

# “Continuing Education for Collaborative Mental Health Care: An Interprofessional Education, E-Learning Approach”

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# Conflict of Interest

- None
- Acknowledge a grant from the Canadian Council on Learning

# Roundtable Agenda

1. Introductions
2. Project summary
3. CE Programs – Tele and Web seminars
4. Sample Case Study
5. Evaluation Results
6. Lessons learned
7. Next Steps

# The Project

- Collaboration of 13 National Organizations
- Purpose: to increase awareness and practice of collaborative mental health care (CMHC)
- We used a knowledge exchange approach and applied e-learning technologies to share the CCMHI Education Toolkit (Feb. - Nov. '07)

# Project Objectives

- To bring together a range of stakeholders
- To learn from, with and about each other, in order to strengthen collaboration
- To enhance the quality of care provided to people seeking mental health services in primary health care settings in Canada

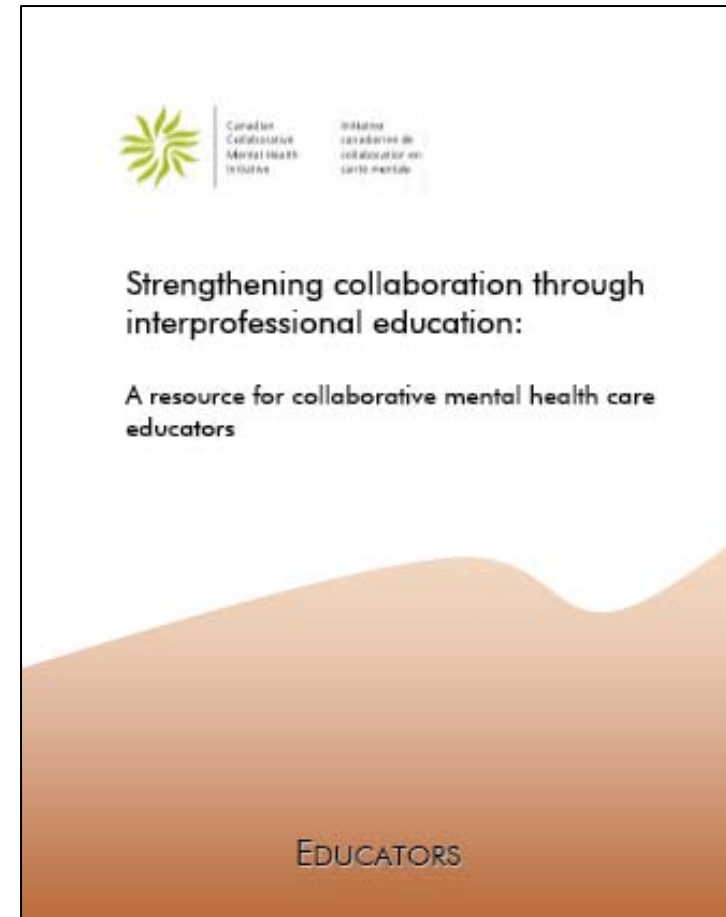


# Key Activities

- 8 E-Learning Programs
  - 5 Teleseminars
  - 3 Webinars
- Project Website
  - Online resources
- “How To Guide”
  - Manual to aide in implementing E-Learning programs
- Knowledge Exchange Forum

# CCMHI Education Toolkit

- Part of a CCMHI Toolkit series
- Two main sections:
  - Section A: Theoretical
  - Section B: Implementation (facilitation guide, sample lesson plan, activities, case studies, evaluation)



# Interprofessional Case Studies

Strengthening collaboration through interprofessional education  
A resource for collaborative mental health care educators

## Case 1

<b>Name:</b>	Scott	<b>Summary:</b> This is a case of an adolescent in a suburban setting presenting to the family physician with anxiety and suspected learning problems. Issues include: differences in expertise between specialist and generalist, diagnostic differences of opinion, attitudinal barriers and differences, roles and responsibilities for documentation and communication, confidentiality, advocacy, family, and dominance of a team member.
<b>Age:</b>	14	
<b>Gender:</b>	Male	
<b>Setting:</b>	Suburban	
<b>Ethnicity:</b>	Caucasian	
<b>Care Delivery Setting:</b>	Family physician's office, school	
<b>Diagnostic:</b>	Anxiety disorder/Attention deficit hyperactive disorder/learning disability	

confidentiality, advocacy, family, and dominance of a team member.

### Background:

Scott and his family have been in my medical practice for ten years. Scott is 14 years old, lives in a suburban community and attends junior high school. I have known Scott since he was four years old. He was a healthy child and a pretty normal kid, always pleasant and from a supportive family. I see him for his immunizations and regular complaints for the flu, or for bumps and bruises. He's an average student and gets along well with friends. He plays ice hockey, and soccer in the summer. He enjoys computer and video games, skateboarding and snowboarding. Since starting junior high he's been less interested in school. His parents attribute this to his being a teenager. Over the past four months Scott has become increasingly nervous about going to school. He started to skip classes. This has just come to the attention of his parents who received a call from the school.

### Situation 1:

Earlier in the week Scott was sitting in class and became very nervous, started to breathe quickly, felt his heart was racing, and got sweaty and tremulous. The teacher noticed, thought he was having an allergic reaction, sent Scott to the office, and called Scott's parents. Apparently Scott has been having these episodes for several months before going to school but didn't tell anyone. Scott has come to see me accompanied by his mother. Scott's mother has given me a letter from the school requesting that Scott's health be assessed. They are asking for a note that he is well to be back at school.

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### Discussion 1 Communication

1. Discuss which team members can provide information in this situation.
2. What is the role of the family physician in responding to the school?
3. What are the possible diagnostic considerations in this case?
4. How can further information be gathered and whose responsibility is it to gather this?
5. What consultations, if any, can be initiated?
6. What form of note should the family physician provide the school at this point?

### Situation 2:

Scott's physical examination is normal. Laboratory tests, including thyroid levels and blood sugar, are normal. His chest sounds clear and he has never had asthma to explain his shortness of breath. Scott does not have any allergies. He denies using street drugs or alcohol. He enjoys energy drinks like most of his friends. I have ordered cardiac testing to ensure that there are no arrhythmias but I think this is quite unlikely. I have treated Scott's mother for panic disorder in the past.

Scott tells me he has been feeling very nervous with upset stomach, especially on Sunday nights and Monday mornings. He says he really does not like his English, French and History teachers and sometimes he skips class. I think he is suffering from an anxiety disorder. I have referred him to our local Child and Adolescent Mental Health Teen Clinic. The waiting list is about six months. The parents are very upset about having to wait and want me to say it's urgent. I have advised the parents to get the school psychologist and guidance counselor to see Scott in the meantime. Scott's mother has asked me to call the school but I have a busy office and don't have the time.

### Discussion 2 Roles and responsibilities

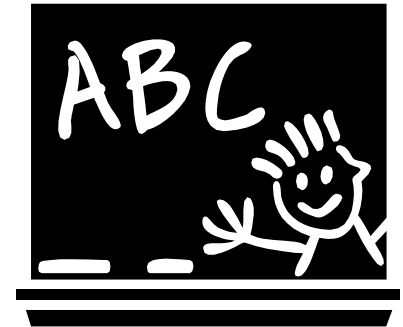
1. What are the roles and responsibilities of a primary care provider?
2. What is a reasonable limitation to the primary care provider's involvement and expertise, and when should specialty consultations and referrals be initiated?
3. What is the role and responsibility of the family in advocating for resources, services and investigations?
4. What types of conflicts may arise between the family physician and family with respect to their frustration about lengthy waiting lists for an assessment?

### Situation 3:

My name is Scott. I hate having my mother take me to the doctor. It makes me feel like she thinks I am a child. I don't see what the big deal is. A couple of my teachers are idiots, especially my English and History teachers. They are always angry and yelling at me saying I don't pay attention. They are really boring and so is the stuff we are learning about. I like phys-ed, shop and art class. Math is okay sometimes. I am not the only one who doesn't listen. I was really nervous that day in class that they sent me to the office. I

# CE Programs

- Completely virtual, all recorded
- Free for participants
- CE Accredited for 4 professions
- Endorsed by 9 associations
- Led by an interprofessional team of experts
- Engaged participants from across Canada



# CE Accreditation

## CE Accreditation

- Canadian Council on Continuing Education for Pharmacists (representing Canadian Pharmacists Association)
- College of Family Physicians of Canada
- Canadian Psychiatric Association
- Canadian Psychological Association

## Endorsements

- Canadian Alliance on Mental Illness and Mental Health
- Canadian Association of Occupational Therapists
- Canadian Association of Social Workers
- Canadian Federation of Mental Health Nurses
- Canadian Mental Health Association
- Canadian Nurses Association
- Canadian Psychiatric Research Foundation
- Dietitians of Canada
- Registered Psychiatric Nurses of Canada

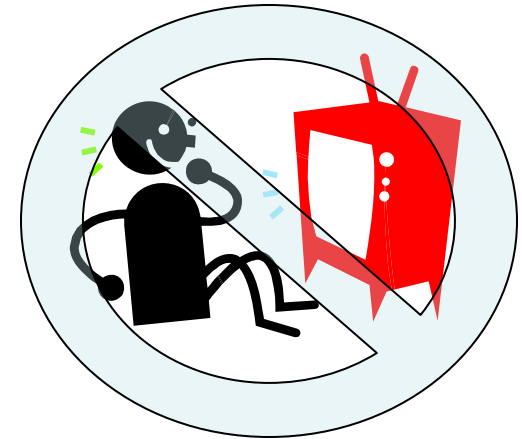


# Teleseminars

## Intro to IPE & CMHC

### Program Agenda (90min)

1. Introduction (5min)
2. Implementation/Agenda (5min)
3. Review of key concepts and terms (10min)
4. Roles & responsibilities of various team members (15min)
5. Sample Toolkit activity – interprofessional case study (40min)
6. Question & answer (15min)



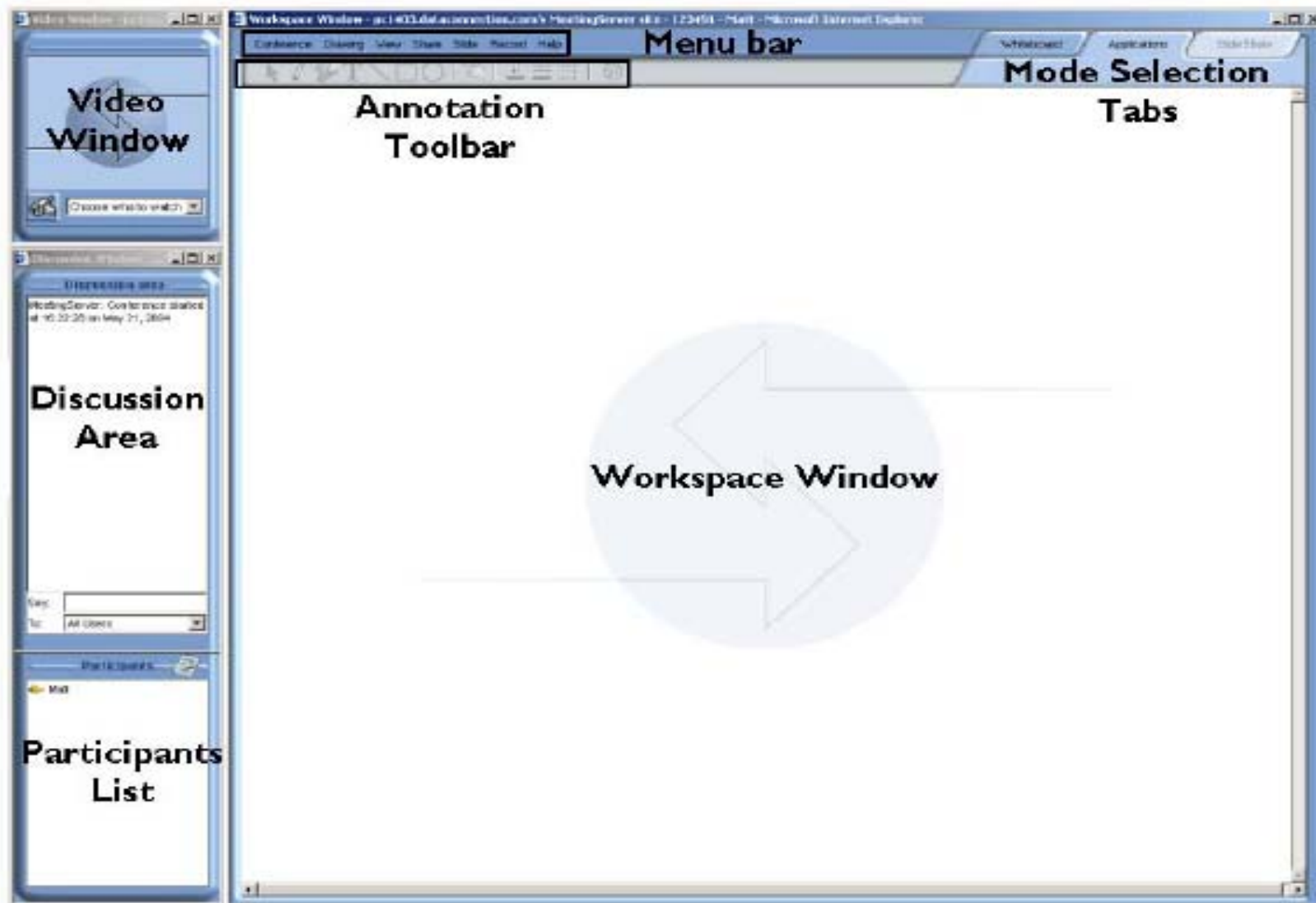
# Webinars

‘Train-the-trainer’ format

## Program Agenda (120min)

1. Introduction (10min)
2. Terminology & Key Concepts (10min)
3. Roles & Responsibilities (15min)
4. Facilitation Strategies & Toolkit Activities (50min)
5. Implementation Methods (10min)
6. Evaluation Options (10min)
7. Questions & Answers (15min)





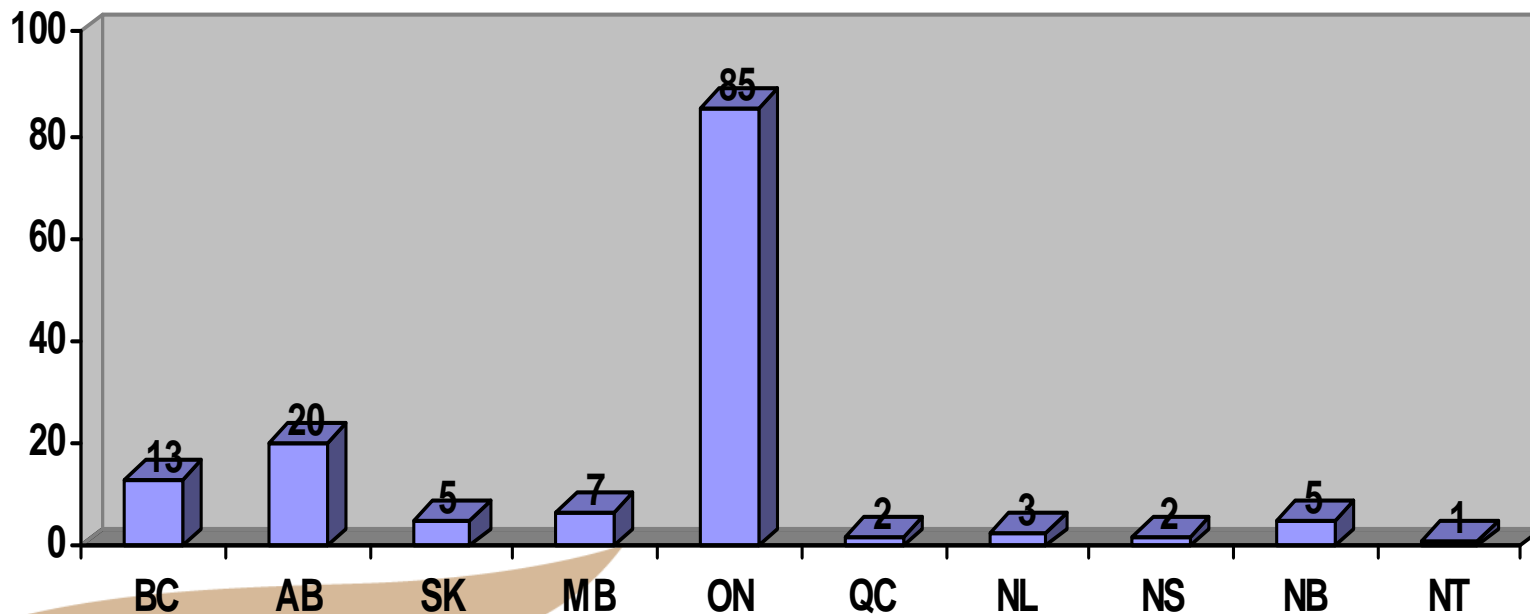
# Participant Packages

- Welcome Letter
  - Agenda
  - Conferencing information
  - Case studies
  - Additional readings
  - Disclosure info
  - Presenter bios
- Powerpoint (web only)
- Session Poster

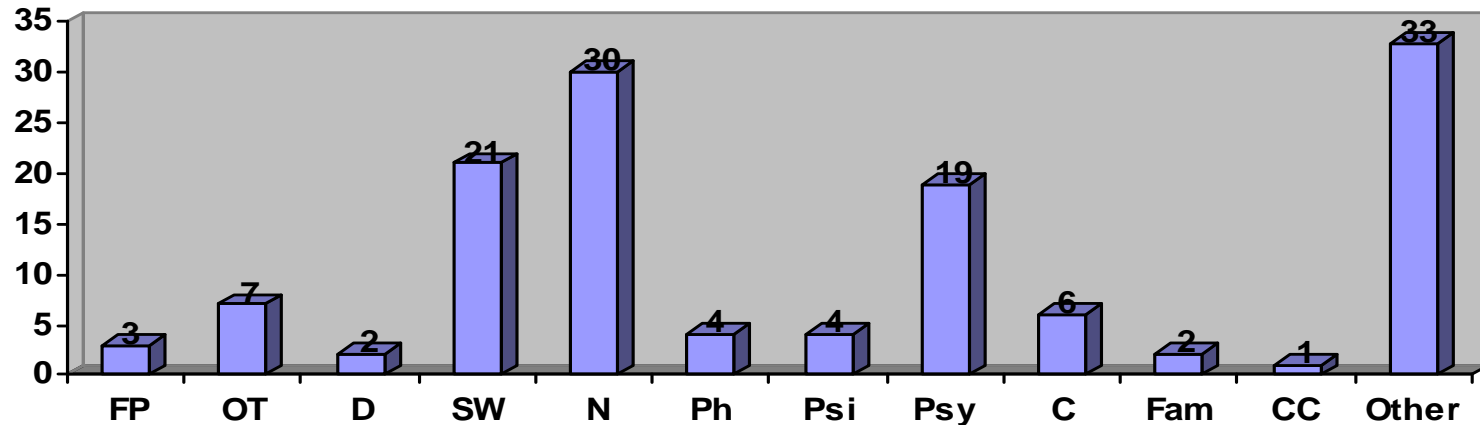


# CE Participants (1)

- 154 registered
- 78.7% Female, 21.3% Male



## CE Participants (2)



### “Other”

- Advocate; Employment Support /Case Management; Student; Addiction Counselor; Educator; Community Mental Health Worker; Academic/Research; Knowledge exchange officer; Chiropractor; Addictions Counsellor; Admin Support; Primary Health Care Coordinator, Psychological Associate; Spiritual Care Educator; Dental Hygienist
- 6 marked “NA”, 16 did not respond

# CE Participants (3)

## Role in Health Field:

- Educator (30.4%)
- Clinician (34.8%)
- Administrator (14.5%)
- Other (20.3%): (e.g., student; family member, policymaker, researcher, consultant, peer support, caregiver)

# Evaluation Summary

- All evaluations completed online
- Hired an external program evaluator
- Final results November 2007
- Short summary on our website
- Project completed in November 2007



# Overview of the Toolkit

- Two main sections:
  - Section A: Theoretical (background information, 3 Units); pg. 3
  - Section B: Implementation (facilitation guide, sample lesson plan, activities, case studies, evaluation); pg. 27

# Section B: Implementation

## “Interprofessional case studies”

- There are 4 case studies (pg. 43)
  - Case summary
  - Background information
  - Situation/issue
  - Discussion themes and questions
- Key facilitator instructions
- Learning objectives
- Activity overview

## Section B: Implementation

- We will review a sample interprofessional case study as an example
- It is your turn to get involved!

# Is an interprofessional education program right for you?

- The problem is complex enough to require more than one set of skills and knowledge
- The amount of relevant knowledge or skills is so great that no one person can possess them all
- Assembling a group with more than one set of knowledge or skills will enhance the solution to the problem

# Is IPE program right for you?

- Those individuals possessing the necessary skills or knowledge are capable of acting as equals
- The individuals involved are working toward a common goal for which they are willing to take joint responsibility
- High functioning teams can reach a level of synergy that enhances their efficiency and effectiveness

## Key principles of effective interprofessional health care teamwork

- The focus of team members should be on the needs of the patient rather than on individual contributions of team members
- An important aspect of primary health care is communication with patients
- Collaboration requires depending on others *and* contributing one's own ideas toward solving a common problem

# Key principles IPHC teamwork

- Team members must respect, understand roles, and recognize contributions of other team members
- Teams work both within and between organizations
- Individuals have realistic expectations of other team members, which can help avoid role ambiguity, role conflict, and role overload

# Sample Case Study: Client Situation 4

Provided in your Participant Package (also on pg. 63)

- Name: Stan
- Age: 43
- Gender: Male
- Setting: Urban
- Ethnicity: Caucasian
- Care Delivery Setting: Hospital
- Diagnosis: Schizophrenia
- Perspective: Clinical care hospital-based team

## Case 4: Summary

- This case involves a person with a relapse of chronic schizophrenia, readmitted from the community through the hospital crisis service to the inpatient psychiatric unit. While admitted the care team develops differing views of the person's dangerousness and how best to care for him. Some of the issues highlighted include: safety and dangerousness, team disagreement, communication, team roles and responsibilities, family, advocacy, stigma and discharge planning.

# Case 4 Situation 1

- You are called to a team meeting regarding Stan. He was admitted three days ago through the Crisis Service. He has threatened a new part-time nurse on the elevator calling her a “whore” and telling her “to watch out.” The nurse has kept this to herself for two days, unsure if it was of concern. Most of the clinical inpatient hospital team know Stan quite well and, despite his being ill, seem very tolerant of his disturbed paranoid behaviour and language. A team meeting has been called with respect to how to manage Stan’s behaviour and how to deal with the threat to the new part-time nurse.

# Case 4 Discussion 1

Discussion 1 (sample questions)

## **Theoretical and problem-solving frameworks**

1. Attempt to have team members make explicit their theoretical and problem-solving frameworks from which they begin thinking about this clinical situation.
2. Have team members explain their theoretical frameworks and models to team members from other disciplines who may be unfamiliar with these.
3. Discuss and make explicit each team member's feelings and attitudes about the person's threats and behaviours, and how to manage these.

# Pre-Evaluation

- 105 completed (only required for CE credits or certificate of participation)
- Completed online prior to attending program

## Quantitative:

- Interdisciplinary Perceptions Scale (IPS) (Leucht et al., 1990; validated; 18 items)
- Interprofessional Attitudes Scale (IAS) (Carpenter, 1995; not validated; 14 items)

## Qualitative (descriptive):

- Nature of the interprofessional relationships in their workplace
- Experience with interprofessional teams & IPE
- Knowledge of roles & responsibilities of potential team members
- General hopes & fears about their participation

# Post-Evaluations

- 47 (tele) & 49 (web) evaluations completed so far

## Quantitative:

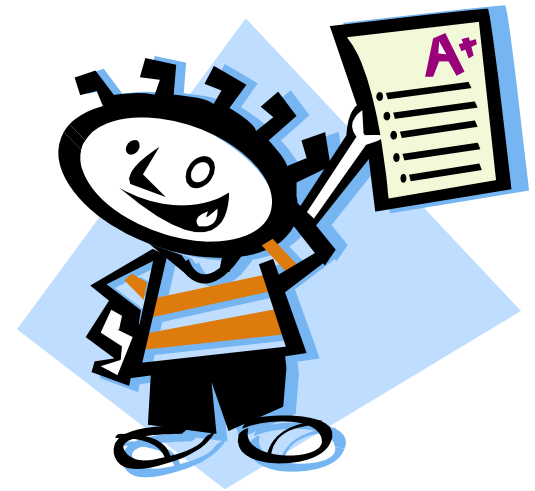
- IPS & IAS repeated;
- effectiveness conferencing format;
- program content;
- facilitators

## Qualitative:

- intended changes to clinical practices;
- perceived changes in attitudes and behaviours;
- general likes/dislikes;
- suggestions for improvement

# Project Evaluation (1)

- Overall evaluation of our knowledge exchange efforts, including:
  - CE Programs
  - Website
  - Website resources (FAQs, Tips, Newsbriefs, CE events, Links, Toolkits, etc)



# Project Evaluation (2)

Rate the following features:

- Quality of information
- Comprehensiveness of topics
- Clearly written
- Meet knowledge gaps
- Application of information (usefulness)
- Enable interaction with others
- Support knowledge sharing

How likely are you to:

- Remember what you learned
- Save info for future use
- Seek more info
- Share info (with consumers, clinicians, etc)
- Apply what you learned
- Recommend the resources

# Project Evaluation (3)

- What would you benefit from having more of?
  - Tips to enhance collaboration (77.3%)
  - Opportunities to connect with others (75%)
  - Printer-friendly materials (72.7%)
  - Brochures & “take-aways” (70.5%)

# Preliminary Feedback

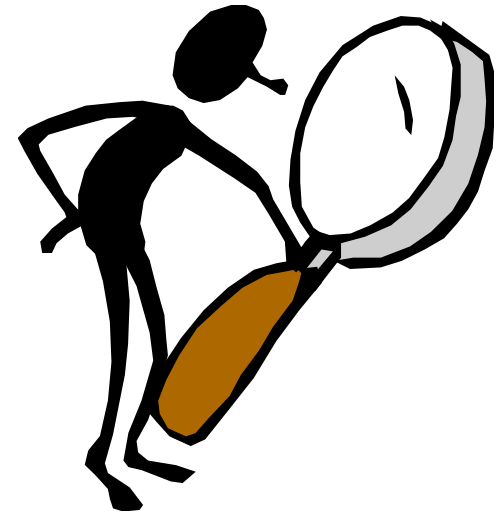
- Some technical challenges, but people are learning
- Liked the flexibility of participating from their office and not having to travel
- Enjoyed learning from a range of individuals (both in terms of professional/non professional background, and geographical location)
- Would like additional support before attempting to implement an IPE program (i.e., webinar participants)

# What Participants Have Said

- “Amazing effort. Excellent communication and support from staff. Well written in clear language. The best job I have seen in distance learning in a long time...my 20 years in the field!!”
- “I was supportive of interdisciplinary training, now I have tools to incorporate in the work!”
- “As a result of attending the session, I have greater awareness of the complexities faced by workers and clients.”

# Lessons Learned

- ✓ Conduct a needs assessment of your target audience
- ✓ Run a test session before implementing a full scale program
- ✓ Maintain regular contact with participants before/after the session to answer questions (both technical and content)
- ✓ Conduct pre/post evaluations for each session



# Lessons Learned

- ✓ Provide a comprehensive welcome package at least 1wk prior to each session
- ✓ Provide an online web tutorial for participants in advance of each webinar
- ✓ Review key concepts and terms during each session
- ✓ Ensure facilitators are trained in IPE and have adequate experience



# Additional Resources

1. Our resources are now available in French
2. Podcasts: audio recordings that review roles of team members and provide helpful tips related to interprofessional education and collaborative care
3. Facilitator tools: a collection of resources to help you run your own education sessions

# Current Status

- Materials still available on the CCMHI site
- Project has been picked up by “Health Service Excellence Group”

# Upcoming Webinar Series

- November 4, 2009
- 1200-1330 EDT
- Internet and land phone access necessary
- Fee \$85.00
- [www.healthserviceexcellence.com](http://www.healthserviceexcellence.com)

# Questions? Contact Us

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# Questions? Contact Us

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