

Mental Health Carers Tasmania (MHCTas)
in partnership with Baptcare Tasmania

A Practical Guide
for Working with Carers of People
with a Mental Illness
Baptcare Implementation Project

Final Report (8th August 2018)

“How can you improve something that’s not there?”

The report documents Baptcare’s performance against: ‘A Practical Guide for Working with Carers of People with a Mental Illness’. The project is a partnership between Mental Health Carers Tasmania and Baptcare, with the aim of addressing inclusiveness of family, friends and carers when supporting people in their recovery journey.



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Special thanks to the care co-ordinators and other Baptcare staff who contributed so generously to the Project. Thank you to Baptcare Tasmania for funding the Project and to Mental Health Carers Tasmania staff and volunteers for their assistance. And finally with thanks to those carers with lived experience - in caring for a person experiencing mental health issues - who have contributed to the Project.

Acronyms

| | |
|--------|--|
| DHHS | Tasmania. Department of Health and Human Services |
| MHCTas | Mental Health Carers Tasmania |
| MHS | Mental Health Services |
| PMHCCN | Private Mental Health Consumer Carer Network (Australia) |

1. Summary

The report outlines the evaluation of Baptcare's current practices against the six standards listed in 'A Practical Guide for Working with Carers of People with Mental Illness' (the Guide). The Project used The Guide's self-assessment tool and a strengths-based approach to evaluate and improve Baptcare's carer inclusion practices.

Staff self-assessments were completed at the beginning of the Project. This enabled the identification of strengths, as well as gaps and areas for improvement. The Project was then able to focus on raising organisational awareness of the Guide's standards via staff training, and also provide relevant training resources and supporting documentation for ongoing staff training using a "train the trainer" approach. An action plan was developed and selected changes were made to Baptcare's practices, with additional actions identified for the future.

Baptcare was able to make concrete changes to increase the inclusion of family, friends and carers in Baptcare's everyday practice with additional future improvements identified. The key areas of focus were staff training, appointing carer liaison officers, and the need to identify carers and their rights.

2. Introduction

2.1 Mental Health Carers Tasmania (MHCTas)

MHCTas is a statewide service that supports carers, family and friends of people with a mental illness. It is a member of the national peak organisation Mental Health Carers Australia. Carers, friends and families often play a vital role in the recovery process for loved ones experiencing the effects of poor mental health.

2.2 Baptcare

Baptcare has been providing a range of disability services, including case management, planning, respite and recreation supports to people with a disability over 17 years. The Project looked at two programs run as part of Baptcare's mental illness support services – Mlcare and Mlcare Choices.

Mlcare

Mlcare is a state wide recovery based program run by Baptcare in partnership with the Tasmanian Department of Health and Human Services (DHHS). It offers tailored packages of care to people with severe and persistent mental illness who are case managed through DHHS Mental Health Services (MHS).

The program provides an outreach service for people - between 18-64 years of age - who have severe and persistent mental illness but do not require 24 hour support. The program generally runs for a period between 3 and 18 months depending on need and recovery. Between 3 and 40 hours of support per week can be provided depending on individual needs and identified goals.

Micare Choices

Micare Choices supports eligible in-patients in Southern Tasmania who are referred from the Department of Psychiatry, Tolosa Street Respite and Mistral Place. A newer program, it aims to support individuals, relieve stress from in-patient facilities, and reduce hospital admissions and length of stay. It assists individuals in their safe return to the community and provides time-limited, person-centred care coordination in accessing stable accommodation, education, employment and social supports. In addition Micare Choices runs a transitional housing shelter for up to five adult males for a period of up to three months.

2.3 Accreditation

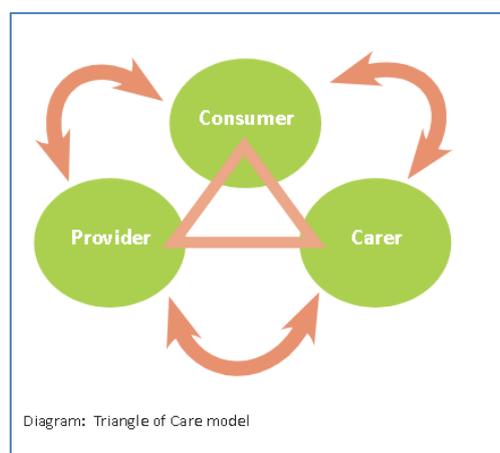
As a parallel process Bapcare have been updating policies, procedures and other documentation as part of the [National Standards for Mental Health Services 2010](#) accreditation process, including those relating to [Standard 7. Carers](#).

2.4 The Guide

MIND Australia has developed 'A Practical Guide for Working with Carers of People with a Mental Illness' as a resource for developing capacity in organisations. The basis of the Guide allows for an assessment to be completed within an organisation against predefined elements of the six key partnership standards. The audit provides the organisation with an evaluation of their capacity in reference to the benchmark standards.

The Guide is the recognition of the work identified by the National Mental Health Commission in the report ["A Contributing Life: the 2013 National Report Card on Mental Health and Suicide Prevention"](#) and more recently in the [2014 National Review of Mental Health Programmes and Services – Contributing Lives, Thriving Communities](#).

Current programs to train specialist mental health staff contain components related to carer engagement. The Guide offers a search of the literature on current practice in Australia and internationally, revealing the 'Triangle of Care' model. This model clearly illustrates the system we are trying to achieve in Australia.



© *The Practical Guide for Working with Carers of People with a Mental Illness*

The Guide includes the following six standards:

1. Carers and the essential role they play are identified at first contact, or as soon as possible thereafter.
2. Staff are carer aware and trained in carer engagement strategies.
3. Policy and practice protocols regarding confidentiality and sharing of information are in place.
4. Defined staff positions are allocated for carers in all service settings.
5. A carer introduction to the service and staff is available, with a relevant range of information across the care settings.
6. A range of carer support services is available.

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2.5 Definition of a Carer

A carer can be a friend, relative, colleague or partner – a person who provides support and assistance to someone they care for. This support is generally unpaid, although some carers may receive a carer allowance. Many people do not see themselves as carers and many of the people they support are also uncomfortable with the term carer.¹ The term carer can be seen as a role rather than a relationship and many carers and those they care for, prefer to build on the relationship rather than the role. This also reflects the recovery model.

¹ Sane Carers forum *Topic Tuesday (29th January 2018): Does the term Carer make you feel uncomfortable?* <https://mhctas.saneforums.org/t5/Special-Events/Topic-Tuesday-Does-the-label-Carers-make-you-feel-uncomfortable/m-p/426907#M3140> (Accessed 29/7/2018)

3. The Project

MHCTas was engaged by Baptcare to evaluate their current practices against the Guide. MHCTas is well placed to understand that the Guide has the potential to positively address carer concerns, including that their role is unrecognized, that they often don't receive information due to lack of clarity around confidentiality and are often unable to fully support the person they care for to access appropriate services.

The Project fits within current Tasmanian Government policy as outlined in its Rethink Mental Health Plan (2015-2025). The 10-year Plan recognizes the 'significant contribution' and vital role played by family and carers of a person with a mental illness - in economic terms \$60.3 billion annually across Australia². Rethink also emphasises the need to value, support and include carers in service design and delivery.

A project officer was engaged for 262 hours. Approximately 172 hours of the 262 hours allocated to the project have been used, with 90 hours still available. (As at the 6th August 2018)

The CEO of MHCTas provided primary management, advice and direction. The project officer was also able to access a mentor for additional expert advice.

Regular progress meetings were held with the Senior Practitioner (Micare Choices).

3.1 Project Aims

The primary aim was to audit Baptcare's current practices with reference to the Guide, reinforcing practices of strength and recommending which practices have opportunities for improvement. Aims included:

- 3.1.1 changing the culture and practice of Baptcare
- 3.1.2 taking a strengths-based approach to re-orienting the way Baptcare engages with mental health carers
- 3.1.3 building on what Baptcare does already, refining areas that can be improved, as well as introducing new ideas and ways of working
- 3.1.4 reviewing Baptcare policies, procedures, documentation
- 3.1.5 developing some draft documents e.g. peer carer worker position description
- 3.1.6 raising staff awareness of the Guide and identifying any potential obstacles
- 3.1.7 delivering staff training and a training package
- 3.1.8 analysing the self-assessment results and reporting back to Baptcare
- 3.1.9 developing an action plan and recommendations
- 3.1.10 providing an interim and final written report.

3.2 Project Barriers

A number of organisational factors impacted on the Project including:

- staff changes
- uncertainty re continuing funding for Micare Choices
- geographical spread of Baptcare staff (in Hobart, Launceston and Burnie).

²Diminic S, Hielscher E, Lee YY, Harris M, Schess J, Kealton J & Whiteford H. *The economic value of informal mental health caring in Australia: summary report*, Brisbane: The University of Queensland; 2016., p.1

4 Self-Assessment Results

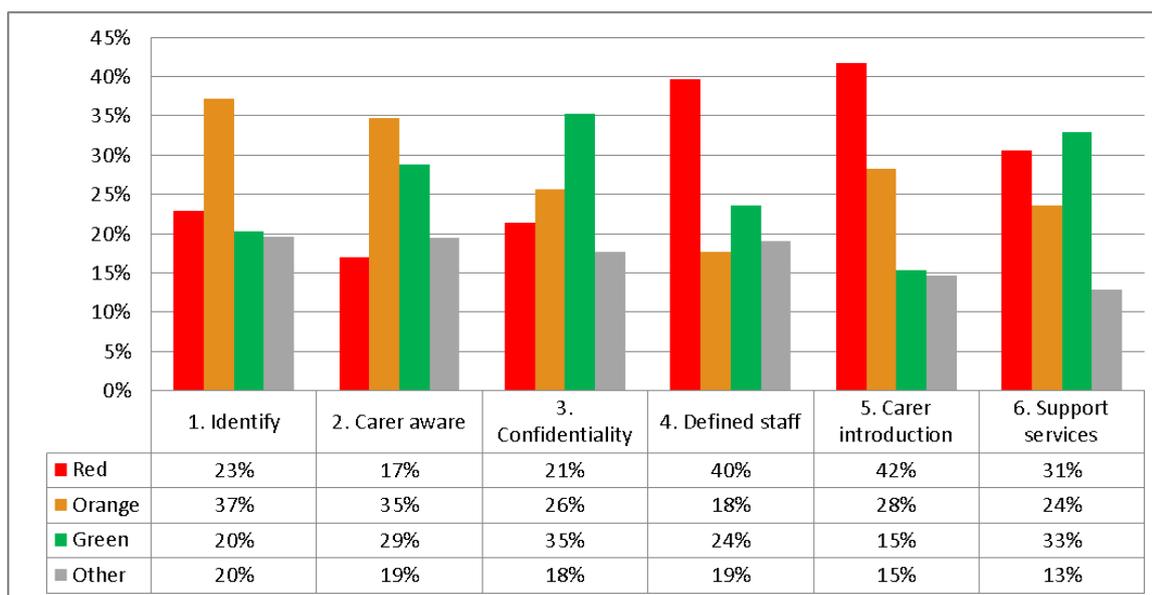
Throughout the Project a key task has been to understand Baptcare and its organisational context, as well as to build important connections with Baptcare care co-ordinators and other key stakeholders.

The Project and the Guide were introduced to the care co-ordinators. Once they had been briefed on the Guide, they were invited to complete the self-assessment tool anonymously. Seventeen staff members completed the assessment. The assessments did not identify if the co-ordinator was a Mlcare or Mlcare Choices worker. If the assessment is repeated it may be useful to group the responses by work units as anecdotally there may be differences between the two programs.

The self-assessment used a traffic light system:

| | |
|---------------|--|
| Red | significant under-performance and a need to develop action plans for improvement |
| Orange | achievement of the activity some of the time but that improvement is required |
| Green | positive achievement of the activity the majority of the time |
| Grey | Unsure, not applicable or comment |

The raw data collected via the self-assessment tool has been critical to obtaining an understanding of carer and family inclusion within the service. The analysis of the raw data showed significant opportunities for improvement in all six standards.



However a fundamental area for development was Standard 1 – the identification of carers. If carers are not identified, then the other standards will not be able to be implemented.

4.1 Themes / Comments

- “client / person-centred / client driven” / participants do not have carers / medication is not our role
- 2 worker model as an option to maintain confidentiality?
- Conflicts between carers – how to resolve?
- northern clients – transient population, no relatives in Tasmania, only 1% of carers are listed in records, young cohort (in 20’s), have run away
- Do you have to put “carer” on forms?
- Alerts on file – not allowed to talk to carers on certain topics
- Most clients don’t want the carer to be involved
- Carer interrupting meeting. Care-co-ordinator named it up and asked “what does **everybody** need here?”
- Isolation of clients – “How can you improve something that’s not there?”
- Clinician asked carer – “how are you?” Consumer walked out of the room saying – “it’s all about you”
- Differences between the 2 programs – Mlcare and Mlcare Choices may require individual responses, actions and measurements
- Re the surveys – a number of responses were “on the line” – i.e. could be interpreted as either red or orange for example
- Monash Mlcare Evaluation [study](#) (22/01/18 - 30/04/18) found it difficult to meet with a group of carers.

4.1 Assessments Reporting

4.2.1 Prepared summary report of raw data of partnership standards

4.2.2 Presented an Interim Report (30th May 2018) which included:

- a summary report of the raw data assessment results (see [Appendix 1 Carer Project Self Assessment Results](#))
- a suggested action plan including additional training requirements.

5 Delivered

5.1 General

- 5.1.1 Met with individual southern care co-ordinators and selected senior staff for general discussion re carer inclusion and carer “stories”
- 5.1.2 An initial review of policies, procedures and resources was undertaken but most documents were in the process of being re-written to include carers as part of the accreditation process, so the review was deferred
- 5.1.3 A review of the Baptcare website
- 5.1.4 Three carer liaison officers appointed by Baptcare (1 in the north and 2 in the south). The officers are existing care co-ordinators who have been given additional duties, with some recognition of the additional workload involved
- 5.1.5 Carer engagement is a permanent agenda item in team meetings. The agenda item is led by the carer liaison officer
- 5.1.6 Carer welcome pack reviewed at the Consumer and Carer Advisory Group Meeting
- 5.1.7 Posters relating to carer engagement displayed in relevant staff areas and in reception area in the Glenorchy building. However the posters are too small (A4)
- 5.1.8 Introduced the [Carer Guide App](#) as a possible future tool
- 5.1.9 Baptcare staff invited carers for an evening meal at Karingal with the residents (17th June). The two MHCTas carer representatives attended and met with clients and their carers
- 5.1.10 Drafted position description for the Carer Liaison Officers (see [Appendix 8 Carer Liaison Officers Role Description](#))
- 5.1.11 Drafted position description for Carer Peer Worker Consultant position (see [Appendix 9 Baptcare Care Peer Worker Position Description](#))
- 5.1.12 Discussed the issue of carer contact information not being supplied on the hospital referral forms. CEO MHCTas to discuss with the Chief Psychiatrist
- 5.1.13 CEO MHCTas to consider medication as a topic the Conversations with Carers forums.

5.2 Training

- 5.2.1 Presentations to southern team meetings (7th and 13th March) and the statewide team meeting at Campbelltown (29th March)
- 5.2.2 Three hour training session (train the trainer) delivered to the three carer liaison officers – including PowerPoint and links to online training resources and documentation for use in team meetings, induction, supervision etc. The session included the 6 standards, an introduction to the Carer Guide App, as well as tips for identifying carers. (See [Appendix 6 Training Presentation 2018-07-09](#))

6 Baptcare Draft Carer Engagement Action Plan (as at June 2018)

- 6.1 Baptcare State manager to give high level endorsement to carer engagement
- 6.2 Carer Liaison Officers to train Mlcare and Mlcare Choices staff
- 6.3 All Baptcare reception staff to be trained in carer engagement
- 6.4 Write a “working with carers instruction” for staff
- 6.5 Identify and record a measurable carer outcome e.g. senior practitioner to maintain a spreadsheet which lists “carer included in review” with a yes/no option’
- 6.6 Transition the Consumer and Carer Advisory Group membership to have Baptcare Mlcare or Mlcare Choices carer membership. Dependant on a suitable Baptcare carer being available for this role
- 6.7 Carer Liaison Officers to visit MHCTas and Carers Tasmania
- 6.8 Baptcare to appoint Peer Carer Worker
- 6.9 Reception or publicly accessible areas to be carer-friendly – e.g. appropriate posters, leaflets, feedback forms
- 6.10 Possible future staff training session on the Carer Recognition Act.
- 6.11 Mental Health Week Activity
- 6.12 Regular (2 monthly?) connecting with Baptcare carer meetings. Possible first topic – meet the care co-ordinators, Baptcare programs ...
- 6.13 Regular Sunday dinners at Karingal for clients and their carers – quarterly or monthly.

7 Recommendations

7.1 Private Mental Health Consumer Carer Network (Australia)

PMHCCN consider the following additions to the resources available at

<https://workingwithfamiliesandcarers.com.au/>

- Creating posters for use by organisations to promote carer inclusion in public and staff areas (see examples [Appendix 7 – Sample Carer Posters](#))
- Creating images for re-use to promote carer engagement e.g. on carer welcome pack
- Adding an additional refinement for Australian resources. A bulk change may be possible e.g. https://workingwithfamiliesandcarers.com.au/cgi-bin/koha/opac-search.pl?idx=kw&idx=pl%2Cwrdl&q=australia&idx=kw&do=Search&sort_by=relevance with some additional resources to be amended individually
- Amendments to e-learning modules –
 - Scenario and attached question to be added on the same screen (or option to move between the 2 screens)
 - Option to save and print results including free text answers. This would assist staff to complete the training individually but still have the option for the supervisor to review, discuss and sign off on the training. This may require a signed login? An alternative – which could be suggested on the slides – is for the staff member to print the screen for questions where staff have typed free text answers
 - Not all modules have the option of printing a certificate
- An alternative method is to use the Consumers & Carers as Educators Online Evaluation [Survey](#), although this is focused on a 5 module training resource.

7.2 Bapcare

7.2.1 Website to be updated <http://www.bapcare.org.au/services/disability-services/tasmanian-services/mental-illness-support-services-tasmania>

- No mention of Mlcare Choices
- No information for mental health carers
- Improve search results for Mlcare Choices and Mlcare in search engines and in <http://www.bapcare.org.au/> search results

7.2.2 Carer notes and letters are kept in a separate section of the consumers' case notes on Carelink+ (Bapcare's electronic record system) using a standardised naming convention. This will assist in respecting the confidentiality of the carer

7.2.3 Bapcare consider replacing the term "carer" with an alternative phrase e.g. "family, friends and carers" on documentation, especially on public-facing documentation

7.2.4 Bapcare review documentation for carer inclusion

7.2.5 Bapcare consider using [Mental Health Carer Experience Survey](#) or similar e.g. Yes survey. It is valuable to have standard reporting measures in place. DHHS are investigating releasing a version of this survey in the near future

7.2.6 Bapcare staff to ensure DHHS staff complete carer information on the referral form. The Hospital is likely to have a "next of kin" contact on the hospital forms. If necessary Bapcare management to pursue with DHHS managers

- 7.2.7 Carer inclusion to be an “item” at all touchpoints for both staff (e.g. selection, induction, supervision, staff meetings, professional development ...) and clients (e.g. entry, exit, review ...)
- 7.2.8 Consider the [Carer Guide App](#) for potential future use by Baptistcare staff to measure carer engagement. If the App is used it would be useful to survey staff using organisational structures e.g. Mlcare and Mlcare Choices
- 7.2.9 Connecting with Carers – Baptistcare Carers Support Group to focus on a specific topic for each meeting e.g. guest speaker, Baptistcare programs, medication, confidentiality, carer suggestions for topics.....
- 7.2.10 Carer inclusion to be added as part of any updated Service Level Agreements with funding bodies
- 7.2.11 Carer Welcome Pack to have welcoming carer and image. Currently it is the same as the Client Welcome Pack – with the addition of a typed label “Carer Pack” on the cover
- 7.2.12 All carers be provided with information re Mental Health Carers Tasmania and Carers Tasmania
- 7.2.13 A staff member is given responsibility for updating the Service Directory provided to Clients and carers. The directory should be dated and reviewed at regular intervals.
- 7.2.14 Consumer and Carer Reference Group Meetings to include a specific focus for each meeting as well as any additional items to discuss.

7.3 Mental Health Carers Tasmania

MHCTas liaise with Baptistcare re the remaining Project funds. Possibilities include MHCTas carer representative:

- to act as a mentor for the Baptistcare carer liaison officers
- to deliver a one-hour training session on the Carer Recognition Act for care co-ordinators
- to deliver a one-hour training session on carer awareness for Baptistcare reception staff
- to deliver a report on the Project at a Baptistcare statewide meeting
- to draft a Carer Welcome Pack Letter (1 or 2 pages)
- to draft a “working with carers instruction” for Baptistcare staff

7.4 Systemic

7.4.1 DHHS or grant funding create a centralised Tasmanian online e-directory of mental health organisations. The directory would need to be ongoing and sustainable over time. The service would have a number of benefits including:

- Eliminating the current duplication of directories by multiple organisations across the state
- Reducing the existence of outdated printed and online listings
- Minimise stress to carers and the persons they support as they waste time, expend emotional energy and lose hope as they follow paths to services that no longer exist
- Save time for workers who also struggle with outdated contacts.

- 7.4.2 Funding bodies include keeping websites up to date as part of their funding agreements. A minimum standard would be that programs are removed when they are no longer available or have a clear statement that the program is no longer offered.

8 Appendices

1. [Carer Project Self-Assessment Results](#)
2. [Carer Inclusion Self-Assessment Staff Comments](#)
3. [Self-Assessment Individual Question Results](#)
4. [Carer Guide App Review](#)
5. [Training Resources](#)
6. [Training Presentation 2018-07-09](#)
7. [Sample Carer Posters](#)
8. [Carer Liaison Officers Role Description](#)
9. [Baptcare Care Peer Worker Position Description](#)

9 References

1. Baptcare

Baptcare <https://www.baptcare.org.au/> (Accessed 13/5/2018)

2. Mental Health Carers Tasmania

Mental Health Carers Tasmania, *A Practical Guide for working with carers of people with a mental illness. Implementation Demonstration Project. Final Report*, [Hobart], Mental Health Carers Tasmania, 2018. <https://mentalhealthcarerstas.org.au/final-report-demonstration-project-jan-2018-mhctas/> (Accessed 13/5/2018)

Mental Health Carers Tasmania, *Caring Voices Project 2015*, [Hobart], Mental Health Carers Tasmania, 2015. <https://mentalhealthcarerstas.org.au/advocacy-and-research/> (Accessed 3/8/2018)

3. Other

Carer Recognition Act 2010. <https://www.legislation.gov.au/Details/C2010A00123> (Accessed 28/7/2018)

Diminic S, Hielscher E, Lee YY, Harris M, Schess J, Kealton J & Whiteford H. *The economic value of informal mental health caring in Australia: summary report*, Brisbane: The University of Queensland; 2016. https://mentalhealthcarerstas.org.au/wp-content/uploads/2017/05/Mind_Value-of-Informal-MH-Caring_SummaryReport_final.pdf (Accessed 13/5/2018)

Mind Australia, *Mind's approach to working with families and carers*, https://www.mindaustralia.org.au/sites/default/files/Minds_approach_to_working_with_families_and_carers_0.pdf (Accessed 3/8/2018)

Private Mental Health Consumer Carer Network (Australia), *A Practical Guide for Working with Carers of People with a Mental Illness*, Australia, PMHCCN, 2016 <http://pydio.calyx.net.au/data/public/b404d4> (Accessed 28/7/2018)

Do you live with, or provide support to, someone with a mental illness

Queensland Health. Clinical Excellence Division, *Information Sharing: Between mental health staff, consumers, family, carers, nominated support persons and others*, Queensland Health. Clinical Excellence Division.

https://www.health.qld.gov.au/_data/assets/pdf_file/0026/444635/info_sharing.pdf (Accessed 3/8/2018)

Tasmania. Department of Health and Human Services (issuing body) & Tasmania. Mental Health, Alcohol and Drug Directorate. (issuing body) *Rethink mental health project: a long-term plan for mental health in Tasmania*. [Hobart, Tasmania] Mental Health, Alcohol and Drug Directorate, Department of Health and Human Services, 2015. <http://stors.tas.gov.au/1318422> (Accessed 13/5/2018)

Tasmanian Carer Action Plan 2017 – 2020. Tasmanian Government, March 2017.

http://www.dpac.tas.gov.au/_data/assets/pdf_file/0009/360819/Tasmanian_Carers_Action_Plan_14_Dec_2017.pdf (Accessed 13/5/2018)

Waters, Flavie, *Good Practice Guidelines for Engaging with Families and Carers in Adult Mental Health Services, Western Australia*, Northern Metropolitan Health Service, Mental Health, 2016.

<http://workingwithfamiliesandcarers.com.au/cgi-bin/koha/opac-detail.pl?biblionumber=5> (Accessed 3/8/2018)

<http://workingwithfamiliesandcarers.com.au/> PMHCN's free online library of resources to support implementation of the Guide includes articles, tools, online training and other practical resources.

4. Carer Guide App

<http://pmhccn.com.au/Resources/Practicalguideforworkingwithcarersofpeoplewithamentalillness.aspx>

5. Videos and online learning modules

Cohealth, *Identifying, Engaging and Working with Carers of People with a Mental Illness: Practice Improvement Videos for Mental Health Workers*, Victoria, Cohealth, 2018.

<http://pmhccn.calyx.net.au/cgi-bin/koha/opac-detail.pl?biblionumber=134> (Accessed 3/8/2018) *

Identify <https://vimeo.com/259423977> 4 min

Engage <https://vimeo.com/259424812> 4 min

Work <https://vimeo.com/259425360> 4 min

Helping Minds, *E- Learning Modules*, Helping Minds, 2017. <https://helpingminds.org.au/health-professionals/> (Accessed 3/8/2018) (6 modules – PowerPoint, video and quizzes)

Private Mental Health Consumer Carer Network (Australia), *Consumers and Carers as Educators Online Training Modules*, Adelaide, PMHCCN, 2016.

<http://pmhccn.com.au/Resources/OnlineTraining.aspx> (Accessed 3/8/2018) *

Completing all 5 modules in this series earns:

RANZCP endorsed as 2.5 Continuing Professional Development (CPD) hours. Activity code: ED000031

ACMNH endorsed as 5.0 Continuing Professional Education (CPE)

<https://workingwithfamiliesandcarers.com.au/cgi-bin/koha/opac-ISBDdetail.pl?biblionumber=3> (Accessed 3/8/2018)

Private Mental Health Consumer Carer Network (Australia) Limited, *Implementing the Practical Guide for Working with Carers of People with a Mental Illness: an Introduction*, Adelaide, PMHCCN, 2017. <http://www.pmhccn.com.au/Portals/2/PublicDocuments/ppt/intro-to-practical-guide/> (Accessed 3/8/2018) (Video and Quiz) *

* Not used in training session