

## Advanced Training in Forensic Psychiatry Research Project: Guidelines

As discussed at the July 2008 SATFP Meeting, this document is an attempt to provide some structure and guidance for Forensic ATs and their DOATs regarding the Research Project requirement of the curriculum.

### 1. Rationale and Learning Objectives

The Research Project requirement is premised on the following principles:

All specialists need to take a leadership role in research and evaluation of their practice

The practical experience of scholarship is a fundamental part of post-graduate training and this necessarily entails a critique and assimilation of scientific evidence as it applies to practice

Forensic psychiatrists need to demonstrate a certain minimum level of skill in scholarship prior to entering independent practice – anticipating that these skills will grow and develop throughout their professional lives.

To demonstrate that they have attained the skills necessary for independent scholarship, trainees are required to submit a written piece of scholarship that demonstrates their ability to critically appraise the literature base in an area of forensic psychiatry or a cognate academic discipline. This requirement can be fulfilled through practical experience involving the application of research methods, and the testing of hypotheses by the trainee, however, reflecting the broad base of the discipline of psychiatry, it can be met by utilising several other forms of scholarly endeavour.

#### 1.1 The specific learning objectives are the ability to:

- (i) Conduct a critical appraisal of the literature base in an area of knowledge pertaining to psychiatry in its broader sense;
- (ii) Formulate a scholarly question(s), or hypothesis(es) that arises from (i);
- (iii) Complete an endeavour to address (iii);
- (iv) Present the results of (iii) and discuss the results in regards to (i), including a critique of their own project methodology.

The trainee will be supervised in the scholarly project and (as confirmed by the supervisor) will make a substantive contribution to all four aspects of the scholarship as presented in the written submission. It is anticipated that the submission will reflect the standard of a project that can reasonably be completed by a post-graduate student in 120 hours over two years, or 3 hours per week for 40 weeks of one year. The submission should be a minimum of 3000 and maximum of 5000 words.

The written submission is of the form currently used in English language institutions of higher education relevant to psychiatry, namely it is to be soft-bound, printed (not hand-written) with double-spaced font, wide page margins, and using the APA, Harvard or Vancouver referencing system. Acknowledgments of others' contributions may be included, and appendices are allowed, but the latter are not to be included in the word limit.

### 2. Options for the Research Project

There are a number of acceptable options in terms of format:

1. A quality assurance project or clinical audit
2. A systematic literature review

3. Original and empirical research – quantitative or qualitative
4. A series of cases illustrating a common theme
5. A theoretical discussion on a topic of relevance to the scientific basis of psychiatry or clinical practice
6. The requirement may be waived for trainees who have already achieved a Doctoral (PhD or equivalent) degree.

## **2.1 A Quality Assurance Project or Clinical Audit**

### **2.1.1 Overview**

Clinical audit is used to measure the true quality of an aspect of a service. It is dependent on setting explicit, realistic standards for the care given. Clinical audit, however, is much more than just measuring quality. There must be a commitment to change practice where the results of the audit show that improvements should be made. There is a cycle of assessment, the implementation of a change and the review of the impact of the change.

To meet the requirement of this option, the trainee may undertake a project that encompasses the whole of the clinical audit cycle (for a small well defined project) or is limited to a defined section of the audit cycle.

The trainee may define a practice which he/she believes to be worthy of auditing. There may or may not be an existing policy or guideline, against which the audit is made. If there is no such standard, the trainee might look at national practice standards or options from comparable services. Alternatively, the trainee may develop a set of standards as a result of the audit conducted and compare and contrast these with the literature.

Clearly these projects require the trainee to define suitable measures for the performance indicator or outcome being examined. Areas of performance suitable for audit may include (but are not limited to) the following: clinical care (e.g. acute, chronic and preventive care, prescribing, referrals, investigations, length of stay, readmission rates); access (appointments, premises, telephone, out of hours); communication (e.g. with patients, carers, with team members outside practice; interface (e.g. discharge planning, letters, records); professional values (e.g. education, workload).

A Quality Assurance Project may form the basis for one of the Trainee's 'Service Development' Projects.

### **2.1.2 Suggested structure: Quality Assurance Project or Clinical Audit**

Trainees may wish to utilize the following format:

- Title page
- Statement of trainee contribution & acknowledgment(s) of supervisor role and other's role
- Structured synopsis using the headings: background, method, results, and conclusion(s)
- The remaining text is presented under the following headings:
  - The focus of the clinical audit (performance indicator, policy, clinical guidelines, etc).
  - The rationale for the audit and the clinical significance
- Background evidence from the literature
- Methods

- Define specific stage(s) of the audit
- Define data set and specific collections rules
  - Findings
- Again, depending on the part of the audit cycle, this might include data from before and/or after implementation of standard
  - Discussion
- Depending on the specific stages of the audit cycle the discussion may include but not limited to:
  - validity of findings,
  - clinical implications,
  - barriers to implementation,
  - dissemination and training,
  - analysis of the strengths and limitations of the audit
- Recommendations
- References
  - Appendices (if applicable).

## **2.2 A Systematic Literature Review**

### **2.2.1 Suggested Content: Systematic Literature Review**

- Title page.
- Statement of trainee contribution & acknowledgment(s) of supervisor role and other's role.
- Structured synopsis using the headings: background, method, results, and conclusion(s).
- The remaining text is presented under the following headings:
  - Background and objectives
  - Method
  - Results
  - Discussion (including the strengths and limitations of the review)
  - Conclusions
  - References
  - Tables in numbered order
  - Appendices (if applicable).

### **2.2.2 Background**

In this section the scene will be set for the questions to be asked in the review. The topic area will be introduced and the context of the question presented. This will usually include summary statements (supported by references). For example, if the topic is treatment of depression in prison settings, the current epidemiology, burden and outcome of depression in prisons will be summarised.

The background will refer to current and relevant literature and critical appraisal of the same, such that deficiencies in the present state of knowledge leading to the objectives and specific aims of the review are clear to the reader.

Trainees should ensure their question is focused, concise, and specific.

### **2.2.3 Method**

Search strategy: This comprises the search terms, search dates and databases (*minimum* of two e.g. MEDLINE and PSYCHLIT.)

Selection criteria: The quality and content criteria by which studies are selected for inclusion.

Data collection & analysis: Outcomes or end-points are specified. The entry of data and quality control of this (e.g. double-entry) is specified and what statistical analyses are used.

Data includes that pertaining to quality appraisal of studies and outcomes.

### **2.2.4 Results**

The search: A descriptive of the included studies and excluded studies is presented with the reasons for exclusion. Each study identified in the search is accounted for. Where there are multiple exclusions, for example over 100 trials excluded, the trainee may choose to present this in full in an Appendix.

Quality of included studies: Quality rating data (critical appraisal) of the included studies is presented.

Outcomes relevant to the question: Outcomes may be presented in simple tabular form supported by explanatory text and/or utilising more complex statistical analyses such as meta-analyses.

### **2.2.5 Discussion**

The main findings of the review are reiterated, followed by a discussion in the context of relevant background literature. Limitations and strengths of the review are reported.

### **2.2.6 Conclusions**

This comprises comments integrating the findings of the review, clinical and research implications and (where applicable) directions for further research or inquiry.

### **2.2.7 References**

Presented using APA, Vancouver or Harvard style.

### **2.2.8 Table(s)**

Presented in numbered (arabic) order (as in the text with a cross-reference in the text). Each table should be on a separate page.

Use of lines and boxing is encouraged for clarity, but these should not solely comprise 'cut and paste' reproductions of tables as produced by statistical packages such as SPSS.

### **2.2.9 Appendice(s)**

These might include a detailed list of excluded trials and reason for exclusion.

### **2.2.10 Further reading**

Trainees may find the following helpful in designing their review.

The Cochrane Library and Databases of controlled trials and systematic reviews.

[www.cochrane.com](http://www.cochrane.com)

## **2.3 An Original and Empirical Research Project**

### **2.3.1 Overview and Expectations.**

This is the more formal research option, and could involve undertaking either a quantitative or qualitative research project.

Regardless of whether the project is quantitative or qualitative, it is essential for the discussion to include a thorough examination of the strengths and limitations of the research. It is not expected that the research should necessarily result in a paper of a standard likely to be accepted for publication in a peer review journal, however obviously that would be a desirable objective. Rather, the trainee needs to demonstrate that their knowledge of the realities of undertaking research has been significantly improved by conducting the project.

### **2.3.2 Quantitative Research Project**

A quantitative research project would normally involve a series of steps as follows:

- 1) Review of relevant literature leading to development of one or more hypotheses.
- 2) Development of an appropriate research methodology.
- 3) Data collection for either a pilot or more definitive study
- 4) Data analysis yielding a set of results
- 5) Discussion and conclusion.

### **2.3.3 Qualitative Research Project**

A qualitative research project is usually aimed at exploration of an area where there is insufficient knowledge to allow generation of testable hypotheses. Typically, "in-depth" data are collected from a small number of subjects, often using recorded interviews. Data analysis often involves the identification and elucidation of recurring themes. This can be done manually or, in more sophisticated studies, by computerised analysis of transcribed interviews. Results and discussion focus on how these recurring themes (which may include emotions, cognitions, attitudes, beliefs etc) further our understanding of the topic under study. Trainees need to be mindful that supervisors may have a more limited knowledge of qualitative methodologies, and seeking co-supervision may warrant consideration.

## **2.4 A Series of Cases Illustrating a Common Theme**

### **2.3.4 Suggested Content**

- Title page.
- Statement of trainee contribution & acknowledgment(s) of supervisor role and other's role.
- Statement of consent and confidentiality and de-identification
- Synopsis including main conclusion(s).
- The remaining text is presented under the following headings:
  - Introduction
  - Case History(ies)
  - Discussion
  - Conclusions
  - References
  - Appendices (if applicable).

### **2.3.5 Introduction**

The scene should be set for the main themes of the case discussion, the setting in which the

case(s) was (were) selected, and the scientific context around issues pertaining to the case(s). Examples of themes are diagnostic dilemma(s), evidence base of treatment, ethical challenge(s) in management, and unusual, new or rare presentations. Note that the Trainee may wish to pursue a psycholegal analysis, rather than a 'scientific' one, and discuss legal and jurisprudential issues arising from the case(s).

### **2.3.6 Case History(ies)**

The main features of the case(s) should be described. This is not a full presentation of all aspects as required in the case histories submitted for Basic Training assessment. It is a distillation of the key aspects that support the ideas and themes which the trainee will then critically discuss. No more than a third of the project should comprise this section. There is no limit on number of cases but more than three may take the form of a case series and may be submitted under option 2.1.3, an original and empirical research project.

### **2.3.7 Discussion**

This should comprise about half the project and should include a critical evaluation of scientific and/or psycholegal literature as it pertains to the themes of the case(s). It must make reference to the case(s); that is, should not be merely a 'topic' discussion that is generated by a case(s) - for example, having critically reviewed the evidence base for treatment, what further options in management can now be explored for this case(s)?

### **2.3.8 Conclusions**

This comprises comments integrating the features of case histories, clinical and research implications and (where applicable) directions for further research or inquiry.

### **2.3.9 References**

Presented using APA, Vancouver or Harvard style.

### **2.3.10 Appendice(s)**

Data germane to the case history such as test results may be placed here. This should be supporting data that is of relevance, but is not essential to the reading of the main scientific argument.

### **2.3.11 Further reading**

Trainees may find reading recent case reports in the *Australian and New Zealand Journal of Psychiatry* or *Psychiatry, Psychology and Law* helpful.

## **2.5 A Theoretical Discussion of a Topic of Relevance to the Basis of Forensic Psychiatric Practice**

This option may be regarded as a scholarly project which does not fit neatly into the other categories, that is, a scholarly work which is neither a systematic literature review, nor a piece of primary research, nor a clinical audit. However, it might better be defined as a process which helps us answer such questions as "How do we know what we know in psychiatry?" and "How can I be sure that I am treating my patient optimally, rationally, and consistent with scientifically-established best practice?"

This option allows the candidate to consider in depth a topic which is less amenable to empirical research and may therefore be somewhat more speculative in its approach. By its very nature, there are a wealth of potential topics in forensic psychiatry which require such an approach.

It would be expected that the author:

1. Clearly defines the topic of the project
2. Specifies the relevance to psychiatry
3. Demonstrates an understanding of the current literature relevant to the topic and references the literature in a standard format.
4. Highlights a conclusion or summary.

### **3. Developing the Research Project**

This section provides practical advice to the trainee about the process of developing the scholarly project.

#### **3.1 Selection of a Research Project**

Trainees are encouraged to select a project based on their own interests. There may be opportunities within particular training rotations for a project related to these rotations, but ultimately the choice of research subject lies with the trainee.

#### **3.2 Selection of a Supervisor**

A supervisor for the scholarly project should be selected at the earliest possible stage. Trainees may find that their rotation supervisor is able to supervise their scholarly project, but it is expected that often trainees will need to locate a supervisor with an interest in the project topic and research, in general. Trainees may therefore have a clinical supervisor, and an additional scholarly project Supervisor. Some trainees may additionally seek a project co-supervisor, who has a particular expertise in the project subject. The research co-supervisor need not be local to the trainee, and would offer supervision additional to that of the primary project supervisor. The principal supervisor should be a College fellow, however co-supervision from a non-college fellow is permitted for projects where this is appropriate (e.g. qualitative research).

#### **3.3 Selection of a Scholarly Project Format**

Trainees should consider each of the five scholarly project options described above. Selection of the most appropriate format will require the trainee to clarify:

- The question being posed
- The resources available to them in performing this project, most particularly, time available
- The particular research skills they would like to develop
- Their understanding of the relevant literature.

The scholarly project supervisor must be involved in considering the most appropriate option for the project.

#### **3.4 Discussion with the Regional Director of Advanced Training in Forensic Psychiatry**

Once a trainee has decided upon a project topic, identified a project supervisor, and the most appropriate format for their project, a clear project question and proposed methodology should result. Before proceeding, the trainee should meet with their RANZCP Director of Training to discuss the proposed scholarly project. The Director of Training will ensure that the proposed scholarly project will meet the RANZCP guidelines, and offer support by ensuring that trainees are aware of the local resources available.

### **4. Supervision of the Scholarly Project**

Supervision of the scholarly project will take the form of regular meetings and discussions with the trainee, at the beginning to support the trainee in the area selected for study, advice and supervision of the literature to be reviewed, development of hypotheses and/or themes. The supervisor(s) will provide advice and guidance in the conduct of the project and its writing up. Supervision will be regular but may vary in intensity (e.g. between weekly and monthly) and it is anticipated will be most intense in the initial and final stages of the project. In some instances group supervision may be possible and desirable. The supervisor may assist the trainee in the project in practical ways e.g. with data collection and/or analyses, but should not undertake or subsume the project tasks for the trainee. Such assistance and other assistance should be acknowledged.

## **5. Final Approval of the Research Project**

As with other AT requirements, it be the responsibility of the local Director of Training to determine whether or not each AT has met the specific requirements of this part of the certificate. A copy of the project should be submitted to the Chair of the SATFP as part of the final documentation process. Submitted projects must be signed off by the trainee's local Director of Advanced Training and include a signed statement by the trainee that it is their own work. Projects which are assessed as a fail by the Regional Director of Advanced Training in Forensic Psychiatry, must be submitted to SATFP for further review before release of results to the trainee.

The expected standard is that the final report should be potentially publishable in an appropriate peer reviewed journal such as the *Australian and New Zealand Journal of Psychiatry*, *Australasian Psychiatry* or the *Psychiatric Bulletin*. By this, it is meant that the report would be suitable for publication with no more than minor revisions, such as editing for length and clarification of some minor issues.

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