Dual Diagnosis Nation Wide Community of Practice (C*o*P)

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DUAL DIAGNOSIS C*o*P NEWS

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Members as of

December 2005

- Ottawa
- Brockville
- Kingston
- Penatanguishene
- Whitby
- Surrey Place
- CAMH
- Sioux Lookout
- Owen Sound
- Walkerton
- Woodstock
- London
- North Bay
- Montreal, P.Q.
- Dartmouth, N.S.

TERMS OF REFERENCE FOR AN EFFECTIVE COMMUNITY OF PRACTICE

The distinction between a Community of Practice (CoP) concept of education and a Rounds-Lecture format of presentation is a core value that places overall community welfare ahead of individual goals.

For the past 24 months, a group of dedicated clinicians representing Dual Diagnosis programs across Ontario have conducted educational events through live interactive videoconferencing.

These teams gather monthly to engage in sharing and learning, based on common interests and challenges, bonded by their experiences in this specialized domain of mental health care.

The power of Team-based learning through a Community of Practice

As this blossoming community of like-minded individuals and teams continues to grow across Canada, the richness of a CoP concept of engagement is that teams assemble for the common goal of improving clinical practices and becoming catalysts for team problem solving and innovation.

The Dual Diagnosis Community of Practice therefore strives to provide the communications playing field accessible for all Dual Diagnosis teams in Canada who value team-based growth through the design of this technology-enabled engagement that brings a wealth of collective knowledge together every month.

Celebrate your common passions, revel in the distinctive qualities of each Dual Diagnosis team, and honor and respect each group by accepting the responsibilities of contribution and facilitation.

This is a unique program in Canada.

COMMUNITY OF PRACTICE CHARTER

The charter of a Community of Practice doesn't have to be elaborate or unique, just enabling. Please consider the following elements of community.

- The Dual Diagnosis CoP shall be a conduit of Knowledge and Experience to reach clients and people supporting clients.
- Each team will play a role in facilitating learning.
- The strength of the Dual Diagnosis CoP can be a catalyst for change.

Videoconference Tech Tips

The sound and video of the Dual Diagnosis Community of Practice travels thousands of kilometers to your screen, with a time latency of approximately one second. This amazing reality of communication can still be sabotaged by some simple errors that we'll ask all sites to try and avoid.

Simple tips and practices

Feedback and echo—microphone essentials

This is caused by a microphone, that is not on mute, and is placed in close proximity to the TV monitor. Place the mic pod 15 feet or more away from the television. Don't set the volume any louder than absolutely necessary, and have your microphone set on mute when not asking a question or participating in dialogue.

Who said that—video latency

In this multi-site environment, videoconference units will track the sound from a site to determine where to switch to for video. This usually takes 3 to 5 seconds. You will hear the voice and then see the site a few seconds after the sound is detected. When contributing to discussion start by introducing yourself, your discipline and where you are to give technology time to catch up to you.

Patience is a virtue in videoconferencing

Remember the slight delay in communication, and that the audio systems can't manage multiple voices talking at the same time. It creates videoconferencing chaos. Be patient. Be a good listener. You will see that these basic skills create a much better videoconference experience.

A Little Idea with Big Potential The Growth of Dual Diagnosis CoP

It began with three sites, curious about the power of team-based information sharing through videoconference technology.

Ottawa, Kingston, and Penetanguishene conducted their first meeting on March 31, 2004. CAMH in Toronto joined the community a few weeks later. These sites began meeting on the third Wednesday of each month, completing the learning season before breaking for summer. The commonalities and distinct qualities of each program were discussed. Case studies were presented, with each team contributing questions, comments and suggestions. Based on the success of this experience, a call for participation was sent to other Dual Diagnosis programs in Ontario. Sites in the greater Toronto area and southwestern Ontario were quick to join as the first full season of events began in September 2004.

As the year progressed additional sites from all over Ontario joined the community. Following the summer break of 2005, the buzz had leaked outside of Ontario, with teams in Montreal and Dartmouth Nova Scotia expressing interest. Suddenly the small idea has become a national event.

"I mean, if we said right now, there's somebody in the next room who's dying, let's all go save their life, you know, everybody would just get up immediately and go get involved in that."

Bill Gates

November Session Sparks Call for Community of Practice Action

Dr. Calleia's presentation of Discharge of Long Stay Patients to the Community highlighted a number of system issues experienced by several teams. Dr. Calleia's experience in Brockville tells us that there are many people with dual diagnosis that continue to be hospitalized past their stabilization and that those persons tend to have self-care and aggression issues; and more severe symptoms and fewer resources. She empathized that although person-centered planning versus Interdisciplinary planning is the preferred approach for discharge planning of these long- stay people, finding and preparing community resources with the capacity and willingness to meet their care needs is a huge challenge.

Following her presentation an arousing discussion occurred as groups expressed how they have been able to overcome some of the described challenges as well as continue to struggle with the same issues. Dr. Jowar, joining from Whitby Mental Health Services, expressed a desire to communicate the groups concerns to the government. The rounds ended with a suggestion that if teams were interested in using the Dec 21st session as a forum to discuss shared concern regarding the service gaps for people with dual diagnosis, to discuss it at their team level and email Debbie Champ so a discussion framework can be arranged.

Tips for Case Study Presentations

Preparation of your first case presentation can often be overwhelming. We offer the following tips to assist:

1) Use PowerPoint – Use your programs template. If you aren't familiar with how to use PowerPoint write your headings and notes and ask someone who does. The key is to use the slides as an outline to speak from. Your talk fills in the details. To learn how to use PowerPoint try www.bitbetter.com/powertips.htm

2) Case criteria – Presentations are case based and should meet the following criteria:

- Client focused
- Interdisciplinary
- Evidenced based
- Program focused

3) Case format suggestion:

- Client information – demographics, living situation,
- Referral problem
- History of current presenting problem
- Past history
- Medications
- Social/ family history
- Developmental history
- Service involvement
- Outcomes and Recommendations
- Plans/recommendations/Outcomes

4) Pictures/video – Additional mediums such as client pictures and videos can enhance your presentation and assist a personal understanding of who is being presented. It is important that appropriate permission is obtained and privacy is respected.

5) Choosing a case - As we desire to learn about your program, challenges, successes and new strategies it is encouraged that you choose an interesting or challenging case and highlight how the client navigated your service and how different disciplines were involved.

"Knowledge has to be improved, challenged, and increased constantly, or it vanishes."
Peter F. Drucker

Community Links: The National Association of Dually Diagnosed (NADD)Ontario

The Ontario Chapter of National Association of Dually Diagnosed (formally the Habilitative Mental Health Resource Network) is committed to disseminating information and stimulating interest in clinical, program, and policy issues related to dual diagnosis.

It promotes a continuum of supports that includes family and natural supports and ranges from the promotion of mental health to treatment and long term care, integrated and collaborative approaches to service and dissemination and exchange of information concerning effective approaches and models of service

Check out their membership benefits at their website:

http://www.naddontario.org

Important Dual Diagnosis names, contacts and connections

Dual Diagnosis Nation Wide Community of Practice (*C0P*)

Chair-Facilitator: Debbie Champ, RN.
Ottawa—613.722-6521 ext. 7136
Technical Coordinator: Peter Youell
Ottawa—613.722-6521 ext. 6302

Profile Your Program

Send us a brief introduction to your team to help everyone get to know each other. A different team will be featured in each installment of the Dual Diagnosis Community of Practice News

TEAM-BASED COMMUNITY OF PRACTICE PARTICIPANT GUIDELINES

To participate in the Dual Diagnosis Community of Practice we ask Dual Diagnosis groups to:

- Contact your telehealth coordinator at your site to book the 3rd Wednesday of every month from September to June from 8:30 to 10:00
- Contact DD CoP coordinator Peter Youell and moderator Debbie Champ so they introduce you and include you in the discussion.
- Provide a contact list for your group to Debbie Champ so you will be receive email keeping you informed of what's coming up on the rounds. The list will also be shared with the DD CoP to encourage professional networking
- Assign one person on your team to be your teleconference contact person.
- Keep in mind that case presentations will be shared within a closed viewing system and professional standards of privacy apply.
- Be prepared to participate in the discussions
- Be prepared for your group to make a case presentation.
- Make a personal commitment to learn about the technology and systems that facilitates our meetings.

The success of this team-based community of practice is dependent on the shared commitment of all participants to contribute new ideas regarding Dual Diagnosis.

DUAL DIAGNOSIS COP RECOGNIZED AS A NETWORKING BEST-PRACTICE

On November 11, 2005 the first Colloquium on the Primary Care of Adults with Developmental Disabilities concluded in Toronto having produced a draft of a best practice primary care document to assist primary health care professionals in overcoming the barriers to healthcare that have contributed to poorer health outcomes for persons with developmental disability in Ontario.

The project was organized by Surrey Place with the support of the Ministry of Community and Social Services and the Ministry of Health and Long Term Care and brought together a cross section of professionals with expertise in the area of developmental disabilities and dual diagnosis including many from our Province Wide Dual Diagnosis group. Evidenced based guidelines on physical health and behaviour and mental health were agreed upon with input from international experts. Guidelines for the transition of DD from residential facilities to generic health care were agreed upon including the need for a clinical support network and training in DD for health care professionals.

The Province Wide Dual Diagnosis Community of Practice was offered as an example of how networks could be organized using available technology. In conclusion participants agreed to make their names available on the colloquium website as commitment towards establishing a network. The publication of Ontario Best Practice Guidelines is anticipated shortly.

You can view a list of participants and commissioned papers via the web: www.tpas.ca/primarycare/. *user name*: primary *password*: ddcare