

INTRODUCTION

The Healios Tier 3 specialist CBT service is delivered via a secure clinical delivery platform and video link, using a NICE endorsed semi-structured CBT manual. All sessions are recorded, which provides a unique opportunity for direct and objective observation of clinical delivery. We designed a collaborative process using small digital initiatives. This involved a session audit and clinician surveys to review the therapy delivered as part of a drive for continuous quality improvement.

METHOD AND RESULTS

PHASE 1 (DEC 2019- MARCH 2020)

An audit of randomly selected recordings of mid-treatment CBT sessions were analysed by clinical supervisors using the 12 CTS-R competencies along with dealing with risk and safeguarding, use of online materials and meta-competence. 91% of clinicians demonstrated moderate or high skill in their use of decks/ resources. The audit highlighted four competencies for development: agenda setting, guided discovery, conceptual integration and homework.

PHASE 2 (MAY 2020-SEPT 2020)

Individual feedback was given to clinicians, the anonymised results were disseminated to the team and online group discussions were carried out to generate development ideas. Training targeted the four competencies for improvement using pre-recorded roleplay demonstrations which were then built into interactive online workshops (Fig.1). In addition, we developed new online materials and screencasts demonstrating their use (Fig.2).

FIGURE 1: Screenshot taken during an online workshop

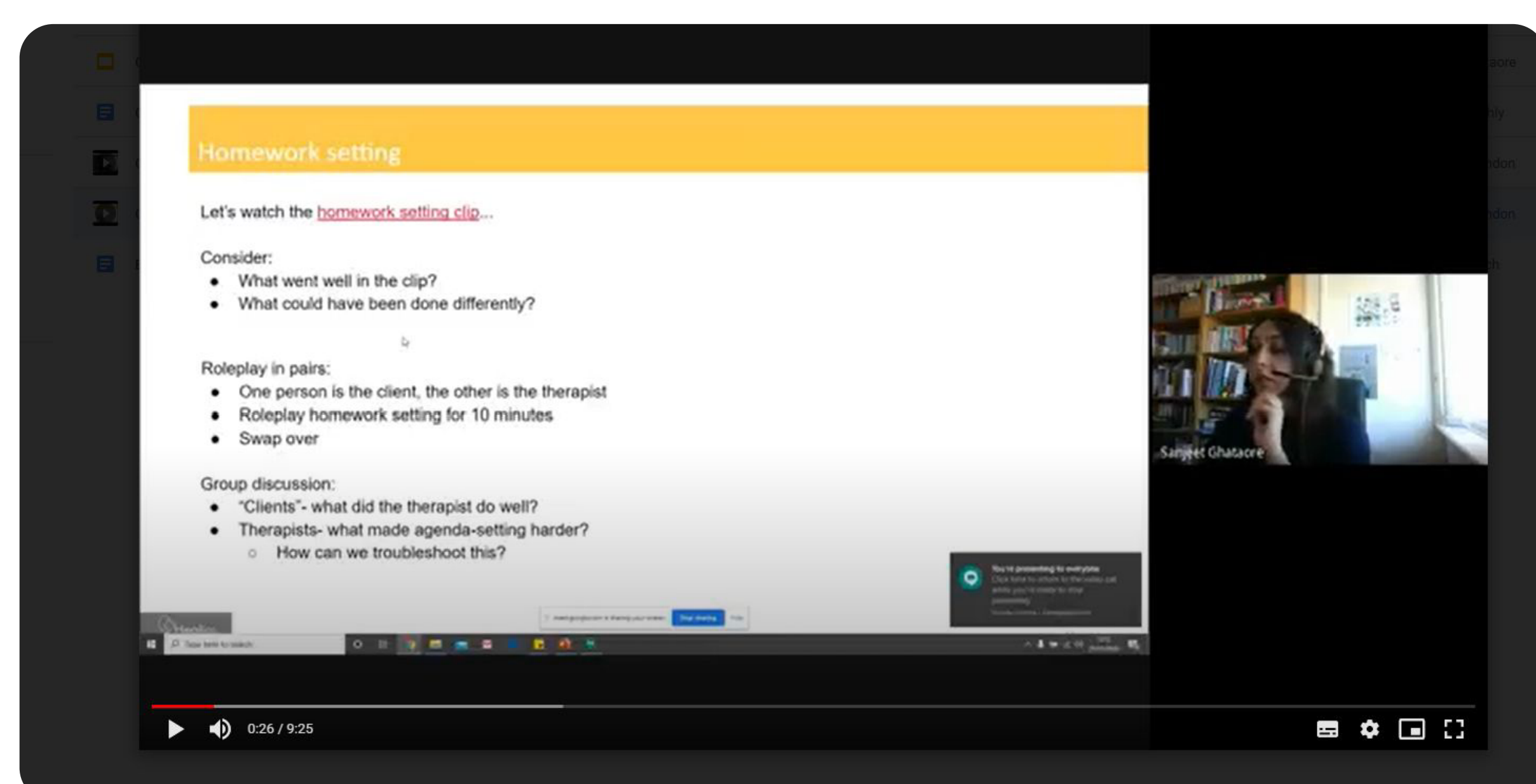
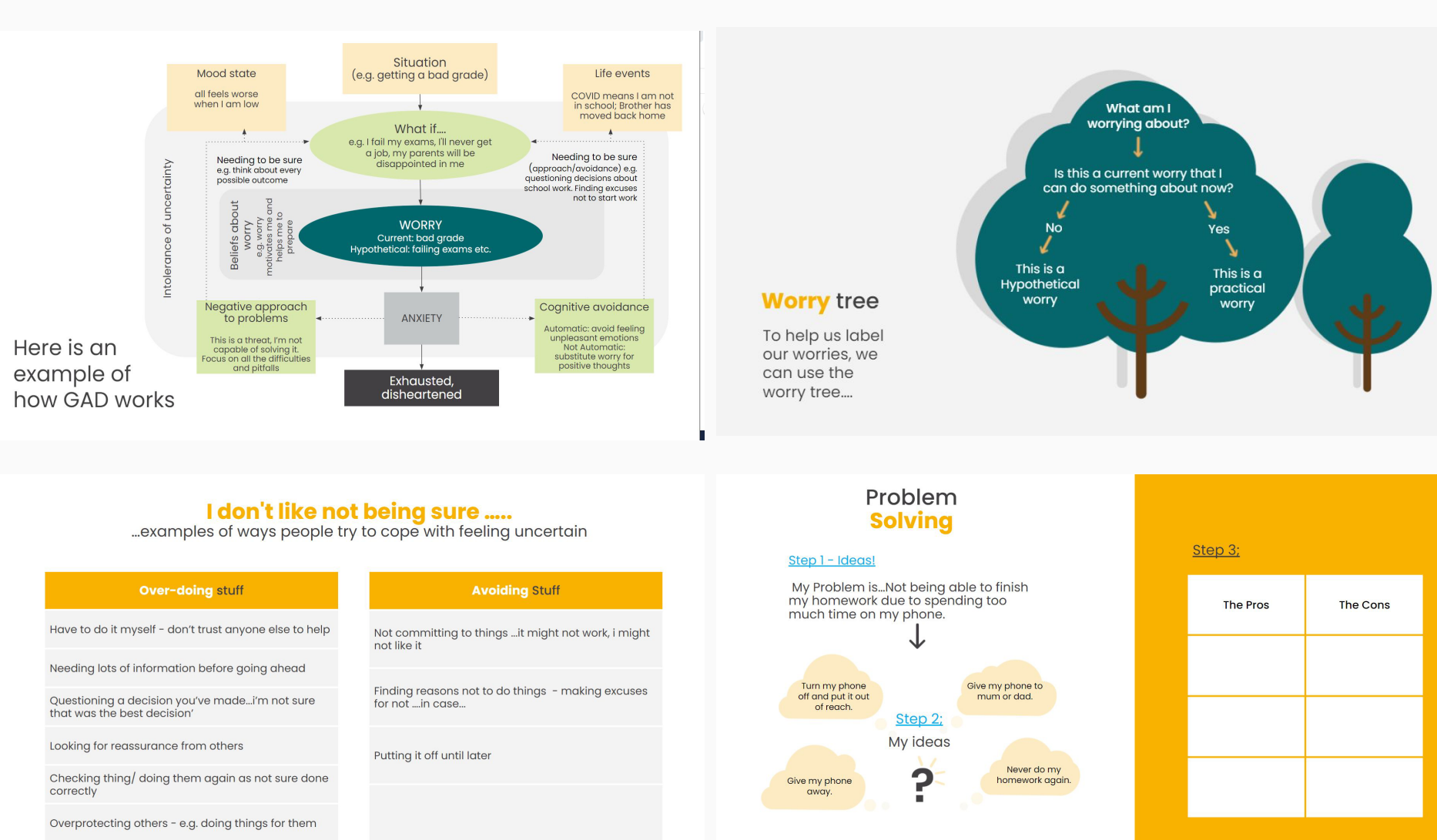


FIGURE 2:

Example of online materials taken from our deck designed to assist with the treatment of Generalised Anxiety Disorder (GAD)



CONCLUSIONS

This project demonstrates how technology-enabled clinical services can use standard recordings of clinical sessions to facilitate clinical audit. It has also illustrated how digitally delivered surveys, videos, workshops and supervision can be blended in a collaborative process to inform service development. This helps to prevent therapist drift (Waller and Turner, 2016), and supports clinicians to consistently deliver high quality, evidence-based care in an online format.

PHASE 3 (OCT 2020- MAY 2021)

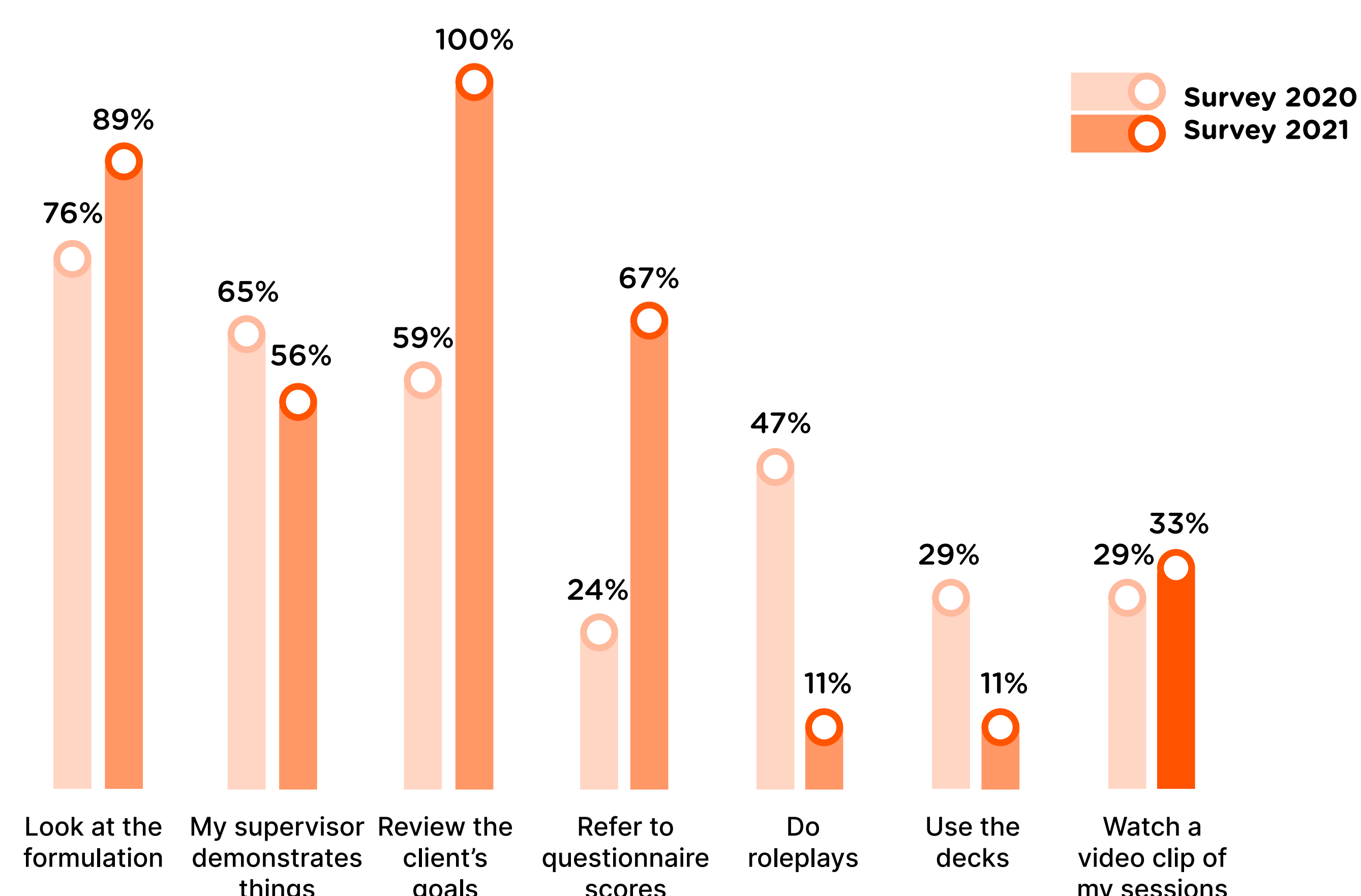
For ongoing evaluation of clinical skills and identification of further training needs short Mentimeter surveys were conducted in 2020. The supervision process and supervision needs were also reviewed with each clinician. A CTSR training video was created and we conducted a further extensive survey in May 2021.

Clinicians felt they had improved in all areas (see Fig. 3). The focus of supervision sessions had improved, with an increase in the reviewing of client ROMs, goals and formulation (see Fig. 4). Surveys identified that clinicians would most like training on behavioural experiments, imagery/ memory work and cognitive restructuring. Clinicians reported that they found supervision 'very useful', 'very supportive' and specifically helped develop their CBT competencies.

FIGURE 3: How much clinicians agreed with the following statements



FIGURE 4: Activities completed in supervision sessions



DISCUSSION

The results of the surveys are not directly comparable as the group of clinicians changed over time, and the questions were not identical. Nevertheless, this ongoing project demonstrates how digital technology can facilitate continuous quality improvement. Utilising digital methods enabled collaboration with our CBT therapists; identified their needs, delivered targeted training, developed clinical tools and improved supervision processes. The approach facilitated feedback cycles and service improvement at a pace that would not be feasible in traditional face to face services.