

**School of Health and Social Work**

**Doctorate in**

**Clinical Psychology**

Portfolio Thesis Guide

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Amendments incorporated in version 1.7

Faculty and School titles updated on title page.

Reference to submission on Canvas updated throughout.

Reference to consideration of Epistemology added to RP2 and Final Research Proposal sections.

Reference to Graduate school guidance has been changed to link to the Graduate school Sharepoint site. <https://share.hull.ac.uk/Services/GraduateSchool/SitePages/Home.aspx>

Reference to binding fee on submission removed as this is no longer required.

Reference to ebridge amended to Canvas throughout.

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# Introduction

For the Portfolio Thesis requirement of the Course, trainees are required to submit two papers in publishable format as a research portfolio. The first paper is a systematic review paper in which trainees are expected to review an area of clinical psychology to which their main research project is related. This is in the format of a paper in a peer-reviewed journal chosen by the trainee. The second paper is a paper based on the candidate’s empirical research project and is written in the format ready to submit to one of the major journals of clinical or health psychology. Any secondary details or analyses should be submitted as appendices.

Clinical psychology training in the UK has now adopted a core competency model. One of the competencies trainees are expected to demonstrate is their ability to write publishable papers in peer-reviewed journals. This will assess the trainees’ ability to think clearly and to focus and distil their findings in order to contribute as part of the scientific community.

The two papers are in related areas but the questions/issues addressed in the review paper can be broader. Issues for further research raised in the review paper could then form the basis for research questions in the empirical paper. The proposed portfolio format has the following advantages:

* to foster clarity of thinking;
* to help trainees to distil their findings and to be focused in their writing;
* to develop and assess writing skills for professional journals.

## Aims of the research portfolio

The research portfolio of the University of Hull Clinical Psychology Doctorate Programme aims to:

1. develop competence in clinically relevant psychological research adopting a broad scientific approach;
2. enable trainees to critically assess scientific literature with clarity, rigour and reflexivity.

## Learning outcomes of the research portfolio

After completing the Research Portfolio, trainees will:

1. have an advanced and critical understanding of the scientific methods involved in doctoral level research;

* be able to use specific research tools, including: information sources and databases, tests and measures, statistical procedures and referencing support services;

1. be able to plan research investigations (including a systematic literature review);

* including requirements in a systematic literature review;
* writing and modifying a proposal;
* gaining ethical committee approval and any associated research governance approval;
* preparation and data collection and analysis;

1. be able to complete an independent research project that makes an original and critical contribution to the field of clinical psychology and disseminate findings appropriately;

* be able to prepare research papers to peer reviewed standards;\*
* be able to present their research work to colleagues and other healthcare professionals via abstract submission, oral presentation and poster presentation.

***\* Whether the papers within the Research Portfolio are accepted for publication will NOT reflect in any way on whether the trainee achieves the doctorate but the course expects that each trainee should attempt to publish their research and make their findings available to as wide an audience as possible.***

The Research Portfolio should be the trainees’ own work. Trainees who have worked on studies which are part of a larger research endeavour being conducted by University and/or NHS colleagues should be able to clearly demonstrate their independent contribution.

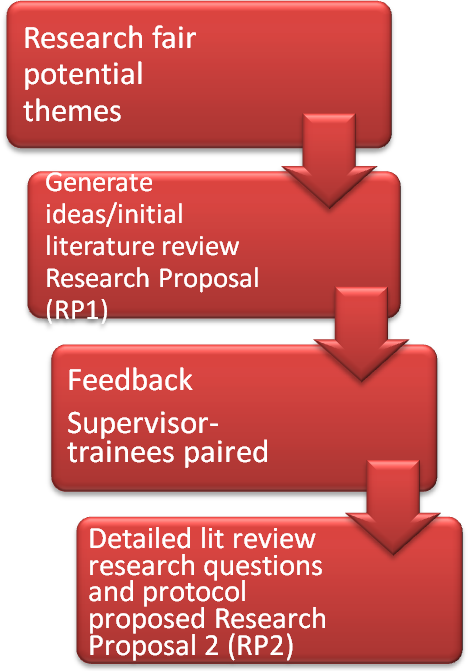
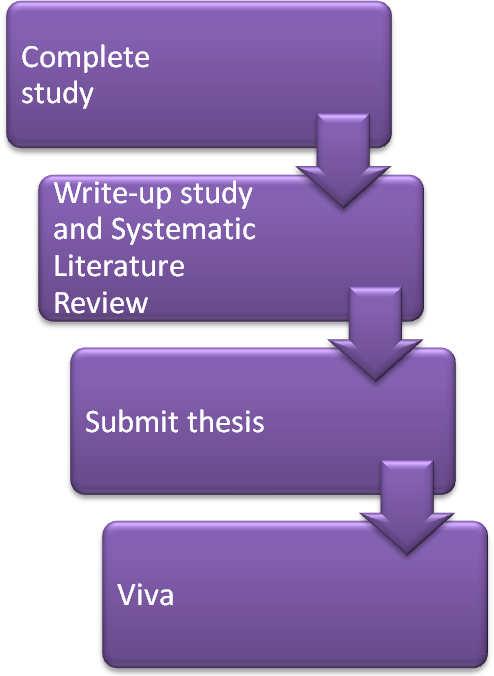
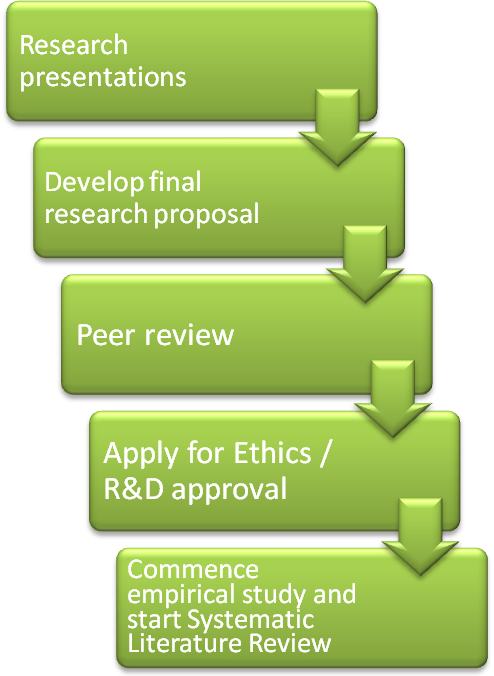
Staff expertise exists in a range of quantitative and qualitative research methods. Trainees should be clear that the Programme expects trainees to conduct their research within one of the Research Programme themes. Trainees with research ambitions outside the core areas of expertise should note that supervision in their chosen topic may not be available. In exceptional circumstances and where there is regular and strong field supervision available, projects may be supervised within the course. This should be discussed with a member of staff before approaches are made to potential external field supervisors

## Thesis overview

The key stages of the portfolio thesis are outlined in Figure 1. The process of deciding on an area to research for your major project begins in year 4 when the course holds a Research Fair. New trainees get the opportunity to listen to staff present areas of research that they are interested in. There is also the opportunity to read poster presentations of year 5 and 6 trainees and discuss with them their experiences to-date.

Hopefully the Research Fair will be a catalyst to you commencing the creative process of developing your own research ideas. .You will start to set out your initial ideas in Research Proposal 1 and continue to develop these ideas with your research supervisor and present your research design to your fellow trainees and members of staff culminating in the production of a final research proposal. Your final proposal will be independently peer reviewed by a member of the research group. Following a satisfactory peer review you will then be in a position to apply for ethical and research governance approval (see the separate Ethics and Research Governance Guide). Following this approval, your study can commence. It is at this stage that you will commence the second piece of research that forms part of the portfolio thesis- the systematic literature review.

The remaining sections of this guide take you through the various steps and requirements for this process. You will receive support and further guidance in the form of formal teaching and from the staff team in addition to your research supervisor.



**Mar**

**Oct**

**Dec**

**Dec**

**Mar/Apr**

**Feb**

**Jan**

**Mar/Apr**

**June**

**Jan/Feb**

**Apr-Jul**

**July**

**July**

Figure 1. The key stages of the research portfolio

## Research diary

Throughout the development of the thesis portfolio it is recommended that trainees keep a regular research diary. A requirement of the thesis write-up (see section 4) is to include a reflective statement of the research process and the diary is extremely helpful with this. The aims of the diary are:

* To keep a detailed history of your research process as it unfolds
* To track the development of your research skills and understanding
* To provide a context for reflecting on your research and its problems and successes
* To enable you to have an overview of progress over a period of time
* To provide a reference point for what happened when in the process
* To keep a record of your assumptions and how these are challenged

**Using the reflective cycle in research**

The reflective cycle (e.g. Gibbs, 1988) is a learning cycle. In this cycle, we start with an event or experience. We note what happened, how we reacted to it, establish what we have learned, and consider what we might take away from that learning and apply in the research process. You can keep the following topics and questions at the back of your mind to maintain this reflective focus in your diary:

* Description of what happened: describe the event, experience, situation, or new knowledge;
* Feelings/reactions: what I felt about it, how I reacted;
* Evaluation: what’s good/useful, what’s bad/not so useful;
* Analysis: what can I do with this information? What might I keep, use or bear in mind? What might I disregard?
* Conclusion: is there anything I might have done differently with this event / experience / situation / new knowledge? Is there anything I’ve missed? Is there more I need to do?
* Action plan: are there any practical action steps that flow from this?



**Some examples of what to include in your diary:**

* What you’ve done on a day-to-day basis, described in practical terms
* Factual accounts of things that you did, people you met and what they said, books or papers that you read, lectures or conferences you went to
* Notes from discussions or useful conversations
* Decisions you have made and why you made them
* Ideas that you might want to remember or follow up
* Questions that you might want to explore, discuss or find out more about
* Suggestions about reading, contacts, ways forward on problems
* Reports of observations, experiments, events
* ‘Think pieces’ – discursive notes about ideas or directions
* Brainstorming notes or diagrams
* Strategic plans for developing ideas
* Personal views and opinions and how these have been confirmed or challenged
* Problem analysis
* ‘To do’ lists or action plans.

# EMPIRICAL PAPER

## Finding a supervisor

The process of finding a research supervisor is your responsibility and should start immediately following the Research Fair. You should arrange appointments with members of staff to talk about areas that you are possibly interested in. From these discussions you will be able to gauge if your topic is likely to be feasible and whether members of staff might be prepared to act as your supervisor. At this stage there is no commitment from either you to proceed with the topic or for the member of staff to supervise. You might also wish to discuss your ideas with potential field supervisors. This should be discussed with a member of staff before approaches are made to potential external field supervisors as it is mandatory that you have agreement from a member of staff to supervise a project. **You are strongly advised to choose a topic that falls within the range of research interests and expertise within the course.**

You can speak to more than one member of staff about different potential areas of research. There are a limited number of supervisees that each member of staff can take each year so you may wish to keep your options open by considering more than one area of research. Ask the potential supervisor whether in principle they would be available to supervise your project area. Supervision spaces are limited for each supervisor so a final commitment cannot be made until all trainees have submitted their Research Proposal 1 (see Section 2.2). You are more likely to get agreement to supervise if you choose an area which the member of staff has a direct interest in.

Before seeing potential supervisors it is a good idea to try and read something about the area you are interested in and take potential ideas with you to the meeting. Your ideas do not have to be well defined at this stage but you are more likely to be accepted by a supervisor if you have demonstrated some initiative and thought about the area in question.

Following submission of Research Proposal 1 (see Section 2.2) you will receive an indication from the member of staff reviewing the document whether they are willing in principle to supervise you. In the event that they are not able to give this commitment and no other members of staff are available to supervise the topic you have chosen you will need to find another research area. In some cases this may mean that you undertake a project that you had not initially expressed an interest in. For this reason it is recommended that you speak to more than one potential supervisor in different areas. At this stage the Research Co-ordinator will give advice on the best way forward.

The final step in setting up research supervision is the signing by all parties of the Research Supervision contract (see Appendix 3). This document sets out the rights and responsibilities of all parties involved in the research i.e. trainee, research supervisor and field supervisor.

In addition to the Research Supervision contract, the Authorship Agreement (See Appendix 4) sets out the order in which authors will be named in future papers that are published as a result of the research. This is particularly important where there are collaborators in the field who may wish to receive acknowledgment for their involvement in the research.

## Research Proposal 1

**Aim**

The aim of Research Proposal 1 is to write a **brief** literature review relating to a topic which you might be interested in pursuing for your research. By now you will have attended the Research Fair and had a chance to meet with and hear various supervisors talking about possible projects, topics and ideas for research and we hope that you have some thoughts about areas that you would be interested in pursuing. Potential field supervisors from outside the course may have also told you about potential projects.

You are ***strongly*** advised to choose a topic that falls within the range of research interests within the course. This will make it more likely that you will be able to find a member of staff who is willing to supervise your project and who may be able to facilitate access to participants. For projects introduced to you at the research fair by potential external field supervisor it is essential that you also approach a potential supervisor within the course to supervise this also. The process of finding a research supervisor is your responsibility and you are more likely to be able to do this if you choose a research topic that falls within the research themes in which there is staff expertise in the course.

We suggest that you approach writing RP1 in the following way:

**1.** using psycinfo, medline or any other appropriate search engine to get a feel for relevant literature on two (or more) topics that interest you from the Research Fair. You can read abstracts at this stage as well as whole papers. Potential supervisors may also suggest some sources to refer to in this respect.

**2.**  choose one topic to focus on and examine the literature in more detail. Try to find references on line or in the library – a review article is ideal – which will give you a bit more information.

**3.**  Outline the main points about your topic. These will most likely be:-

1. key points about the topic of interest – e.g. what it is, prevalence, what is known about it, factors associated with it, why it is important
2. key concepts, models or theories which have been used to study the area or which you might consider using,
3. the ‘gaps’ in the literature i.e. scope for additional research
4. possible research questions or areas of investigation

Try to have a ‘storyline’ running through your review. You can write it in note form as long as it is clear to the reader. Use what you have learnt from the 5th year presentations to guide your brief literature review and rationale.

Finally, make appointments to see academic research staff to talk about your choice of topic and ideas relating to their research theme. You will not be bound to this theme or topic but you will be able to gauge from these discussions whether your ideas are in areas that members of staff may be interested in supervising. It is recommended that you speak to at least two potential supervisors as capacity for supervision is limited and on some occasions it may not be possible to accommodate your first choice of supervisor.

You may also want to speak to colleagues outside the course who are interested in co-supervising research in your area. We are very keen to encourage this kind of collaboration. At this stage it is also useful to think about practical issues relating to feasibility e.g. how easy will it be to find participants. However, please note that you should not approach a supervisor outside the course until you have spoken to a course member of staff. Furthermore, you should not submit a research proposal for a project supervised by an external supervisor until you have spoken to a member of course staff as projects cannot proceed unless a course member of staff is prepared to supervise.

Please see the Research Co-ordinator if further information or clarification is required.

Length: **Maximum 1250 words** (excluding references) using 1.5 line spacing presented submitted on-line via the Assignments section on Canvas by 12 noon on the deadline day. Please note, any piece of work exceeding this limit will be returned to the trainee. You will be expected to reduce your proposal to meet the required limit before resubmitting for marking.

**Feedback**

Your proposal will be handed to the member of staff who you have indicated as a potential supervisor on the cover page of the proposal, and who you have had discussions with about the area in question. Written feedback on RP1 will be given via Canvas together with an indication of whether the member of staff would be interested in supervising in the subject area. If you have named more than one member of staff that you have spoken to about supervision of the project then you may receive either joint feedback or feedback from one staff member. This is dependent on availability of supervision spaces for each member of staff.

## Research Proposal 2

Aim

To write a focused literature review that critically evaluates existing literature, both conceptual and methodological, in a specified area of clinically relevant research. The review should also identify gaps in the existing literature and research. The rationale should be a summary of the key arguments and elements that relate to each other and proposed research questions. The feasibility statement should clearly show that the proposed research can be operationalised i.e. that it is practically possible to do it. The review should end with a paragraph regarding possible areas for the systematic literature review question that will form part of the portfolio thesis.

Research proposal 2 will form the basis for your final research proposal and can be submitted any time up to but not later than July of Year 4. It is quite acceptable to submit research ideas and proposal early particularly where it is know that recruitment may be difficult.

**Content**

The literature review should be focused, economic and tell a logical story culminating in identifying gaps in the existing literature and research. It should demonstrate good use of written English that successfully and clearly communicates conceptual, clinical and technical information to the academic reader, in a style that is engaging and comprehensible. It should include:

* + the **definition and scope of the problem** (i.e. **why** is it important to study this area)
  + **critique of current knowledge, theories and empirical evidence** - strengths and weaknesses of the selected literature base
  + other **relevant models, ways of thinking** that might contribute to understanding
  + meaningful **gaps in the literature**
  + **clinical relevance** - understanding of the reciprocal link between knowledge and theory in psychology and issues in clinical practice
* The **systematic review scoping paragraph** should include some possible areas for review that are thematically linked to your empirical study. A starting point is to consider areas that you might have found useful to have had a review for when reading around your empirical study topic. You could start this process by identifying the general themes relating to your empirical paper. You should then undertake a basic search to investigate which reviews in this area have already been completed. You should indicate from preliminary searches which reviews have been done in the area, whether the obvious questions have been addressed and what potential gaps there might be This does not have to be well defined at this stage but the aim is for you to start thinking about this early as the systematic review represents a major piece of work and half of the thesis portfolio so work on it should begin early.
* Your review should incorporateyour **research rationale and potential research questions**. It should include key literature and a clear and logical argument. It should clearly show how you arrived at your suggested research questions, and these should be clearly stated.
* Your proposal should incorporate a statement of your **Epistemological position** epistemological position in relation to your research which is consistent with your research aims, question and methodology.
* You should also include a **feasibility statement** for the proposed study. This is a summary of how the study will be operationalised or ‘put into practice’.

For example;

**Recruitment of participants** - what service participants will be recruited from; overall available numbers; expected numbers to be recruited; key contacts made or required to be made etc. From past experience recruitment is often one of the major factors that causes difficulty in a project and stress for trainees and supervisors! No matter how passionate you are about the subject matter it is important to take a pragmatic view about what is and is not feasible for a research project.

**Consideration of timing** - days clinics are held; consideration of placement and academic course requirements etc.

* **Major ethical considerations** - use of deception; use of participants unable to give informed consent etc.
* Organisation of **supervision/practical arrangements** with Field Supervisors (if one is required) etc.
* **Costs of the project**; your research budget is £400 so consider what the key costs of the project will be, e.g. travelling costs, purchase of copyrighted measures.

**Length**

There is a word limit of **3500** words for this piece of work using 1.5 line spacing. The focus should be on providing a clear rationale for your research project with reference to the relevant literature. Your review should use sub-headings as appropriate. Only information critical to understanding the rationale behind your research question and how you propose to carry out your research is required at this point.

Please format and reference according to course guidelines (see handbook).

This piece of work will be *formatively* marked by the trainee’s allocated research supervisor who will have expertise in the field. Formative marking means an overall mark or grade is not awarded and there are no fail criteria. Marking will assist in the development of the review and will be guided by the criteria set out below. This process allows for development of ideas, concepts and writing style and is an important ‘quality control’ aspect of the research programme.

An e-copy should be submitted via the Assignments section on Canvas by the deadline date. Trainees Feedback will be received direct from supervisors on Canvas by the feedback date.

Following feedback you should be able to start developing your final research proposal and make preparations for your research presentation at the beginning of Year 5.

**Summary of Research Competencies Appropriate to Research Proposal 2**

Overall Research Competency -

*The application of skills necessary for conducting a disciplined enquiry which contributes to Clinical Psychology & refines clinical practice.*

|  |  |  |
| --- | --- | --- |
| Competency Area | Description | Details |
| 1 | *general & transferable skills* | use of reflection & critical evaluation, applying knowledge, focus |
| 2 | *personal & professional skills* | awareness of ethical & professional issues and principles in relation to the literature being reviewed |
| 3 | *assessment* | critical evaluation (conceptual & methodological) of existing literature, identification of gaps in existing literature |
| 4 | *psychological formulation* | synthesising & summarising the research literature to develop formal questions & alternative hypotheses |
| 5 | *evaluation & research* | critical review of design & methodology where it relates to the questions/hypotheses arising from the focused literature review |
| 6 | *communication & dissemination* | ability to disseminate clearly, in writing, in order to make clear & concise points |
| 7 | *services & organisations* | creating & maintaining research relationships, collaboration & participant involvement |

### **Research Proposal 2 – Marking scheme**

THE UNIVERSITY OF HULL

SCHOOL OF HEALTH AND SOCIAL WORK

DOCTORATE DEGREE IN CLINICAL PSYCHOLOGY

**RP2 Feedback**

**Trainee name:**

**Title of RP2:**

Trainees and supervisors are advised to use the following guidelines for formative marking as key components of a good literature review and rationale are included. Likert scales can be used to guide areas in which trainees may need to focus their thinking and written output over the next 2 years. It is anticipated that this will assist trainees in focusing on specific competencies for development. Supervisors are encouraged to provide clear and concise comments that will enable the trainee to develop literature reviewing skills.

0 1 2 3 4 5

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0 = **‘completely unsatisfactory’** - no development of any skills or knowledge

1= **‘very unsatisfactory’** - little development of knowledge and skills; minimum competency not achieved

2 = **‘unsatisfactory’** - some development of knowledge and skills but insufficient to achieve minimum competency

3 = **‘satisfactory’** - development of knowledge and skills to a degree sufficient to meet core competency

4 = **‘very satisfactory’** - ample development of knowledge and skills

5 = **‘excellent’** - development of knowledge and skills to a very high degree

***Coverage of relevant empirical and/or qualitative literature***

0 1 2 3 4 5

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comment:

***Fluent and logical development of research questions***

0 1 2 3 4 5

Comment:

***Structure of review***

0 1 2 3 4 5

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comment:

***Reference to psychological models and critical review of application of these to topic area***

0 1 2 3 4 5

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comment:

***Identifies gaps in the literature and clinical relevance***

0 1 2 3 4 5

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comment:

***Review culminates in formulation of a summary statement on what gap(s) in the research is the next priority and why***

0 1 2 3 4 5

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comment:

***Reference list***

Comment:

***Quality of writing style***

## Research Presentation (also sometimes known as RP3)

**Aim**

The aim of these presentations is to encourage year 5 trainees to consider design and methodological issues in their research, to consider how they will use their results and to plan their analysis. By presenting research, listening to other presentations and being involved in the discussions it is intended that participants will develop both their critical skills and skills in design and methodology. It is also an opportunity to identify any potential practical issues with the proposed research in terms of for example ethics or recruitment of participants. Presentations take place at the beginning of the academic year in order that amendments can be made to your final research proposal in good time before Christmas of year 5.

**Instructions**

Trainees will present an outline proposal of their study which will focus on the research questions and hypotheses, proposed methodology including choice of design, participants, procedure and plan of analysis and any other specific areas that the trainee would like help with.

Presentations should last 10 minutes followed by 20 minutes for group discussion, feedback and questions. In view of the limited time, presentations should be clear and succinct. Using diagrams of your design may help. It is recommended that trainees use between 6 and 8 slides for their presentation. An example of a presentation will be available on Canvas.

Presentations will take place in parallel sessions with each session being attended by a cross section of year groups and staff members.

**Discussion**

Following the presentation the presenter will chair the discussion to cover the following themes. If the presenter has any particular difficulties this is an opportunity to seek advice.

1. Research question, hypothesis and rationale

Is the rationale clear/justified?

The strengths and weaknesses of the rationale

The quality of the research aims, questions and hypotheses

1. Design, methodology and analysis

Practical aspects, theoretical aspects and measures

The proposed analysis

1. Feasibility and suitability to answer research questions

Potential obstacles and facilitators for the study

Issues identified by the presenter

## Final research Proposal (also sometimes known as RP4)

**Aim**

A research proposal is a detailed description of planned research. It may also be referred to as a research protocol. The main aims of writing a proposal are:

1. to develop a clear plan of a project - to develop a clear, suitable and feasible proposal which will then be used in submissions to the ethics committee.
2. to enable the Research Group to assess your proposed project in terms of its rationale, coherence, suitability for a ClinPsyD project, feasibility, originality and clinical relevance. This internal peer review process is an ethical and Research Governance requirement and also minimises the likelihood of difficulties in gaining ethical approval and undertaking the project.

### Writing your proposal

In preparation for writing a research proposal it is important to think through all aspects of the proposed study. Proposals should be focused and succinct. Although there is no formal limit for the proposal but a maximum of 3500 words is suggested. The proposal should be focused and succinct and provide the reviewer with all of the information needed to determine whether the project is justified, feasible and ethically sound. Outlined below is the suggested structure for writing a proposal. **A lay reader should be able to understand why and how you are doing the project as it is quite likely that a lay member of an ethics committee may read your proposal.**

All research proposals have to be given ethical approval before the study can commence. If any NHS resources, premises or participants are used in the research then the proposal will need to be approved by the Health Research Authority (HRA). This is a two stage process involving an NHS Research Ethics Committee (REC) review, which must be obtained before the study commences. The HRA gives overall approval for the study to commence in the NHS which is accompanied by individual Trust confirmation that they have the capacity and capability for the study to commence. For non-NHS studies and studies involving NHS staff, ethics approval should be obtained via the Faculty of Health and Social Care Ethics Committee. The HRA also give approval for this category of studies but this does not include ethical review. More information on the processes involved can be found in the Ethics and Research Governance Guide on Canvas.

In order to facilitate the HRA application process, the proposal should contain as much of the information required to complete the REC form as possible. Blank REC forms are available on-line at the following link: [www.myresearchproject.org.uk](http://www.myresearchproject.org.uk). We **do not** expect you to hand in a completed REC form and all accompanying documentation along with your research proposal. However, when putting your proposal together, it is a good idea to bear in mind the questions raised on the REC form. This will save you time when you come to complete the form for submission.

### Structure of your final proposal

The suggested structure for your proposal is set out below:

**Cover page** – to include:

* Title of the study,
* Your name
* Research supervisor’s name

**Abstract** – This section should be on a separate page and provided a succinct summary of the proposed study to include brief details of :

* The area to be studied
* The rationale for the study i.e. why it is being done?
* The design and methodology
* Who are participants and where to be recruited from
* Hypotheses and or Research questions/aims

**Introduction**

This section should have a clear ‘storyline’ highlighting background issues, theory and concepts and making clear how these tie together to lead to the research questions. One of the key criteria that ethics committees review is that there is scientific justification for carrying out the research. Studies that do not have clear rationale, aims and overall justification may not be approved. This would be on the grounds that it would be unethical to waste participants’ time and use resources for such studies.

Your introduction should include the following:

* Statement of the research topic and its importance
* Concise and focused literature review
* Rationale for, and overview of the proposed study - justification for proposed methodology; measures etc.
* Research aims and questions/hypotheses. These should be clearly and concisely defined so that there is no doubt about what the study is trying to achieve. It is important to add testable and falsifiable hypotheses in your proposal for quantitative projects.
* Clinical relevance and implications This should include your thinking around what the results may mean to the area/service. This might include expected outcomes of the project if there are hypotheses or generally the gap in the literature you are filling might inform future clinical practice or research.

**Method**

* Design – describe the basic design of the study, e.g. a qualitative study using semi-structure interviews and analysis by IPA; a mixed method study using…; a cross sectional survey methodology etc.
* Participants – who are the potential participants and where will they be recruited? What are the inclusion and exclusion criteria and why have they been adopted? How many participants are required? For quantitative projects refer to the sample size calculation in the data analysis section. For qualitative projects where a smaller sample size may be acceptable, include appropriate references to justify this.
* Measures - and justification of choice of measure(s). This should include reliability and validity data for each measure. Include a draft interview schedule indicating the type of questions you intend to ask for qualitative projects.
* Procedure. Be clear about what will be done and who will do it. How will participants be identified? Who will identify them and how will they first be approached?
* Ethical and safety considerations - for both potential participants and researcher. Consider the risks and be specific about how they will be mitigated.
* Data analysis procedures – it is important to plan the analysis carefully and give a clear outline in the proposal. Below are some suggestions for how to go about this in quantitative studies. Power calculations should be included where appropriate. All proposed statistical analysis should be discussed with Dr. Eric Gardiner, Medical Statistician prior to submission. **The Research Group will not approve proposals that have not been subject to statistical review until this input has been sought**.
* Suggested quantitative data analysis framework:

Keep the aim of the study in mind at all times. All analyses must tie in with the research questions and hypotheses. Be clear about which are the independent variables and which are the dependent variables. Note information on scoring, number of variables, type of variables etc. Highlight any anticipated problems. Plan the sections of the analysis to tally with the research aims, questions and hypotheses. It is usual to start by describing the participants. Plan out the section headings in words (not statistical terms) e.g. description of sample, differences between groups a and b, predictors of x. Having described what to do in words, then consider how to carry out the analysis i.e. what tests to use. Data should be described using simple statistics as well as doing more advanced statistical procedures, in order to provide a clear picture of what is going on. Note down the problems you foresee and if possible some solutions. You should also consider sample size calculations and power if appropriate.

* For qualitative projects - it is important to plan and have a good understanding of qualitative methodology and this should be explicitly described. It is important to justify why you propose to adopt the proposed methodology. Give an indication of how analysis will be undertaken. Please consult the references provided by Dr Lesley Glover prior to submitting your proposal. Proposals that do not show evidence of a thorough understanding of the proposed **methodology will not be approved by the Research Group until this input has been sought.**
* For qualitative studies ensure that you include a proposed interview schedule in the method section of your final proposal. If you haven’t yet determined the questions at least give an indication of the type of questions you predict you might be asking and how the final schedule will be developed.

**Epistemological position**

* Your proposal should incorporate a statement of your epistemological position in relation to your research which is consistent with your research aims, question and methodology.

**User involvement**

* There is a section on the NHS ethics online application IRAS form asking for details of the extent to which you will involve users in the research in five areas :
  + Design of the research
  + Management of the research
  + Undertaking the research
  + Analysis of results
  + Dissemination of findings
* Trainees are encouraged to consult with service users before research commences to get their feedback on the methodology proposed. This could involve for example asking the users their opinion on the questions they are going to be asked during an interview or to review questionnaires a participant would be asked to complete. They could also be asked to read information sheets and consent forms and give feedback on whether they feel they are understandable and relevant to the study. These documents are the means to ensure that the principle of informed consent is fully adhered to and so it is vital they convey the appropriate information to potential participants. Consultations with service users may also be useful in gauging opinions on the research questions and aims and whether these are felt to be valid and appropriate. Help can also be sought regarding how best to engage potential participants. The feedback from service users can be very useful and give the trainee important information which can be incorporated into the final project proposal before proceeding to ethical approval.
* Service users are also involved in research after the study findings have been written up. This includes presenting findings back to relevant user groups who have perhaps been involved in the research in the earlier design and data collection stages.
* It may not be appropriate to involve users in all areas of the research process but you have to provide justification for the absence of any involvement.
* **It is mandatory that a section on user involvement is included in the proposal**

**Organisation issues and Feasibility statement**

* Organisational issues may relate to any and all considerations for your proposed study in terms of impact on the service e.g. clinic times, honorary contracts to be obtained, management approval, organisation of any research clinics/groups etc. Essentially, have you considered all the practical and service-related issues pertaining to your proposal? What is the extent of the involvement of anyone that is helping you with your study? Have they and their service confirmed that this is acceptable and manageable for them. Remember that this may overlap with ethical issues if your research findings could be controversial to and for the service. An example might be relating to staff projects which may contain an ethical issue relating to disclosure of sensitive information relating to staff or patient safety.
* In terms of feasibility this is also directly related to the extent to which you will be relying on the help of others, the size of the participant pool that you will have access to and the research days that you have available to undertake the research. A clear understanding and demonstration that the study is feasible should be made. An indication of what efforts have already been made to secure help with recruitment should also be included where this is a key requirement of the study recruitment process.

**Timetable**

* Supervision arrangements – academic and field supervisor(s) details; frequency and purpose of meeting. You should also include statistical supervision.
* Your proposed schedule of the dates of key stages of the study should also be included e.g. ethical approval, R&D approval, recruitment, write up.

**Costing**

* Include a breakdown of all anticipated costs including postage, photocopying, travel etc. See Appendix 1 Project Costs Guide for the format in which this should be presented.
* Your final cost budget must be approved by the Research Co-ordinator **before costs are incurred.**
* Any costs not included in your final budget cannot be retrospectively claimed so it is important to give this careful consideration in conjunction with your supervisor. Research expenses should be claimed on **a monthly basis** and by the cut-off date in July (see coursework deadline dates). Claims submitted after this date will not be paid. This process mirrors to a great extent what would happen in an application for external research funding albeit on a smaller scale.

### Submission

An e-copy should be submitted via the Assignments section on Canvas. A hard copy or e copy should also be given to your research and field supervisor(s) per their requirements.

Each proposal will be reviewed by a member of the Research Group who will assess it on the basis of rationale, coherence, suitability for a ClinPsyD project, feasibility, originality and clinical relevance. This assessment will be based around the criteria set out in section 2.6. Proposals are discussed at a Research Group meeting in Year 5. Comments and suggestions are provided by the group to allow trainees and supervisors to develop the proposal further if necessary.

If there are serious concerns about the proposed project, these will be put in writing to the trainee and copied to their research supervisor. **Trainees and individual supervisors will then need to modify and/or consider an alternative project at this stage. Trainees are strongly advised *not* to proceed to ethical and Trust approval if the concerns expressed by the research panel are not addressed.** Clarification, if required, on how you and your supervisor should proceed following the research panel can be sought from the Research Co-ordinator.

## Peer Review Criteria

|  |  |
| --- | --- |
| REVIEW CRITERION | Elements |
|  |  |
| Literature review | Evidence of detailed review of the literature incorporating a range of authors |
| Rationale and objectives clearly stated | Clear rationale for project  Clear questions  Hypotheses (quantitative studies)  Clinical utility |
| Design appropriate to objectives | Method appropriate to stated objectives  Fully detailed |
| Sampling | Sampling appropriate to methodology with reference to sample size calculation for quantitative studies (see Data analysis) or supporting references for qualitative studies. |
| Procedure | Full detail and description of procedure  feasible and appropriate procedure |
| Data analysis | Full detail of data analysis process for all studies  Defined statistical approach and evidence of determining appropriate sample size (quantitative studies) |
| Ethics | Full consideration of all ethical implications and how these will be addressed both for participants and the researcher. |
| Supervision | Details of research supervision and advisory input. |
| Costs/duration justified | Clear descriptions of all relevant costs |

## Action following peer review

There are four possible outcomes following peer review:

* Proceed
* Proceed subject to minor corrections
* Proceed subject to major corrections
* Resubmit after corrections
* Do not proceed

The suggested corrections should be completed in conjunction with your research supervisor. A copy of the peer review document may need to be included with your ethics application so it is important that any issues identified are addressed. Once these have been completed the next stage is to seek ethical approval and R&D approval before your research commences (see Ethics and R&D Guide on Canvas for more information). If the outcome is proceed then corrections required do not have to be re-submitted to the Research group.

The timescale for completing corrections is not defined but should be agreed in conjunction with your supervisor although the aim should be to complete this and subsequent ethics application as soon as possible. The deadline for applying for ethical approval is set around the end of April in year 5.

**It is suggested that the action taken in response to the peer review feedback is documented and included with the ethics application to demonstrate that the recommendations have been addressed.**

# SYSTEMATIC LITERATURE REVIEW PAPER

As part of your portfolio, one of the papers you are required to submit is a literature review of publishable quality. This review should take the form of a systematic literature review, and should be thematically linked to your research project. However, the two papers do not have to share the same research question and you may want to consider a broader question in your review.

The systematic review should be considered as a second piece of research rather than just a literature review that you may have been used to completing previously. The time taken to complete it should therefore not be underestimated as it should be a focussed, structured and replicable piece of work in the same way as your empirical study.

The following information is intended to give you some guidance on how to carry out a systematic literature review and how it differs from a conceptual or more traditional narrative style review. These guidelines may seem overwhelming, but they are intended as an introduction to the process of conducting a systematic literature review. Your review is intended for publication in a peer-reviewed journal and therefore is not expected to be of the same scale as a specially commissioned systematic review such as a Cochrane review. However, the process is transferable and can be viewed as a way of structuring your thoughts and providing a framework within which to work.

**The word limit and format of your final article will depend on the journal to which you aim to submit. For more specific guidelines please consult the instructions to authors for your chosen journal. It is advisable to read a few systematic literature reviews published in your chosen journal to become familiar with the structure required and the kind of information you need to include.**

**What is a systematic literature review?** A systematic literature review is a review of the literature pertinent to a particular research question using well-specified search protocols. Such a review is carried out with the same scientific rigour as a research project and seeks to synthesise the data and report the results in an unbiased way. The structure of a systematic literature review includes a full and detailed method section, making the review method transparent and allowing the review to be replicated. Systematic reviews are used primarily in healthcare research. However, the process and principles of reviewing the literature in this way can be applied to any area of research.

The Cochrane Collaboration is perhaps the best known source of systematic literature reviews and they publish an extensive handbook on their website (<http://www.cochrane.org/resources/handbook/>) as well as an extremely useful resource that takes you step by step through the process of writing a review for the Cochrane Collaboration. Some user-friendly information here about creating protocols and carrying out meta-analyses. The Centre for Reviews and Dissemination at the University of York also has some useful information on their website (<http://www.york.ac.uk/inst/crd/>) including a link to the PDF version of their guidelines. Both of these sources provide guidance for carrying out extensive, specially commissioned systematic literature reviews and much of the information contained in this document has been condensed from these two sources. While your literature review is not expected to be synonymous with these reviews in terms of scope, you should model your review on the same procedures and principles.

There is no clear consensus on the methodology of conducting a systematic literature review. However, as a general guide, the following stages should be included for a thorough systematic literature review

1. Planning the Review
2. Identifying and selecting studies
3. Quality assessment of studies
4. Data collection
5. Data synthesis and Analysis
6. Report and recommendations

(NHS Centre for Reviews and Dissemination, 2009; Higgins & Green, 2006 for further guidance)

While not all of these steps will be wholly applicable to your literature review and maybe beyond the scope of the project, it is good practice to try and adhere to these steps as much as possible. This will at least provide a structure to guide your review.

## Planning the Review

This is the preliminary, planning stage of your literature review. Given that your literature review is directly linked to your research project, you should have a research question in mind, and at this stage you should plan your literature review protocol. Conducting an initial ‘scoping' literature search’ (NHS Centre for Reviews and Dissemination, 2009, Section 1.2) might help give you some idea of the breadth of literature available. This will help you to refine your research question and plan your search strategy.

Your protocol should be a clear statement of the precise research question you want to address and the methods you will use to answer that question. You should establish your search criteria at this point, and the inclusion and exclusion criteria for identified articles. When considering your search criteria you should think about the key issues that will relate to your research questions i.e. the patient group under consideration, the type of treatment/intervention under review, what research design are you interested in i.e. only RCT’s.

Try to be methodical and take a structured approach to deciding on your search terms. You will need to consider synonyms, spelling variants and subject headings used by electronic databases when searching. You should put together a search strategy detailing the databases and other sources you intend to use, and your search terms. Whatever decisions you make regarding search terms make sure you record how you generated your search terms, where did you find the terms, who did you ask etc. This will need to be documented in your report so be sure you make a note along the way of the decisions you make. The same applies to inclusion and exclusion criteria, justify the decisions you make.

Remember the key terms – **Specificity** and **Sensitivity**. Specificity refers to the ability to dismiss irrelevant articles. Sensitivity is being able to find relevant documents. Your inclusion and exclusion criteria should clearly relate to your research questions and should take into account the same issues as your search criteria. These should be well-established before you begin your search. You should also establish your criteria for assessing the quality of the studies you include, methods for data extraction i.e. design a proforma for collating the data from each study, and how you intend to pull the data together i.e. qualitative or quantitative analysis.

## Identifying and Selecting Studies

Once you have planned your protocol you can begin to locate and select relevant studies. Using your search criteria, you should conduct a thorough search of the literature, identifying all relevant articles without bias. When searching you need to weigh up the cost of carrying out a large-scale, unmanageable search compared to a smaller-scale, more practical search that might mean missing a few articles. The key to this is to bear in mind the principles of specificity and sensitivity and try to strike a balance between the two without compromising the quality or results of your review.

Keep detailed search records specifying the date, search terms and articles identified. Searches can be carried out using electronic databases. However, hand searching specific journals in the area of interest and looking through reference sections of other related papers should also be carried out. Conference proceedings can also be searched but these can be unreliable and every effort should be made to obtain a report of the study from the author before including in the review.

Studies should be selected only if they meet all of the inclusion criteria and none of the exclusion criteria stipulated in your protocol. You should pilot your inclusion and exclusion criteria to check the feasibility of carrying out a thorough literature review using the criteria identified. When selecting studies, try to apply the inclusion and exclusion criteria to abstracts where possible. This will reduce the number of full-text articles you will need to obtain. However, you should only exclude studies on the basis of the abstract if you can be absolutely sure that they either meet some of the exclusion of criteria or do not meet all of the inclusion criteria.

Final decisions about the literature to be included and excluded in the study should be made on the basis of the full-text article. It may be appropriate at this point to exclude some articles originally thought to be suitable for inclusion.

Use Endnote or Refworks to manage your references – this will save you time when constructing your reference section. Many electronic databases now allow direct importing of references into an Endnote or Refworks library.

Refworks is free to University of Hull students. Instructions on how to register and use it can be found on the library Canvas help pages:

<https://canvas.hull.ac.uk/courses/423/pages/new-refworks>

A table or flow chart with summary information regarding included and excluded studies should be included in your final report. You should also keep a list of excluded studies with details of why they were excluded to include where appropriate e.g. in the Appendices.

## Quality assessment of studies

The next stage in the process is to assess the quality of the included studies. This should be done according to the criteria laid down in your protocol. This stage is important as it will have a direct impact on the strength of the findings of your review. If your review is based on studies that are of a consistently low quality it may be the case that the findings of your review are not reliable. Methods of quality assessment are varied in the literature. However, you should try to assess each article on the quality of the methodology i.e. design, protection against bias, appropriate statistical analyses used etc. Checklists and scales are available depending on the nature of the studies you are assessing (Jadad, et al. 1996; National Institute of Health and Clinical Excellence, 2007). Quality checklists can be adapted to fit the kind of studies that your review includes. It is advisable to check that your assessment is reliable by asking one of your peers to also rate a small sample of included articles.

The methodological quality of articles can be assessed using checklists to give an overview of the quality of the literature as a whole and to highlight specific shortcomings in terms of quality of individual papers. Measures such as the Downs & Black checklist (1998) can be adapted to suit the type of studies included in your review. It is however insufficient to just report the range of scores and highlight specific areas of deficiency. Examiners will be looking for your assessment of how methodological quality impacts on the conclusions of your review. Some items on quality checklists for example relate to the quality of reporting rather than to areas which have an impact on the reliability and validity of the conclusions been made by the study. Other items such as sampling and measures used can have a major impact in terms of the reliability and validity of studies.

Your review of quality should be included in the results section of your report. It should also be referred to in your discussion when you should give your interpretation of the validity of the body of literature you have reviewed and how that impacts on the overall conclusions.

Some key areas that could have an impact on the internal and external validity :

* Sampling – is it representative of the population, is there any inherent bias?
* Design – does it answer the research question, are there adequate controls?
* Measures – are they reliable and valid, is there evidence of this, particularly for measures not commonly used or developed by the researchers?
* Procedures – is there evidence of adequate control of extraneous variables? Is it clear what the procedure was? Was there any bias introduced by the procedure adopted?
* Analysis – is the analysis appropriate to the question being asked?

**An emphasis on these key methodological issues is crucial rather than on more superficial areas such as standards of reporting. It is also vital that you coherently integrate these findings into your interpretation of the literature and conclusions.**

## Data Collection

As part of preparing your research protocol you will have established what data you are interested in collecting. Create a pro-forma which will allow you to collate this data systematically. Pilot the pro-forma on a few articles first to see if it is viable. As a general guideline, use the research questions to guide your data collection i.e. what data is needed to answer the research questions thoroughly and without bias. Keep a copy of your data collection pro-forma. Example data collection forms can be found at the York University Centre for Reviews and Dissemination website: <http://www.york.ac.uk/inst/crd/SysRev/!SSL!/WebHelp/SysRev3.htm>. However, these are quite complex forms and may not be applicable to the type of information you need to collect. As a general rule, you should always include the name of the person collecting the data, the source of the data and any pertinent comments. In addition, general information such as participant demographics, methodology used etc should be collected. The remainder of the data collection form is dependent on your specific research question. When collecting data you should be aware that the same data may be published in a number of sources i.e. in a series of papers by the same author for example. In cases such as this, include the data which incorporates all of the studies.

## Data synthesis and Analysis

The process of data synthesis aims to combine the results from all the included studies to produce some interpretable findings. Data synthesis can either take a qualitative or narrative form, or it can be quantitative. In many cases a preliminary qualitative analysis will guide your decision as to the necessity for and type of quantitative analysis to undertake. For qualitative analysis, the results need to be presented in table form along with a clear and informative summary of the findings. The focus of your synthesis should be on providing a comparison across studies on the key components of your review i.e. the components that will allow you to address the research question and any components that may affect the quality of the results, such as number of participants, what outcome measures were used etc. The analysis should go beyond a reiteration of the key characteristics of the studies. Guidance can be found on methods for the synthesis of qualitative evidence in Thomas and Harden (2008) and Walsh and Downe (2005) and how to incorporate both qualitative and quantitative evidence in Dixon-Woods, Agarwal, Jones, Young and Sutton (2005).

Quantitative analysis or meta-analysis uses statistical techniques to produce a summary of the findings based on the results published in each study. A sensitivity analysis is also conducted to establish whether or not the results of the meta-analysis are robust. At a simple level, a sensitivity analysis involves re-running the meta-analysis after making some adjustments to the data i.e. removing studies with missing data. There are software packages available to aid you in conducting a meta-analysis, for example, “Reference Manager” is freely available from the Cochrane Collaboration (<http://www.cc-ims.net/RevMan>) and is easy to use. However, it has been designed for carrying out Cochrane Reviews so may not always be appropriate for your review. There are many methods for carrying out a quantitative analysis, and it is beyond the scope of these guidelines to include a summary of these methods. Further information can be obtained from the handbooks published by the Cochrane Collaboration (Higgins & Green, 2008) and the Centre for Reviews and Dissemination (2009). For the purposes of your portfolio, quantitative analyses are not mandatory and in some cases it is not appropriate to carry out a meta-analysis, for example, if studies cannot be meaningfully compared on any of the variables of interest due to heterogeneity. However, if you feel that they would add to the quality of your review then you should attempt to conduct some form of meta-analysis. Dr Eric Gardiner can advise on how to undertake a statistical meta-analysis.

## Report and recommendations

The final stage of the review is writing up the report for publication. The structure of the report will vary depending on the journal to which you intend to submit. However, the Centre for Reviews and Dissemination (2009 section 1.3.6) suggest the following sections should be included in your report:

Title

Structured abstract

Background

Objectives

Methods (data sources, study selection, data extraction, quality assessment, data synthesis)

Results

Conclusions

 Main text

Background/introduction

Review question(s)

Review methods

Identification of studies

Study selection (inclusion and exclusion criteria; methods)

Data extraction

Quality assessment

Data synthesis

Results of the review

Details of included and excluded studies

Findings of the review

Secondary analyses (sensitivity analyses etc.)

Discussion (interpretation of the results)

Conclusions

Recommendations/implications for practice/policy

Recommendations/implications for further research

References

Appendices

**The information given above is by no means a comprehensive guide to conducting a systematic literature review. However, it should guide you in the right direction and provide you with useful sources of further information. Reading reviews in your area of interests and in the journal you choose to write in the style of will also give you an indication of the structure and content of a systematic review.**

## Useful References

Higgins, JPT & Green S, editors (2008) [Cochrane handbook for systematic reviews of interventions, version 5.1.0](http://www.cochrane-handbook.org/) (updated March 2011). The Cochrane Collaboration

Centre for Reviews and Dissemination (2009) [Systematic reviews: CRD's guidance for undertaking reviews in health care](http://www.york.ac.uk/inst/crd/SysRev/%21SSL%21/WebHelp/SysRev3.htm). Centre for Reviews and Dissemination, University of York

Dixon-Woods, M., Agarwal, S., Jones, D., Young, B & Sutton, A. (2005). Synthesising quantitative and qualitative evidence: A review of possible methods. Journal of Health Services Research and Policy, 10 (1). 45-53.

National Institute of Health and Clinical Excellence (April 2012) [*The Guidelines Manual*](https://www.nice.org.uk/article/pmg6/chapter/1-Introduction)*.* London: National Institute for Health and Clinical Excellence.

Thomas J. & Harden A. (2008) Methods for the thematic synthesis of qualitative research in systematic reviews. BMC Medical Research Methodology, 8:45

Walsh,D., & Downe, S.(2005) Meta-synthesis method for qualitative research: a literature review. Journal of Advanced Nursing, 50(2), 204-211.

# WRITING UP AND VIVA PROCESS

A brief indication of the required content for the portfolio thesis is outlined below. [Section 4.1](#_Thesis_structure) outlines the structure of the thesis for writing up purposes.

**Overview**

The papers should be prefaced by an overall summary of the portfolio. This should give a general guideline as to what the portfolio contains and give a **brief** introduction to the papers i.e. subject area, main theory or model discussed.

**Papers**

Comprising one systematic review and one empirical paper

***Systematic review paper (***[***see Section 3 of this guide also***](#_SYSTEMATIC_LITERATURE_REVIEW)***)***

There should be one systematic review paper which should follow the standards and format for the chosen journal but as a rough guideline, the following should be considered:

* clearly written abstract providing an adequate summary for someone not reading the full report. It normally includes the purpose, methods, results and conclusions of the review. Readers should be able to grasp the key facts arising from the literature review by reading the abstract;
* systematic review of the literature demonstrating coverage of relevant literature, critique of literature, synthesis of key issues and organisation of material, ability to identify research gaps and need for study. A good case should be made explaining why the study is timely and important. Reference to appropriate Department of Health, National Institute for Clinical Excellence etc. guidelines should be made, if appropriate;
* the review questions should be clear. These may be broader questions than the research questions in the empirical paper;
* results and conclusions should be spelled out. The clinical and theoretical significance of the study should be evident. The conclusion section may lead to suggestions for further research, which could form the basis of the research section.

***Empirical paper (***[***see Section 2 of this guide also***](#_EMPIRICAL_PAPER)***)***

There should be one empirical paper that should follow the standards and format for the chosen journal but as a rough guideline, the following should be considered:

* clearly written abstract that enables the reader to grasp the key facets of the study. It should also give key information about the context of study methods, participant details, key findings and main conclusions;
* a focused and tightly argued introduction should include theoretical/empirical literature, the relevance of which is clearly apparent. The systematic review paper could be very useful in the formulating and writing of the introduction;
* choice of methodology should be well explained and follow logically from the research questions. Chosen methodology should represent a sensible approach that provides valid findings, as far as possible. Methodology should also be consistent with the epistemology within which the study is undertaken. Participant numbers, characteristics and basis for their inclusion or exclusion are specified and justified. A concise and informative overview of study procedure should be provided and the research plan should be shown to have been competently executed. Choice of instruments should be justified and explained. Basic properties should be described to enable the reader to fully understand study findings. Steps to ensure reliability, validity and/or other quality checks should be stated. Ethical considerations should be addressed;
* data analysis should be justified and appropriately carried out. Presentation of findings should be readily understandable, adhere to style conventions and clearly relate to the research aims, questions or hypotheses;
* discussion should convincingly relate findings to issues set out in the introduction/background. Limitations to procedures used and the conclusions that can be stated should be included. Reference should be made to further research questions arising from the work and the theoretical and clinical importance of the work;
* references are complete and presented in the relevant style.

**Appendices**

The following list outlines information that should be included within the Appendices:

***Trainees are reminded that it is a legal requirement that any and all copyright material is removed from the thesis prior to hard binding. REC and R&D approval letters should also be removed.***

Guideline for Authors from the journal targeted for submission for each paper

REC & Research Governance documentation

* Appropriate letters of approval from the relevant REC and the HRA (where applicable) should be included and cross referenced in the method section of the empirical paper.

Sampling and methodology

* Additional details that have not been included within the empirical paper should be set out here.
* For qualitative projects, trainees would need to demonstrate the route by which themes have been obtained e.g. include an excerpt from a transcription with coding.
* Trainees should not be including copyright materials within their final submitted portfolio. Measures and relevant information that are covered by copyright law must be included for examiners but removed prior to submission for hard binding.

Primary and secondary analyses

* Relevant summary of statistical output (though not the SPSS printouts), descriptive statistical data, graphs, charts etc. that support main analyses should be presented.

Epistemological statement

This should be an account of the epistemological stance you adopted in relation to the empirical research paper and is required irrespective of the research design chosen. Care should be taken to ensure that your write-up is consistent with your adopted stance.

Reflective statement

The reflective statement forms an important part of your portfolio thesis. The statement is an opportunity for you to reflect on the research process and demonstrate to the examiners what you have learnt. Due to the subjective nature of this piece of work, we will not be providing detailed guidelines. You should use your research diary (see section 1.4) as a resource to inform the content of the reflective statement. There is no set word limit for this piece of work. The statement should not be a list of all the strengths and weaknesses of your research, but rather what you learnt from the process of planning and carrying out a large-scale research project. Capacity should be shown for critical self-evaluation as well as an ability to reflect on the learning process; it should NOT be a repetition of research findings. The reflective cycle approach (e.g. Gibbs, 1988) could give you a framework around which to consider your reflective account.

We wish to encourage a thoughtful openness in the reflective statements which goes beyond a confessional diary report of the highs and lows of the research process. This, however, raises the issue of how you report reflections that are true to your experience, in a way that is appropriate for, and useful to, a wide audience. This doesn’t mean making yourself feel uncomfortable by what you reflect on. It is a balance and reflection can be honest without being difficult for the author or the reader. The process of reflection starts with the personal but it is often the issues raised by such personal reflections, which is the material that is most usefully shared. It is worth bearing in mind the idea of face to face ethics and expressing things in a way you would be happy to say to anyone. If there are specific issues that you are finding hard to work out how to cover then you can ask for advice in supervision.

In summary the aims of the research reflective are to:

* Broaden thinking
* Demonstrate an ongoing reflection on your research experience
* Reflect on your personal reactions
* Aid personal and professional development
* Improve your research

Some useful areas to address might be:

1. What have I learnt about my approach to research?
2. What would I want other researchers to know if they were planning to embark on a similar project?
3. How did I tackle any problems that arose during my research, and do I have insight into why those problems arose and how they could have been avoided?
4. What are the strengths of my research project - what did I do well that I feel enhanced the progress of my project?
5. What have I learnt about research that will help me in future research endeavours?
6. How have I applied theories of reflection?
7. What were my beliefs, opinions and assumptions and have these been challenged?
8. What ethical issues arose and how effective was your approach to these issues?
9. You should include justification for choice of journal(s) for both papers.

Any other relevant information

Trainees are encouraged to seek the advice of their research supervisor for this material, where necessary/appropriate.

## Thesis structure

The following is a guideline for the structure and section headings of the portfolio to be submitted as a partial fulfilment of the requirement for the degree of Doctor of Clinical Psychology in the University of Hull.

The Research Portfolio should be typed with **double line** spacing. It is recommended that the document parameters are set to the margins that will be required for binding purposes. Details can be found on the Gradute school sharepoint site. <https://share.hull.ac.uk/Services/GraduateSchool/SitePages/Home.aspx> Word counts are required for the total Research Portfolio (excluding Appendix and References), as well as for each paper.

**The word limit and format of your final article will depend on the journal to which you aim to submit. For more specific guidelines please consult the instructions to authors for your chosen journal. It is advisable to read a few papers published in your chosen journal to become familiar with the structure required and the kind of information you need to include.**

***Trainees are reminded that it is a legal requirement that any and all copyright material is removed from the thesis prior to hard binding. Letters from Ethics Committees and R&D departments should also be removed.***

**A. Overview:**

The portfolio has three parts. Part one is a systematic literature review, in which the theoretical, conceptual and empirical literature relating to XXX is reviewed. Part two is an empirical paper, which explores XXX. Part three comprises the appendices.

**B. Table of contents:**

**Part one:** Title of the Systematic literature review\*

Abstract

Introduction

Method

Results

Conclusion

Discussion and Implications

References

**Part two:** Title of the empirical paper\*

Abstract

Introduction

Method

Results

Discussions

References

**Part three:** Appendices

Reflective statement

Epistemological statement

Notes or Guideline for authors for the systematic literature review

Notes or Guideline for authors for the empirical paper

Ethical and R&D approval

Information sheet

Consent forms

Measures

Etc- any other supporting materials

**C. List of tables**

**D. List of figures**

**\* In the title page of both papers, state** “This paper is written in the format ready for submission to the Journal of XXX. Please see appendix X for the Guideline for Authors”. The **word count** should also be inserted after this sentence.

## Submission of the Research Portfolio

The research thesis portfolio should be submitted in accordance with the University of Hull thesis submission regulations, details of which can be found on the Graduate School Sharepoint site https://share.hull.ac.uk/Services/GraduateSchool/SitePages/Home.aspx

Prior to submission to the Graduate school the thesis has to be submitted electronically on Canvas via the plagiarism detection software Turnitin. Turnitin is used to produce a report regarding the originality of the work submitted. The originality report can be viewed by the trainee and their research supervisor and provides a percentage that relates to matches found with other work. There is no defined acceptable percentage as there are many factors that influence this. Both the trainee and supervisor need to complete the Turnitin submission confirmation form which is handed in with the thesis to the Graduate school. This can be found on the Graduate School webpages and in Canvas/clinical community/resources/research information and guidelines/portfolio thesis.

Candidates are required to submit TWO SOFT BOUND copies of the Research Portfolio to the Graduate School together with two 300 word one page summaries of the thesis. Binding for submission purposes can be done at any binding service providing it fulfils the thesis submission regulations. The university recommended binders are [S.Ingram and D.Robinson Ltd](http://www.haveitbound.com/) . The thesis should include a title page that gives the following:

THE UNIVERSITY OF HULL,

*Research Portfolio Title*,

being a Thesis submitted in partial fulfilment of the requirements for the degree of

Doctor of Clinical Psychology

in the University of Hull,

by *candidates name and qualifications, date of submission*.

There is a template for the title page on Canvas/clinical community/resources/research information and guidelines/portfolio thesis. The Research Portfolio should be typed with double line spacing and printed single sided. Word counts are required for the total Research Portfolio (excluding references), as well as for each paper. Candidates should keep a third copy of their Research Portfolio which will assist in preparing for the research conference and viva voce examination.

In addition, the text should be clear and ‘tell a story’; the submission should be ‘user friendly i.e. examiners should be able to find their way around the sections of the portfolio, locating figure, tables etc. and being able to easily cross-reference; style should be economical without unnecessary duplication or repetition. A contents page is required but should be focused and concise, outlining key sections. A list of figures and tables is required following contents page.

**Attention to detail is very important** **and can influence the outcome of the thesis examination** make sure you proof read your thesis before final submission and preferably ask someone else to do so also. Referencing, spelling and typographical errors can easily be rectified and it is far better for you to do them before the examiners have chance to pick them up. Numerous small errors give an overall impression to examiners that care has not gone into the work as a whole.

## Viva Voce Examination and Portfolio Marking Procedure

Research Portfolios will be marked independently by Internal (member of course staff) and External Examiners. The examiners produce independent reports on the Research Portfolio before the Viva Voce Examination and the Internal Examiner collates any feedback/comments to pass to the trainee.

All trainees will also be examined in a viva voce by both examiners in July of the 6th year. The viva voce examination (viva) is an oral examination of your thesis which is attended by both examiners and an independent chair person.

Prior to the viva, examiners will meet to discuss their provisional marks and comments and to agree to the issues to be discussed with the candidate at the viva. Following the viva, the examiners will make recommendations and provide a report of the strengths, weaknesses and any requirements on the Research Portfolio, to the Graduate School. The graduate school will send trainees a letter informing them of their results once all amendments or corrections have been completed to the satisfaction of the examiners.

Examiners are required to make one of the following recommendations:

1. That the portfolio be passed as part of the assessment for the degree of Doctor of Clinical Psychology
2. That the portfolio be passed subject to corrections being made to the satisfaction of the internal examiner within three months of the date of being informed of the decision of the examiners. The term corrections refers to typographical errors, occasional stylistic or grammatical flaws, corrections to references, etc.

(c) That the portfolio be passed subject to amendments.

The term amendments refers to certain changes of substance in a specific element or elements of the thesis specified by the examiners. These shall not involve a revision of the whole thesis or of a major proportion of it. The changes must be made to the thesis within six months of the date of being informed of the decision of the examiners.

(d) (Following the first examination only) that the candidate be referred subject to one of the following:

|  |  |
| --- | --- |
| (i) | Attending for a second oral examination |
| \*(ii) | Submission on one further occasion only (within twelve months), a portfolio revised according to the examiners’ recommendations, for a second examination, without further research |
| \*(iii) | Submission on one further occasion only (within twelve months), a portfolio revised according to the examiners’ recommendations, for a second examination after further research |

1. That the portfolio is not of the required standard, but the candidate be awarded, if the candidate so wishes, the appropriate Masters degree
2. That the portfolio is not of the required standard, but the candidate be awarded a Masters degree, subject to corrections
3. That the candidate be permitted to submit a revised thesis for the appropriate Masters degree

That the portfolio is not of the required standard and no award be made to the candidate

The administration of vivas is undertaken by the Graduate School and full information regarding the procedures and regulations around submission and examination can be found on the Graduate school Sharepoint site <https://share.hull.ac.uk/Services/GraduateSchool/SitePages/Home.aspx> . It is the responsibility of trainees to familiarise themselves with these requirements.

## Submission of corrections or amendments

Details of any required corrections or amendments will be sent to the candidate by the internal examiner as soon as possible following the viva. A letter detailing all of the corrections/amendments made and the page number of where they appear in the revised thesis should be submitted to the internal examiner together with a copy of the revised thesis. This should be done in the format requested by the internal examiner e.g. paper or electronically. Irrespective of method, the changes made should be clearly highlighted and cross referenced in the corrections letter.

Once the corrections/amendments have been made to the satisfaction of the examiner a final version pdf copy of the thesis on cd-rom should be submitted to the internal examiner.

**The following items should be removed prior to submission of the final version of the thesis: copyrighted materials, Ethics and R&D approval letters.**

The final version of thesis will then be forwarded to the Graduate School with confirmation from the examiners that all corrections/amendments have been satisfactorily completed. Final confirmation of the award will then be sent from the Graduate School once this and all other course requirements have been completed.

## Choosing a Journal to submit your paper to

Trainees will be guided by research supervisors and the Course Team on the choice of journals for their papers. The list of journals will be suggestive and will include the major peer-reviewed clinical psychology or health psychology journals, for example:

* Journal of Abnormal Psychology <http://www.apa.org/journals>
* Journal of Consulting and Clinical Psychology <http://www.apa.org/journals>
* Psychological Medicine <http://www.ovid.com/site/catalog/Journal>
* Psychological Review <http://www.apa.org/journals>
* Behaviour Research & Therapy <http://www.elsevier.com>
* Clinical Psychology Review <http://authors.elsevier.com>
* British Journal of Clinical Psychology <http://www.bps.org.uk/publications/journals>
* Psychology and Health <http://www.tandf.co.uk/journals>
* British Journal of Health Psychology <http://www.bps.org.uk/publications/journals>
* Psychology and Psychotherapy <http://www.bps.org.uk/publications/journals>
* Health Psychology <http://www.apa.org/journals>

The guidelines to authors will be online or at the back of the journals. Please include in the Appendix to your thesis the guidelines of the particular journal in whose format the empirical paper is based.

Appendix 1- Research Resources

<http://www.mentalhealth.org.uk/>  
Mental Health Foundation. Has lots of information about mental health, publications and resources around mental health.

<http://www.doh.gov.uk/>  
Department of Health website. Links to all documents, guidelines etc.

<http://www.statistics.gov.uk/>  
National statistics. Great site with whole range of national statistics.

<http://www.nice.org.uk/>  
National Institute for Clinical Excellence (NICE) homepage.

<http://www.hra.nhs.uk/>   
Health Research Authority. Information regarding research in the NHS including research ethics procedures.

<http://www.mdlinx.com/psychlinx/index.cfm>  
Psychlinx. Part of Medlinx. Very useful site. You can sign up for newsletters in whatever specialty you like and then you get sent daily e-mails of new articles in that area. You can also use it to search for articles.

Appendix 2 - Research Costs Guide

As part of your final Research Proposal, the forecasted costs associated with the project should be detailed. The current budget allocated to each trainee is a maximum of £400 for the duration of the research project to cover expenses incurred. **All research costs must be justified and approved prior to commencement of the study.** The total cost forms part of the feasibility review of your project. Trainees are not expected to have to incur costs over and above the budget maximum. In addition there is a 12 item per year document supply allowance for each trainee to obtain journals over the course of the three years of study (please see the Journal section in the table below for the procedure regarding this). Expenses cannot be reimbursed over the maximum budget.

The stages of costs approval are:

1. Preparation of costs forecast to be included within final Research Proposal
2. Peer review- the peer review of the proposal will include a feasibility assessment of the costs projected
3. Ethics committee – may comment on costs
4. Once ethical approval is obtained the final research budget should be submitted to the Research Co-ordinator who will confirm final costs prior to commencement of the study

**NB. Costs should not be incurred until the Research Co-ordinator has confirmed the final budget.**

Once final costs have been approved a central record will be maintained of the amount spent against the budget. Any change from the final costs should be agreed via the Research Co-ordinator **before** expenses are incurred. Costs should be estimated in the same way as they would be for any externally funded research study. Once costs have been budgeted, amendments should only be sought in exceptional and unforeseen circumstances. It is important therefore to spend some time thinking through all of the likely expenses for the project.

**Any costs not included in your final budget cannot be retrospectively claimed so it is important to give this careful consideration in conjunction with your supervisor.**

This process mirrors to a great extent what would happen in an application for external research funding albeit on a smaller scale where you would have to plan your final costings at the outset and forms part of the feasibility assessment of the study.

Expenses that you have detailed in your budget should be claimed at least monthly. All claims must be made in the final year of training by the cut-off date set by the Research co-ordinator. Claims made outside this date will not be paid. An example of how to present a complete Project Costing for inclusion in your final research proposal is below:

**The following table sets out some of the most common expenses relating to research together with details of the procedure for purchase and reimbursement.**

|  |  |  |
| --- | --- | --- |
| Item | Cost | Procedure |
| **Photocopying** – bulk black and white copying facilities available from Central Print Services. | 2.2p per side of copying | Email a list of individual documents that need copying and specify how many copies required, total number of sheets required and to Research Co-ordinator. [t.alexander@hull.ac.uk](mailto:t.alexander@hull.ac.uk)  Requests will be sent to Central Print Services who will send back in internal post usually within 3 to 4 working days |
| **Photocopying** - colour | 14p per side of copying |
| **Photocopying** – coloured paper | 2.8p per side of copying |
| **Envelopes** – A4 white/manilla  C5 – ½ A4 white | 2p per envelope | Request from Claire |
| 1p per envelope |
| **Other stationary costs** | Varies | Request costing from Claire |
| **Postage costs** | **Varies according to size/ weight**. **Ensure that you check the size and weight of the item you are sending or receiving back from participants when calculating your budget.** | Letters for posting should be handed to the research co-ordinator with a note of how many items are to be posted and the mailing cost for each item.  If return envelopes are to be used the University’s Freepost service should be used. The cost to the course is the same as standard postage rate and should be costed accordingly within the budget.  The Freepost address for return mail can be obtained from the Research Co-ordinator |
| **Travel costs**  Mileage for research will be reimbursed at the University mileage rate. Whilst it can be difficult to forecast exactly how many journeys will be required an estimate should be made based on number of participants and likely locations.  The overarching principle is that travel costs should make the most effective use of the available budget  Public transport costs will be reimbursed at standard rate | Mileage – reimbursed at the University mileage rate - 40p per mile up to 150 miles and 25p per mile thereafter.  Research mileage can be claimed based on expense actually incurred.  For the purposes of calculating mileage claims for research the base is the University.  Mileage claims can be made for the number of miles from the **base to the research location (& return) less the number of miles normally incurred travelling from home to the base (& return).** E.g. base to research location (& return) = 120 miles, home to base (& return) = 70 miles, claim can be made for 50 miles. | Claim via Beverley receipts not required for mileage (apart from bridge tolls).  Receipts are required for public transport |
| **Copyrighted questionnaires and instruments** | The course has a licence for many psychological measures e.g. the HADS. Please check the Test Library on Canvas/Clinical Community/Resources before submitting your research budget for approval. A list of freely available outcome measures can also be found on Canvas/Clinical Community/Resources | Refer to the Research co-ordinator before purchasing |
| **Mobile phone call costs** | It is recommended that a phone number specific to the research project is used. The course has a number of research phones which may be available to borrow. A pay as you go sim card will need to be purchased to use these. Alternatively a sim card can be purchased to use with unused phones owned by the trainee. | Phones can be borrowed via the research co-ordinator. If you need to buy a top-up purchase only what you are likely to use and what is within your agreed budget |

|  |  |  |
| --- | --- | --- |
| **Survey monkey** | On-line survey tool. Humber NHS Foundation trust has a licence so for NHS based projects this tool is free. | For NHS based projects contact Steve Walker at Humber Trust |
| **Bristol on-line survey** | On-line survey tool. Available free to all trainees via the University’s licence. | Email the ITC Helpdesk [help@hull.ac.uk](mailto:help@hull.ac.uk) to request access. |
| **Journals** | Copies of journal articles can be ordered by document supply if the subscription is not held by the University library.  Each trainee has an allowance of 12 items per year (1 August to 31 July)  You should also check to see if access is available via your NHS Athens login. Applications for the NHS Athens login can be made via <https://register.athensams.net/nhs/nhseng/>  Access to other university libraries is available via the SCONUL access scheme. Register at the library for a card.  Access to articles is also sometimes available from the author’s web pages.  Authors should also be emailed to ask if they would be able to share a copy of their article.  Journals can also be viewed and copied at the British Library at Boston Spa. | Document supply articles are obtained by the on-line request facility on the library webpages.  Applications for the SCONUL access scheme can also be made at the library. |
| **Payments to participants** | The course policy is that payments should not be made to participants other than to reimburse travel. In exceptional circumstances payments may be considered for particularly hard to recruit groups. This should be discussed with your supervisor and the Research co-ordinator | Payments made to participants for travel should be evidenced by a receipt confirming payment has been made. Confirm with research co-ordinator to agree the procedure. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Costs for A.Researcher- Based on posting packs to 100 potential participants with 50 taking part** | | | | |  |  |  |
| Item | | Explanation for cost | | | Number | Unit cost (£) | Budget |
| Stamps | | Posting questionnaires (2nd class, small letter size) | | | 100 | .53\*\* | 50 |
| Freepost | | Return of questionnaires | | | 50 | .53\*\* | 25 |
| A4 envelopes | | Sending out questionnaires and enclosing Freepost return envelope | | | 200 | .02 | 4 |
|  | | Item | Sheets | Total |  |  |  |
| Photocopying | | Information sheet | 3 | 300 | 1900 | 0.019 | 36.1 |
| Consent form | 1 | 100 |
| Demographic information | 2 | 200 |
| HADS | 3 | 300 |
| DBAS-16 | 3 | 300 |
| **Measures** | HADS | Questionnaire | | | 100 | Dept licence held | 0 |
| Raven's Progressive Matrices (RPM) | Record Forms | | | 100 | 89.7 | 89.7 |
| Short-Form 36 | Administrative fee and software (for one year) | | | 1 | 28.27 | 28.27 |
| Dysfunctional Beliefs and Attitudes about Sleep (DBAS-16) | Questionnaire | | | 100 | Copyright free | 0 |
| Travel expenses - mileage | | Travel to/from clinics  Research visits to clinic in Hull to recruit participants. 20 visits estimated 10 miles return trip.  Miles calculation per trip:  Base to clinic (&return)=15 m Home to base (&return) = 5 m  = 10 miles claim per research visit | | | 200 | .40p | 80 |
|  | |  | | |  | **Total** | **313.07** |

Example research budget. \*\* **Note that these are example rates only**, please ensure you check the up to date cost of items e.g. post cost depends on size and weight.

Appendix 3 – Research Supervision Contract

**THE UNIVERSITY OF HULL**

**SCHOOL OF HEALTH AND SOCIAL WORK**

**DOCTORATE DEGREE IN CLINICAL PSYCHOLOGY**

**RESEARCH SUPERVISION CONTRACT**

**Introduction**

* The research supervision agreement has two key functions;

1. The agreement ensures that the rights and responsibilities of trainees and supervisors are made explicit and are agreed upon from the beginning of the research process through to its completion (i.e. publication of findings).
2. It ensures that trainees’ doctoral research meets with current research governance criteria in the NHS and guidelines set out by The University of Hull for the conducting of research.

* Further details regarding research responsibilities can be found in the Postgraduate Research Training Manual.
* The agreement is to be completed by the trainee and all academic and clinical / field supervisor(s) who will be involved with the proposed study and a copy should be kept by each.
* The agreement should be completed following allocation of a trainee to a specific supervisor and as soon as new field supervisors become involved. The agreement must be completed before the approval of the research proposal by the research group committee and prior to applications to Research Ethics Committees (RECs) for ethical approval. The agreement may be subject to change or revision depending on approval of the research proposal by the research group committee.
* Any amendments to the agreement after it has been completed should be agreed by all parties and the dates and details of amendments should be copied and attached to the original document.

**Details of Researchers**

The Trainee is the principal researcher in the proposed piece of research and this should appear on any applications to RECs. As such the trainee holds primary responsibility for the conducting of the study and the production of the final thesis. Parties signing this document are agreeing to uphold the rights and responsibilities of trainees and supervisors as they are set out below.

1. **Trainee Information**

Name ………………………………………

Address …………………………………………………………………………………………………

Phone Numbers and best times of contact….............................................................

E-mail Addresses …………………………………………………………………………..

Signature …………………………………… Date ……………………………………….

1. **Primary Academic Supervisor**

Name ………………………………………

Address …………………………………………………………………………………………………

Phone Numbers and best times of contact….............................................................

E-mail Addresses …………………………………………………………………………..

Signature …………………………………… Date ……………………………………….

1. **Secondary Academic Supervisor (where applicable)**

Name ………………………………………

Address …………………………………………………………………………………………………

Phone Numbers and best times of contact….............................................................

E-mail Addresses …………………………………………………………………………..

Signature …………………………………… Date………………………………….

1. **Clinical or ‘field’ supervisor**

Name ………………………………………

Address …………………………………………………………………………………………………

Phone Numbers and best times of contact….............................................................

E-mail Addresses …………………………………………………………………………..

Signature …………………………………… Date …………………………….

1. **NHS or clinical liaison (when different from above)**

Name ………………………………………

Address …………………………………………………………………………………………………

Phone Numbers and best times of contact….............................................................

E-mail Addresses …………………………………………………………………………..

Signature …………………………………… Date ……………………………………….

1. **Additional Supervisor (when applicable)**

Name ………………………………………

Address …………………………………………………………………………………………………

Phone Numbers and best times of contact….............................................................

E-mail Addresses …………………………………………………………………………..

Signature …………………………………… Date ……………………………………….

**Rights and Responsibilities of Researchers**

1. **Rights and Responsibilities of Trainees**

**Over the duration of the research…**

* Trainees are principally responsible for the topic design and conduct of the research in consultation with the supervisor. Problems should be brought to supervision by trainees in a proactive manner.
* Trainees are responsible for all the work entailed in the research including the preparation of all relevant documentation. Trainees should maintain the progress of their research in accordance with a time-plan that has been agreed with supervisors.
* Trainees are jointly responsible for ensuring that the content of each meeting with their supervisor (s) is documented, through completion of the research supervision record *(see handbook / attached appendix)*
* Trainees are expected to discuss the style of guidance and feedback they are likely to find most helpful and make good use of supervision by taking note of and acting on suggestions and comments raised by supervisors.
* Trainees are responsible for arranging mutually convenient times for meeting with the supervisor. Arrangements for supervision contact during vacations should be agreed in advance. Trainees are responsible for liaising between supervisors and coordinating meetings.
* Trainees are responsible for providing a brief structured report for their supervisor(s) regarding the progress of the study. Trainees should aim to do this at the beginning of each supervision meeting.
* Trainees are responsible for ensuring that drafts of written work are provided to supervisors at agreed times and leaving sufficient time for supervisors to read and comment on the work.
* Trainees are responsible for conducting their research in a way that follows current ethical and professional codes of conduct (e.g. ‘Code of Human Research Ethics. British Psychological Society, 2010). Trainees must also conduct their research in accordance with University of Hull safety requirements.
* Trainees are responsible for maintaining and updating this contract and their site file. Trainees must ensure that personally identifiable data is stored securely and separately to research data
* Trainees have the right to focused, constructive feedback from the supervisor
* Trainees have the right to meeting the supervisor at least once a month for purposes of research guidance and support
* Trainees have the right to a review by the Research Group if, on the basis of written complaint, they find the supervision arrangements unsatisfactory

**Upon completion of the research…**

* Trainees are responsible for ensuring that data are stored securely and reliably (i.e. backed up on computer) and that the anonymity of research participants is protected. Trainees must ensure that the site file is given to the supervisor for archiving in the course.
* Trainees must ensure that supervisors have access to the research data for publication.
* Trainees are responsible for the preparation of manuscripts aimed at publication in identified journals, when these manuscripts are prepared during the period of training (refer to Guidelines for Publication and Authorship).
* Trainees are responsible for providing feedback to appropriate NHS Trusts R&D departments and other involved agencies.
* Trainees must ensure that their academic supervisor has received a copy of the research thesis following its completion. This copy does not have to be bound but should contain all relevant appendices.
* All questionnaires used in the research study should be submitted to the course administrator for archiving. Any papers purchased by the course through inter-library loans must also be returned to the course administrator following completion of the thesis.

***Any additional responsibilities agreed with supervisors should be documented here…***

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1. **Rights and Responsibilities of Academic Supervisors**

* Supervisors are responsible for providing regular time to meet, at least monthly, with trainees assigned to them by the Research Group. Supervisors should agree with trainees on any other times they are accessible.
* Supervisors are responsible for providing optimum guidance and support to trainees with regard to methodological, practical, ethical and professional issues at every stage of the research.
* Supervisors are jointly responsible for ensuring that the content of each meeting with a trainee is documented, through completion of the research supervision record. The supervisor is responsible for ensuring that copies of the supervision record are logged in the research site file.
* Supervisors are responsible for providing brief, structured reports to the Research Group at three-monthly intervals on the progress of the assigned trainee with the study
* Supervisors are responsible for keeping a close supportive eye on the trainee and for informing the Research Group and, via them, the Course Director, of problems that are difficult to resolve independently in relation to the trainee and the research.
* Supervisors should be responsible for ensuring that trainees are made aware if the progress or standard of their work is unsatisfactory. A plan of action which is supportive of the trainee should be agreed if this is the case.
* Supervisors are responsible for reviewing written drafts and returning them by an agreed date with constructive feedback included.
* Supervisors are responsible for reading, reviewing and, finally, approving the thesis for submission to binders.
* Supervisors are responsible for informing trainees if they are on vacation or otherwise unavailable and to make appropriate contact arrangements or alternative supervision arrangements if absent from the University of Hull for more than one month.
* Supervisors have the right to veto a research proposal within their own area of expertise, if they consider it unacceptable on legitimate grounds
* Supervisors have the right to ask the Research Co-ordinator that the trainee to be re-allocated for good personal or professional reasons.
* Clinical / Field Supervisors have the right to co-authorship on works generated by the research, when they have made scientific contributions to the research project or the writing of a paper for publication. See ‘Guidelines and Agreement on Authorship’.
* Upon completion of the research, Supervisors are responsible for advising the trainee in the preparation of manuscripts for publication.
* Supervisors should ensure that the research site file is stored securely after completion of the research.

***Any additional responsibilities agreed with trainees should be documented here…***

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1. **Rights and Responsibilities of Clinical / Field Supervisors and Additional Supervisors.**

* Supervisors are responsible for providing regular time to meet with trainees. Supervisors should agree with trainees on any other times they are accessible.
* Supervisors are responsible for providing optimum guidance and support to trainees with regard to methodological, practical, ethical and professional issues, within their area of interest and competence, at every stage of the research. This may include particular guidance on local R&D procedures and the nature of feedback required by local involved agencies
* Supervisors are jointly responsible for ensuring that the content of each meeting with a trainee is documented, through completion of the research supervision record.
* Supervisors may need to be responsible for helping to ensure that, where necessary, honorary contracts are secured for themselves with the School of Health and Social Work and the University of Hull. Field supervisors may also be responsible for assisting trainees to secure an honorary contract or letter of access with other NHS Trusts when research is conducted with participants not drawn from Humber NHS Foundation Trust, as is necessary.
* Clinical / Field Supervisors have the right to co-authorship on works generated by the research, when they have made significant scientific contributions to the research project or the writing of a paper for publication. See document on ‘Guidelines and Agreement on Authorship’.

***Any additional responsibilities agreed with trainees should be documented here; in particular, any arrangements made regarding access to and recruitment of research participants should be detailed.***

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1. **Rights and Responsibilities of the Research Group and the Course.**

* The Research Group have the right to veto a proposed study on ethical, methodological or practical grounds.
* The Course has the responsibility for providing a secure location for the archiving of site files.
* The Course / Research Group have the right to utilise research data if it is unused 6 months after submission of thesis and for 5 years thereafter.

**The Site File**

The research site file is an individual secure file, held by the course which holds all important documentation relevant to the research. It allows for an ongoing and reliable ‘paper-trail’ of documentation which makes the research process transparent and ensures proper accountability. It is an important tool in ensuring that Research Governance criteria are met. The site file should contain all important documentation related to the trainee’s research, including; copies of approved research proposals, statement of ethics, REC applications and approval letters, ongoing records of supervision , the research agreement and the agreement on authorship and publishing.

Appendix 4 – Authorship Agreement

**THE UNIVERSITY OF HULL**

**SCHOOL OF HEALTH AND SOCIAL WORK**

**DOCTORATE DEGREE IN CLINICAL PSYCHOLOGY**

**RESEARCH AUTHORSHIP CONTRACT**

**Guidelines and Agreement on the Authorship of Publications Based on**

**ClinPsyD Research Theses**

1. **Guidelines for Publication and Authorship**

Good practice guidelines on authorship and publishing have been drafted by the BPS and were published by Game & West (2002). The key points of these guidelines are that:

* + The first author on a research paper is determined by who has made the most significant scientific contribution toward the paper. This is not determined by seniority.
  + In the majority of cases the first author will be the trainee. The trainee is responsible for the writing up of research findings and sending manuscripts for publication.
  + Examples of significant scientific contributions include; origination and formulation of the research idea and hypotheses, the design of the research, designing and conducting major analyses, interpreting findings and writing a major section of the article (see Game & West, 2002. page 126).
  + Minor contributions, including the simple collection of data, supervising data analysis, helping to recruit participants or advising on statistical issues, are not considered to entitle a person to co-authorship.
  + The order in which authors appear should be determined by relative size of contributions made to the research and the manuscript.
  + A supervisor would be entitled to first authorship if; ‘extremely close supervision was required to produce the paper and / or the supervisor conducted or closely guided further extensive analysis of the data beyond the scope of the original research’ (Game & West, 2002. page 127). Trainees must always be listed as co-authors in such circumstances.
  + If writing up for publication has not begun 6 months after thesis submission, the supervisor will be entitled to write a paper based on the results of the research unless a specific prior arrangement has been made regarding the timing of writing up. In this case it is important that trainee and supervisor maintain contact after thesis submission.
  + The supervisor is entitled to have access to and make use of any data that remains unused 6 months after the submission of theses for the purpose of preparing a publishable paper him or herself.
  + No authorship should be assumed on post-project work without the consultation of all collaborators.

1. **Agreement on Authorship**

Having read these guidelines on authorship, we agree to abide by them for the publication of materials based on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s current research thesis:

*Trainee Clinical Psychologist ……………………………………………………………….*

*Trainee signature …………………………………………………………………*

*Date ………………………………..*

*Supervisor …………………………………………………………………………………….*

*Supervisor signature …………………………………………………………………*

*Date ………………………………..*

*Supervisor …………………………………………………………………………………….*

*Supervisor signature …………………………………………………………………*

*Date ………………………………..*

For each of the planned publications relating to this research study please indicate provisional titles and the proposed order of authorship.

1. Proposed title of publication

…………………………………………………………………………………………………..

- Proposed journal (or conference presentation)

…………………………………………………………………………………………..

* Proposed order of authorship - reasons for order?

…………………………………………………………………………………………..

* Proposed completion and submission date(s)

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1. Proposed title of publication

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- Proposed journal (or conference presentation)

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* Proposed order of authorship - reasons for order?

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* Proposed completion and submission date(s)

…………………………………………………………………………………………..

*Reference;*

Game, A. & West, MA. (2002). Principles of Publishing. The Psychologist. Vol 15 (3). pp. 126-129.