usefulness of this at an individual level; motivation to introduce changes and collect outcomes; take back to team for discussion; use the 'choosing what's best for you' booklet

2. Local Evaluation Round 1

Positive feedback about the Local Evaluation Masterclass broadly covered two areas: a) the attainment of skills and, b) the structure of the Masterclasses.

a) Gaining skills

Attendees reported that the Masterclass was useful because:

- it helped to improve their knowledge, confidence, and understanding of the process of carrying out an evaluation
- it showed how to understand and interpret evaluation findings
- it explained how to present results to others, in a digestible format
- it provided a clear structure/ framework for carrying out an evaluation
- there was a clear, step-by-step format for designing and carrying out an evaluation
- they learnt how to communicate effectively with commissioners
- it covered how to plan evaluations
- it provided useful questions to ask when carrying out/planning an evaluation, and how to decide when not to use one

b) Structure of the Masterclass

Attendees reported that the Masterclass was useful because:

- the structure and format of the Masterclass was helpful
- they worked through an example together
- common pitfalls were discussed
- there was an opportunity for discussions/reflections with peers/presenters
- the presenters clearly set the scene at beginning of day

Suggestions for future Masterclasses:

Feedback about how to improve future Masterclasses mainly focused on a) the structure and b) the content of the course.

a) Structure

Attendees suggested:

- that there could be less long-winded discussions
- an earlier start would be better
- more guided discussions would be helpful
- more pragmatism and less focus on semantics
- a follow-up session/discussion would be helpful
- that the Masterclass could be clearer and more focused

b) Content

Attendees suggested:

- more opportunity for small group/pair discussions re. individual circumstances
- more time on general issues, and perhaps a broad case study focus
- a discussion of what analysis is best suited for different types of evaluations
- more examples of evaluations
- more examples of good practice

3. User Participation Round 1

Attendees reported that the most useful aspects of the Masterclass were that:

- it was very informative about how to involve service users
- there were materials/resources to take away
- there were practical examples about how to overcome barriers to participation
- ideas/thoughts generated
- there were opportunities to network with other professionals
- the presenter was very knowledgeable
- they became aware of associated participation policies

Attendees' suggestions for future Masterclasses were:

- a less rushed approach
- a more focused & guided structure
- that there could be divisions between professional backgrounds/learning interests to make the Masterclass more focused to attendees' different needs
- there could be a greater focus on the practical application issues of user participation
- an earlier start
- clear clarification about the start time
- follow-up classes
- that there could be an opportunity to learn from colleagues

Reported barriers to implementing user participation:

Seventeen out of 27 people who attended the Masterclass said they had experienced barriers to implementation in their work. Common themes for this were:

- a lack of time
- a lack of manpower
- job cuts
- budget restrictions
- user participation being a low priority compared with other work

Masterclasses Round 2

4. Evidence-Based Practice Round 2

1. How useful was the overall format of the day?

Eight primary themes emerged in responses to this question. The format of the Masterclass was described as being **useful** by 23 attendees and as being **informative -** regarding IAPT, CORC, contextual information or as providing an overview of the topic - by 22 attendees. “Very useful - I have definitely come away with much more understanding of child IAPT and CORC”. Thirteen attendees described the format as **good** and fourteen attendees commented that the format allowed for **interaction.** The Masterclass was described as **well organised**, which allowed a balance between **theory and practice** - “Like the context part in the a.m. and the discussion and more practical side in the p.m.”, “Like balance between theory and then practice”. Negative comments were around the **lack of small group work**, mentioned by 5 attendees, and the **intensity** of the day, mentioned by 13 attendees: “Very useful. However there was a lot of information packed into learning not as much time for discussion.”, “A lot of info in the morning with no time to think.”

2. How useful did you find the presentations?

Six primary themes emerged in response to this question. Thirty-one attendees commented that the presentations were **useful** and 14 that they were **good;** 7 commented on the **clarity** of presentations, with 6 commending the **presenters** in particular. The presentations were described as **informative** by 10 attendees and as **intensive** by five. One attendee noted that clinical utility was mentioned throughout the presentations, and another that the consideration of different perspectives was thought provoking: “thought provoking with a genuine regard for the dilemmas faced by clinicians juggling multiple and often divergent requests for information/ data. Also the many different interests that need to be held in mind: Clinical use; research...commissioners”.

3. How useful did you find the group work sessions?

Feedback on the group work session was more mixed in the six primary themes that emerged. On the one hand, 10 attendees commented that it was **good** and 10 that it was **useful**. On the other hand, ten commented that the group work was mainly done as o**ne large group**, not in small breakout groups. Fifteen attendees noted that the small group discussions and role play were **unnecessary or unhelpful** as it was “chaotic” or repetitive using questionnaires or because of a dislike for role play. Still, five attendees noted that the group work was collaborative with relevant views expressed and 5 that it was thought provoking: “made me think about how we ask CYP/families to complete questionnaires”, “Useful to think about why we are working in certain ways in relation to outcome measures.”

4. What three things did you find most useful/informative at today's event?

Twelve primary themes emerged in response to this three-part question. Information about CAMHS programmes was mentioned as useful; in particular, on **IAPT** (mentioned by 28 attendees), **CORC** (10), **CODE** (14) and **PbR** (20). Likewise, 44 attendees mentioned information on **outcome measures** as being most useful, and 12 attendees mentioned learning about the wider **rationale** and importance of outcome measures, beyond research and evaluation, as being the most useful: “Evidence that scoring improves outcomes”, “Awareness of value placed on questionnaire results by young people”. Nine attendees described the “**Context** pulling together of all national initiatives” as being the most useful, although one attendee asked for this to have been covered in more depth. Obtaining **resources**, in terms of handouts, links and tools, was mentioned as being the most useful by 14 attendees. The ability to **interact** and discuss was noted as being the useful by 10 attendees, and “Hearing **other clinician's experience**s and knowledge” was identified by 11 attendees. “Seeing a **case** 'live' gave a sense of what is involved” which was noted by six attendees, as was the opportunity to **reflect** on practice: "Questions to ask myself about how I administer measures.”

4. What could we do to improve the content and format of future events?

Compared to the previous questions, fewer primary themes emerged in responses to this question. Thirteen attendees recommended making the format of future events **less intensive**. Four attendees referred to having **more interactive session** and small group work and 8 referred to having a **more structured** format, which would facilitate a less intensive pace and more group work. Six attendees recommended **clearer or more interesting** PowerPoint slides or handouts; seven attendees recommended providing **more packs** or electronic packs. Two comments pertaining to the context within which Masterclasses take place did not fall into a particular theme: “Thoughts about how delegates might be able to roll out these learning experiences to their teams”, “Just keep doing [Masterclasses]. Without them my job would be very hard to do and we probably wouldn't have got re-commissioned as the set of workshops has previously helped me to set up battery [of measures]. I train [the] whole service and collate data and today has made me IAPT ready - thank you. Invaluable.”

5. What effect (if any) is today's training likely to have on the way you work?

Four primary themes emerged pertaining to the effect the training is likely to have on the way attendees work. Twenty-three attendees mentioned a desire to **use or engage** with outcome measures, CORC or CODE more in their work; for example, “[The Masterclass] has made me more conscious of trying to use questionnaires in a more live way.” Five attendees noted they were more **energised** in their work, and 16 noted they would engage outcome measures, CORC or CODE in their **team**: “Will introduce ideas to my team as aspect of practice (rather then bureaucracy)”, “Feel more confident about talking about outcomes in a way that might help to address some of the difficulties clinicians in my team are facing in trying to manage different and sometime conflicting interests.” Nineteen attendees noted having an **understanding,** or a time for reflection, based on the Masterclass: “Reflect on

how we use outcome measures and their limitation", "Shift in viewing outcome measures as a clinical tool rather than a research tool - very helpful, thank you!"

6. Any additional comments?

"These workshops have made a difference re whether I left my job or not as I'm very alone with it all."

5. Local Evaluation Round 2

Part One of the Masterclass

1. How useful was the overall format of the day?

Synopsis of attendees' feedback:

Positive comments: excellent, useful, insightful, informative; positively challenging and well-paced; small group-work was good, as were the tools and measures; breakdown of the QI challenge into small steps was useful; a good mix of the practical and theoretical

Negative comments: some aspects of the presentations were a bit hectic, frustrating, rushed; there was a lot to process; it wasn't particularly applicable to the role of commissioner

2. How useful did you find the presentations?

Synopsis of attendees' feedback:

Positive comments: challenging and thought-provoking; helpful; well-structured with knowledgeable presenters (clear and engaging); good as it involved lots of activities;

Negative comments: a bit rushed, too dense and at times confusing; very good but overwhelming; good but could have been more organised; useful – although a focus on different QI tools (not just PDSA) would have been good; reading material would have been a helpful addition;

3. How useful did you find the group work sessions?

Synopsis of attendees' feedback:

Positive comments: attendees described group work sessions as good, interesting and useful; it was helpful to use others' experiences to help formulate one's own issues; it was good to share ideas and have input from others and to generate new ideas and focus aims; offered a good opportunity to network; it was useful to practically apply methods with examples;

Negative comments: a bit rushed at times; they were interesting but having people from many different settings and roles meant it was challenging to find a common collective view

4. What three things did you find most useful/informative at today's event?

Based on the given responses, these have been divided into themes:

Process of the day: Working through real life examples as a whole group; listening to worked examples; opportunity to make a plan; large group discussions; having the opportunity to keep questioning and checking own understanding; group work and critical analysis; focussed and manageable chunks with break; models diagram; model and hand-outs; focus on detail; hand-out pack; good slides;

Working with others: sharing with peers; networking with colleagues; networking opportunities

Presenters: Miranda and Jasmine's approach (calm, validating, supportive, non-judgemental; facilitator's input was good; listening to worked examples; precise instructions;

Ideas conveyed: how to implement the PSDA model; how to structure an improvement project – steps and breakdown; listening to worked examples; opportunity to make a plan; large group discussions; balancing measure; ideas of how to get started; thinking about getting the right team; setting clear aims; reflection on quality vs. audit/accountability; using framework to focus on aims; realising action must be driven by desire to improve (not because it's a necessity); making specific plans; improving confidence; clarifying aims and visions

5. What could we do to improve the content and format of future events?
    - Could divide the day into AM and PM slots, with introduction of ideas, and group work/application of ideas, respectively
    - 2-day residential course so there's more time
    - Provide the opportunity for individual consultation of own specific areas
    - Have more information prior to the workshop about the workshop and what to bring (including ideas)
    - smaller group and slower pace
    - some worked examples
    - wall map of aims and appropriate measures
    - one facilitator per table
    - less theory
    - longer session
    - glossary of terms with examples

6. What effect (if any) is today's training likely to have on the way you work?

Putting QI initiative into practice; take smaller steps to bring about change; given me the encouragement to make changes; focus on quick achievable goals; use of this approach to making change using the suggested techniques; giving more thought to the process of QI; greater preparation for making changes; acceptance that change will take time; clearer thinking about how to approach service QI; more planned and focused approach

7. Additional comments:

Thank you!; need to control talking in the room more; intense and very useful morning; informative and helpful; enjoyable but made me realise how much pressure I am under and current work overload

Part two of the Masterclass

1. How useful was the overall format of the day?

Synopsis of attendees' feedback:

Positive comments: it was useful to hear about others' experiences and projects; having a half-day was helpful in terms of being able to digest the information; there was a good balance of input, discussion and presentation and the style of presentation was focused, effective, and well-time; having small group numbers made it easier to take in the information (compared with the earlier session); the process of feedback was good

Negative comments: -

2. How useful did you find the presentations?

Synopsis of attendees' feedback:

Positive comments: Attendees found the presentations clear, informative, relevant and useful (including the graphs); the hand-outs served as a good reference guide to return to, with key points clearly highlighted;

Negative comments: some attendees thought the presentation was presented too quickly

3. How useful did you find the group work sessions?

Synopsis of attendees' feedback:

Positive comments: Attendees said it was helpful to hear others' experiences and views; it was useful to network with other professionals; group work was well-presented

Negative comments: some felt that a few individuals tended to dominate the sessions

4. What three things did you find most useful/informative at today's event?

Synopsis of attendees' feedback:

Positive feedback: Attendees found the following attributes/aspects of the session useful: the Seven Steps, summary and discussion; learning about the difference between the testing and implementing stages; the idea of valuing small changes and the model as a series of 'experiments'; being given the space to think about how to implement QI; receiving hand-outs and working through discussions/examples; the expert facilitation; Miranda's ability to connect different ideas together; the opportunity to network, meet others and share practice/problems and examples; receiving feedback on one's own work; and reminders about process

Negative feedback: -

5. What could we do to improve the content and format of future events?

Synopsis of attendees' feedback:

Attendees thought that the content and format of future events could be improved by:

- sending out slides before the session and an email reminder of the approaching day's format
- sending out an email a week after the course to find out about attendees subsequent progress
- having a 6-month follow-up course (and generally more courses/follow—up courses in the future to re-cap and see assess progress)
- leaving a longer gap between the first and second sessions
- more group work during the first session
- no group work
- more case examples of services using the Seven Steps
- more concrete examples of processes of Quality Improvement
- more work on individual plans

6. What effect (if any) is today's training likely to have on the way you work?

Synopsis of collated feedback:

Attendees' thought that the day's training was likely to have the following effect on them/their work: greater ability to persevere; increased enthusiasm; the positivity and confidence to try out ideas on a smaller scale; improved techniques; a useful model with which to implement; ideas about ways to make changes and evaluate individual and team practices; increased organisation and pragmatism; concentration on the small and achievable (learning to start change with one small step); the ability/understanding following a systematic approach to QI; focus on clinical outcomes; ideas and visions for the future; permission to give it a go

7. Additional comments?

Attendees made some additional comments about the course: it was very enjoyable; the presenter was clear and agile-minded; the course was relaxed, enjoyable and informative, and good for generating new ideas; the venue/food was good

6. User Participation Round 2

1. How useful was the overall format of the day?

Synopsis of attendees' feedback:

Positive comments: Fine, good, useful and practical; a good mix of practical work and discussions; informative and understandable; helpful to have the opportunity to discuss ideas with others; good timings and breaks; good mix of presentations and group work; well-illustrated with lots of case examples; knowledgeable presenters

Negative comments: -

2. How useful did you find the presentations?

Synopsis of attendees' feedback:

Positive comments: Useful and informative, good and motivating ideas; helpful to hear real-life examples of when user participation has gone right/wrong; hand-outs were a good size; useful for signposting to resources and case studies; very engaging and interesting; excellent, dynamic, inspiring and energetic; useful for sign posting to website and the 7 steps model for strategic plan; helpful, lively, personable presenters sustained concentration

Negative comments: some mentioned that it was difficult to always see the screen in the room; too much information to take in; fairly useful - would have liked more actual tools/ examples, samples/ case studies; fairly useful - would have liked more actual tools/ examples, samples/ case studies

3. How useful did you find the group work sessions?

Synopsis of attendees' feedback:

Positive comments: Useful; provided helpful ideas that could be used e.g. barriers and "consequences" type envelopes; good to hear others' experiences; it was particularly useful having colleagues on the training to enable the formulation of plans; great to get other professionals advice and ideas; helpful to think about my experience of my voice being heard and how that impacts - and how relevant that is for people who may be resistant to participation; useful in terms of engaging us and stimulating my brain (good change from lecturing); interesting and fruitful - lots of ideas generated; problem solving exercise was interesting; good - particularly the later exercises/post it notes/ mapping

Negative comments:

less useful in terms of information/ knowledge gained; quite useful - more time should have been given for strategic planning element of the day; good but needed more copies of paperwork - would have preferred to have printed off copies of strategic stuff so we called use it more easily; needed more structure and felt a bit rushed at times

4. What three things did you find most useful/informative at today's event?

Based on the given responses, these have been divided into themes:

Process of the day: group work; problem-solving; case-study examples; workshops; barriers exercise; post-it activity; mapping exercise;

Working with others: networking and sharing practice; discussing issues/ideas with others; getting ideas and tips

Presenters: enthusiasm; presenters' knowledge and skill;

Ideas conveyed: strategic planning; usefulness of participation; information about relevant resources and policy/legal aspects; engagement and motivation of young people; models of participation; selling the idea (via evidence) to teams; problem and solutions activity; examples of impact of previous participation work; Hear by Right; Carly's experiences with different services/organisations; difference between consultation and participation; small steps to change; hearing about the benefits of participation; 'targets' hand-out; finding out about relevant websites and resources

5. What could we do to improve the content and format of future events?

Synopsis of collated feedback:

Longer day, earlier start; hand-outs available before the day (and more of them generally); more interactive presentation; less talking from facilitators; more group work; involve a young person; more case examples; case study of an organisation – step by step from no participation to full participation; group exercises more focused; over two days; more sharing of good practice; more on implementation skills; run more in the future

7. What effect (if any) is today's training likely to have on the way you work?

Synopsis of collated feedback:

Hopefully participation to be taken forward by managers; liaising with fellow attendee colleagues to develop a strategic plan; improved planning; re-ignited enthusiasm; discussions with management about participation; renewed emphasis on planning; greater understanding of participation agenda, how to engage young people ; participation on team agenda; feedback to team; more confidence; greater knowledge

8. Additional comments…

Wonderful lunch; really great day; talented and impressive speakers; good balance between presentation, discussion and 'case' discussion; could flesh out some of the slides; more networking opportunities; follow-up session 6 months later

Masterclasses Round 3

7. Using PROMs in Clinical Conversations

1. How useful was the overall format of the day?

Seven primary themes emerged in responses to this question, and twenty-one attendees commented that the format of the day was **good**. Thirty-six attendees commented that the day was **useful** – "I found the day very useful and helpful in considering using outcome measures with clinical conversations", "Very useful - especially the overview of the detailed look at the form filling". Thirty-five attendees commented that the day was **well structured** and provided a mix of activity; for example, "The structure was clear and very clear and informative", "A good mix of talking at us, group work and video". Ten attendees highlighted the **interactive** format of the day and the opportunity to discuss; for example, "It was useful to share discussions about how the use measures with young people and families and the different ways to use/administer these measures as as how to use clinical judgment as part of that". Sixteen attendees found the day **informative**. Less positive comments referred to a desire for **more group work** and opportunities to "move people around", made by eight attendees, and the dissatisfaction with **timings** of the day, also mentioned by eight attendees.

2. How useful did you find the presentations?

Ten primary themes emerged in responses to this question, with 17 attendees commenting that the presentations were **good**. Fifty-nine attendees commented that the presentations were **useful**; e.g., "I found the presentation interesting and well constructed". Twelve attendees highlighted "**The trainer's** realistic attitude towards PROMs use in clinical practice was refreshing, as well as her awareness of their limitations". Fourteen attendees found the **videos** useful, with a minority mentioning they were somewhat unrealistic – "Helpful but would prefer to watch videos of situations that more problem solving was needed ie scores not making sense, negative feedback from child etc." Twelve attendees reported that the presentations were **informative** (e.g., "They were informative and up to date with latest changes", "learning about CYP outcome measures") while eight thought they were **thought provoking** (e.g., "Very helpful in challenging my thinking and practice around ROM in positive way"). Nineteen attendees found the presentations **accessible** and clear, and five commented on the **interactive** format of the presentations. Eleven attendees felt the presentations gave them more **confidence** or ability to use tools – "lots of useful information, how to make the tools work for me in my clinical practice." Five highlighted hearing the **rationale** behind PROMs; for example, "helpful to hear the rationale behind the measures - loved the bit on 'current view tool' felt helpful to heat the statement that 'clinical judgment must come first'".

3. How useful did you find the group work sessions?

Mirroring other Masterclasses, themes emerging in responses to this question were mixed. Eighteen attendees commented that the group work sessions were **good** or useful, however

14 commented that they were **okay** and 18 that they were **not useful**. The main reason for the limited usefulness was that there were not any sessions or they were **too short,** mentioned by 32 attendees; for example “Good would have been useful to split into smaller groups a little more often to process information being given”. Dovetailing with this, seven attendees noted that discussions with the **whole group**, throughout the day, were useful – “Really helpful to have so much group discussion as a whole, rather than small group work.”. Still, 24 attendees noted that the group work session enabled **reflection or idea sharing** (e.g., “Useful to find out experiences/ challenges in other teams/ services - lots of consistency”) with eleven noting it helped process learning or “work through issues re the **what, when, how** of measures”.

4. What three things did you find most useful/informative at today's event?

Fourteen primary themes emerged from responses to this question. Fifty-five attendees found information on **different PROMs** the most useful, while 22 found looking at PROMs in detail and “Going through the forms **step by step**” the most useful. Ten attendees found the **national context** informative, and 31 found information on **initiatives** such as IAPT, CORC and/or PbR useful. Forty-five attendees found **incorporating** PROMs into clinical conversations the most informative; “How to integrate measures into conversations”, “Emphasis on clinical judgment with measures felt empowering”, “Learning more about how PROMS can add value and meaning to clinical conversations”. The **balanced** approached – “I wasn’t indoctrinated!” – was highlighted by fourteen attendees; for example, “Importance of accommodating 'evaluation'/ user experience in process / therapeutic alliance”, “Balanced; honesty about pros cons - needing a balance”, “Balance between data collection and clinical judgement”. Thirty-nine attendees commented on the usefulness of the **resources** from the event, especially the log book, and 23 mentioned “Hearing **other people's ideas** and experiences”. Twenty-seven attendees commented on the “videos of **ROM in action**”. Learning about the **rationale** and utility of PROMS was mentioned by fifteen attendees: “The discussion about impact from psychotherapeutic viewpoint”, “Use of session rating scale questions, why using this”, “The idea that if we don’t measure we are always guessing”. Less mentioned themes pertained to the **presenter** (mentioned by eight attendees), **content** (nine), opportunity to **reflect** (six; e.g., “Questioning my belief in usefulness of outcome measurement”) and the **interactive** format of the day (12) as the most useful.

5. What could we do to improve the content and format of future events?

Three primary themes emerged in responses to this question. Fourteen attendees recommended **more small group work**, and fourteen attendees recommended **more case studies** and more diversity in cases studies; for example, “Videos of Emma helpful but seeing in use - more complex case”. Similarly, 12 attendees recommended the event covered using PROMs in clinical conversation with **more diverse patient groups** (including families, CYP from different cultural and ethnic backgrounds and CYP with learning disabilities). “More clinical case scenarios covering different ages and to include the family particularly on younger children which could be challenging and time consuming.” A minority of attendees mentioned “**anxieties and issues**” and “fears appeared to be around the future unintended consequences of this directive for CAMHS nationally. Perhaps

discussing and exploring these would help." Although this theme appeared at various points in responses to different questions, on balance, the Masterclasses were seen as allaying these fears more than exacerbating them.

6. What effect (if any) is today's training likely to have on the way you work?

Eight attendees commented that the training will "**Motivate** me to get this back on the agenda at work" and 27 commented that they "Just feel more familiar and more **confident** with measures." Thirty-one attendees mentioned implementing PROMs **individually** - "Will improve my outcome use.", "I will use one more routine measure than before." - and 23 mentioned implementation at the **collective** level: To have conversation with managers re implementation of outcome measures." Three similar themes surrounding increased **thinking** or reflection on the use of PROMs (mentioned by 12 attendees; e.g., I will be more mindful of when outcomes measures may be useful/ necessary), a more thoughtful approach to using PROMs, for instance regarding their clinical utility (16 attendees; e.g., "Increased understanding of how outcome measures can be used in clinical practice", "More sensitive and critical of use of PROMs") and "Consulting **young people** on view [of outcome data] measures used and when and how they fill them out" (9 attendees). Individual or organizational **barriers** to incorporating PROMs into clinical conversations were mentioned by six attendees; for example, "I will try to use the measures regularly, but doubt I will find time to upload/ send the results to a data manager and I'm not even sure who this is in my trust!", "it still feels quite mechanistic at this point".

7. Any additional comments?

"You don't fatten a pig by weighing it". This quote kept running through my mind throughout the day. I can see the befit of evaluating impact of treatment and outcome measurements, but doing the measures is not the process that leads to improvement itself. I feel that the bias towards managers will inevitably lead towards increased pathology of children which can only be a bad thing. The answer that this is not the case is and that the information gathered through the incessant measuring and rating will not be used in this way is - at best- naive. I hoped I would be more convinced of the benefits of this type of working by the end of the today. However, it has, unfortunately, confirmed and deepened my fears and concerns. It seems we have no choice in having to use these and it is new for me to try and find a way of using them that does not compromise ethical considerations. I think it's a feeling of being manipulated and I worry that clients may feel manipulated by us leading them towards rejecting improvements. The data may also then be manipulated to political/ commissioning purpose. Some opportunity to discuss this issue would have been helpful.

"The presenter had an awareness of clinical issues and dangers which was a breath of fresh air in this area"

8. Using Outcome Data

1. How useful was the overall format of the day?

Eight primary themes emerged in responses to this question. Nine attendees commented that the overall format of the day was **good** and six that it was **fine**. Five attendees commented that it was **informative** and ten that it was **useful**, with one commenting on its **clinical relevance**: “Very useful, applied stats to clinically relevant service development - relevant issues”. Five attendees recommended **more practical examples** or exercises, and 5 found it **too advanced**: “I found it hard as all ordinary clinician to understand the concepts mentioned in the presentation.” In contrast, nine attendees commented that the information was **digestible** as it was in “small chunks”, well presented and covered the “basics”; “Very good because the PowerPoint slides were very concise and effectively used to communicate a difficult to teach subject.”

2. How useful did you find the presentations?

Three primary themes emerged in responses to this question. Eighteen attendees found the presentations **useful**, and eight thought the information was presented in a **digestible** format; for example, “Very concise information presented clearly with access to websites.”, “Very helpful because few words on the slides were well explained. Alongside relevant diagrams and pictures.” However, five attendees found the presentations **difficult to follow** or noted there were too many PowerPoint slides.

3. How useful did you find the group work sessions?

Three themes emerged in responses to this question. Thirteen attendees commented on there being **too few group sessions** or desiring more group sessions, and 13 attendees commented on the value of being able to d**iscuss and share experiences**; “It was interesting to find out what data other teams are trying to collect and the challenges they face in collecting them.”, “Helpful to listen to others who had more knowledge and experience than I had.” Four attendees found these sessions to be **less usefu**l for unspecified or unclear reasons.

4. What three things did you find most useful/informative at today's event?

Eight attendees reported that the most useful part of the event was an awareness of the need to **critically interpret** data within a context of its limitations: “Realisation that some data that has been presented as statistically meaningful has not been.” Five attendees comments that they might **use statistics** or outcomes measures going forward; for example, “Space to think about how might use stats to demonstrate outcomes in meaningful way.”. Twenty-six attendees reported having a **refresher** or greater understanding of statistical methods or specific terms, while five noted that the **practical examples** were the most useful part of the event. Eight attendees noted **resources** or signposting to resources as the most useful and 11 the opportunity to **discuss** and share experiences: “Discussions especially around reasons behind DNA/ non engagement - different models being used.”

5. What could we do to improve the content and format of future events?

Three themes emerged in responses to this question. Ten attendees suggested holding different sessions for **different skill levels**, or as one attendee commented, “Main challenges is varied skills levels, maybe more focused presentations based on different skills levels.” Likewise, seven attendees suggested the format be **less intensive**. **More group work** was suggested by four attendees, which may also help consolidate learning; “Perhaps more small group work to enable discussion of concept to facilitate understanding and appreciation of the topic and application to clinical practice.”

6. What effect (if any) is today's training likely to have on the way you work?

Eight attendees commented that they are more likely to **use statistics** or outcome data in their work; “[I] Will 1) be more discerning looking at data 2) attempt to introduce in my work.” Five attendees reported they were **more confident** to gather and use outcome data: “To be less frightened of people using numbers with my work.” Similarly, seven attendees reported aims to discuss themes of the training with their **team**: “I will go back to my team and find out about the stats that are required in our CAMHS, who collects them and what happens to it.”, “Will think more about how we can demonstrate and disseminate data and evaluate aspects of clinical work.” Five attendees noted they will be **more cautious** when interpreting data, and two attendees noted the utility of outcome data in discussions with commissioners. “How to influence commissioners and service managers in this”, “Have more informed conversations with the commissioners.”

7. Any additional comments?

“It seems to be more and more important in order to prove how good is our work to the commissioner.”

“Might try a short [Open University] course on introduction to statistics - whetted my appetite.”

9. Shared Decision Making in CAMHS

1. How useful was the overall format of the day?

Five primary themes emerged in responses to this question. Four attendees commented that the overall format of the day was **good** and 13 that it was **helpful.** Seven attendees commented that the day was **well structured** and four that the **interactive** format added value; “The exchange of ideas was particularly informative.”. **Practical** parts of the day were noted as positive by four attendees; for example, “It gave specific steps and tools to use and allocated time to put this into practice in role play situations.”

2. How useful did you find the presentations?

Four primary themes emerged in responses to this question. Thirteen attendees commented that the presentations were **helpful**, with some specifying the impact on clinical practice: “They will help me in making SDM an integral part of my practice in CAMHS.” Four attendees noted the presentations were a good **introduction** to shared-decision making but four attendees also found the presentations **difficult to absorb** as they were too rushed or the PowerPoint slides were too busy. Still, five mentioned the **resources** they had obtained as part of the day as being useful, including one attendee remaking, “Lots of ideas on language to use with young people - clear ideas to try out”.

3. How useful did you find the group work sessions?

The three themes that emerged in responses to this question were more mixed compared to other questions. On the one hand, twelve attendees thought the sessions were **generally positive**; for example, “Extremely useful! It was very helpful to have a coached session in order to understand the main message as well as the challenges it presents and how to best work them out”. On the other hand, eight attendees commented that the sessions were a “**missed opportunity**” as the group was too big or the task too complicated. Still, five attendees found the sessions to be an opportunity for **reflection and discussion**: “Very interesting to hear lots of opinions”, “The role play was thought provoking”.

4. What three things did you find most useful/informative at today's event?

Five primary themes emerged in responses to this question. Twenty-seven attendees responded that the **resources** were the most useful part of the event. Eight attendees commented that the **role plays** were the most useful and eight that the **group discussion** was the most useful. New ideas and the ability to **reflect** was mentioned by seven attendees; for example, “Thinking about what choices you give re treatment”, “Just thinking about how to make shared decisions.”, “Time to think about my practice- how I talk with YP”. Twelve attendees found information about **‘doing’ shared decision making** the most useful: “Tips on language to use.”, “Systematic approach to collaborative working and gaining feedback.”

5. What could we do to improve the content and format of future events?

Fewer themes emerged in responses to this question, and three attendees recommended the **role play** activity to be more structured. Two recommended that the **pace** of the day be varied with different activities, and two attendees commented on the **high quality** of the training.

6. What effect (if any) is today's training likely to have on the way you work?
Three themes emerged in responses to this question. Twenty attendees commented that the they would "**try it out**" or reflect on their own practice; for example, "I will aim to implement on my professional practice", "Hope that I will be more structured in my approach - so clearer to service users what I am doing and why." Seven attendees commented on "**Sharing** with colleagues ideas about SDM" and five attendees felt **energized** by the training – "It has been helpful to offer a space to think about working with adolescents which is hectic in the NHS. I feel refreshed and equipped to rise again to the challenge."

7. Any additional comments?

"I am thankful to have had a thinking space at a time when there is so much change. I am inspired by the innovative practice and energy conveyed by staff here - gives me the strength to carry on working to enable young people."

Appendix B

Resources

Presentations and resources from the Masterclass series are available to download from: http://www.ucl.ac.uk/clinical-psychology/EBPU/

Appendix C

Letters of Reference

Overleaf are a letter of reference and supportive quotes from Masterclass attendees, collected separately from all other evaluation data.

Blackpool Teaching Hospitals NHS
NHS Foundation Trust

Children & Families Services
Whitegate Health Centre
150-158 Whitegate Drive
Blackpool
Lancashire
FY3 9ES

Telephone: 01253 651997
Fax: 01253 657164

David.eaton@bfw.hospitals.nhs.uk

29th April 2013

Dear Thomas

This has been a fantastic programme and much needed in the field of Child and Adolescent Mental Health. The delivery and support offered on the training has been first class and delivered in a collaborative style. The mix of people attending the courses was fantastic, from commissioners to voluntary staff. The topics have been excellent and very relevant to practice. I have found the topic on outcome measures particularly useful. A massive thank you to your department for holding the events. David Eaton Service Manager CAMHS Blackpool Teaching Hospitals NHS Foundation Trust.

Yours sincerely

David Eaton
Service Manager
CAMHS

I attended a CAMHS EBPU Master Class on participation and involvement and i have to say it totally transformed my thinking, coming from a CAMHS service that always said Service users don't want to stay in touch with Services , they want to get well and move on. It was as if a light bulb went on in my head to realise that you don't have to use Service users to inform Service delivery and development you can use anyone of a similar age which is what we have now done and also partly as a result of attending that session we now have a dedicated worker working with and supporting young people in improving services from leaflet design to recruitment and selection. Already a strong advocate of Service user/parent/care and public involvement attending this workshop fuelled my passion and gave me lots more ideas and confidence on how do do this this bigger and better. They were very well coordinated and facilitated by the right people on the right subject and the fact that they were centrally funded ensured that people could attend. I think it is a real shame that this programme is coming to an end and will be a huge loss to the development of CAMHS Staff.

A valuable insight into national thinking alongside practical and pragmatic advice / instruction regarding the use of routine outcome measurement as part of CAMHS clinical work.

I attended a Goals Planning class a few years ago in Durham, found it to be very useful and thought provoking. I've since used principles from that training to create training in my own team; I do wonder whether future events might be focused on a "training the trainers", as I don't think that all other delegates there would have had the confidence to go back to their teams and disseminate in the way that I did.

I attended the Masterclass on Outcome Measures. It was one of the most practically helpful conference that I have attended. It brought into focus the reason for doing outcome measures, the different measures available and the trends across the country. Miranda was very good in answering some very difficult questions. It is a shame that the series is coming to an end. Regards Dr Gandhi

The two events I attended were really well organised and instructive. I learned a lot. There was a valuable mix of teaching, discussion and interactive aspects

I found the sessions thought provoking and also informative with clear information presented in an engaging way. I appreciated not being talked at for hours or just shown slides or how clever people were but invited to think, discuss with others and challenge clinical practice. Also interesting to have a mix of people from different clinical perspectives and working in a wide range of settings. Thank you.

The training was excellent; a nice balance between theory and practice, good video training materials and fresh presentation. 10/10

I found the Masterclass very useful. Having tools to use to help develop practice is helpful and time to discuss and practice, via role -play, the best way of communicating with families and facilitating the expression of their views and needs.

Found a lot of value in accessing the classes, I found one session particularly data heavy and not quite matching the description of the billing and struggled somewhat....else valuable and informative helping process of service transformation.

As a commissioner of community CAMHS I found the CAMHS EBPU masterclass very valuable. It helped me to understand the statistical theory behind the data we use from our provider to monitor outcomes in mental health. This has been important in helping us interpret the data so that sensible conclusions are reached.

Although i am not using the tools yet, they will be used in this Trust in the imminent future, and the teaching and debates were a brilliant preparation.

Appendix D

Masterclass Agendas and leaders

Course organisers and content designers: Thomas Booker and Slavi Savic

8. Evidenced-Based Practice Round 1 (Miranda Wolpert)

Registration with tea and coffee
Overview of Evidence Based Practice
Sharing the evidence (group work)
Discussion
Lunch
Overview of OBP
Using outcomes in clinical practice (group work)

9. Local Evaluation Round 1 (Miranda Wolpert and Jessica Deighton)

Welcome and introduction
Overview: what is local evaluation?
Introduction to Erinsborough case study
Step 1: answering “who, what, when and why”?
Lunch
Step 2 : developing a plan
Step 3 & 4: collecting information and collating information
Step 5: making sense of information
Close

10. User Participation Round 1 (Carly Raby)

Welcome and Introductions/ Warm up exercise
Clarification; Aims of The Day
Participation
Break
Barriers to Participation
Lunch
Sharing Information with Children and Young People
Selecting Approaches of Engagement with Diverse Groups of Children and Young People
Break
Involving CYP in Service Planning
Involving CYP in Evaluation
Questions and Close

11. Evidence-Based Practice Round 2 (Miranda Wolpert and Melanie Jones)

introduction and welcome

introduction to Evidence Based Outcome Monitoring
sharing evidence
setting goals and agreeing objectives
reflecting on progress- CYP IAPT model
lunch
CODE database to store information
working through clinical examples
general discussion

12. Local Evaluation Round – Quality Improvement 2 (Miranda Wolpert and Jasmine Hoffman)

Registration
Introductory session – setting the context
Getting started with Quality Improvement:
Forming the team
Setting aims
Establishing measures
4. Selecting changes
Group activity 1 – putting new knowledge into practice
Making change happen:
Testing changes
Implementing changes
Spreading changes
Group activity 2 – putting new knowledge into practice
Final thoughts & close

13. User Participation Round 2 (Carly Raby)

Arrive and welcome
Participation, policy, UNCRC and case study examples
Break
Group work
Lunch
Group work
Break
Strategic participation

14. Using PROMs in Clinical Conversations Round 3 (Miranda Wolpert)

Welcome and Introduction
Overview
Using Assessment Measures (Kelsie)
Lunch
Using Progress Tracking (Lily)
Tea/ Coffee
Using Feedback (Lily)

15. Using Outcome Data Round 3 (Andy Fugard)

Registration
Introductions
What data are you collecting? What's it for?
Recap on basics of uncertainty:

- Summary stats (mean, median, SD, quartiles/percentiles)
- Reasoning from sample to population
- (Im)precision, confidence/uncertainty intervals and p-values
- Effect size and power

Lunch
Statistical techniques often used to assess change in CAMHS

- Reliable change index
- "Added-value"/estimated treatment effect scores

Break
Basics of statistical process control

- Run charts
- Control charts

16. Shared Decision Making in CAMHS (Jasmine Hoffman and Neus Abrines)

Welcome and Introduction to Shared Decision Making
Key principles of SDM
Drawing on the evidence base
Emerging learning from our project work
Finding out about your expertise
Break
Quality Improvement technique and change principles
Using Plan-Do-Study-Act logbooks to support new approaches
Lunch
Role play
Consultation for the development of a national SDM virtual network