Postgraduate healthcare student mentoring by experts by experience

John Chiocchi, Catrin Eames, & Beth Greenhill,

Date: 27th March 2017
Project Background

- Involving Experts by Experience is a key facet of NHS policy (Berwick, 2013)
- LExE group - commitment to the learning process for trainees, direct involvement, mentoring
- Programme values - Human Rights based approach to training, inclusivity and co-production
- Trainees feedback consistently values and asks for more direct involvement with EbE’s
- Developing equal relationships with Experts by Experience involves different skills from therapy or service provision
- Placements struggle to provide opportunities to work alongside service users
- Increasing recognition of the mental health issues faced by trainees and qualified psychologists - moving beyond ‘them and us’ (New Savoy, Scior et. al.)
- Having EBEs as mentors allows space for valuing the knowledge base of both Experts by Occupation and Experts by Experience (EbE; Atkins et al, 2010).
Expert by experience involvement on placements: three aspects....

**Therapeutic**: Working with service users and carers collaboratively **within** the therapeutic relationship

**Organisational**: Working collaboratively with service users and carers **outside** of the therapeutic relationship to create service/organisational change

**Mentoring**: Working collaboratively with service users and carers in partnership to increase the skills of the trainee

Adapted from presentation by Royal Holloway
Mentoring

- First placement advisor scheme piloted by Surrey and Salomons Clinical Psychology Programmes (Cooke & Hayward, 2010)
  - Paired first year trainees with service user or carer recruited through local organisation.
  - Held monthly meetings to discuss issues related to service delivery
- Evaluation by 4 trainees indicated 3 key themes (Atkins et al., 2010):
  - Co-constructing a unique space
  - Negotiating roles and identities within a novel relationship
  - Opportunities to reflect free from evaluative constraint
- Similar approach taken by Manchester Community Mentor Scheme
Project bid - ‘Swapping Seats’

- October 2016, we submitted a bid for project funding for ‘Swapping seats’ project to the Higher Education Funding Council for England (HEfCE)
- Partnership with 5 boroughs NHS Foundation Trust
- November 2016 - we won the bid!
- Two phases of the project
  - Mentoring scheme by 5bp EbE’s to:
  - Clinical Psychology trainees (on placement within 5bp)
  - Other postgraduate healthcare professionals in training
  - Project to run from April 2017- March 2018
‘Swapping Seats Project Outline

12 month project from April 2017

Trainee Clinical Psychologists on placement within 5bp NHS Foundation Trust.

Over the next two 6 month placement cycles
- April 2017 to October 2017
- October 2017 to April 2018

Each trainee (Mentee) will be paired with an Expert by Experience (Mentor)

Mentees and Mentors will have three meetings during their placement

Project evaluation (measures of mental health stigma, attitudes to service user involvement)
Why have Service User/Carer involvement in Clinical Psychology training?

- Clear vision of programme staff team and desire from trainees
- Service users and carers want to be involved
- Part of a wider commitment to service user involvement in public policy
- Evidence suggests it has positive outcomes for service users and students.
Relevant Literature

- Policy and Professional Context for Service User and Carer Involvement
- Arnstein’s ladder of participation
- Pedagogical approaches
- Participatory learning
- Different models of shared learning
  - Human Rights based approach-PANEL principles
  - Co-production and NESTA self assessment model
- Learning styles: Attitudes to learning questionnaire – evaluate, qualitative ee’s/or’s meetings- reflections
Policy and Professional Context for SU/CI

1999

2004

2005

2009

2010

2014
National and professional context

‘…users have a role to play in supporting education delivery at all stages of the student lifecycle, from recruitment through to academic and placement learning and assessment’
Ten shared essential capabilities…..

The DH states that all mental health workers should develop certain values and practices during their pre-qualifying training (DH, 2004). These values and practices specifically include working in partnership with service users, and challenging inequality.
The Health Care Professions Council (HCPC) requirement that all training programmes involve experts by experience in training.

They cite a number of ways this may be achieved, of which the following maybe relevant to placement activity:

- Teaching and Learning activities
- Feedback and assessment
- Quality assurance, monitoring and evaluation.

Document outlines how involvement can be achieved across the commissioning, design, delivery and evaluation of training programmes for health professionals

‘Involve service users and learners (as peers) in the assessment of work and in learners’ performance in both practice and academic setting’
British Psychological Society Standards for Doctoral Programmes in Clinical Psychology (2014) state:

“In addition to observation and assessment by supervisors or programme staff, programmes are also encouraged to work with service user and carer colleagues to design ways in which their feedback may be incorporated into the assessment process”

“Programmes must work collaboratively with service users, carers and community representatives to identify and implement strategies for the active participation of these stakeholders in the programme.”

However, the Good Practice Guidance to Support the Involvement of Service Users and Carers In Clinical Psychology Services (DCP, 2010) only make reference specifically to the importance of trainee’s considering the perspective service users in relation to the results of service evaluation research projects. It does not identify other ways in which trainee learning on placement might be informed and enhanced by experts by experience.
Patient involvement means more than simply engaging people in a discussion about services. Involvement means having the patient voice heard at every level of the service, even when that voice is a whisper (Berwick, 2013)
Arnstein’s (1969) Ladder of Participation

- **Citizen control**
  Giving away decision-making, resources and control. Clear lines of accountability and two-way communication with those giving away the power.

- **Delegated power**
- **Partnership**
  Two-way communication essential. Direct involvement in decision-making and action. Clear roles, responsibilities and powers – usually for a shared common goal.

- **Placation**
  Two-way communication.
  Participants have an active role as shapers of opinions, ideas and outcomes, but final decision remains with the agency.

- **Consultation**
  Can be two-way communication.
  Asking opinions, collecting views but final decisions are made by those who are doing the consulting.

- **Informing**
  One-way communication.
  Informing the public of their rights, responsibilities and options. Includes provision of feedback of decisions.

- **Therapy**
  ‘If we ‘educate’ the public they will change their ill-informed attitudes and they will support our plans.’

- **Manipulation**
  Non-participation.
Pedagogical approaches to involving service users and carers in clinical psychology training.

- Limited theoretical understanding of service user/carer involvement in mental health education
- Content-based versus process-based ideas
- Esland (1971) describes two opposing paradigms
  - Knowledge as objective and finite
  - Knowledge as infinite and co-created
- EBL is closer to this second pedagogical approach.
Pedagogical approaches to involving service users and carers in clinical psychology training: Friere

- Pedagogy of the oppressed (Freire, 1996)
- Friere’s central distinction is between oppressor and oppressed
- Knowledge is power
- Education is seen as a vehicle to allow people to regain their humanity
- Freire (1993) critiqued the ‘banking model of education’ (student’s role is to be ‘filled’ with the knowledge of the tutor).
- For education to be liberating for those without or with less power, it must include them as active agents in the educational process: emphasis on ‘praxis’
- Involving SUC in mental health education can be conceptualised as a threat to the existing traditional model
- Challenges what is accepted as knowledge in mental health education and who can teach and pass on that knowledge to others.
"Praxis involves engaging in a cycle of theory, application, evaluation, reflection, and then back to theory. Social transformation is the product of praxis at the collective level."

The participatory turn in education

- In both universities and the wider policy and public spheres there is a trend towards the ‘participatory turn’ (Facer & Enright, 2016)
- This involves the use of methods such as traditions of participatory, collaborative and community engaged research;
  - people’s history;
  - environmental activism;
  - participatory ethnography;
  - traditions of responsible innovation and public engagement;
  - participatory/action research;
  - communities of practice approaches;
  - co-design and user-centred design approaches;
  - civil rights, feminist and disability rights traditions;
  - crowd/commons and open innovation approaches (Facer & Enright, 2016)
Human Rights Based Approaches: The ‘PANEL’ principles

(British Institute of Human Rights, 2013)

- enabling meaningful participation of all key people and stakeholders
- ensuring clear accountability, identifying who has legal duties and practical responsibility for a human rights approach
- non-discrimination: discrimination avoided, attention paid to groups made vulnerable
- empowerment of staff and service users with knowledge, skills and commitment to realising human rights
- expressly apply human rights laws, particularly the Human Rights Act
Co-production (Boyle & Harris, 2009)

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<thead>
<tr>
<th>Responsibility for delivery of services</th>
<th>Responsibility for design of services</th>
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<tbody>
<tr>
<td>Professionals as sole service deliverers</td>
<td>Professionals as sole service planner</td>
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<tr>
<td>Professionals and users/communities as co-deliverers</td>
<td>Professional service provision but users/communities involved in planning and design</td>
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<td>Users/communities as sole deliverers</td>
<td>No professional input into service planning</td>
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<td>Traditional professional service provision</td>
<td>User co-delivery of professionally designed services</td>
<td>Professionals as sole service deliverers</td>
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<td>User co-delivery of professionally planned services</td>
<td>Full co-production</td>
<td>User/community delivery of services with little formal/professional</td>
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<td>User/community delivery of co-planned or co-designed services</td>
<td>Self-organised community provision</td>
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Source: Adapted from Carnegie Trust (2006), ‘Commission for Rural Community Development – Beyond Engagement and participation, user and community co-production of services.’ By Tony Bovaird, Carnegie Trust.
Nesta’s (2012) Co-production Self Assessment Tool

Assets: Transforming the perception of people from passive recipients to equal partners.

Capabilities: Building on what people can do and supporting them to put this to work.

Mutuality: Reciprocal relationships with mutual responsibilities and expectations.

Networks: Engaging a range of networks, inside and outside ‘services’ including peer support, to transfer knowledge.

Blur roles: Removing tightly defined boundaries between professionals and recipients to enable shared responsibility and control.

Catalysts: Shifting from ‘delivering’ services to supporting things to happen and catalysing other action.
Kolb’s Learning Cycle

Concrete Experience
Doing/having an experience

Testing
Planning/trying out what you have learned

Reflection
Reviewing/reflecting on the experience

Devised by David A Kolb

Generalisation
Concluding/learning from the experience
Project Aims

1) enable student learning and creating a culture where expertise from personal experience is given equal status with that derived from professional and academic learning;

2) promote interdisciplinary learning;

3) reduce mental health stigma and create a culture of safe disclosure during postgraduate learning and training;

4) explore the impact of participatory learning on learning styles and attitudes;

5) aid the development of skilled, recovery-focussed health practitioners who are enabled to improve services, reflecting the views of those who use them.
Mentor/Mentee Partnership Pathway

Feb 28th
Mentor training

Mar
Trainees training - theory/practicalities

Matching

Aug/Jan
Mentors/mentees recapitulation

Mentor/Mentee
Meetings:

1st group
April 2017
July 2017
September 2017

2nd group
October 2017
December 2017
March 2018

March 2018
Repeat measures

Ending event

Final report

Mentor + Mentee data collection
Any questions?

With acknowledgements to Julie Van Vuuren, Bernie Fitzpatrick, Hilary Fletcher, Keith Holt, LExE, and to David Greenhill for logo design.
Practical Workshop

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SUPERVISOR'S ASSESSMENT OF TRAINEE (SAT) FORM cont.

**Specific Competencies e.g.**

- **Service development:** Making a contribution to the processes involved in improving existing services or developing new services. Using the relevant evidence base, consultation skills, networking, persuasion and facilitation skills appropriately. This may also include written work (e.g. contributing to proposals, bids, briefs and reports).

- **Community engagement skills:** Considering contextual factors including culture, social structure, and empowerment to identify community needs, strengths and resources. Identifying key stakeholders and creating and sustaining partnerships with them.

- **Working alongside service users:** Co-creating facilitative and effective partnerships with service users to support meaningful participation in service development and delivery.
Placement Assessment

SUPERVISOR'S ASSESSMENT OF TRAINEE (SAT) FORM

*Transferable competences e.g.*

**A commitment to inclusivity:** Demonstrating a clear understanding of the issues around inequality and a commitment to inclusive practice.

**Self awareness and openness to learning:** Having insight into own behaviour, emotions and motivations and how they interact with the work undertaken. Demonstrating moving towards resolution of any unresolved issues. Actively seeking and learning from feedback.

**Contextual awareness:** Understanding psychological health problems in social, economic, political and cultural context. Engaging critically with accepted practice. Showing an understanding of the organisations and agencies involved in health and social care.
Placements

MID PLACEMENT REVIEWS

- CLINICAL LOG PART A(ii)- log of ‘other’ placement activities
- CONTRACT-competency pillars and learning outcomes
What is a Mentor?

Someone who inspires others
Someone who gives support
Someone who uses their knowledge and experience to help you see other perspectives
Someone who respects confidentiality
Someone who participates equally
What a Mentor is not?

- Having power over someone
- Imposing ideas
- Based on assumptions about the mentee’s experience of mental health issues
- Imposing their values
- Receiving counselling
Responsibilities of a mentee?

- Discussing and agreeing boundaries
- Respecting the mentor
- Listening
- Making the most of the opportunity.
- Attendance
- Wanting to be there
- Not acting in a therapist role
Responsibilities of mentors

Attendance
Wanting to be there
Enabling the mentee to achieve their aims
Listening
Being honest and realistic
Respecting confidentiality
Confidentiality

What does it mean to you?
Boundaries around contact
Information around disclosure
Relationships - Relative levels of intimacy and power

- Friend
- Therapist
- Buddy
- Mentee
What makes a good mentor?

Communication
Commitment
Being non-judgemental
Mutual respect
What makes a good mentee?

Communication
Commitment
Non-judgemental
Mutual respect
Next steps

Pairing up
Contract sheet
Prompt sheet
Feedback sheet
Contact sheets
Any questions?

With acknowledgements to Julie Van Vuuren, Bernie Fitzpatrick, Hilary Fletcher, Keith Holt, LExE, and to David Greenhill for logo design