

MENTAL HEALTH INTER-PROFESSIONAL EDUCATION

Student Workbook



University of the
Sunshine Coast
The best of both worlds



Project Team

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INTRODUCTION

The activities in this student workbook were developed from two research studies involving students and educators at several universities. Activities have been designed to prompt you to think deeply about your own profession, learn about other professions with whom you will be working, and develop respectful ways to work collaboratively with consumers, and team members.

We hope that you will find the activities helpful and that your preparation will enhance your learning and experiences in your forthcoming placement in mental health services.

Definitions

COLLABORATIVE LEARNING: In the past, when students from different health professional programs learned together it was called "inter-professional learning". The benefits of that kind of learning is that students learn with, from and about each other and this leads to greater understanding and less misunderstanding (Canadian Collaborative Mental Health Initiative, 2006). These days, we prefer the term "collaborative learning", because it includes learners outside the health professions (such as consumers, or arts students) who wish to learn with, from and about each other.

CLIENT: In this workshop we will be using the terms "client" or "consumer". As Mike Hamel says on the blog "Open Mike" www.mikehamel.wordpress.com

... a client is "One who receives medical attention or treatment." The archaic meaning was "One who suffers," from the Latin verb meaning "to endure." A client on the other hand is "The party for which professional services are rendered".

He adds: A client complies with the experts. A client consults the experts, then follows what seems the best advice.

CONSUMER: We will also use the term "consumer", which, according to Wikipedia (accessed 27/10/11), is a term:

that was coined in an attempt to empower those with mental health issues, usually considered a marginalized segment of society. The term suggests that those individuals have a choice in their treatment and that without them there could not exist mental health providers.

MULTIDISCIPLINARY team approaches utilise the skills and experience of individuals from different disciplines, with each discipline approaching the client from their own perspective. These may occur in a "one-stop-shop" fashion with all consultations occurring as part of a single appointment on a single day. It is common for multidisciplinary teams to meet regularly, in the absence of the client, to "case conference" findings and discuss future directions for the client's care. Multidisciplinary teams provide more knowledge and experience than disciplines operating in isolation (Jessup, 2007).

INTERDISCIPLINARY team approaches integrate separate discipline approaches into a single consultation. That is, the client-history taking, assessment, diagnosis, intervention and short- and long-term management goals are conducted by the team, together with the client, at the one time. A common understanding and holistic view of all aspects of the client's care ensues, with the client empowered to form part of the decision-making process, including the setting of long- and short-term goals. This approach is considered to offer much more person-centred, democratic and stimulating work practices (Jessup, 2007).

Within mental health services across Australia it is rare to see interdisciplinary team activity, and the more common approach is for multidisciplinary team (MDT) work. It is important that students be prepared to work well within an MDT.



Learning outcomes

Students are expected to achieve the following learning outcomes as you complete the activities in this student placement preparation workshop or while on placement in the mental health setting.

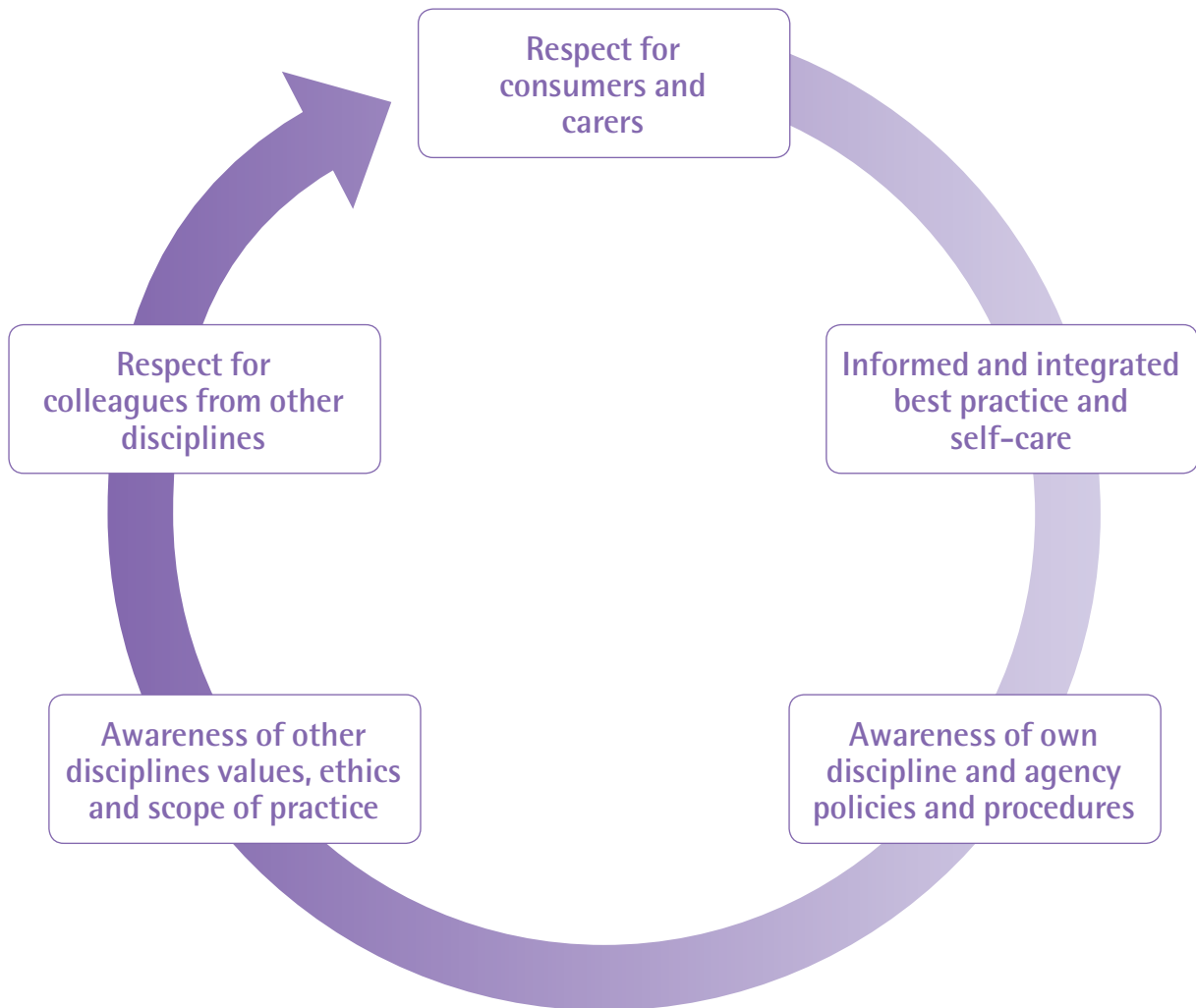
LEARNING OUTCOMES	CRITERIA
<p>1 Students will be able to demonstrate knowledge of their own role and that of other team members in multidisciplinary mental health practice.</p>	<ul style="list-style-type: none"> ■ recognise the key principles in collaborative teamwork ■ locate services available for emergencies ■ acknowledge the specific skills and contributions made by other mental health providers
<p>2 Students will develop awareness of interpersonal and communication factors necessary for a well functioning team.</p>	<ul style="list-style-type: none"> ■ develop respectful and courteous behaviours towards other health professionals, carers and consumers ■ communicate effectively with consumers, family members, carers and other professionals ■ obtain and listen to feedback from consumers and carers regarding mental health service ■ manage differences of opinions, conflicts and world views
<p>3 Students will be able to demonstrate awareness of ethical issues in professional practice.</p>	<ul style="list-style-type: none"> ■ analyse and display knowledge of relevant discipline specific and other discipline ethical guidelines, standards of practice, legal requirements and registration requirements ■ comply with procedures for reporting breaches of code of ethics or codes of conduct review and practice relevant policies, procedures and services for the specific placement setting ■ develop respectful and courteous behaviours towards other health professionals, carers and consumers ■ recognise their professional competency limitations and practise within the boundaries of own competence ■ understand evaluation and research as a basis for practice
<p>4 Students will be able to demonstrate knowledge of signs of work stress and strategies for self care, and on-going professional development.</p>	<ul style="list-style-type: none"> ■ recognise signs and symptoms of work-related stress ■ consider a range of strategies for managing work related stress ■ develop awareness of own vulnerability to work stress and develop a sustainable plan for own self care ■ develop an awareness of continued professional education opportunities ■ participate in supervision and be willing to accept feedback from supervisors regarding practice ■ practise new skills, use new knowledge and integrate new learning into daily work activities ■ reflect on own practise, recognise limitations and to seek expert advice and supervision as required

ACTIVITY 1:

Collaborative Learning Experience for Active Reflection (CLEAR)

Welcome to the collaborative learning experience. The diagram below provides a framework for multidisciplinary mental health practice. As you learn together you will become familiar with each aspect of this framework in readiness for your placement.

Framework for multi-disciplinary mental health practice.



THE MULTIDISCIPLINARY FRAMEWORK that you have just considered, suggests that for clinicians to work effectively in these teams they need good knowledge of their own scope of practice and also of what other clinicians can offer. Take a moment to **REFLECT**.

- 1 Why did you choose your profession?

- 2 What experience or situation led you to an interest in this area?

- 3 Complete this inventory for your own information only or to share with the group.

- 4 Which of the competencies relating to working in a multidisciplinary team listed, do you believe you already possess, and which may need development?

I BELIEVE THAT I HAVE:	Not at all	→	→	→	Very much
An understanding of the role of the following professionals in the mental health team:	<i>(Circle the appropriate number below)</i>				
■ Psychiatrist	1	2	3	4	5
■ Psychologist	1	2	3	4	5
■ Occupational Therapist	1	2	3	4	5
■ Social Worker	1	2	3	4	5
■ Mental Health Nurse	1	2	3	4	5
■ Enrolled Nurse	1	2	3	4	5
■ Public Health Specialist	1	2	3	4	5
■ Paramedic	1	2	3	4	5
An understanding of the National Practice Standards for mental health.	1	2	3	4	5
A respect for other disciplines.	1	2	3	4	5
An understanding of the role of respect for consumers and carers.	1	2	3	4	5
The ability to communicate with consumers with mental health problems.	1	2	3	4	5
The ability to communicate an alternative opinion within a team.	1	2	3	4	5
The ability to work collaboratively with other members of a team.	1	2	3	4	5
The ability to seek help from other members of a team.	1	2	3	4	5
The ability to share concerns.	1	2	3	4	5
The ability to contribute to client care within a team.	1	2	3	4	5
The ability to reflect on own attitudes and behaviour.	1	2	3	4	5

ACTIVITY 2:

Consumer and carer stories

1



Watch the DVD clip entitled 'Consumer and Carers experiences' which shows consumers and carers talking about their journey through the mental health system.

2

From these consumer perspectives what worked well in the mental health system and what could be done better?

Mother of teenage girl:

Young man experiencing depression:

Young woman experiencing psychosis:

ACTIVITY 3:

Recovery

Since 2005, the Queensland Government has officially endorsed a **RECOVERY MODEL FOR MENTAL HEALTH CARE** (Qld Government, 2005). But what does this mean? How is it possible for people with serious, and enduring mental illnesses to **RECOVER**, when there are no **CURES** for most of the mental health conditions? And how do clinicians orient their focus on recovery during illness-care? (McAllister and Moyle, 2008).

DEEPEN YOUR UNDERSTANDING by completing these activities.

- 1 Listen to one of these podcasts on recovery:
SANE AUSTRALIA, GETTING BETTER
www.sane.org/information/factsheets-podcasts/207-getting-better
BRENDA HAPPELL
http://soundcloud.com/ipp-shr_podcasts_05/ippshr_podcast_050

- 2 Now make a mind-map or list of ideas that you consider to be important components of a recovery model.

- 3 Make a table comparing the Recovery versus Medical Model.

RECOVERY RESOURCES FOR THE STUDENTS' FUTURE PRACTICE:

www.recoveryinnovations.com.au

This Australian site contains many useful and free downloads including personal stories of recovery, tips for getting well, experiences of being a worker in the recovery model, as well as products for sale, including cds, games, details on the WRAP (Wellness, recovery action plan) program.

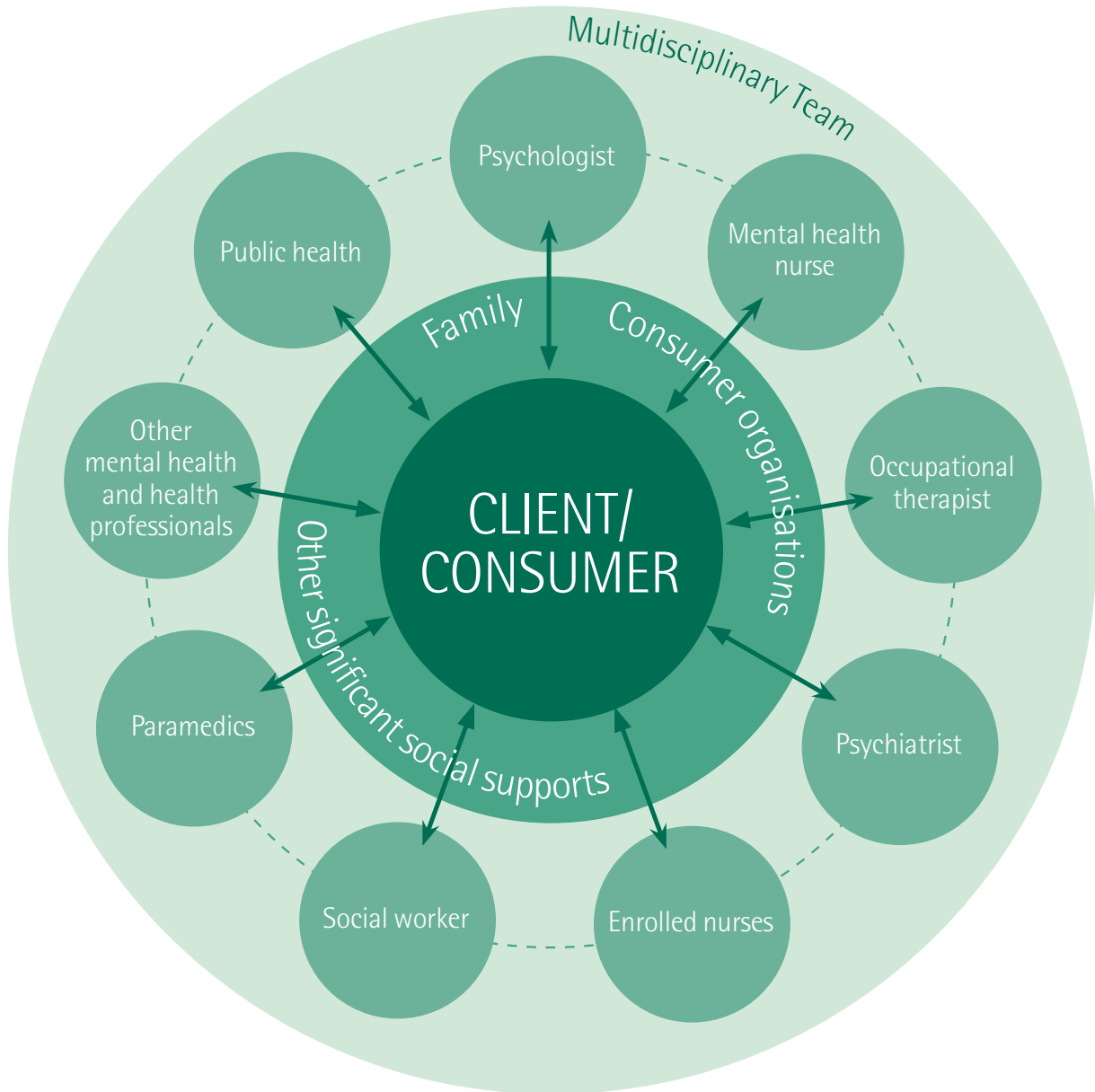
SANE AUSTRALIA www.sane.org

This national charity provides fact sheets, a media watch to take early action on stigma, undertakes projects and surveys to advance quality in mental health services and experiences for people affected by mental health problems.

Comments/notes:

ACTIVITY 4: POEM Activity

This diagram illustrates how multidisciplinary mental health services involve a broad range of professionals, as well as family and community supports.



We have created a POEM to explain each of the various professionals. A POEM stands for:

- P** **HILOSOPHY:** or historical background to the specific discipline
- O** **NTOLOGY:** the description of how members of the specific discipline join with the client on their journey through mental illness
- E** **PISTEMOLOGY:** theory or grounds for what knowledge is necessary for their practice
- M** **ETHODS:** used when working with a client

1



If you have a tablet computer, you could watch and listen to a health professional explaining their own disciplinary world view.

2

Or, you could read the summaries.

3

Now, reflect on how each discipline is similar to, or different from each other.

4

Take a few moments to create your own individual or group POEM, by using these prompts:

- **PHILOSOPHY:** What do you value?
What do you believe?
- **ONTOLOGY:** How have you seen your profession be with clients? (Their position, manner?)
- **EPISTEMOLOGY:** What knowledge do you learn at University/TAFE to be that profession?
What do you think it allows you to do?
- **METHODS:** What strategies do they use to be professional on a daily basis?

POEMS can be shared within the large group, by nominating a spokesperson to explain, or by hanging them on the wall for group review throughout the day.

Comments/notes:

Mental health nursing

PHILOSOPHY

Traditionally the role of the nurse has involved 'whole of person' care drawing upon a wide knowledge base from the healing arts and the sciences. We value the importance of gaining the patient's trust in a way that is informal and carried out in everyday interactions, providing comfort from pain or anxiety, interpreting medical information clearly and simply, and intervening to help the person turn what can be a major life crisis into a turning point for healing and adaptation.

EPISTEMOLOGY

Mental health nursing is a specialised qualification. Mental health nurses study the biological, psychological and social sciences, including pharmacology, and pathophysiology. They learn about therapeutic interventions with individuals and groups and play a big role in medication and treatment management.

ONTOLOGY

Mental health nursing is very much about applied humanism. Nurses aim to be with clients in a supportive, gentle, compassionate way while at the same time alert to signs and symptoms of distress.

METHODS

The role of the nurse in mental health is very broad and developing. Nurses work in acute inpatient settings, in crisis teams, community teams, telephone triage, they work as consultants and nurse professionals. A simple framework to summarise nursing work is C.A.R.E. (McAllister and Walsh, 2003). This stands for: Containment—they have an important role in containing distressing symptoms and behaviours. Awareness—they make use of their therapeutic skills to raise a person's understanding of risks, vulnerabilities and coping. Resilience—involves facilitating connections with support groups and community resources to promote recovery. And of course they do all this by being Engaging. It's very important for nurses to be accessible and trustworthy to the client and their family. It's in informal, everyday interactions where they can be effective in motivating someone to take those first tentative steps towards change.

Psychology

PHILOSOPHY

The philosophical framework that underlies psychological perspective is one whereby individuals are autonomous and have free will. This philosophy implies that a medical or disease model of mental illness is insufficient to account for the complexities of mental illness. Psychology's emphasis is in understanding both the biopsychosocial factors that contribute to and maintain mental illness as well as understanding the individual human experience. Psychology's philosophy also requires serious consideration of how mental illness/psychological disorders are defined, recognising that definitions of abnormal psychology are culturally and era specific.

EPISTEMOLOGY

Clinical psychology involves specialist training in psychopathology, psychological assessment, intervention and evaluation. Psychodynamic, cognitive and behavioural and humanistic perspectives underpin psychology's understanding of mental illness. Modern day clinical psychologists recognise the value of an integrative biopsychosocial perspective on understanding assessment and treatment of mental illness and psychological disorders.

ONTOLOGY

Psychologists interact in a respectful and collaborative manner acknowledging the individual rights and autonomy of clients while balancing the potential for harm to the individual and others.

METHODS

Psychology emphasises the assessment of contributing factors, individual formulation and conceptualisation of the person's difficulties, and the identification of specific problems associated with the symptoms and experience of mental illness. The setting of realistic goals, and an individual tailored intervention, assists in the resolution of the identified problems and psychologists undertake careful evaluation of the outcome of the interventions. Psychologists utilise individual, couple, family and/or group therapies and work collaboratively to develop a sound therapeutic relationship with the consumer and utilise evidence based methods to provide the most appropriate interventions.

Psychiatry

PHILOSOPHY

Psychiatry historically relates to the interface between the mind and brain. It has strong links to neurology and psychology in its origins and as such emphasises the inter-relationships between the subjective experience of the patient, his/her environment and his/her past experiences and biological make-up. Psychiatry holds the position that mental illness, diagnosis and treatment are an interaction of a person's lived experience, biological predisposition and that person's environment. Mental health is not simply the absence of mental illness but rather the attainment of inner contentment and happiness in balance with one's spiritual, mental and physical health.

EPISTEMOLOGY

Psychiatry draws from a variety of psychoanalytical, interpersonal, family-oriented, social and biological theories for aetiology of mental illness and approach to treatment. It recognises the roles of one's physical being, inner being, spiritual being, human development, the family and community as both a theoretical basis for mental health and illness and as necessary to address in supporting an individual in attaining true mental health.

ONTOLOGY

Psychiatry embraces respect for and empowerment of the individual within a context of duty of care, and seeks to deal with the personal, family and social consequences of mental illness through diagnosis, prevention and treatment.

METHODS

Psychiatry embraces pharmacological treatment, psychotherapeutic approaches, cognitive and behavioural approaches, family therapy, group therapy, crisis intervention, primary, secondary and tertiary prevention, patient and family education, community integration and personal empowerment as essential tools in addressing mental illness. Psychiatry emphasises both narrative and evidence based approaches to mental health care, and integrates, teaching research and clinical care in a way that addresses stigma, social integration, personal development and the attainment of a state of full mental health for the individual and his/her family, carers and community.

Public health—Health promotion

PHILOSOPHY

The philosophical framework that underlies health promotion is the process of enabling people to increase control over, and to improve, their health. Health is a positive concept emphasising social and personal resources, as well as physical and mental capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

EPISTEMOLOGY

Health promotion embraces actions directed at strengthening the skills and capabilities of individuals and changing social, environmental, political and economic conditions to alleviate their impact on populations.

Health promotion core studies include: the development of health promotion; design, implementation and evaluation of health promotion programs; health promotion settings, populations and issues; facilitation, learning and teaching for health promotion; environmental health; epidemiology; sociology; communication; and innovation.

ONTOLOGY

A health promotion specialist is a professional maintaining and improving the health of populations and reducing health inequities among population groups through the action areas articulated in the Ottawa charter: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services.

METHODS

Health promotion specialists enable, mediate and advocate in order to develop healthy public policy and communities. They use a variety of strategies, including education, mass media campaigns, advocacy, lobbying and writing health policies.

Enrolled nursing

PHILOSOPHY

Enrolled nurses, and their early equivalents, have worked in mental health settings since the very beginning of psychiatric care. First called "orderlies", enrolled nurses value the same core principles as other nurses, providing comfort, facilitating self-care, and assisting consumers to heal and adapt to their conditions. They assist RNs to ensure the client has all these cares met.

EPISTEMOLOGY

The Endorsed enrolled nurse has completed a unit of competency to implement, monitor and report to other nurses, the nursing care for consumers with mental health conditions.

ONTOLOGY

Enrolled nurses provide support and comfort assisting with activities of daily living. They care for the client under direct or indirect supervision of registered nurses.

METHODS

The Endorsed enrolled nurse works only in the acute inpatient setting and supports the registered nurse to contain health problems, ensure daily psychosocial and physical needs are met and to facilitate client engagement and understanding of their health needs.

Paramedics

PHILOSOPHY

Paramedics are often the first contacts for a patient with the health care. Paramedics begin a continuum of care by providing initial medical assessment and treatment and transport them to a health facility for ongoing care or arranging alternative treatment. Traditionally this work was in the setting of the acutely ill or injured patient in an emergency or at a time of crisis. However, increasingly there is a move towards involvement in chronic health conditions and primary health care.

EPISTEMOLOGY

Paramedics study the clinical sciences in order to provide timely emergency clinical interventions and prevention strategies to lower the burden of illness and injury. Currently there is a significant change in paramedic education and practice, evolving towards a primary health care model especially in rural settings.

ONTOLOGY

Paramedics provide emergency assessment and medical treatment in a respectful, efficient way. Patient autonomy in making choices of engagement and interaction with the health care system is a central tenet of paramedic practice.

METHODS

The role of a paramedic covers three broad functions:

- the triage and prioritisation of a patient's immediate and definitive needs
- delivery of appropriate immediate care, and
- organising the provision of or delivery to definitive care in a timely manner.

Social workers

PHILOSOPHY

Social work has a historical commitment to social justice and human rights, and works to locate individuals within their social systems so as to maximise potential for growth, development and change. Social work acknowledges that humanity exists in balance with the environment, and works to explore values, attitudes, behaviours and social structures that contribute to oppression and social exclusion of those who are vulnerable.

EPISTEMOLOGY

Social work draws from a range of theoretical perspectives, including human development, family formation and functioning, group work, and community development. The strengths perspective is particularly relevant to mental health social work in supporting processes of recovery, as are anti-oppressive and empowerment approaches. Broader social theories provide explanation of socio-political and economic imperatives that contribute to disadvantage and social injustice. Furthermore social work also draws on theories from psychology, ethics, feminist and critical theories to understand the development of values and attitudes in general and specifically around controversial issues such as end-of-life decision making and suicide

ONTOLOGY

Social workers maintain a commitment to standards of practice that include respect for the individual, encouragement of self-determination and autonomy, respect for privacy and confidentiality within a context of duty of care, and acknowledgement of the social consequences of mental illness.

METHODS

Social work practice includes work with individuals; work with families and partnerships; work with groups; work in community; social policy; research and evaluation; organisational practice, management and leadership; and education and training. Social work attends to engagement, assessment, intervention, termination, and review/evaluation. Central to the helping process is a focus on relationships and an understanding of the person in their environment, as well as active inclusion of consumers in processes of decision making. Social work uses a range of methods including counselling, therapy, group work, crisis intervention and solution-focused/problem solving approaches to assist social integration and inclusion and reduce the impact of stigma and discrimination in relation to mental illness.

Occupational therapists

PHILOSOPHY

Occupational Therapy (OT) practice is founded on the philosophy that people are 'occupational beings' that is, that the need to 'do' things that are personally meaningful is innate. 'Occupation' describes the everyday activities of life that people choose, or are required, to do. These can be broadly grouped into 'self-care'—the things we do to look after ourselves; 'work'—both paid and unpaid; and 'leisure'.

EPISTEMOLOGY

Occupational therapists understand the fundamental link between occupation and health and well-being. This is complemented with a grounding in biological sciences, psychological and social theories. OT specific theory and models, complementary frames of reference such as the biomechanical frame of reference, and pathology are also included in their training. Many Occupational therapists find the Recovery Model and strengths-based approaches a natural fit with their basic principles.

ONTOLOGY

One of the guiding principles of OT is that, for an occupation to promote health and well-being, it must be meaningful to the person, so a client-centred approach is fundamental to our practice.

METHODS

Occupational therapists use the concept of 'occupation centred practice' to guide their assessment and treatment. They investigate a person's occupational history, their current occupational roles, and current barriers and enablers to participation. Occupational therapists use discussion, interviews and observational assessment to assess directly the person's performance. In a nutshell, occupation may be used as both a means and an end, for example an activity such as cooking a meal may be used to assess somebody's physical, cognitive and psychosocial capacities and the same activity may also be used to *improve* these capacities.

ACTIVITY 5:

A client's experience is introduced



Watch the following video clips:

CLIP 1: **PRESENTATION AT EMERGENCY DEPARTMENT**

CLIP 2: **INTERVIEW BY MENTAL HEALTH NURSE**

In these clips you will be introduced to a simulated client "Peter" and his wife, "Julie". Peter and Julie have found themselves in the emergency department, being assessed.

The mental health nurse responsible for triaging patients within the emergency department (Robert), attempts to take a clinical history of Peter's problems. Robert has tried to keep Peter calm but at the same time thinks that the best way forward would be for the consultant psychiatrist to review Peter.

Robert is discretely undertaking a **MENTAL STATE EXAMINATION (MSE)**.

If you have a computer in your group, have someone google this to find out what it means.

www.rch.org.au/clinicalguide/cpg.cfm?doc_id=13539

www.takver.com/epstein/cartoon050.htm

<http://refrigerator.blogspot.com/2010/03/mnemonics-for-mental-state-examination.html>

If you find a better mnemonic to help us all remember the components of an MSE, please send it to us.

- 1 Use the table below, to identify how the mental health nurse approaches Peter.
- 2 Also outline the aspects of Peter's presenting difficulties that the nurse tends to focus on. (How do these relate to a nurse's POEM?)

Comments/notes:

Discipline	Approach	Which presenting difficulties are the focus for this professional?
Nursing		



Now view the following video clip:

CLIP 3: **ASSESSMENT BY CONSULTANT PSYCHIATRIST**

At this stage Peter becomes increasingly agitated and irritable with Julie and appears not to recognise the seriousness of his actions. The consultant psychiatrist is concerned about Peter's safety and if there is a need to admit him to the ward.



- 3 Complete the table below by reflecting on how the psychiatrist approaches Peter and what aspects of his presenting difficulties the psychiatrist focuses on. (Again, how does this stem from a medical POEM?)

Discipline	Approach	Which presenting difficulties are the focus for this professional?
Psychiatrist		

How well did each professional appear to understand the consumer's main concerns?

EXTENSION ACTIVITY: If you would like to learn more about the nurse's role in working with clients in the emergency and acute care, we recommend this reading:

Simpson, A. (2009). The acute care setting. In P. Barker (Ed.), *Psychiatric and mental health nursing: The craft of caring* (2nd ed.). (pp. 403-409). London: Hodder.

ACTIVITY 6:

The multidisciplinary team



View the following video clip:

CLIP 4: **MULTIDISCIPLINARY TEAM
ADMISSION MEETING**

Peter has now been admitted to the ward and settled in his room. The case management team meet to decide how to progress his treatment over the next few days.

- 1 Complete the table below to reflect on how the different professionals approach Peter's problems. What aspects of his presenting difficulties does each professional focus on?

Discipline	Which presenting difficulties could be the focus for these professionals?
Psychiatrist	
Psychologist	
Mental health nurse	
Social worker	
Occupational therapist	
Enrolled nurse	
Paramedic	
Public health specialist	



View the following video clip:

CLIP 5: **PRE-DISCHARGE TEAM MEETING**

Explore the effectiveness and comprehensiveness of the focus that other clinicians take to understand the situation. Identify at least three important points.

ACTIVITY 7:

Similarities and differences

- 1 Use the expertise within your collaborative learning group to select and compare two different professionals. Recall or review the POEMs of each. Now complete the table below and highlight similarities and differences.

Professional 1:

Professional 2:

Professional 1:	Professional 2:

- 2 What are the benefits of different points of view in a team?

EXTENSION ACTIVITY: If you would like to read more about your team members, we recommend this reading:

Bland, R., Clarke M., et.al. (2007). The active participants in mental health services. In G., Meadows, B., Singh, & M., Griff (eds), *Mental Health in Australia: Collaborative Community Practice*. (pp. 190-227). Sydney: Oxford University Press.

ACTIVITY 8:

Examining team communication



View the following video clip:

CLIP 6: **HOME VISIT**

In this clip the Psychiatric Registrar and Mental Health Nurse visit Peter and Julie at home.

1 How well did the team members communicate about the home visit?

2 What impact did this home visit have on the family?

3 What were the outcomes for Peter and the team members?

4 Reflect on your own scope of practice for when you will be making home visits. What is your Safety Plan?

5 What important professional differences are raised?



View the following video clip:

CLIP 7: **MULTIDISCIPLINARY TEAM COMMUNICATION**

This clip contains 5 short interactions between the team members regarding the home visit.

6 How effectively were differences of opinion managed?

7 How do team members use their power?

8 What behaviours modelled respect?

9 What issues do you wish to remember and enact in your future professional practice?

EXTENSION ACTIVITY: If you would like to read more on tips to help your teams work more collaboratively, we recommend these readings:

Dennis, S. (2000). Professional considerations. In C. Gamble & G. Brennan (Eds) *Working with serious mental illness: A manual for clinical practice*. (pp 317-328). Edinburgh: Balliere Tindall.

Renouf, N., & Meadows, G. (2007). Working collaboratively. In G. Meadows, B. Singh, & M. Grigg (Eds.), *Mental health in Australia: Collaborative community practice*. (pp. 227-242). Sydney: Oxford University Press.

ACTIVITY 9:

Spot the differences

This activity further explores **COMMUNICATION** amongst team members. The context of the interaction is in a team meeting where **DIFFERENT VIEWS AND VALUES** about the use of medication are expressed.



View the following video clip:

CLIP 8: **MANAGING DIFFERENT PERSPECTIVES**

This clip contains 5 short interactions between the team members regarding the home visit.

- 1 Your challenge is to identify the differences between the two versions of the team discussion.

Your facilitators have a lot of expert knowledge. So far in the workshop they have been asking you to share your opinions. **NOW IT'S YOUR TURN**. The facilitators have now grouped together and morphed into the **BRAINS TRUST**.

- 2 Ask the **BRAINS TRUST** any and all questions you have about the therapeutic use of this medication in the context of Peter and Julie. For example, you might wish to know:
 - How they would weigh up the 'pros and cons' of a medication.
 - If there are any other medications that could be used for Peter.
 - If there are alternative therapies.
 - Whether these clinicians are acting safely or ethically
 - What they would have done differently in this team ...

Use this space to jot down the "take home messages" from the **BRAINS TRUST**.

ACTIVITY 10:

Ethical practice

You have seen a number of interactions between Peter, Julie and the team as well as interactions between the various professionals of the multidisciplinary team. You have seen some things that worked well and some not so well. When you go into mental health practice, it won't be sufficient to just act respectfully. You will need to know what your **CODE OF ETHICS** is, and you will be held accountable for any breaches.

- 1 Take the time now to refresh your knowledge of your profession's ethical code.

- 2 Jot down what you saw as ethical problems raised throughout the viewing of Peter and Julie's journey into mental health services.

- 3 Discuss with your collaborative learning group so that you can decide whether the following issues are: **UNCERTAINTY, DISTRESS** or a **DILEMMA**.

	Uncertainty	Distress	Dilemma
The clinician who feels uncomfortable with the medication prescribed to Peter because he feels that the risks outweigh the benefits.			
The clinician who feels upset that Julie is feeling unsupported and angry in the inpatient setting as she is not allowed to stay with Peter overnight.			
The student who gets outraged that the theoretical principles they have learned as part of their study are not what they perceive in the practice setting.			
The clinician who feels that the treatment plan has not been addressed accurately and completely with the client and family.			
A group of clinicians have evidence that a consultant psychiatrist is not assertively treating the client, leading to him being on the ward for too long and this same client is seeking discharge.			
A group of clinicians have evidence that a consultant psychiatrist is not assertively treating the client, leading to him being on the ward for too long but the Clinical Director is supporting the consultant.			
A clinician observes that a client is benefiting from the new medication, yet they are putting on weight and there is a high possibility that metabolic syndrome (the name for a group of risk factors that raises your risk for heart disease and other health problems, such as diabetes and stroke.			

- 4 Visit www.nhlbi.nih.gov/health/health-topics/topics/ms/
 What process would you use and what would you consider in resolving this issue?

PLEASE READ the following information about **ETHICS** before completing two final activities.

Key points about ethical thinking:

- Ethical decisions are often trade-offs between:
 - **UTILITY:** the value delivered to the stakeholders in your organization
 - **RIGHTS:** entitlement to something
 - **JUSTICE:** equitable sharing of pain and pleasure
- Not all uncomfortable issues are dilemmas (Cohen & Erickson, 2006). Look at the differences in the table below.

<p>Moral uncertainty The person feels that something is not right. There may be a gut feeling ...</p>
<p>Moral Distress The person may know the right course of action but feels powerless to act on the choice because of obstacles such as: disagreement, lack of support, lack of resources, rules ...</p>
<p>Ethical dilemma Two opposing courses of action can be justified. A decision must be made about which action will be taken.</p>

This is why health professionals need to develop a framework, and to use this framework to help them make decisions about ethical problems.

Benefits of using an established framework to reason through ethical situations

- EFFICIENCY:** decisions can be made more quickly
- CONSISTENCY:** results in more systematic outputs
- PAYBACK:** builds emotional goodwill with your constituents
- SELF-RESPECT:** you feel good about yourself when you look in the mirror

There are 3 steps to resolving an ethical dilemma:

- 1 Know your own professional values
- 2 Select a model from ethical theories*
- 3 Use a problem solving process

* Two Ethical Theories

UTILITARIANISM: An act is moral if it produces a greater ratio of good to evil for everyone. This is a consequential theory, where actions are judged by outcomes.

Strengths	Weaknesses
Useful for decision-making	May ignore wrongs
Flexible	May conflict with justice
Recognizes interests of all	Difficult to design rules
Resolves conflict of interest	

GOLDEN RULE: An act is moral if you treat others the way you would wish to be treated. This is a non-consequential theory, where a factor, other than the outcome, should be considered when faced with an ethical dilemma.

Strengths	Weaknesses
Personalizes decisions	Needs modification to fit commerce
Brings fairness into play	We can't know how others feel and think
Carries childhood teachings into business	

ACTIVITY 11:

Emergency scenario

This activity requires you to **LISTEN** to an audio file and the paramedic students will be asked to respond. All other students will need to be quiet, diligent observers.

DIRECTIONS FOR PARAMEDICS:

- After you have listened to the call, leave the room so that we can set up the simulation for you.
- Your facilitator will remind you about your routine response to such an emergency.
- Speak out loud what you are thinking, planning and about to do so that your observers can understand your actions.



Two weeks later at 9pm a 000 call is made by Julie.

LISTEN TO THE CALL

On assessment of Peter you find the following:

- Peter is drowsy. Although he cooperates with having his vital signs measured, he is uncooperative to other requests, agitated and resisting directions.
- He states: "I just wanted to get some peace. Some peace".
- He is moving all limbs spontaneously but not responding to requests such as: "Squeeze my hands".
- He has slurred speech. His arms are thrashing, he may have ataxia. He seems weak.
- There is vomit on the bed clothes. His airway is protected.
- His pupils are dilated.
- HR: 160
- BP: 100/60
- Temp: 35.8
- Respiratory Rate: 12
- Auscultation: coarse crackles
- ECG: results are at hand
- Julie is anxious, angry, pacing and blaming herself while also trying to console her daughter Sophie. She is asking if Peter will be OK. Julie doesn't know what to do with Sophie.

Paramedic students are to report to the large group the answers to these questions:

- What is the call coded as?
- What did you try to do first, and why?
- What did the vital signs indicate?
- What did the Electro cardiograph (ECG) indicate?
- What was your assessment of Peter's mental status?
- Do you recommend that an Emergency Examination Order (EEO) is needed? Why?
- What are the differential diagnoses for Peter?
- What are the concerns for Peter's health and ongoing needs?

Discussion is now invited from the whole group.

Questions for others

- From the perspective of your discipline and from a professional point of view, what questions do you have? Please ask the paramedic students.
- What have you learned from this situation? (Nurses, Psychologists, Social Workers, Public Health Strategists and Occupational Therapists).
- Thinking about your POEM, what are the most important things you would like paramedics to consider in their future work practice?

Simulation enables learners to practice necessary skills in an environment that allows for errors and professional growth without risking patient safety.

Debrief

- What went well?
- What did you learn that you did not know before?
- How do you think participating in this scenario will influence your future practice?

Think of other situations that you have a feeling you will need to be prepared for out there in clinical practice. Use the space below, to jot down situations you would like to experience through simulation.

ACTIVITY 12:

Your professional practice

You have now considered a range of different mental health professionals' world views, consumer-health professional interactions, the dynamics of a multidisciplinary team, and principles for safe and ethical practice.

In the not too distant future you may be a team leader in such a team. **MAP OUT YOUR OWN POEM** that will be useful to remember and put to use in your future.

PHILOSOPHY: What characteristics give meaning to the notion of a "good health professional"?

ONTOLOGY: How do I intend to be in my interactions with consumers/colleagues?

EPISTEMOLOGY: What new information has been added to my knowledge base?

METHODS: What actions are central to my professional practice?

ACTIVITY 13:

Final CLEAR

Following completion of the two days activities, which of the **COMPETENCIES** relating to working in a multidisciplinary team listed do you think have been **ENHANCED** today and which may need **FURTHER DEVELOPMENT**?

I BELIEVE THAT I HAVE:	Not at all	→	→	→	Very much
An understanding of the role of the following professionals in the mental health team:	<i>(Circle the appropriate number below)</i>				
■ Psychiatrist	1	2	3	4	5
■ Psychologist	1	2	3	4	5
■ Occupational Therapist	1	2	3	4	5
■ Social Worker	1	2	3	4	5
■ Mental Health Nurse	1	2	3	4	5
■ Enrolled Nurse	1	2	3	4	5
■ Public Health Specialist	1	2	3	4	5
■ Paramedic	1	2	3	4	5
An understanding of the National Practice Standards for mental health.	1	2	3	4	5
A respect for other disciplines.	1	2	3	4	5
An understanding of the role of respect for consumers and carers.	1	2	3	4	5
The ability to communicate with consumers with mental health problems.	1	2	3	4	5
The ability to communicate an alternative opinion within a team.	1	2	3	4	5
The ability to work collaboratively with other members of a team.	1	2	3	4	5
The ability to seek help from other members of a team.	1	2	3	4	5
The ability to share concerns.	1	2	3	4	5
The ability to contribute to client care within a team.	1	2	3	4	5
The ability to reflect on own attitudes and behaviour.	1	2	3	4	5

Thank you for your participation today.

Comments/notes:

A large, empty rectangular area defined by a dashed border, intended for students to write their comments or notes. The box occupies most of the page below the header and the 'Comments/notes:' label.

Comments/notes:

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Websites and resources

The Centre for the advancement of interprofessional education
www.caipe.org.uk

MedEdWorld: a global online medical education community
www.mededworld.org

Tiger: transforming interprofessional groups through educational resources
<http://tiger.library.dmu.ac.uk/>

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Available at: www.who.int/hrh/resources/framework_action/en/



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