education
spotlight on
2012–2013
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The last two years have seen many changes in the focus of Education at CAMH. This publication highlights many of these changes, and places a spotlight on our new leadership and other individuals who have been a key part of these changes.

Building on the expertise in education and teaching that has long been a part of CAMH’s culture, and supporting the goals of the CAMH Vision 2020 strategic plan, we are beginning to revolutionize education. I am very proud to turn the light on these accomplishments with the publication of our first edition of *Spotlight on Education*.

Our goal is to place CAMH in a national and international leadership role in mental health and addiction education by generating new knowledge through research and outcomes evaluation; disseminating best practices through outstanding education, teaching and mobile communication; innovating in interprofessional education and practice; championing patient/client and family education; and, ultimately, making a real difference in the quality of care we provide to clients, patients and their families.

CAMH Education will accomplish these goals because we are building new networks with health providers and related agencies, clients, patients and families, students, researchers, policymakers and educators. Building on our relationship with the Department of Psychiatry within the Faculty of Medicine at the University of Toronto, the Toronto Academic Health Science Network, Ryerson and York Universities, our many community college partners, and the CAMH Foundation, we will develop new provincial, national and international networks through Portico—our new website for professionals—and a new international online journal on mental health and addiction education.
Congratulations to everyone at CAMH Education involved with this new publication. I’d like to personally thank the entire team: Diana Ballon for co-ordinating the production of this report and writing all the Spotlight interviews under tight timelines; Eva Katz, for creating and producing such a unique design; Nick Gamble, for masterfully editing all the copy; Lawrie Korec, for producing the online version; Nancy Leung, Dana-Lea Thompson and Eva for videotaping the online interviews; Nancy and Eva for taking photos; Jacquelyn Waller-Vintar and Stevie Howell for their eagle-eye proofreading skills; Christine Harris, for offering high-quality printing solutions within our budget; and finally Leslie-Ann Guiney, for her steady encouragement and guidance to the team throughout the process.

Enjoy this first edition of Spotlight on Education. Our future is bright!

Ivan L. Silver, MD, MEd, FRCPC
Vice-President of Education, CAMH
Professor, Department of Psychiatry, Faculty of Medicine, University of Toronto
Introducing CAMH Education

In June 2012, CAMH launched Vision 2020, the strategic plan that defined our vision as a progressive, 21st century academic health sciences centre. CAMH Education was called upon to champion strategic direction number five: Revolutionize education and knowledge exchange.

To support this direction, CAMH Education worked collaboratively with the entire organization and its partners to develop an Education Strategic Plan with eight priority areas:

- Enhance the student experience.
- Support teachers, faculty and mentors.
- Grow a collaborative culture.
- Enhance client and family education.
- Enhance and standardize professional development.
- Foster external teaching and knowledge sharing.
- Advance academic research and excellence.
- Enable success through planning and infrastructure.

Throughout Education, we are making strides in all eight areas.

We will be opening CAMH’s first ever Student Centre this year, with a street-front address on Stokes Street. Here, students of all disciplines—nursing, medicine, social work, law and more—can get their CAMH IDs, computer and building access and schedules, meet with education co-ordinators, get e-mail, have locker space, and network with other students in a collaborative culture.

Nothing pulls together the Education team (and Clinical Programs, Pharmacy, Support Services and Executive Leadership) like Resident Accreditation Week, which was a great success. The Department of Psychiatry residency program came out with full accreditation status from the Royal College of Physicians and Surgeons of Canada. Our psychiatry residency program at CAMH received praise from Catharine Whiteside, dean of the University of Toronto’s Faculty of Medicine, who noted at a Board of Trustees meeting how impressed she was with the Education mission at CAMH, and the support and quality of our resident education.
The strategic plan working group for interprofessional education and collaboration (IPE/C) was one of the liveliest, and resulted in a wealth of ideas. Building on those ideas, the Professional Practice Office and leaders from the clinical disciplines came together and in March 2012 implemented CAMH’s first IPE/C Rounds. A simulation approach was chosen as an innovative way to roll out a new policy, illustrating challenges while also exploring the dynamics of interprofessional teams.

Underlying all the activities in Education is the concept of a hospital where everyone can both learn and teach, and two of our occupational therapists are shining examples of that. They went to Ethiopia as part of the Toronto Addis Ababa Academic Collaboration, which collaborates with Addis Ababa University in Ethiopia to build and strengthen capacity and sustainability in professional programs, in particular in the health specialties.

Education research is thriving at CAMH. Among many studies, we are exploring the impact of clients as teachers of residents, quality improvement with health care teams, understanding CAMH as a learning organization, the use of humour to change policy and culture, and the use of feedback to enhance clinician performance.

CAMH Education celebrated with all of CAMH when the hospital committed to becoming a Registered Nurses’ Association of Ontario (RNAO) Best Practice Spotlight Organization. CAMH Education is supporting the three-year BPSO initiative, in which the hospital will implement and evaluate the RNAO’s best practice guidelines. Throughout this implementation, CAMH Education will lead and participate in a wide range of activities, including consulting on curriculum design and sharing our expertise in e-learning and evaluation.

These are just a few of the activities we are involved in. Please join us as we revolutionize education and knowledge exchange at CAMH.
CAMH Student Centre

This year CAMH Education will open a new Student Centre on Stokes Street, providing a central welcoming space for the hundreds of students, residents and interns we host each year. The Student Centre will be the place for students to obtain CAMH identification, keys and computer access, and to receive their CAMH orientation.

The centre will also offer space to take a break, eat lunch, catch up on e-mail or other work, chat with other students across all disciplines, and meet with our education co-ordinators. A space nearby will be available for group meetings.

“The Student Centre acknowledges the reality of CAMH as a teaching hospital and as a place where students are welcomed and supported,” says Ivan Silver, VP Education. “Above all, it will be a meeting place where students can mingle, collaborate, socialize and have access to the information they will need to succeed in their training, studies and work at CAMH.”

WHAT’S AROUND THE CORNER  Over the next year, we will implement a new student registration and tracking system so that logistics can be standardized and information about students kept in a central database. We are working with partners in Education Services, Professional Practice and Research to ensure that the Student Centre and the student registration system meet the needs of all of our students.
Client and Family Education

Since his recent appointment as CAMH’s first manager of Client and Family Education, Andrew Johnson has been busy assessing the state of the field both in and beyond CAMH, and beginning to translate his findings into novel education initiatives. See the profile on page 14 for more information about Andrew’s work to date.

WHAT’S AROUND THE CORNER  As the Client and Family Education program develops, a number of exciting initiatives are in the works. First, we will collaborate with the CAMH Library, Client Library and clinical partners to increase awareness and accessibility of CAMH’s evidence-based information for clients and families. What we learn from this process, and from deepening our engagement with other stakeholders such as peer support workers, the Empowerment Council and the Family Council, will be applied to the development of a Community Resource Centre slated to open in 2019.

We also plan to work with clinicians across CAMH to develop our capacity to offer clients individualized learning programs. We hope this trauma-informed and recovery-focused initiative will eventually become a recognized part of the continuum of treatment, and that Education can provide support in assessing clients’ health literacy, learning styles and preferences, and individual information and education needs. We believe this approach will lead to better clinical outcomes, better informed and empowered clients and family members, and more satisfied staff.
Education Research

In 2012, education scientist Sophie Soklaridis joined our team. Sophie is a leader in qualitative educational research and the head of Research Innovation and Scholarship in Education in the University of Toronto’s Department of Psychiatry. Within CAMH Education, several new research themes have been emerging.

There have been investigations into learner education involving assessing the learning needs of psychiatric residents in telepsychiatry, evaluating training in collaborative mental health care, and examining how residents and peer support workers learn from one another. Principal investigator (PI): Sophie Soklaridis.

Several new studies are exploring the engagement of faculty in research and interprofessional education. This work includes using narrative to explore dimensions of the psychiatric outreach experience, developing a mentorship program for faculty and residents, investigating teaching competencies across CAMH, and developing an interprofessional self-assessment tool for mental health care teams. PIs: Sophie Soklaridis, Donna Romano.

Another emergent theme is the use of innovative methods of translating CAMH policy into clinical practice, for example through the use of humour-based video vignettes. PI: Sophie Soklaridis.

Several research projects are examining the role of clients and families in various education roles: clients teaching on the wards, clients supervising psychiatry residents, clinician attitudes to client and family involvement, and the role of family members in online courses. PIs include Sean Kidd, Sacha Agrawal, Carmen Wiebe, David Wiljer.

WHAT’S AROUND THE CORNER  Sophie Soklaridis has received a grant from the Arnold P. Gold Research Institute that will fund a scoping review on relationship-centred care in health, and is awaiting the results of a grant proposal to the Canadian Institutes of Health Research for a study to map and synthesize the literature on hospitals and other health care institutions as learning organizations.
Education Services
The Education Services team designs and delivers training programs on mental health and addiction for both internal and external audiences.

Internally, we are responsible for the design of online legislated training courses, and delivering, tracking and reporting on completion of all CAMH mandatory training. We also run the Prevention and Management of Aggressive Behaviour (PMAB) training program, the PMAB coaches capacity building initiative and the Our Safety orientation.

Education Services collaborates with the Professional Practice Office on Clinical Orientation and Preceptor Workshop training programs, and with Human Resources and Health Equity in delivering Diversity; Harrassment and Discrimination; Understanding Mental Illness; and Asking the Right Questions.

Our external courses include facilitated online offerings such as Fundamentals of Addiction, Fundamentals of Mental Health and the Concurrent Disorders Certificate Program, while the Opioid Dependence Treatment Certificate Program blends online training with a workshop. Continuing Medical Education certificate programs in Cognitive Behaviour Therapy and Dialectical Behaviour Therapy are offered in a workshop format.

We also design and deliver general public education aimed at increasing awareness and reducing stigma and discrimination around mental health and addiction. Our award-winning Mental Health and Addictions 101 (MHA 101) tutorials currently include 17 titles in English and French, and are freely available on the CAMH website.

WHAT'S AROUND THE CORNER  More external courses and MHA 101 tutorials are in development. In addition, the MHA 101 tutorials form the basis for a training program under development that will be offered to organizations wishing to provide an exceptional customer service experience to all customers, including those experiencing mental distress (see page 20).
KNOWLEDGE SUPPORT SERVICES

Knowledge Support Services consists of Creative Services (Editing, Design and Print Production), Printing, French Language and Administrative Services, as well as Sales and Distribution. The staff in these areas work closely with other CAMH departments to publish, advertise, translate, print and make their projects shine.

Creative Services

Our editors, graphic designers and print production specialists work with staff and external clients who request our help on projects. We make their content shine, whether it be print, promotional material or multimedia.

We work on textbooks, departmental brochures, newsletters and public information materials; annual reports (both the CAMH Annual Report and the annual Research Report) and other corporate materials; signage, advertising posters and event backdrops; and promotional stationery, keychains, water bottles and other items. We even offer a video recording and editing service (in conjunction with New Media).

We provide our clients with quotes, guidance and brainstorming—and then deliver a product they and we can be proud of.

WHAT’S AROUND THE CORNER  Creative Services will soon be instituting a quoting process that will clearly explain what we will provide our clients on a job-by-job basis, as well as a rate card for services that are outside the scope of what we regularly provide. Meanwhile, we will continue to work with other CAMH departments to create the kind of high-quality materials that CAMH is known for.
French Language Services
French Language Services co-ordinates translation of all information intended for a public audience. After the material is translated externally, we then proofread it internally to ensure high quality. We also maintain the reseaufranco.com website for the francophone professional community. In addition, we can help clients find translators for content intended for other audiences.

Sales and Distribution
We maintain the CAMH online store (http://store.camh.net), where customers can order CAMH publications. We also take orders by phone, e-mail and fax. Our customers are in all four corners of the world and include post-secondary institutions using our publications for course texts.

Administrative Services
We are the people who make things happen: we assist the CAMH Education executive leadership team, we book meetings and we keep everything on track.

Medical Education Administration
We work in conjunction with CAMH’s medical educators to make sure the administrative part of medical students’ and residents’ stay is taken care of. We make sure they are here, know where they should be, have all the equipment they need to do their jobs, are oriented and have the best learning experience they can at CAMH. In 2012–2013 we took care of 473 medical students and residents on various rotations.

Printing Services
The CAMH Print Shop takes edited and designed projects—along with all other printing needs—and provides a sparkling end product delivered on time. We take care of the billing and deliver the product to our clients, whatever it may be—there isn’t much that we can’t do.

WHAT’S AROUND THE CORNER The Print Shop will be initiating a satisfaction survey and asking for input so we can continue to align our services with what the CAMH community needs and wants.
Library and Archives

The CAMH Library and Archives support learning, knowledge exchange, research and clinical practice, through teaching, research and guidance on navigating the global evidence base of mental health and addiction. Ours is one of the world’s most comprehensive collections of information on mental health, gambling, alcohol, tobacco and other drugs. We serve CAMH, clients and families, professional communities and the general public.

The library’s services include access to information in all formats, including commercially published electronic resources purchased specifically for the CAMH community; instruction on and tools for finding resources both within and outside CAMH collections; and locating books and articles within our collections and from other Canadian and international libraries.

The CAMH Archives support the organization’s collective memory through preserving non-clinical records, supplemented by documents tracking the wider history of mental health and addiction.

WHAT’S AROUND THE CORNER While we continue to build and sustain a nationally significant collection of information resources in the areas of mental health and addiction, the CAMH Library and Archives are also actively building upon the strategic directions set out by CAMH, the Education portfolio and the other portfolios whose activities we support. We are particularly excited to be laying the groundwork for a 21st century information service to transform lives as we prepare to build a new space at the Queen Street site.
VISIT www.camh.ca/educationspotlight2013 FOR ENHANCED DIGITAL CONTENT
Focusing on client and family education

“Using mobile apps and other online strategies is empowering. It puts control into the hands of the user. We want everyone to become advocates for themselves and for the people around them.”

In January 2013, Andrew Johnson, formerly a CAMH publishing developer, became the inaugural manager of Client and Family Education. Since taking on the role, he has worked with David Wiljer, senior director of Transformational Education and Academic Advancement, to bring a focus to client and family education initiatives across the organization.

One of first projects of the program was an environmental scan of formal client and family education initiatives at CAMH. Both inpatient and outpatient clinicians were surveyed about any formal education offerings for their clients and/or families—from psychoeducation and coping skills groups to brochures, manuals and other information materials—and were asked how these strategies were evaluated and supported.

“We want to know if they are using books, videos, homework assignments, apps or other technology, or peer support in their trainings or information materials, and if the information they provide is evidence based,” says Andrew. “The results of this survey will create a baseline for our department and help us to determine who the leaders are in the organization, what barriers exist, and how we can support existing projects or help to create new ones.”

The department has also conducted a literature review of evaluated client and family education programs and
findings from peer-reviewed journals to enhance understanding of the evidence base for client and family education in addictions and mental health.

Since CAMH signed an agreement with the Registered Nurses’ Association of Ontario to become a Best Practice Spotlight Organization (BPSO), Education is now supporting the implementation of a number of best practices within the organization. One of these is a focus on client-centred care and supporting and strengthening families. Education colleagues have supported a larger working group of clinicians by creating curriculum materials—the first module addresses dignity and respect—as part of a training to be offered to inpatient clinicians.

Another exciting initiative is a systematic review of mobile applications that aim to help people manage depression. What we learn will guide future developments in this area and help us make recommendations for the future development and marketing of apps, so that clinicians are better prepared to help their clients choose the best app for them.

CAMH Education has submitted two grant applications: the first to build an online map to help francophone youth access mental health and addictions-related services through text messages, smartphones and the web; the second to build an actual app for postsecondary students, using a similar mapping platform.

The proposed access project for postsecondary students will draw on the help of medical and digital media students in identifying the scope of services to be mapped, potentially including sexual health clinics, legal aid, food banks, fitness programs and more. The intent is to help students become engaged in mental health promotion and to feel empowered, both through engagement in the development process and through access to information to help themselves or other students they see struggling, and who may not know where to turn. “Using these kinds of strategies is empowering,” says Andrew. “It puts control into the hands of the user. We want everyone to become advocates for themselves and for the people around them.”
“The focus of the library has shifted away from print resources and collections, but our role is fundamentally the same. We link people to resources. We are a conduit for information. People create information. The information is collected, the information is disseminated and the cycle continues.”

What kinds of services does the library offer, and who are they available to?
We support the work of all CAMH departments and programs by consulting on search strategies, instructing staff on using library resources, and conducting literature reviews for practice guidelines, research papers, books, book chapters and policy briefs. While CAMH staff are our primary audience, about 30 per cent of our work is for external clients: this includes the public, clients and families, students, government, professionals not affiliated with CAMH, and community agencies.

CAMH has one of the world’s largest collections of information on mental health and addiction. Where are all these resources culled from?
We’ve been collecting for decades because we are part of an organization with founding partners. The Clarke Institute of Psychiatry had a large collection of mental health materials, as did the Queen Street Mental Health Centre. And the Addiction Research Foundation had one of the largest addiction libraries in the world. We continue to collect core resources, but more and more of our resources are electronic, or may be in the form of a link to an external resource, particularly grey literature.

What is grey literature?
It’s information that’s not produced by commercial publishers, such as policy documents, government documents, clinical trials, data banks and statistics—information that you won’t find efficiently through a Google search.
CAMH Archives has created a permanent photo montage exhibit on the history of CAMH and the merging of its four partners. Can you tell me about the exhibit, and why it’s entitled “Breaking Down Barriers”?

Our archivist John Court pulled together a lot of historical documents and pictures for this montage. The idea was to show not only the history of the founding partners but to create a display that will symbolize the transformation of ideas and attitudes toward mental health and addiction, and the changes in treatments. The exhibit is on display in the Doctors Association Building at 101 Stokes Street.

A new library is planned for the Queen Street site. What will it look like?

The new library will be approximately 5,000 square feet to be shared with Archives. We envision a more interactive environment with areas for people to meet and have discussions. The space will likely be on the ground floor, easily accessible to the public and with lots of natural light.

What can CAMH staff access through the library that the public cannot?

The library purchases numerous online resources that staff can then access—databases like Medline, PsycINFO and Mosby’s Nursing Skills, resources like the electronic Compendium of Pharmaceuticals and Specialties (eCPS), the DSM library and our most popular journals—the American Journal of Psychiatry, the British Journal of Psychiatry and Addiction.

Now more than ever we have access to so much information that the difficulty becomes how to find what is most helpful and accurate. What role do librarians have in this technological age, and how will your role change?

The focus has shifted away from print resources and collections, but our role is fundamentally the same. We link people to resources. We are a conduit for information. People create information. The information is collected, the information is disseminated and the cycle continues.
In the 18 months since the program was launched, more than 20,000 smokers have received treatment. Preliminary data shows that 20 to 30 per cent of patients are quitting. That is quite incredible.

In May 2013, Dr. Peter Selby and his team in CAMH’s Nicotine Dependence Service (NDS) received the inaugural Ivan Silver Innovation Award for a smoking cessation training initiative that has been massively successful both in scope and in innovation. The award, presented by the University of Toronto’s Office of Continuing Education and Professional Development, is named to honour Dr. Silver’s contributions to the field, including in his past role as the office’s vice dean.

By combining two projects—the STOP study (Smoking Treatment for Ontario Patients) and the TEACH Project (Training Enhancement in Applied Cessation Counselling and Health)—the NDS was able to implement and scale up practice change within primary care settings with significant patient benefits. Through the TEACH component of the program, Peter and his team have provided formal training to health care providers in 125 family health teams and 44 community health centres across Ontario. In the 18 months since the program was launched, more than 20,000 smokers received treatment from these practitioners implementing the program’s STOP component.

Preliminary data at three and six months after treatment has shown that 20 to 30 per cent of patients are quitting, similar to the rates found in randomized clinical trials.

“That is quite incredible,” remarks Peter, “because 50 per cent of the people coming in have some kind of comorbid mental health or other addiction problem.”
Peter and his team took an innovative route in developing this initiative: they began by implementing the program—giving feedback, coaching and support to the trainees throughout the process—and then fine-tuned the education based on what they learned.

“We actually started with the end in mind,” explains Peter, “aligning the ministry, the practices, the practitioners and the patients’ needs. We were then able to offer just-in-time training that was adaptable across settings.”

He also attributes the program’s success to the decision to target primary care providers across more than 15 disciplines. Primary care teams today include a wide range of practitioners with the potential to offer the program—including nurses, pharmacists, social workers, health promoters and addiction workers—whom Peter saw as an untapped resource. With what he refers to as “a little bit of policy change,” training and a clear-cut protocol, his team felt that this approach could work. And “in fact it did. It worked really well.”

This model has been so successful that the NDS has begun adapting it for community addiction agencies and conducting a pilot with about 30 agencies. They have also adapted the training for Aboriginal Health Access Services, which are primary care centres serving mainly Aboriginal people.

In the process of their work, the NDS team have found that smokers receiving treatment were often also drinking to excess, using illegal drugs, and were physically inactive and eating unhealthily. They believe that their model could be adapted to address these issues too.

Ultimately, Peter says, there is real potential for this kind of training to “actually have an impact at the patient level—not for the sake of training or for the hope that it changes practice, but because it actually changes practice.”
Improving service to customers with mental health concerns

CAMH has created an interesting training partnership with the Toronto City Clerk’s office. How did it come about? The city approached us after the city ombudsman identified that staff could benefit from more skills training in conflictual or distressing situations with customers who had mental health problems.

You have trained close to 250 workers in the City Clerk’s office, with plans to train 200 more. What feedback have you had so far?

The feedback has been extremely positive. The most important feedback was not about what happened during or right after the training, but in the days and weeks following. Staff have reported to their managers that they are better able to use the skills of defusing themselves, staying calm, stepping back, taking a nice deep breath, really listening to what the person has to say, and then reflecting back the person’s concern, and having the person de-escalate in front of them.

What types of situations had been giving employees the most difficulty?

It really wasn’t so much about aggression. Most concerns staff had were around being asked to do something they couldn’t accomplish, feeling frustrated at not being able to help, or being confused by someone’s request because they suspected the person was hearing voices or having confusing beliefs—for instance, about being spied on and persecuted by a neighbour. Staff at City

CAMH education specialist Graham Vardy, who worked jointly with the City of Toronto on a recent training initiative, was a 2011 recipient of a Edward W.H. Tremain Memorial Award of Excellence for his contributions to the organization.
Hall genuinely felt off-centre, and wanted to get good information about how to help someone in these situations without contributing to their agitation.

I notice that you focus on specific behaviours that could be giving a person difficulty, rather than trying to identify or label a mental problem. Yes, all behaviour is motivated by something, and all behaviour can be given feedback. We use a variety of simulations or replications of real-time experiences to help staff work through possible scenarios. In one simulation, the customer is upset and talking loudly using run-on sentences. The skill of the staff person is to summarize quite succinctly—not to paraphrase, but to name back: “You said this, this and this, because of that, that and that. Did I get that right?” We use the metaphor of the mirror, not the metaphor of the sponge. A “sponge” tends to soak in the emotional energy of everyone around them, and tends not to help people to de-escalate. People don’t want you to sympathize with them. They want you to be effective in helping them get something, and to empathize with their situation.

**Self-management and self-awareness seem to be at the core of what you provide. Could you explain how self-reflection plays a role in the work you do with the staff?**

Socrates said “Know thyself.” The more I can manage my own fears, concerns and frustrations, the more I can manage other people’s, and the better I am able to listen to others and project confidence in the process. Self-management is a series of skills in the mind and the body. We do physical relaxation exercises, mindful breathing and positive self-talk and demonstrate ways of moving the body: simply taking a step back and to the side, for instance, can reduce stress for you and the other person.

**Do you offer a similar type of training to staff at CAMH?**

Yes, we do. We train all staff at CAMH who provide a direct service to clients. In addition, we train psychiatric residents annually who also practice at other GTA hospitals. We train everyone in our support services—maintenance, security, food services. We have had Catherine Zahn attend our program. In fact, leadership is what we are looking to offer the city.
Once a month, VP Ivan Silver invites Education staff to break bread with him and share ideas about innovations and improvements in teaching and learning.

In September 2013, CAMH Education hosted the hospital’s first Sim Week, an extraordinary week of learning and exploring how quality care and patient safety can be enhanced through the use of simulation-based training.

At the Education Summit, held in February 2013, we celebrated the work of the many who contributed to the development of the CAMH Education Strategic Plan.
New Media (Mobile and Social)

Since its establishment in 2012, Education’s New Media team has been busy developing its own projects, as well as supporting teams across CAMH that wish to further their projects with mobile, rich media and social media solutions. We are particularly excited about a pair of mobile applications under development: the first app will help people track their alcohol consumption while the second will help clinicians diagnose and treat patients.

The New Media team has played a role in numerous other projects, including the Customer Service Training Project, and producing and distributing digital editions of CAMH publications to online retailers such as Indigo and Amazon. We also play a leadership role in producing and editing video content for training and professional development.

One of our main focuses is on developing and improving social media practices within CAMH Education and across the whole organization: managing the @camhEdu Twitter account; developing and improving the Education blog (www.camheducation.ca); improving the user experience for our existing social media-accessible content; providing technical support for web-based servers and online tool installations; and providing social media training and consultation.

WHAT’S AROUND THE CORNER The development of a mobile and web-based crowd-sourced mapping application is well underway for the Women’s Mental Health and Addictions Network in partnership with Peter Voore, medical director of CAMH’s Ambulatory Care and Structured Treatments Program. A similar project is in the pipeline for the Refugee Mental Health group.
Portico Web Portal

Currently under development, Portico will be CAMH’s renamed, redesigned and re-envisioned knowledge exchange portal. Once established, it will become Canada’s most trusted destination for credible and engaging information on mental health and addiction. The portal, built in partnership with Bell Canada and funded by a $2.5 million Bell grant, will leverage CAMH’s expertise to create a one-stop destination for doctors, nurses, clinicians, other health professionals, teachers, people living with mental illness and their families.

Success on the web today means being able to adapt quickly to changing user expectations for both content and technology. In response to these needs, Portico will feature dynamic multimedia content, interactive forums and customized content; in addition, pages are designed to automatically fit any size of smartphone, tablet or other device.

The interdisciplinary Portico team consists of project, content, research and community co-ordinators, and draws on expertise from other teams when required. An online community called Open aids the development process and fosters a community of dedicated contributors to the portal. We also work with internal and external stakeholders to build capacity to sustain the portal’s knowledge-sharing function in the long term.

WHAT’S AROUND THE CORNER  We are working with the CAMH Foundation and Bell to launch Portico in beta version in 2014. The team will then be ready to receive and act on feedback and make any necessary refinements to the site.
Program Evaluation

Since becoming the inaugural director of evaluation in May 2013—a role shared between CAMH Education and the Provincial System Support Program—it has become clear to Sandra Cunning that Education and CAMH as a whole are building an evaluative culture.

“This is an organization that is seeking information on its performance to achieve excellence,” she says, “looking not only at outputs but examining processes and outcomes as well. It is this deliberate ‘evidence-seeking’ approach that sets the stage for an evaluative culture.”

So far, Evaluation has focused on connecting with managers and staff and learning about the breadth of the work in CAMH Education. An overarching evaluation framework, driven by the CAMH strategic plan, is being developed for Education, as well as individual evaluation plans and process maps for specific initiatives and services.

Another aspect of the work of Evaluation has been the development of links between areas and services within CAMH and beyond. This includes connecting resources between Education and other areas of CAMH, such as a collaboration between Education and CAMH’s Best Practice Spotlight Organization and Integrated Care Pathways work.

WHAT’S AROUND THE CORNER The next few months will involve completing and implementing various evaluation frameworks, developing tools and measures, and building evaluation capacity within Education and CAMH as a whole. Education will continue to support CAMH’s journey to developing an evaluative culture.
Teaching Excellence and Innovation

This portfolio was inaugurated in August 2012 under the directorship of Latika Nirula. In our first year we have worked to better understand and define the key teaching competencies of CAMH educators across disciplines. Following an environmental scan conducted by Ann Pottinger and using a grounded theory approach, Jenna Robinson conducted and analyzed semi-structured interviews with 20 people with varying educational roles in the organization and from 13 different disciplines. This study will inform the creation of a developmental teaching competency framework, which will help establish priority program areas to support CAMH educators in their teaching roles and cultivate their valued educator identities.

October 2013 saw our first annual Education Achievement Day, celebrating the accomplishments of CAMH educators and facilitating interprofessional networking. The keynote speaker was Yvonne Steinert, an internationally recognized scholar in the area of faculty development.
Transformational Education and Academic Advancement

David Wiljer joined CAMH in September 2012 as senior director, Transformational Education and Academic Advancement. David is an associate professor in the University of Toronto Department of Psychiatry and the Institute of Health Policy Management and Evaluation.

This year CAMH Education launched its new Strategic Plan, which aims to achieve the CAMH Vision 2020 priority of revolutionizing mental health and addiction education and knowledge exchange. The strategy focuses on core initiatives for creating an innovative learning organization, which range from improving the experience of our students and teachers, to fostering effective team-based education, and partnering with clients and families to explore new and innovative ways to exchange information and knowledge. This program supports the implementation of the entire strategic plan.

The Strategic Plan will also be supported by a new CAMH Education Council, which brings together internal and external leaders in mental health and addictions education. We are also developing a robust implementation plan that will focus on clear measureable outcomes and indicators for success.

WHAT’S AROUND THE CORNER This year we will focus on opportunities to build our external partnerships and ensure that we are disseminating our excellent publishing, printing and education services widely throughout the community. We will also continue to engage a wide range of faculty and students interested in education and educational research, broadening our opportunities for students at all levels, from high school, through undergraduate and graduate degrees, to postdoctoral and continuing education. In addition, we will build a program that supports clients and families as teachers throughout CAMH and the U of T Department of Psychiatry. A group of clinicians, clients, family members and researchers will be working to address challenges and to capitalize on new opportunities across the organization and beyond. Members of this group have developed an innovative, interactive workshop that debuted at the 2013 Association for Academic Psychiatry meeting.

VISIT www.camh.ca/educationspotlight2013 FOR ENHANCED DIGITAL CONTENT
Becoming Trauma Informed

*Becoming Trauma Informed* (CAMH, 2012), edited by Nancy Poole and Lorraine Greaves, is a timely, ambitious and evidence-based guidebook that provides an impetus for the creation of trauma-informed service design in the Canadian context with implications particularly for substance abuse and mental health services. This book signals a paradigm shift that highlights a new and growing knowledge base on trauma that acknowledges how central the experience of trauma can be at all stages of life. Slowly, over the past three decades the anti-violence field has provided a greater understanding of how violence, sexual assault and child sexual abuse produce short- and long-term effects on both women and men. It acknowledges that experiences of trauma are pervasive and can result in life-altering impacts. The connections to substance use and mental health problems are profound. […] *Becoming Trauma Informed* provides a compelling rationale to take the necessary steps to equip individuals, organizations and systems to better assist individuals who have experienced trauma.

Throughout the book there is an emphasis on trauma-informed principles. Primary care providers in Saskatoon have articulated nine principles of sensitive practice that are attentive to the need to feel safe. The principles include respect (to be sensitive to how diminished survivors may feel), taking time (to address feelings of depersonalization and devaluing), rapport (to increase people’s sense of safety), sharing information (to decrease anxiety and support involvement), respecting boundaries, fostering mutual learning, understanding non-linear healing and demonstrating awareness and knowledge of interpersonal violence.

In trauma-informed services, professionals are not required to treat trauma; rather, they approach their work with the understanding of how common trauma is among those they serve, how challenging it may be to establish a therapeutic connection and how critical pacing may be. In this way, trauma-informed approaches are similar to harm reduction-oriented approaches and imply a universal precautions philosophy intentionally operating “as if” anyone who comes into our care is likely to be a trauma survivor.

Review by Nancy Ross. Excerpted with permission from the Canadian Women’s Health Network’s Network Magazine.
“With great power comes great responsibility.”

Despite what Marvel Comics would have us believe, Voltaire is credited with writing this in 1832. When used appropriately to treat chronic pain, opioids can be life-saving, but when made available without appropriate caution can cause untold harm to families and communities. Therefore, Voltaire’s is my favourite adage to teach physicians and pharmacists who prescribe or dispense opioids and other pain medication.

This CAMH self-directed online course—designed in partnership with the Toronto Rehabilitation Institute (now part of the University Health Network)—aims to empower health care professionals with new knowledge and tools, set out by the Canadian guideline, to assist physicians in safely prescribing opioids, and to recognize and respond appropriately, with compassion, when patients become addicted to the very medicine supposed to ease their pain.

The course includes multimedia elements such as videos that demonstrate how to have difficult conversations with patients who develop an addiction to their medication. It uses a state-of-the-art learning platform that fosters collaboration and dialogue between course participants, while allowing learners to work through the content at their own pace. There is the right level of structure to ensure that an interprofessional group of participants learns how to implement evidence-based guidelines and discuss how they might overcome challenges through tools such as the Opioid Manager.

The first pilot, with 16 participants, demonstrated a high level of satisfaction and transfer of knowledge. Moreover, the participants commented on the potential impact this course could have on their own practice and that of their colleagues.

We need to spread the word, because this knowledge has the potential to save lives.

Review by Peter Selby.
Des ressources à la portée des francophones

Les Services en français font partie intégrante de la Section d’appui à l’innovation et de l’accès au savoir du Centre de toxicomanie et de santé mentale (CAMH).

