Promoting Collaborative Mental Health Care: Lessons Learned from PostGraduate Family Medicine Seminars

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IPE Framework based on Collaborative Competencies (D’Amour & Oandasan, 2005)

Focus on improved relationships through:

1. **Knowledge** of roles

2. **Skills** related to communication & reflection

3. **Attitudes** of mutual respect, willingness to collaborate
IPE...

Changes how health care providers view themselves and others

Is a complex process that requires us to look at learning differently

Requires us to practice in a way that allows for shared skills and knowledge

Requires interaction & communication

from Canadian Interprofessional Health Collaborative, 2010
Current framework for development of IPE Values & Competencies (Centre for IPE, UT)

• Prelicensure focus
• Longitudinal mandatory curriculum
  • Exposure (Introduction)
  • Immersion (Development)
  • Competence (Entry to practice)
• Focus on ‘Authentic’ learning
  • IP interaction; case-based
• Constructs:
  • Collaboration, Communication, Values
CanMEDS Physician Competency Framework - Roles
CanMEDS: Elements of Communicator/ Collaborator Roles

- Communicate information to patients and colleagues
- Participate in effective consultation
- Develop common understanding of issues and shared plan of care
- Understand roles of other members of team & participate in shared decision making
2 educational interventions

Family Medicine Academic seminars for Residents (& other learners)

1. Women’s Mental Health & Addictions
2. Trauma informed care: Sensitive Practice guidelines for patients with hx interpersonal trauma
Goals of Seminars:

- to increase understanding of mental health issues & trauma informed care
- To introduce ‘common’ clinical understanding and knowledge in working from a patient-centered perspective
- To highlight the importance of collaboration and communication in providing effective care
Main Challenges

Balance b/w clinical content & collaborative practice knowledge/skills

Composition of learners (mainly uniprofessional; postgraduate level)

How to build in IP learning without an interprofessional group of learners?
Teaching/learning strategies used:

- IPE icebreakers
- Case-based small group discussion
- Presentations & large group discussion
- Reflection on practice: Think/Pair/Share
- Interprofessional panel of (expert) practitioners
- IP faculty/facilitation
- Role play demonstration & discussion
Feedback/Evaluation: Learning about Roles

“"It’s a challenge to discuss roles when we (as learners) are not clear on our own roles”

“I learned that in different teams my professional role may be different”

“I learned that in some settings nurses perform pelvic exams”
Challenging misconceptions & perspective taking

“There’s a tendency to flag different priorities depending on one’s professional focus”

“I learned that other professions believe that doctors only focus on medical diagnosis”

“I was aware that people use terms differently maybe we have to make distinctions between physical and psychological trauma clearer”

“This exercise allowed me to step into other professions’ worlds for a brief moment”
Importance of team-based care

“I learned that nurses and social workers have a big role in the management of trauma effects”

“I learned other hcp have different approaches in getting patients to engage in the assessment process”

“I learned how physicians approach this issue and the techniques they use to handle patients…I’m better able to help patients navigate the medical system”
Shared responsibility

“I can’t assume another discipline will take care of the patient – I must communicate, follow-up and take responsibility”

“It’s so important to have a team for both the client and our own support”
“I learned it is my responsibility to let other hcp know if a patient has experienced significant trauma”

“I learned its important to provide patient hx when referring”
Faculty Reflections – What have we learned?

1. Focus on common clinical skills & knowledge

2. Discussion of roles is important but complex

3. Make collaborative skills more explicit (i.e. communication)

4. Use faculty/facilitators to role model

5. Be creative about providing opportunities for interaction (large group, pairs)
Connection to IPE Framework?

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Resources & Acknowledgements

• Centre for IPE, University of Toronto www.ipe.utoronto.ca

• Canadian Interprofessional Health Collaborative www.cihc.ca

• Canadian Collaborative Mental Health Initiative www.cchmi.ca