

Strengthening Collaborative Education using E-Learning Technologies

Creating a Knowledge Exchange Community
of Learners and Educators to Improve the
Mental Health of Canadians

Dear Teleseminar Participant:

Thank you for your interest in participating in our “*Continuing Education for Collaborative Mental Health Care: An Interprofessional Education Teleseminar*”. The seminar will be 90 minutes in length, and begins at 12:00 pm and ends at 1:30 pm, according to the respective Canadian time zone.

Monday, October 1, 2007, (12:00pm, EDT)

Moderator: Enette Pauzé

Facilitator: Dr. Vernon Curran

Guest Experts: Trieneke Niemeyer; (Social Worker); Ann Greene (Registered Nurse/Mental Health Nurse); Jan Stretch (Registered Psychiatric Nurse)

Canadian Time Zones:

Pacific Time	Mountain Time	Central Time	Eastern Time	Atlantic Time
9:00 am PDT	10:00 am MDT	11:00 am CDT	12:00 pm EDT	1:00 pm ADT

Link for Canadian Time Zones: http://www.timetemperature.com/tzca/canada_time_zone.shtml

Learning Objectives

At the end of the session, participants will be able to:

- i) Define collaborative mental health care, interprofessional education and collaborative practice
- ii) Define core competencies for collaboration
- iii) Apply basic concepts of collaborative mental health care, interprofessional education and collaborative practice in their practice setting
- iv) Identify a range of possible members of an interprofessional team and describe their roles
- v) Access additional learning resources through our project website:
<http://www.ccmhi.ca/en/training.html>

! Please read the following information carefully, as it outlines important information resources and instructions !

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Participants Information Package

As part of your participant's package, you have the following resources:

Included in this document:

1. Agenda
2. Facilitator and Moderator Biographies
3. Financial disclosure information
4. Case Study
5. Instructions to access the teleseminar (you will need access to a land phone)
6. Continuing education accreditation statements

Attached as a separate document/link:

7. Poster (attached to email)
8. A copy of the CCMHI Education Toolkit (Free download in English or French:
<http://www.ccmhi.ca/en/products/toolkits/educators.htm>)
9. Pre-session evaluation form (<http://www.ccmhi.ca/en/training/CEPrograms.html>)

Required Pre-Readings

Prior to attending the teleseminar, we ask that you review:

1. The case study provided
2. You must complete the online pre-session evaluation form to receive CE credits and/or a certificate of participation (link: <http://www.ccmhi.ca/en/training/CEPrograms.html>).
After the session, you will also be required to complete a post-session evaluation.

Suggested Pre-Readings

Prior to attending the teleseminar, we recommend that you review:

- The CCMHI Education Toolkit

Continuing Education Credits and/or Certificate of Participation

For more information: <http://www.ccmhi.ca/en/training/CECredits.html>

Continuing education credits provided by: Canadian Pharmacists Association; Canadian Psychiatric Association; Canadian Psychological Association; College of Family Physicians of Canada.

The program has been endorsed/supported by: 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.

If you will NOT be able to attend the session, please advise us as soon as possible – we will open your spot to someone on our waiting list. If you have any questions, please do not hesitate to contact us.

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On behalf of our entire project team, we look forward to an engaging e-learning experience!

Kind Regards,
Enette

Enette Pauzé, PhD (c), MSc.
Project Manager
The College of Family Physicians of Canada - CCL Project
Tel: 416-809-4270
Fax: 905-827-2030
E-mail: enette@sympatico.ca
E-mail: epauze@cfpc.ca
Website: www.ccmhi.ca/en/training.html

Funding for this program was provided by the Canadian Council on Learning



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Link for Canadian Time Zones: http://www.timetemperature.com/tzca/canada_time_zone.shtml

Teleconference Information:

Dial in number: (888)-882-9090

Participant Code: 4447030

Program Agenda

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)

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Biographies

Moderator

Enette Pauzé, PhD (c), MSc

Ms. Enette Pauzé serves as the Project Manager of the project entitled “*Strengthening Collaborative Education Using E-learning Technologies: Creating a Knowledge Exchange Community of Learners and Educators to Improve the Mental Health of Canadians*”. Enette is a co-author of an Interprofessional Education Toolkit for Collaborative Mental Health Care, and has contributed to the development of several other interprofessional toolkits and initiatives at community, provincial and national levels. She is a member of the Evaluation and Knowledge Translation Sub-Committees for the Canadian Interprofessional Health Collaborative, and is a Senior Advisor for the Canadian National Health Sciences Students’ Association. Enette is a doctoral student at the University of Toronto, in the Department of Health Policy Management and Evaluation and currently holds fellowships with the Ontario Training Centre in Health Services and Policy Research, the Transdisciplinary Understanding and Training on Research - Primary Health Care (TUTOR-PHC) program, and the Research in Addictions and Mental Health Policy & Services (RAMHPS) program.

Facilitator

Vernon Curran, PhD

Vernon Curran is an Associate Professor of Medical Education and Director of Academic Research and Development with the Faculty of Medicine, Memorial University. He is also currently Co-Director of the Centre for Collaborative Health Professional Education, Memorial University and co-leads an interprofessional education curriculum enhancement project at Memorial. Vernon has also held the position of Director of Academic Development with the Faculty of Medicine at Memorial. In this position he led the development and delivery of Faculty Development programming within the Faculty of Medicine. Vernon holds a cross-appointment with the Faculty of Education at Memorial University, teaches in the undergraduate and graduate degree programs in Adult Education and Post-Secondary Studies, and led the development and establishment of a Graduate Diploma in Health Professional Education as part of the Post-Secondary Studies program at Memorial University.

Guest Experts

To view the biographies and pictures for the list of guest experts, please visit:

<http://www.ccmhi.ca/en/training/CEExperts.html>

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Financial Disclosure

Continuing Education Policy on Full Disclosure

Several of the professional associations require disclosure of the existence of financial interest(s) or other affiliation(s) and author or co-author has with commercial supporters of this program, and/or with competing manufacturer(s) of commercial product(s) and/or provider(s) of commercial services discussed in this program.

The existence of such relationships does not necessarily constitute a conflict of interest, but the audience must be informed of the author or co-author's affiliations. This policy is intended to openly identify any potential conflict(s) so that audience members are able to form their own opinions about the material presented.

Please contact us with any questions or concerns: Enette Pauzé (Project Manager), epauze@cfpc.ca.

The following session facilitators, moderators or guest experts declare that, within the past two years, they have, or an immediate family member has, financial interest(s) in or affiliation(s) with commercial supporter(s) of this program or with companies who manufacture competing products or offer competing services:

Davison, Karen: Ownership or partnership: Viva Health Education and Research; Investments: Peace Summit Technologies (VCC) Inc.; Research Grants: Dunune Institute, CIHR.

Whyte, Jayne: Employment: Canadian Mental Health Association (National); Advisory Board or Similar Committee: Registered Psychiatric Nurses Association of Saskatchewan, CMAA Saskatchewan; Honoraria or other fees: Eli Lilly.

Woodman, Mary: Advisory board or similar committee: GSK; Honoraria or other fees: Pfizer.

Darby, Carolynne: Advisory board or similar committee: Eli Lilly, Biovail, Lundbeck; Clinical trials or studies: Lundbeck; Honoraria or other fees: Biovail, Lundbeck, Eli Lilly, Wyeth Ayerst, Jansses Ortho.

The following session facilitators, moderators or guest experts have no financial interests or other affiliations to declare:

Curran, Vernon
Pauze, Enette
Dolovich, Lisa
Niemeyer, Trieneke
Lemire, Francine
Stretch, Jan
Ungar, Tom

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Greene, Anne

The following session facilitators, moderators or guest experts had not returned their disclosure forms at press time:

Service, John

Krupa, Terry

Case Study

“Strengthening collaboration through interprofessional education: A resource for collaborative mental health care educators” (CCMHI Education Toolkit)

<http://www.ccmhi.ca/en/products/toolkits/educators.htm>

Case 1

Name: Scott

Age: 14

Gender: Male

Setting: Suburban

Ethnicity: Caucasian

Care Delivery Settings: Family physician’s office, school

Diagnosis: Anxiety disorder/Attention deficit hyperactive disorder/learning disability

Summary:

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.

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.

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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 counsellor 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 4:

I am Scott's mother. Scott is a wonderful person. He gets along with other kids and is great to have around. People like him a lot. He has always been an ok student and never really got in any trouble. We don't know what's going on and we're very concerned. Suddenly we are getting reports from the guidance counsellor and a couple of teachers that Scott seems to be uninterested and not trying hard enough. They think he is rebellious and refusing to do some of his assignments. They say at times he is not following directions in class. This doesn't sound like our son. Other teachers say he is doing quite well. He is still active on the school sports teams. He plays hockey and loves this. We go see his games and it's a lot of fun, but it is hard on us to drive him to the various tournaments.

We are very worried about his breathing and heart racing. Our family doctor has told us that everything is fine. She thinks it is anxiety or panic attacks. I don't think a family doctor has the expertise to diagnose anxiety in an adolescent. I had panic attacks years ago and I would feel awful if I passed it on to my son. My husband, Scott's father, thinks maybe we are being too

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lenient with Scott and should be stricter if he doesn't do his work. He has even talked about sending Scott to a different school if the problems continue. My husband and I disagree over this. We are really upset that it is going to take so long to get Scott assessed at the Teen Clinic. By that time Scott could lose his entire school year. We don't want that to happen. We have checked about the school psychologist but this is also going to be a long wait. My husband and I have an appointment at the school to talk to the principal to see if we can get the testing done sooner. We are also going to be calling our local school board trustee. My husband knows the trustee because they used to work together. My husband and I both work full time and it's hard to go to too many meetings.

Discussion 4

Communication – Family and caregivers

1. What is the role and responsibility of the parents in the care of this person?
2. How can the team help the family negotiate this situation?
3. How can the communication between parents be facilitated to prevent further conflict within the family?
4. How can the team help the family advocate for care and services for their son?
5. Consider a role-play exercise between team members, the parents and the patient/client.

Situation 6:

I am the school psychologist. I met Scott twice for two sessions of testing. He was further down the waiting list, but I guess the family pulled some strings and I was asked to see him sooner. He appears to have mild to moderate attention deficit disorder, inattentive type, with no evidence of hyperactivity, and a learning disability of auditory processing of information. He is better with visual spatial activities and has good fine and gross motor skills. I agree with the anxiety disorder diagnosis but the anxiety attacks are exacerbated and pronounced when Scott is asked to perform tasks that require focused verbal attention and concentration. His anxiety disorder further worsens his ability to focus and concentrate. I recommend academic accommodations and counselling to help Scott identify and manage his learning disabilities/deficits. I agree that helping Scott with his anxiety will also help his concentration and attention. I recommend he be excused from his regular class for special help sessions with our special needs education assistant.

Discussion 6

Communication and stigma

1. How can the team use this information on Scott's behalf?
2. Whose role and responsibility is it to implement the interventions as suggested by the school psychologist?
3. How will team members communicate information so that Scott's needs are met?
4. How might stigma about mental health/learning problems affect or limit Scott's interactions in the school and social environment?

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Situation 7:

I am the school guidance counsellor. I've looked over the reports about Scott's learning disability and anxiety. We have lots of students with these problems. Scott's is a mild case. I'll try to explain the deficits to the teachers and get some form of remedial teaching assistance for Scott. His family has mixed feelings. They are happy that they've identified Scott's problem but are worried about how much our school can provide in terms of assistance. The most I can get him is twice a week, half an hour session with the educational assistant. I'm worried the other students will tease Scott if they see him go for special help. His parents say the doctor recommends medication but they're hesitant and want to first see what the remedial assistance will do. I think Scott should try the Ritalin and the anxiety medicine. I've seen lots of our students do much better once they're on the right medication. What do they expect us to do if they don't take the advice they've been given? I hate to see a good kid's future ruined just because parents get in the way. I'll try and impress upon his parents that if they don't intervene and act soon, Scott may end up in a different educational stream or in trouble with the law. I've seen it all too often. I really like this kid and I'm going to make it my mission to get him the help he needs.

Discussion 7

Attitudes and feelings

1. What are team members' attitudes and feelings about using medications for mental health problems in children and adolescents?
2. How can team members ensure that treatment decisions are based on the best available evidence for outcomes and not only on attitudes?
3. How can the team continue to support and work with this person and family?
4. What role can the school and community play in the prevention of mental health problems?
5. How does a team cope with a dominant member who may try to take over?

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Instructions to Access the Teleseminar

Dear Participant:

At the designated time, each participant will dial the Dial-in Number and enter the Participant Code.

Telephone Conferencing:

Dial in number: (888)-882-9090

Participant Code: 4447030

Callers will be asked to record their name (since we will be recording the session, you may only wish to provide your first name).

When someone joins the call, you will hear one beep and their name.

When someone leaves the call, you will hear two beeps and their name.

Please note that any participants that dial-in prior to the moderator will hear music and a message that advises them that they will hear music until the conference moderator joins the call.

Once you are on the call, please mute your phone (press *6). This will help ensure that the line is clear for people to hear the presenters. When you have a question or would like to comment, unmute your phone (press *6).

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Continuing Education Accreditation Statements

COLLEGE OF FAMILY PHYSICIANS OF CANADA (CFPC)

Teleseminar – Mainpro-C approval

This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to 1.5 Mainpro-C credits/Teleseminar.

CANADIAN PSYCHIATRIC ASSOCIATION (CPA-APC)

Teleseminar

This event is an accredited group learning activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, approved by the Canadian Psychiatric Association. Accepted for 1.5 Section 1 credits.

CANADIAN COUNCIL ON CONTINUING EDUCATION FOR PHARMACISTS (CCCEP, representing the Canadian Pharmacists Association)

Teleseminar

The Canadian Council on Continuing Education in Pharmacy has accredited this program for 1.5 CEUs. Le Conseil canadien de l'éducation permanente en pharmacie a octroyé 1,5 crédits de formation continue pour ce program.

CANADIAN PSYCHOLOGICAL ASSOCIATION (CPA)

Teleseminar

The CFPC-CCL Project is approved by the Canadian Psychological Association to offer continuing education for psychologists. This program has been awarded 1.5 continuing education credits.

Funding for this program was provided by the Canadian Council on Learning

