Introduction

- Brief overview of the Trent DClinPsy Service User and Carer Advisory Panel (SUCAP)

- Increasing influence through the selection group task

- Increasing influence through marking of role plays

- Conclusions and time for questions
A brief overview of SUCAP

- Mostly users of adult mental health services
- Well established in teaching and research.
- Very limited involvement relating to placements.
- Limited, albeit valuable, selection activity
- No involvement in marking assessments
- £5000 annual budget, which is used.
Increasing influence

- SUCAP works in line with DCP guidelines (DCP, 2008).
- Aware of the risks of tokenism and barriers created by power held by psychologists and educators (e.g. Felton & Stickley, 2004).
- Collaborative and developmental approach, with increasing power-sharing, similar to that described in social work education (Baldwin & Sadd, 2006).
- Achieving movement on a continuum, as described by Lathlean et al. (2006).
Increasing collaboration, e.g.

- Setting questions for selection and scoring candidates equally.
- More lead roles and direct facilitation in teaching.
- Alongside programme staff in shaping research projects.
- Giving direct feedback in role plays.
- Contributing to GTiCP, alongside and without staff.
- Co-authoring (e.g. Hoogerwerf et al., 2013; Norwood et al., 2019).

- But, still limited power sharing in some areas, e.g. selection: service user scores make up a small fraction of overall score.
Increasing power incrementally

- Initiatives developed democratically within the group
- Proposals put to staff team and subcommittees
- Cultural shifts within the programme team over time
- Gradual growth of SUCAP members’ confidence
1. Selection and the group task

- Selection day: group task; clinical, academic and personal panels.
- SUCAP observed group task but did not score.
- Wrote vignettes for the clinical panel.
- One member per day on 4-person personal panel.
- Group task targeted to increase involvement.
Group task

- 12 candidates. 10 minute discussion + 10 minute reflection
- 2 staff / regional psychologists mark 2 candidates each.
- Look for contributions; psychological theory; no clangers…
- Pilot scheme: 2 SUCAP members, assessing 6 candidates each.
### SUCAP Score Sheet for Group Task Observation 2019

<table>
<thead>
<tr>
<th>Candidate name:</th>
<th>Do they have the qualities of a good clinical psychologist?</th>
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<td>-3 Strong negative impression</td>
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For each candidate, please make one rating for each candidate you are assigned to. Example indicators are given below:

**Positive ratings** (+1 +2 +3) can be used for those who made a good impression, e.g. make valid points in respectful ways.

**Zero** should be used for those who make a neutral impression, e.g. say little that stands out.

**Negative ratings** (-1 -2 -3) can be used for those who make a negative impression, e.g. say nothing or too much, or say something you think not to be in keeping with the values and ethics you would expect of a clinical psychologist.
Outcomes

- The two overall lowest scoring candidates in the 2019 would have been different, had this not been a pilot.

- SUCAP members appreciated and enjoyed involvement.

- To adapt scoring form for next year: space for notes and reflect the two parts of the task.

- Wish to improve question that is the focus of the task.
2. Marking of 3\textsuperscript{rd} year role play

- Group facilitation role play with cohort members.
- Two staff team markers.
- Pilot: SUCAP member providing summative feedback.
- Limitations: just one SUCAP member; summative only. Challenges of measuring ‘success’.
Feedback from SUCAP and trainees

- Three trainees gave feedback: helpful but concerns about SUCAP members having a summative role in feedback (particularly if comments were challenging!)

- SUCAP member statement:
  - a unique and invaluable addition to assessment of trainees;
  - would benefit from support about how to give less positive feedback;
  - trainees should be fully briefed in advance.
Limitations / challenges

- Incremental steps have felt more appropriate than radical power sharing for all involved.

- Mixed feelings / anxieties need managing.

- Influence remains relatively limited: discussions about the extent to which it is appropriate to share power over outcomes for trainees.

- Practical and budgetary constraints also limit further influence.
Conclusions

- General openness to SUCAP influencing outcomes.
- The two pilots have enabled increased power for SUCAP members.
- Both will be incorporated into routine practice.
- For future cohorts, may be routine practice without question.
- Consideration to be given to further power sharing.
Any questions?

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References


