



Forensic Orientation Review & Lessons Learned

October 2015

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Background Information

- ▶ In 2014, the Forensic Psychiatry program at St. Joseph's Healthcare Hamilton (SJHH) underwent unprecedented growth, when it more than *doubled* its capacity from two to five inpatient units
- ▶ While an identified need for more nursing staff with forensic knowledge was apparent, there are few formal forensic mental health nursing programs offered in Canada
- ▶ All disciplines identified need for forensic-specific education

Why have a different orientation for forensics?

- ▶ Nurses choosing to work in forensic mental health develop forensic specific skills and knowledge through experience
- ▶ Research indicates that forensic nurses are at a higher risk of clinical burnout syndrome (Ewers et al., 2002).
- ▶ However, evidence also indicates that successful transition of new staff to a forensic environment has been correlated with the implementation of an orientation program (Thorpe et al., 2009; Ewers et al., 2002; Pullen et al., 2001).

Why have a different orientation?

- ▶ No formalized education for many disciplines
- ▶ Brand new teams forming
- ▶ Information specific to Forensic Psychiatry
 - Fitness
 - Not Criminally Responsible
 - Ontario Review Board
- ▶ High profile population - fear & stigma

Forensic Orientation Program

- ▶ This presentation will provide an overview of the content developed, the various educational methods used, the implementation of innovative technology, and the tools developed to evaluate the effectiveness of this orientation program
- ▶ To promote future collaboration and knowledge translation, components of the forensic orientation program were shared with other forensic facilities across the province via the Ontario Telemedicine Network (OTN)
- ▶ Results will be discussed in terms of:
 - ▶ change in forensic mental health knowledge
 - ▶ stigma and preparedness to begin work on the new forensic units
 - ▶ future sustainability of training programs
- ▶ The presentation will share lessons learned, and discuss opportunities to continue to update and use this information in different ways as the program matures

Methods

- ▶ Multidisciplinary orientation for Forensic Psychiatry Program
- ▶ 3 sessions of 2-week program implemented
 - ▶ Knowledge Tests pre and post
 - ▶ Recovery Attitudes (1st program)
 - ▶ Stigma Measures (program 2 & 3)
 - ▶ Satisfaction Questionnaires
 - ▶ 6-month follow-up Questionnaires
- ▶ Mandatory attendance for all staff and staff were paid for their time

Staff Attendance

2-week orientation programs:

Orientation	Nurses	Social Work	Occupational Therapists	Vocational Counsellors	Recreational Therapists	Psychology	Total
#1 December 2013	18	2	2	1	2	1	26
#2 July 2014	31	0	0	1	3	1	36
#3 October 2014	31	1	1	0	2	0	35

Who attended?

▶ December 2013

- ▶ 26 staff – all disciplines
- ▶ 4 staff in 1st year of practice
- ▶ 4 outside hires –new to SJHH
- ▶ 15 staff new to forensic psychiatry

▶ July 2014

- ▶ 39 staff –all disciplines
- ▶ 4 new graduate nurses
- ▶ 2 SJHH transfers from medical nursing
- ▶ 6 staff working in Forensics
- ▶ 13 outside hires
- ▶ 7 internal transfers MHAP
 - ▶ Some community partners
 - ▶ Some MHAP personnel
 - ▶ OTN guests

▶ October 2014

- ▶ 35 staff attended:
 - ▶ 1 new graduate nurse
 - ▶ 4 staff (including allied health) currently working in forensic service
 - ▶ 2 new staff to SJHH
 - ▶ 21 internal transfers from other MHAP programs
 - ▶ 10 nurses with previous forensic experience
 - ▶ 1 SJHH transfer from medical nursing
 - ▶ Group had more experience in mental health nursing & within SJHH

PLAN

DO

- Covered main forensic topics:
 - legal, risk, recovery, assessment
- Included class room teaching & mentoring activities on unit

December
2013 Program

ACT

STUDY



Content-December 2013 (in old hospital)

- ▶ History of Forensic Program
- ▶ Overview of service at St. Joes
- ▶ Legal Overview Criminal Code
- ▶ Consent and Capacity
- ▶ Fitness to Stand Trial
- ▶ Criminal Responsibility
- ▶ Tools for Assessing Risk
- ▶ AIS/HARM Case Studies
- ▶ DASA & case studies
- ▶ Concurrent Disorders
- ▶ Clinical Monitoring
- ▶ Manage Aggressive Patients
- ▶ Use of Professional Judgement
- ▶ Supervise Meals/Spot Checks/Unit
- ▶ Recovery
- ▶ Transitional Discharge (CAHO)
- ▶ Therapeutic Boundaries
- ▶ Rehab & Treatment
- ▶ Respectful Self Care
- ▶ Introduction to DBT
- ▶ Professional Dev. In Forensics

PLAN

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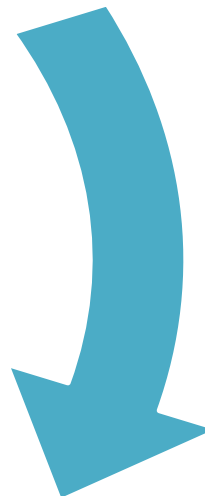
December 2013 Program



DO

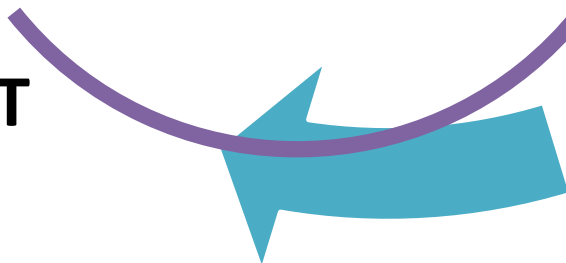
July 2014 Program

- Took away mentor aspect
- **Added:**
 - more interactive case studies to class room content
 - CPI training
 - Personality disorders
 - Code blue review
 - ORB Writing
 - Staff wellness



STUDY

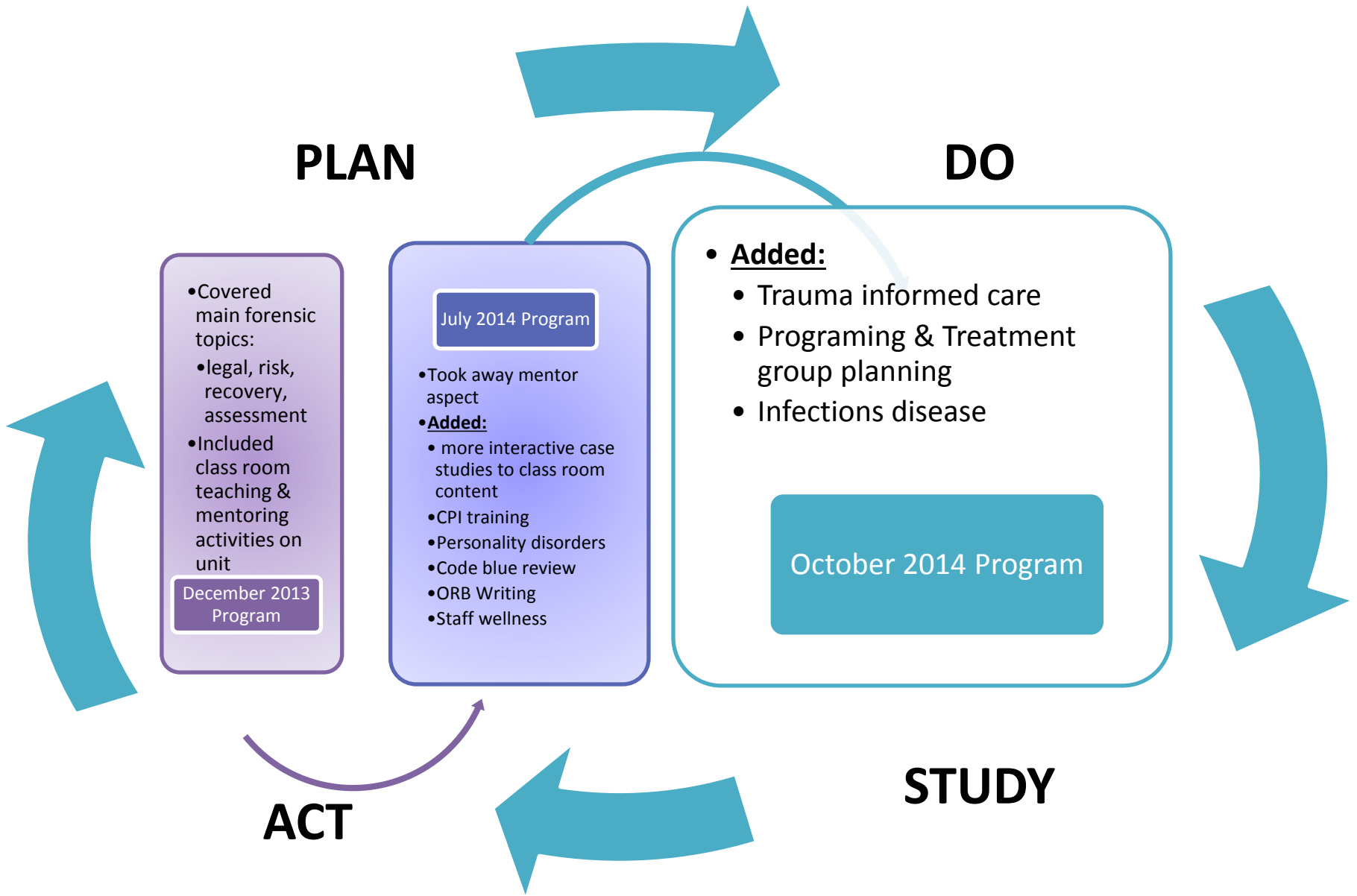
ACT



Content July 2014 (in new hospital)

*NEW CONTENT BOLDED

-
- ▶ History of Forensic Program
 - ▶ Overview of Service
 - ▶ DASA/Clinical Monitoring
 - ▶ Legal Overview Criminal Code (I)
 - ▶ **Legal Overview (Part 2)**
 - ▶ Consent & Capacity/Case Study
 - ▶ **ORB Report Writing**
 - ▶ Fitness to Stand Trial
 - ▶ **Personality Disorders**
 - ▶ **NCR Documentary**
 - ▶ Criminal Responsibility
 - ▶ Aggressive Patients
 - ▶ AIS/HARM: Tools for Assessing Risk & Case Studies
 - ▶ Concurrent Disorders
 - ▶ **ORB Community Team/ CAHO PROJECT**
 - ▶ Recovery
 - ▶ Therapeutic Boundaries
 - ▶ Rehab & Treatment
 - ▶ DBT introduction
 - ▶ **Patient Advocate**
 - ▶ Respectful Self-Care
 - ▶ **Code Blue Review**
 - ▶ Professional Dev in Forensics
 - ▶ **CPI (Crisis Prevention Institute)**
 - ▶ **Honeywell System review**



Content October 2014 (in new hospital)

*NEW CONTENT BOLDED

-
- ▶ History of Forensic Program
 - ▶ Overview of Service
 - ▶ DASA/Clinical Monitoring
 - ▶ Consent/Capacity/case study
 - ▶ Overview of service
 - ▶ Legal Overview Criminal Code (1)
 - ▶ Legal Overview (Part 2)
 - ▶ **Role of Criminologist**
 - ▶ **Forensic Research**
 - ▶ Fitness to Stand Trial
 - ▶ NCR Documentary
 - ▶ NCR/Case Study
 - ▶ **Clinical Monitoring**
 - ▶ **Documentation**
 - ▶ Aggressive Patients:Assessing Risk
 - ▶ AIS/HARM: Case Studies
 - ▶ Concurrent Disorders
 - ▶ Employee Wellness
 - ▶ ORB Community Team/Case Study
 - ▶ ORB REPORT WRITING
 - ▶ Recovery
 - ▶ Therapeutic Boundaries
 - ▶ Rehab & Treatment
 - ▶ **Programming Committee**
 - ▶ **Infectious Disease/Lab review**
 - ▶ Code Blue Review
 - ▶ Personality Disorders
 - ▶ Professional Dev. In forensics
 - ▶ **Case Study – write ORB report**
 - ▶ **Principles in Groups (1)**
 - ▶ **Principles in Groups (2)**
 - ▶ **Trauma-Informed Care**

Week 1: October 20 – 24

Day	Time	Room	Topic	Presenter(s)	Tools
Mon. 20	0800 – 0815 0815 - 0945 1000 - 1100 1100-1200 1245 – 1530 1530-1600	A210 1200 LUNCH	Welcome Complete pre-tests History Of Service DASA/practice Consent/Capacity/case study Overview of service	Forensic Leadership Lee Anne/Katrina Joe K Theresa/Julie Janice (OTN) Lee Anne	Pre-tests (2) Schedule Package My Collaboration Site
Tues. 21	0800- 1015 1030 - 1200 1300 - 1330 1330-1430 1445 - 1600	A210 1200- LUNCH	Legal Overview Criminal Code (1) Legal Overview (Part 2) Role of Criminologist Forensic Research Legal Quiz	Dan Tom Ivana /Dr. M Lee Anne /Katrina	Flip charts/markers A/V equip/speakers
Wed. 22	0800-0900 0900 - 1100 1100 - 1200 1245 – 1345 1400-1500 1500-1600	1200- LUNCH	Fitness to Stand Trial NCR Documentary Discussion NCR/Case Study Clinical Monitoring	Dr. A Dr. K/Lee Anne Dr. K Lee Anne	Flip charts/markers A/V equip/speakers
Thurs. 23	Room A213 A215		CPI – all day If current CPI - on your regular unit	Lee Anne / Tom	
Fri. 24	0800 – 0900 0900 -1200 1245-1445 1500 - 1600	1200– LUNCH	Documentation Aggressive Patients: Assessing Risk AIS/HARM: Case Studies Concurrent Disorders Wellness	Lee Anne Dr. M Dr. M/Mary Lou Christina Kate	A/V equip/speakers Handouts Cards

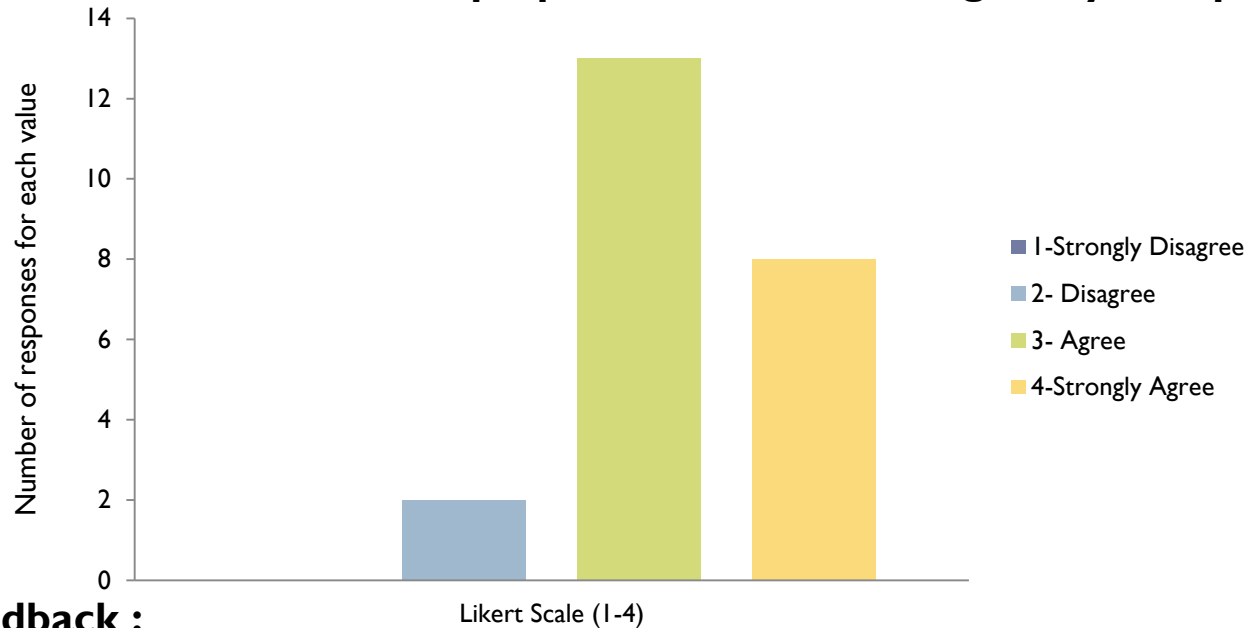
Feedback Questionnaire Findings

- ▶ **Effectiveness & Structure Feedback Questionnaire**
 - ▶ 14 items
 - ▶ Evaluation of environmental and modality and effectiveness of learning

- ▶ **Content Feedback Questionnaire**
 - ▶ 7 items
 - ▶ Feedback on preferences on topics, suggested improvements/changes

December 2013 Sample:

Item 12: I feel prepared to start working in my new position:



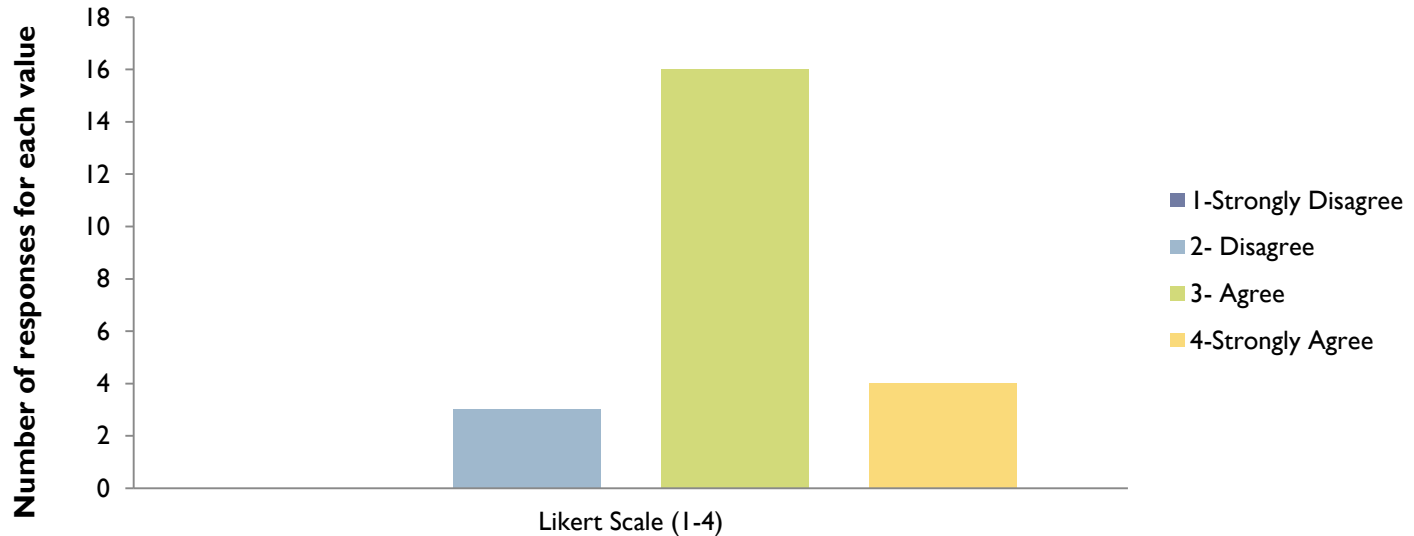
Feedback :

- “Still lots to learn”
- “After my shadowing shifts I think I will be fully prepared to start working on my own”
- “More prepared than anywhere else I’ve worked. St. Joe's really prepares staff.”



July 2014 Sample:

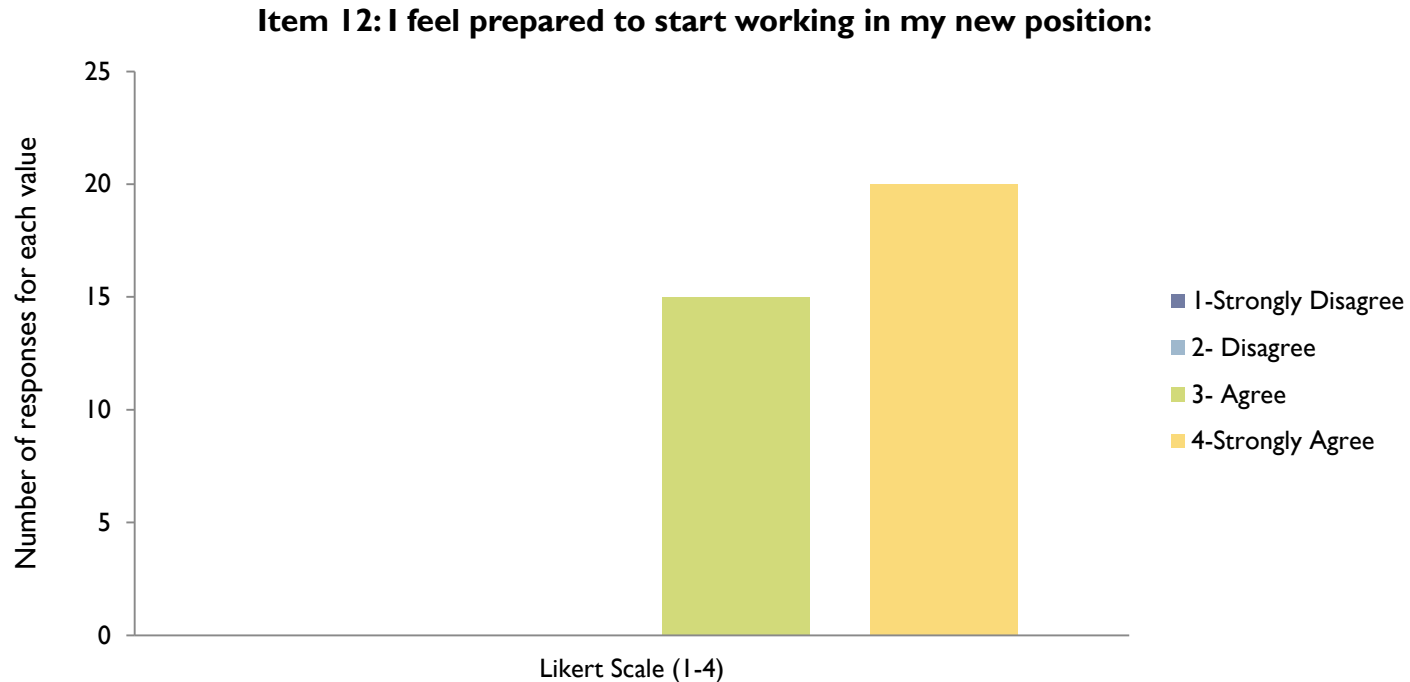
Item 12: I feel prepared to start working in my new position:



Feedback :

- “The knowledge is there.The experience is yet to come.”
- “I feel supported and ready to apply my new knowledge.I have much to learn.”
- “I am to a certain extent-need get used to the load + pt population. Information from orientation was very helpful however, need more clinical time”
- “With support of staff”
- “Will continue to learn and increase my knowledge.”
- “I felt the amount of orientation shifts on the unit coupled with the class forensic orientation was more than enough to help with my transition into forensic psychiatry”

October 2014 Sample:

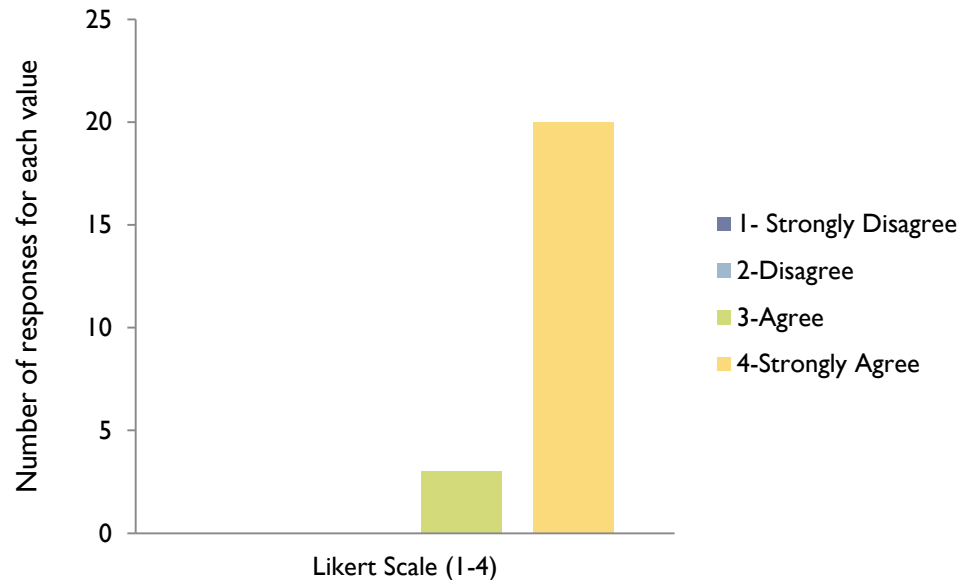


Feedback:

- ▶ “I feel reinvigorated and better equipped to return to my current position”
- ▶ “Exposing in clinical practice will further enhance my understanding of presented contents”

December 2013 Sample:

Item 14: Would you have preferred classroom teaching to online module training?



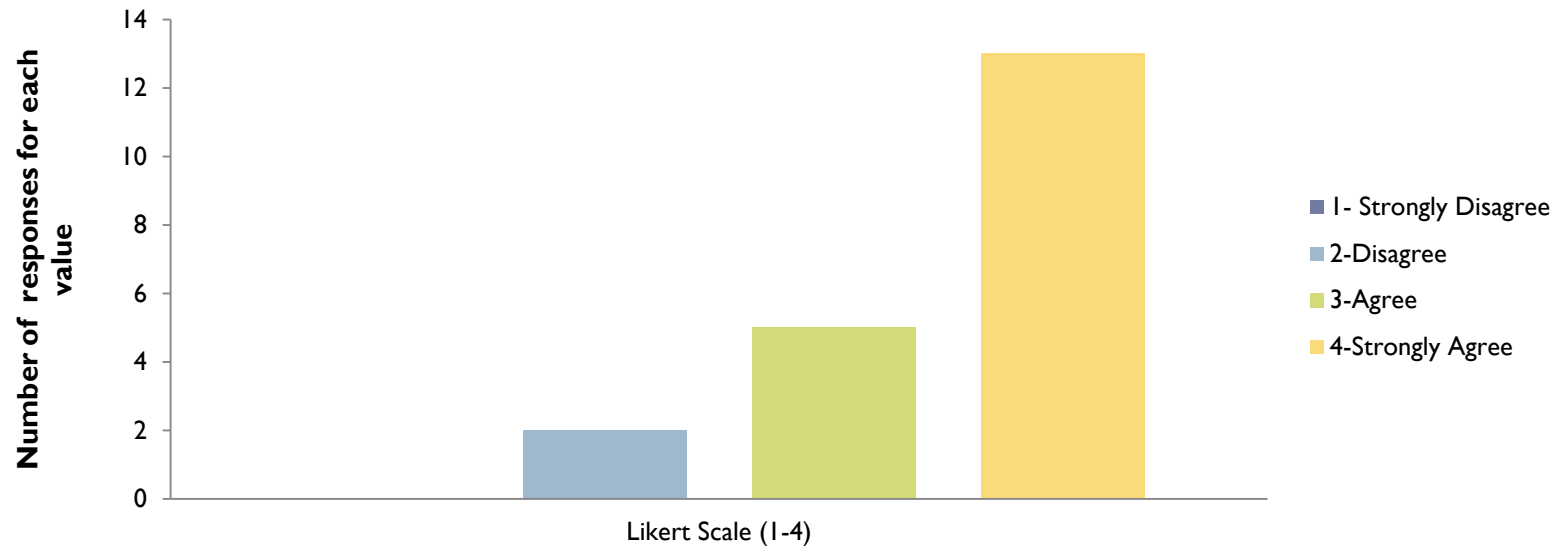
Feedback :

- “Large portion of online modules are skipped over. People will click through the pages without reading then do a test and forget about it. The more discussion/activities/engaged audiences become the more actual learning gets done.”
 - “Allows discussion and getting to know other team members”
 - Yes-classroom teaching we had was excellent and getting extra info online helped. I prefer classroom, able to ask questions.”
-



July 2014 Sample:

Item 14: Would you have preferred classroom teaching to online module training?

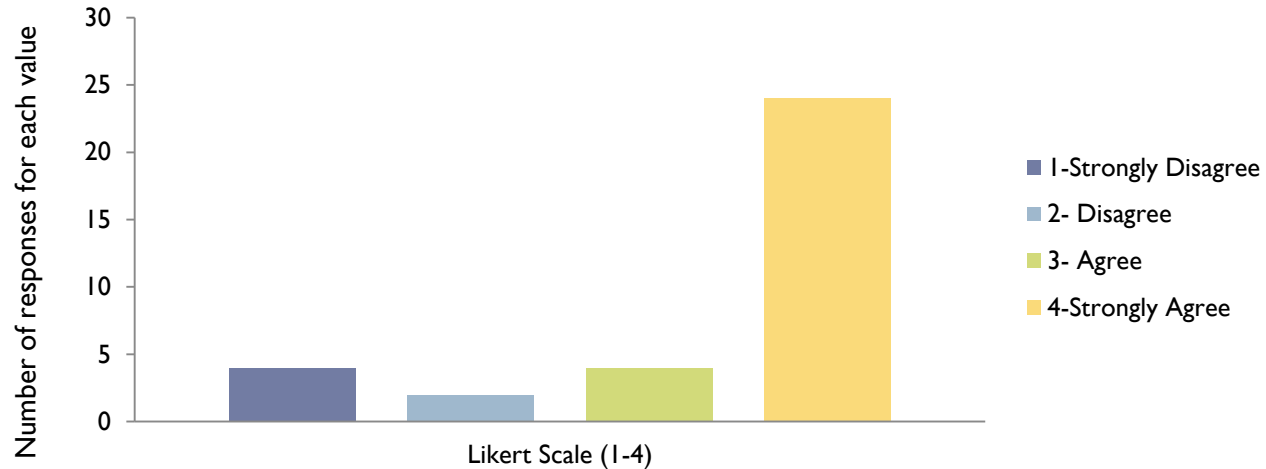


Feedback :

- “I hate online modules.”
- “I get almost nothing out of asynchronous learning and need discussion”
- “Yes. It is more interactive. We can ask questions and have them answered”
- “Prefer classroom”
- “Both have their short falls and advantages. I can learn better with classroom.”
- “Classroom teaching is more interactive and you can ask questions. I find eLearning to be less effective compared to the classroom setting.”
- “Classroom every single time!”

October 2014 Sample:

Item 13: Would you have preferred classroom teaching to online module learning?



Feedback:

- ▶ “I prefer class room to facilitate discussion”
- ▶ “Classroom teaching is more interactive easier to learn”
- ▶ “Better opportunity discussion if remains on topic”
- ▶ “Yes! Classroom teaching is much more effective and allows for Q & A and group discussion”
- ▶ “Group discussions, ability to ask questions to clarify any miss understandings would be hindered”

Summary of Feedback data

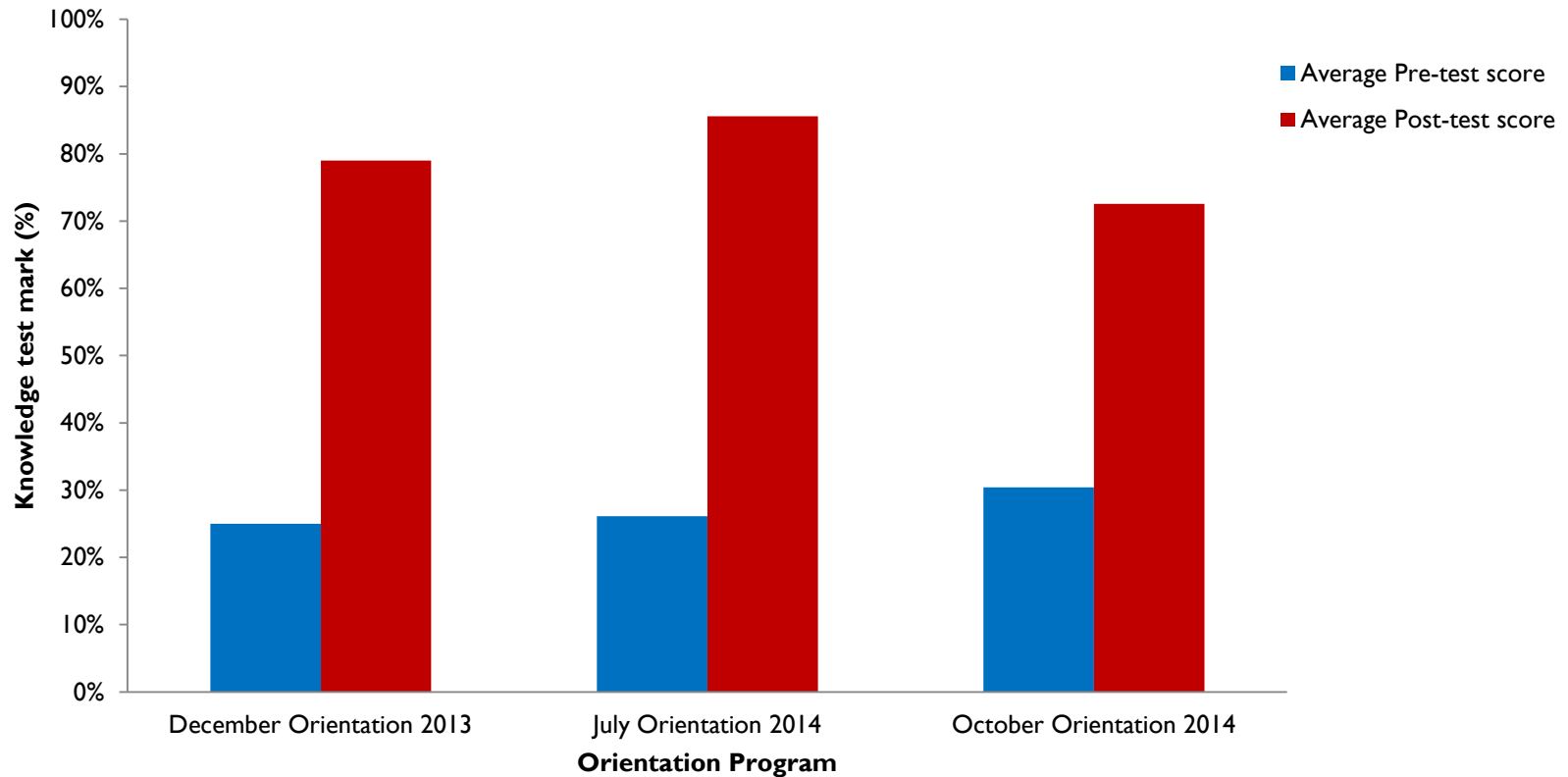
- ▶ Across all three orientations, the majority of participants agreed or strongly agreed:
 - ▶ that the orientation contained the information they needed to know
 - ▶ was sufficient time for group discussion following presentations
 - ▶ that they felt comfortable participating in discussions and or asking questions

Knowledge Test-Pre & Post

- ▶ 32 questions – 66 marks:
 - ▶ short answer, T/F, multiple choice
- ▶ Developed with presenters in-house
- ▶ Pre-test was first morning orientation
- ▶ Post-test was last morning orientation
- ▶ Open-book test

Summary of Knowledge Test Findings

Knowledge Pre & Post Knowledge Test Score



	Average Pre-test score	Average Post-test score
December 2013	25% (n=26)	79% (n=26)
July 2014	26.1% (n= 37)	85.6%(n=33)
October 2013	30.42% (n=35)	72.55% (n=35)

Comments...in their own words!

December 2013	July 2014	October 2014
<p>“More activities, more case studies, more examples from practice please!”</p>	<p>“Amazing! Supportive, knowledgeable, confidence building”</p> <p>“Having no forensics background, this orientation made me feel more knowledgeable and confident in my new role”</p>	<p>“This orientation is not only beneficial for new staff but excellent for existing staff! It helps to refresh our knowledge, develop new ideas, explore concerns through group discussion, and remind us why we do the work that we do! Perhaps a condensed version of the orientation could be offered to staff on regular basis (bi-annually)”</p>
<p>“Some rich discussion were had.Very valuable.Also a team building atmosphere at times.”</p>	<p>“Please continue to invite previous patients and share their lived experiences.”</p> <p>“Handouts are very helpful”</p>	<p>“I really enjoyed this 2 week orientation.The presenters were very knowledgeable. Being new to forensics I learned a lot. It was also very nice to meet colleagues who work in different units”</p>
<p>“ I learned a lot and also learned what I need to study further. Excellent overview”</p>	<p>“Sometimes it felt like boot camp”</p>	<p>“Case studies were excellent, very interactive, good learning tool”</p>
	<p>Most facilitators very engaging, not just reading from their slides.”</p> <p>“Knowledgably presenters, Fantastic job overall-well organized”</p>	<p>“Fitness to stand trial and NCR, Personality disorders, Risk assessment, ORB- Legal part of presentations, Found it more relevant and relatable to practice , having orientation after 7 months of already worked in forensics”</p>

St. Joseph's Healthcare Hamilton's Forensic Psychiatry Program invites you to our *Forensic Orientation: OTN Talks*.

Our orientation program will include talks from experts in the realms of law and the criminal code, aggression, risk assessment, recovery & rehabilitation.

For a live video: self register with link below

OR

Enjoy Talks via webcast : <http://webcast.otn.ca/>

Day	Time	Topic	Presenter(s)	Self registering video conference link
Tues. July 8, 2014	8:00 - 10:15	Legal Overview Part 1	Janice Blackburn	https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestid=36717746
	10:30 - 12:00	Legal Overview Part 2	Janice Blackburn	https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestid=36717789
	12:45 – 14:45	Consent Capacity & Case Study	Janice Blackburn	https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestid=36717856
Wed. July 9, 2014	8:00 - 9:00	Fitness to Stand Trial	Dr. Joe Ferencz & Dr. Satyadev Nagari	https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestid=36718144
	13:30 – 16:00	Criminal Responsibility & Case Study	Dr. Olubukola Kolawole	https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestid=36718173
Thurs. July 10, 2014	8:30 - 10:00	Aggressive Patients	Dr. Mini Mamak	https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestid=36718919
	10:15 - 11:30	AIS/HARM: Tools for Assessing Risk	Dr. Mini Mamak	https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestid=36719061
Day	Time	Topic	Presenter(s)	Self registering video conference link
Mon. July 14, 2014	8:00 - 10:00	Therapeutic Boundaries	Lee Anne Wiebe & MaryLou Martin	https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestid=36719162
	10:15 -12:00	Rehab & Treatment	Dr. Heather Moulden	https://schedule.otn.ca/tsm/portal/nonclinical/details.do?request.requestid=36719371

OTN Talks-Sites that connected LIVE

	Legal Overview Part 1 Blackburn	Legal Overview Part 2 Blackburn	Consent & Capacity Blackburn	Fitness to Stand Trial Drs. Ferencz Nagari	Criminal Respon. Dr. Kolawole	Aggressive Patients Dr. Mamak	AIS / HARM Dr. Mamak	Therap. Bound. Wiebe	Rehab & Treat. Dr. Moulden
1. North Bay Regional Health Centre	×	×	×	×	×	×	×	×	
2. Southwest Centre for Forensic Mental Health	×	×	×	×		×			
3. Providence Care - Mental Health Services	×	×	×	×	×	×	×	×	×
4. Waypoint Centre for Mental Health Care (Virtual)	×	×	×	×	×	×	×	×	×
5. Waypoint Centre for Mental Health Care - Church St.	×	×	×	×	×	×	×	×	×

OTN Talks

▶ **Available on OTN webcasting Centre (<http://webcast.otn.ca/>)**

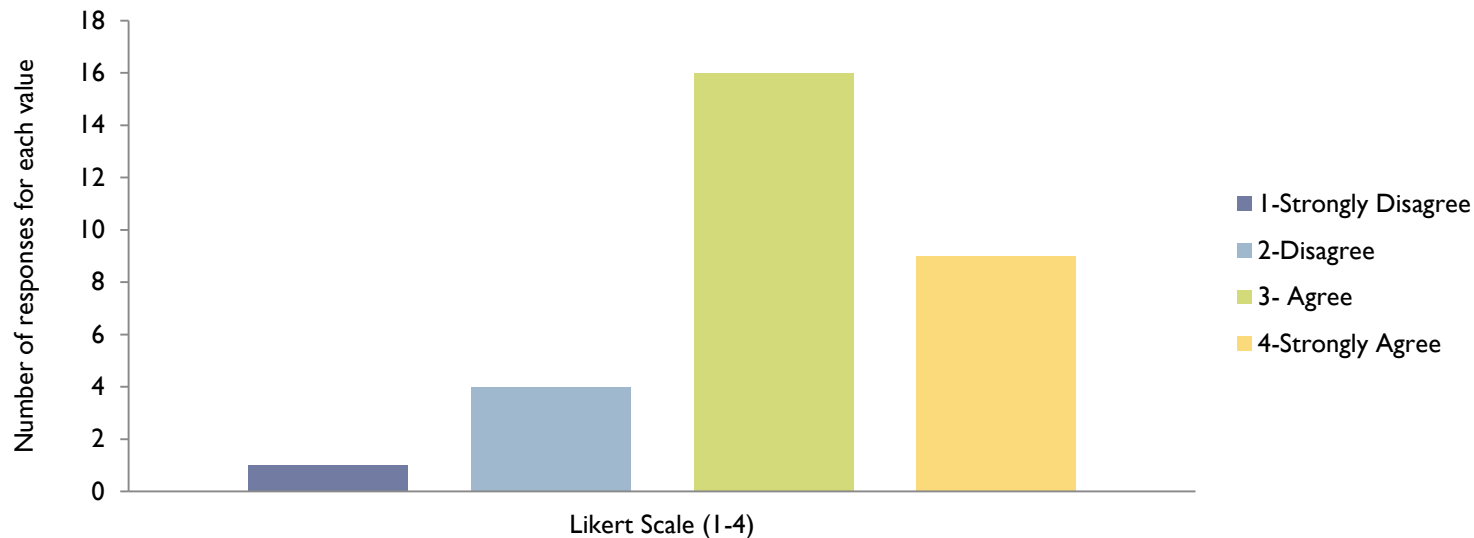
- ▶ Have used it for new staff who began work after orientation took place.
- ▶ Have put webcasting links on Forensic Collaboration site.

▶ **Feedback from North Bay Regional Health Centre:**

“I have been able to attend some of the education your forensic program is putting out today by OTN. Of what I have had the chance to see so far, I have to say I find the information your hospital is providing by video to be excellently presented and very comprehensive. I am so happy to be able to review this material and wanted myself and the staff here to see as much of it as possible. It is an excellent review for those who think they know everything, and even better for the staff who are still relatively new to our program. The resource of the archived webcasts to our staff will be excellent as most cannot attend during the day as their units are just too busy.”

October 2014-OTN Presentations

Item 10: The OTN presentations used were able to give me basic information useful to my practice



Comments:

- ▶ “It was not ideal to listen to OTN presentations because it was not interactive for us and we couldn’t hear the audience”
- ▶ “I found it difficult to take in information when we were only receiving audio and slides weren't matching up”
- ▶ “Needed a visual of a speaker, not just audio”
- ▶ “Yes, but extremely boring. Needs to be more interactive”
- ▶ “Hard to focus on the OTN when it was just the audio”

Forensic Orientation OTN Talks: Participation Data



Name of Forensic Orientation Presentation	Number of Live webcasted views via web link	Number of live OTN site connections	Number of Archived Views
Rehab & Treatment	2	3	117
Therapeutic Boundaries	2	4	65
AIS/HARM: Tools for Assessing Risk	3	4	70
Aggressive Patients	18	5	63
Criminal Responsibility and Case Study	1	4	42
Fitness to Stand Trial	5	5	55
Consent and Capacity & Case Study	2	4	60
Forensic Legal Overview: Criminal Code (1)	5	4	29
Forensic Legal Overview: Criminal Code (2)	14	4	39
Forensic Psychiatry Program Research Event	2		33

Note. Above number of archived views was retrieved on September 30, 2015

6-Month Follow-up Questionnaire

- ▶ 8 items
- ▶ Questions such as:
 - ▶ most practical and least useful part of orientation
 - ▶ whether they referred to resources provided
 - ▶ sense of team building from orientation
 - ▶ Usefulness of multidisciplinary nature of orientation program
 - ▶ Missed content
- ▶ Low response rate
- ▶ December 2013 group → 2 responses
- ▶ July 2014 group → 3 responses

Sustainability

- ▶ 25 new hires/transfers in first 6 months of year 2015
- ▶ Limited resources to provide 2 week orientation
- ▶ 2 day “Coles Notes” Version offered in August/September
- ▶ Focus: front-line nursing staff & need-to-know information
- ▶ 17 responses to electronic survey

Analysis

Strengths <ul style="list-style-type: none">➤ Useful, practical content➤ Interactive➤ Open discussion about topics➤ Real life examples used➤ Multi-modal➤ “Hands-on” procedure manual searches	Weaknesses <ul style="list-style-type: none">➤ Too short – at least 1-2 days more➤ More guest speakers➤ Time 8 – 4
Opportunities <ul style="list-style-type: none">➤ Front-load with new hires – during orientation➤ More multi-disciplinary education➤ Multi-media tools➤ Further ORB report writing education➤ History & stories➤ Practical information: limit setting & therapeutic relationships in forensics	Threats <ul style="list-style-type: none">➤ Communication about new hires➤ Cost➤ Scheduling & backfill➤ Sustainability

Lessons learned

- ▶ Takes a team to build an orientation
- ▶ Interactive learning is valued
- ▶ Technology can be used for learning interspersed with the human factor
- ▶ Team development informally led to “team spirit” when units opened

Reflection & Future Directions

- ▶ Technology not yet used to full potential
- ▶ Strengthening a mentoring program will be useful moving forward
 - ▶ Variation in experience with unit “mentor” for December 2013
 - ▶ Inconsistencies in mentoring, some rated very positively others did not have a mentor at all
 - ▶ Some felt like a burden to mentor “in the way”
- ▶ Sustainability issue – 2 or 3 day “Coles Notes” may be possible
- ▶ Staff turnover continues to present challenges

References

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