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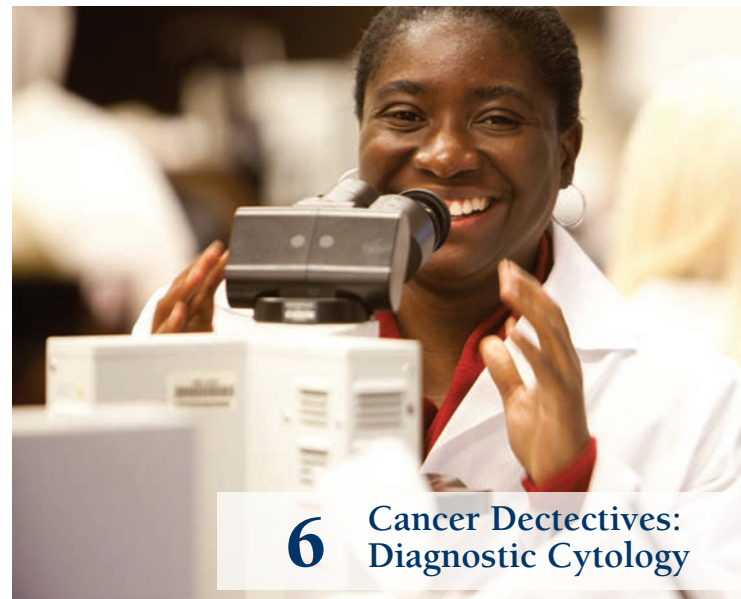
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The Ties That Bind

In this issue of *Michener Magazine*, the articles revolve around the caring community at Michener, whether it is faculty caring for students, graduates looking out for each other or technological partnerships that benefit the health of Canadians.

Technology in health care is a forever evolving topic. Technology keeps getting more powerful and more mobile, making it more accessible for health care practitioners to provide the best possible care to those even in remote areas.

Health care practitioner's are also relied upon to ease the worries of patients when they may be scared of the treatment ahead of them. As Michener graduates you have learned the tricks of the trade on how best to alleviate their fears so they can get the care they need.

For anyone who graduated from the Medical Laboratory Science program since the early '70s will know, Nancy

McBride is a Michener staple. With her retirement in 2010, Nancy's tenure at Michener has come to an end, but she is far from forgotten.

And sometimes a patient needs more help than you can provide. That is when the true interprofessional nature of Canada's health care system kicks in. Diabetic patients need care from chiropodists, diabetes educators and their physicians. Being a part of an integrated health care team is now part of the job.

In the winter 2011 issue of *Michener Magazine*, our editorial lineup will include ongoing greetings and updates from our President & CEO, Dr. Paul Gamble. The editorial team is very excited about this addition to the publication.

I hope you enjoy reading this issue. Please send your comments, story ideas and letters to the editor to alumni@michener.ca.

-Katie

Detours of Life:

First Michener/Dalhousie Student to Complete the Bachelor of Health Science in Respiratory Therapy Degree

By Wendy Terris Klaus

Isn't it interesting how life takes you around in circles, sending you on detours before setting you on your destined path?

Growing up in the Republic of Serbia in the former Yugoslavia, Ms. Angéla Berényi went through an intense high school curriculum in preparation for entry into the pharmaceutical field, but she ended up becoming a mechanical draftsman. After a number of years in that career, Ms. Berényi made the decision to go back to school and study Respiratory Therapy in the joint Michener/Dalhousie diploma program.

Ms. Berényi's decision to change careers evolved gradually as she slowly discovered her true passions in life. After various jobs, including working as a shoe-maker/designer, Ms. Berényi became restless and grew tired of corporate routines. She wanted to see the results of her hard work and know she was making a difference.

Volunteering with the Bata Shoe Museum in Toronto for ten years allowed her to see how much she enjoyed helping and working with people. Ms. Berényi also organized daffodil sales for the Canadian Cancer Society and started up an Emergency Response and First Aid Team to help promote safer work practices.

Ms. Berényi was able to gain valuable insight into the medical world when she acquired a volunteer placement at Toronto General Hospital's Intensive Care Unit. The experience of offering support to patients and families filled her with a new-found compassion, fueling her determination to embark on a new role in health care that would allow her to work with the public and help those in need.

After completing the three-year Respiratory Therapy diploma, Ms. Berényi decided to continue on and complete her BHS degree via online learning at Dalhousie University. Ms. Berényi says it has always been her dream to complete a university degree, which was made all the more difficult given that English is her second language. Ms. Berényi's family in Serbia was able to watch her receive her degree via a live webcast offered on the Dalhousie website.

The future looks bright for this Michener/Dalhousie graduate. With her Bachelor of Health Science degree in Respiratory Therapy now complete, Ms. Berényi is considering continuing her studies in Michener's Anesthesia Assistant Graduate Certificate Program. She would also like to gain experience in acute care and would like to share her professional and life experience as a health care volunteer for the disadvantaged in India.

Congratulations to Ms. Angéla Berényi on all her success



Ms. Berényi on her graduation day at Dalhousie University

IT'S ALL IN THE HANDS:

TECHNOLOGICAL ADVANCES IN HEALTH CARE

By Dana Yates

The digital shift in health care is gaining fresh momentum with the introduction of some exciting new tools that are enhancing access to patient images. This, in turn, is increasing the efficiency and quality of patient care.

Mobile and 3D technologies that have recently emerged are making it possible for health-care providers to more effectively access and review patient images, such as CT scans,

whenever and wherever they are needed. As a result, this situation may lead to advancements in the way health-care practitioners manage patient information, make diagnoses and perform medical procedures.

One particularly game-changing development unfolding at Sunnybrook Health Sciences Centre involves the Xbox Kinect hands-free gaming console: surgeons are now leveraging the system's 3D technology and

motion sensors for the purpose of virtually manipulating patient images. Developed by a team of engineers – including a Sunnybrook general surgery resident – this innovative software and hardware tool, which uses data from the Xbox Kinect, makes it possible for surgeons to review and manipulate X-rays, computed tomography (CT) scans and magnetic resonance imaging (MRI) scans independently, without ever having to

leave the sterile operating room (OR).

“With the Xbox Kinect, all of a sudden the images are right in front of us in the working field of the operating room . . . and by waving my hand, I can go up and down a CT scan and examine all the parts of a patient’s anatomy while I’m working,” says Calvin Law, a liver cancer surgeon at Sunnybrook.

Traditionally, surgeons direct assistants in the non-sterile environment to adjust patient scans – an approach that can be subject to miscommunications and time delays. Alternatively, surgeons may leave the operating table to review patient scans personally, but before they return, they must go through a lengthy cleanup to avoid introducing any potentially harmful bacteria to the OR. This cleanup process can take up to 20 minutes, and if surgeons consult scans multiple times over the course of a surgery, it can create significant delays. In contrast, the hands-free Xbox Kinect technology lets the surgeon zoom in and out of images and freeze shots on their own during surgery, without ever having to touch the computer.

“In the operating room, sterility is important. Once surgeons have scrubbed in, they rely heavily on other people. So this will help them gain some independence,” says Shaheeda Suleman, a faculty member in the Magnetic Resonance Imaging Program at The Michener Institute.

Another progressive leap in imaging technology is the advent of lightweight mobile devices that are making it easier for practitioners to perform, review and manipulate images in almost any health care setting, whether it’s in a hospital, a clinic, a patient’s home or at the site of a medical emergency. Among these

tools is Vscan, a powerful, pocket-sized ultrasound machine that provides black-and-white anatomic and colour-coded blood-flow images in real time. Made by GE, this hand-held device, which is roughly the size of a smartphone, allows physicians, nurses and paramedics the flexibility to perform quick inspections of the heart, abdominal organs and urinary tract. Additionally, the Vscan provides insights in such areas as obstetrics and gynecology, pleural fluid and pediatrics.

Also making waves in the mobile


“more and more clinicians are using an iPad to support their practice”

health care technology arena is the iPad. This tablet computer has the potential to revolutionize the way health-care providers store, examine and update not only patient images, but also the full range of patient-related data. Weighing just 0.7 kilograms and featuring a 24.6-centimetre, high-resolution touchscreen and optional external keyboard, the device provides a convenient way to access and view patient records and medical images.

Indeed, more and more clinicians are using an iPad to support their

practice. For example, in May 2011, Manhattan Research, a New York-based pharmaceutical and health care market research and services firm, surveyed more than 2,000 physicians in the United States about their health care technology habits. The study found that 30 per cent of the physicians reported using the iPad to view radiology images, access electronic health records and communicate with patients.

Other wireless devices are also increasingly being used in health care for the purpose of accessing radiological images and other pertinent patient data. “Healthcare Unwired,” an October 2010 study by PricewaterhouseCoopers that explored how mobile technology is changing the field, documented multiple instances of North American hospitals embracing this digital approach. Among them is Toronto’s Mount Sinai Hospital, which connects its physicians to electronic medical records through their iPhones.

This proliferation of medical software is helping to make mobile devices an indispensable health-care tool. Mobile applications, or “apps” are now available to do everything from accessing radiology images to tracking vitals to performing post-operation follow-ups to staying current on new knowledge in different specialties. So where do savvy physicians go to learn about the latest and greatest apps for mobile devices? They use independent websites such as imedicalapps.com, which features product and software reviews written by medical professionals. 

Program in profile:

By Dana Yates



Diagnostic Cytology: Cancer Detectives

According to the Canadian Cancer Society, this year more than 177,000 people will be diagnosed with cancer, leading to about 75,000 deaths. In light of these statistics, the work of those who contribute to the diagnosis of cancer has never been more important. Working as a member of the Pathology team, alumni of The Michener Institute's Diagnostic Cytology Graduate Diploma Program are well-prepared to help fight this pervasive disease.

Diagnostic Cytology (DC) first emerged with the development of the Pap smear, the test to detect cervical cancer. Developed by Greek doctor George Papanicolaou, the Pap smear became a cancer-screening test in the 1940s, resulting in a 70 per cent decrease in deaths from cervical cancer, according to the American Cancer Society.

Students in Michener's intensive, 60-week DC program learn how to prepare specimens for diagnostic interpretation, analyze those specimens under a microscope and effectively report their findings. In addition to the Pap test, common sources of these specimens are fine-needle aspiration biopsies from superficial lumps, such as those from the breast and thyroid, to more deep-seated masses in organs, such as the lungs and the liver. The cytology student must learn to recognize the normal and abnormal cells in every body system. With more than 200 types of cancer, this task is quite challenging.

Simulated clinical education at Michener's leading-edge facility is complemented by a lengthy clinical placement at a hospital and/or community pathology laboratory. Students gain hands-on practice and perform increasingly

complex procedures under the supervision of a registered cytotechnologist.

"As a cytotechnologist, you must have knowledge of both pathology and histology [the study of normal tissue]. In cytology, we study individual cells and cell patterns – you must also have the knowledge and skill to work safely, handle new technology and maintain quality assurance procedures, in addition to making an accurate diagnostic interpretation," says Eileen McDonald, a professor of DC at Michener, who notes that cytotechnologists issue a final report on negative Pap tests. All other cases are referred to a pathologist for final diagnosis once the preliminary interpretation is completed by the cytotechnologist.

Michener's program is open to certified medical laboratory technologists or those who hold a Bachelor of Science degree. As proof of the program's

academic rigour, it has secured a six-year accreditation designation from the Canadian Medical Association, meaning that students receive an education that meets national standards of quality. The challenging curriculum enables students to meet the requirements needed to work in the field – in fact, last year 100 per cent of the students who graduated from the DC program passed the entry-to-practice exam of the Canadian Society for Medical Laboratory Science. Once they pass the national exam, graduates are eligible to apply for a license with the College of Medical Laboratory Technologists of Ontario.

In addition to learning the core technical skills of the job, students also engage in interprofessional education, collaborating with students in other Michener programs to practice procedures and further develop their

competence in teamwork. As well, students are taught about the importance of remaining empathetic, focused and patient while on the job.

"We teach students to treat every sample as though it belongs to, for example, their mother, father or another family member. Students must treat every sample with the utmost care and look beyond their role, to the impact their interpretation may have on a patient in terms of diagnosis and treatment," McDonald says. "Cytotechnologists must be detail oriented and make decisions with confidence. They must be able to sit at a microscope for hours and remain focused. Continuing education and lifelong learning is also essential to the cytotechnologist."

Indeed, over the last decade, several new developments have emerged relating to the way that DC is

performed. Key among those changes is a shift to liquid-based cytology, in which the entire sample is placed in a liquid preservative and then sent to the laboratory. This technique can reduce the number of inadequate specimens and decrease specimen interpretation times. Additional testing is also possible with liquid-based samples, such as human papillomavirus (HPV) DNA testing and testing for other sexually transmitted infections. As well, processing and screening of specimens has become more automated, with assisted screening devices now being used to sort through Pap smear samples with negative results more efficiently. Finally, the emergence of a vaccine for HPV – the primary cause of cervical cancer – has been an important medical advancement. But the fact that this vaccine protects against only four of



Diagnostic Cytology class of 2012 with their faculty members Eileen McDonald (centre), Jane Mattson (to the right) and Catherine Brown (back)

“...last year 100 per cent of the students who graduated from the DC program passed the entry-to-practice exam.”

the approximately 40 types of HPV that can infect the genital tract underscores the ongoing need for cytotechnologists, says McDonald.

“During the last 10 years, there have been tremendous changes that are leading to greater accuracy and efficiency in diagnosing cancer,” McDonald points out.

Graduates of Michener’s DC program are prepared to work in hospitals, community laboratories and commercial companies, in addition to education, laboratory management, research, sales, marketing and technical consulting. New opportunities, however, may emerge as molecular oncology, a growing area of personalized medicine, becomes a more prominent approach in the delivery of health-care services.

“Cytotechnologists, with their excellent microscopy skills, will contribute to research and development in the field of molecular diagnostics,” says McDonald. “There is greater focus on doing more targeted cancer treatments, and this will lead to better treatment, better response to treatment and ultimately higher survival rates.”

Retired, But Far From Forgotten:

By Debbie Fein-Goldbach

Nancy McBride

Early in Professor Nancy McBride’s career, a mentor imparted some words of wisdom that she still embraces: Any day of your life that you let slip by without learning something new is a day wasted.

Taking this to heart, McBride’s 40-year career as a Medical Laboratory Technologist has included earning a Bachelor of Medical and Applied Biotechnology from Charles Sturt University in Australia and a Master of Arts in Education from the University of Phoenix, as well as 36 years as one of the most respected, admired and distinguished faculty members at Michener.

McBride began her career as a graduate from the Hamilton and District School of Medical Technology (now part of Mohawk College) in 1969 and went to work at The Brantford General Hospital. She enjoyed clinical work but also liked instructing students in the lab, presenting at rounds and giving lectures, so in 1974 she applied for a teaching position at Michener (then called *The Toronto Institute of Medical Technology*).

“Although I missed the lab long after I left it, I think it gave me the interest and will to keep up to date with the clinical setting, which gave me an edge in anything I taught,” she says.



NANCY McBRIDE (FAR LEFT) WITH A GROUP OF MEDICAL LABORATORY SCIENCE STUDENTS AND FELLOW FACULTY MEMBER LORINDA ASHLEY (FAR RIGHT)

She began teaching Immunohematology and Immunology at Michener, then held the position of Coordinator, Immunology post-diploma program from 1980-1981. She worked as a Program Consultant in Continuing Education from 1992-1998, designing and delivering programs and evaluating credentials of foreign- and university-educated technologists wanting to obtain Canadian medical laboratory technology credentials. From 1998-2010, she organized courses in Pathophysiology, Transfusion Science and Microbiology for the Laboratory Science program. When she retired in July 2010, she received the honour of Professor Emeritus from The Michener Institute.

Former student Lisa Rosenberg (Class of '87)

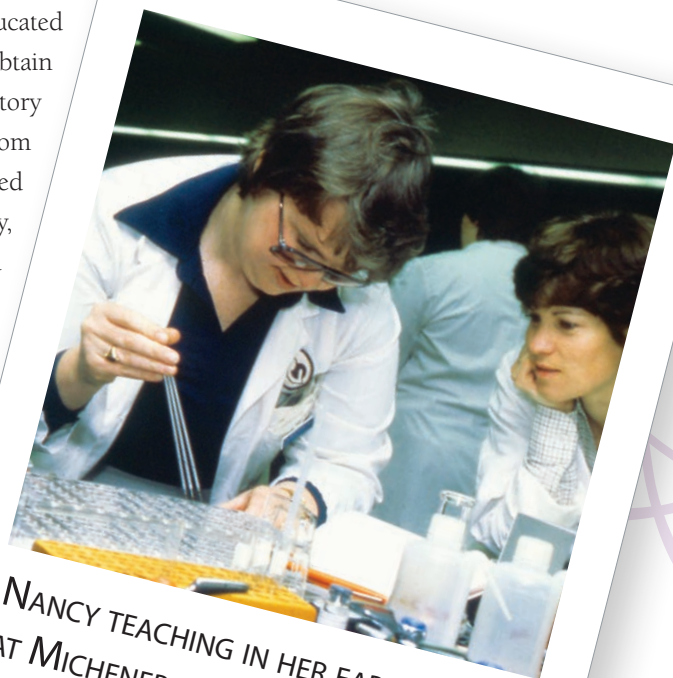
speaks for many when she remembers McBride as a “vibrant and dynamic lecturer who can get her audience to listen to her. She was my favourite.”

But McBride didn't just make an impact in the classroom. As a devoted and active faculty member, she contributed to life at Michener by getting involved in events and committees. She remembers the old Newsletter Committee from the 1980s very fondly.

“We met every few months and enjoyed a lot of laughter,” she recalls. “For the April Fool's issue, my favourite, I suggested that the 222 St. Patrick site had been sold to the Red Cross for their new transfusion centre, and we'd be moving to Yonge and

Sheppard where parking would be free, every employee would have a personal computer on their desk and so on. I signed it 'Loof Lirpa', but the story was so compelling that several people took it seriously and actually believed it!”

She also made many heartfelt contributions, like



NANCY TEACHING IN HER EARLY YEARS AT MICHENER

Beyond Michener's doors, McBride served in several professional societies, published a number of papers and was appointed to the Canadian General Standards Board and an Ontario Ministry of Health subcommittee.

“From time to time, when I needed support of some kind, there was always someone who looked out for me. I could never repay that, but I have always tried to pay it forward to others.”

Her generosity will serve her well beyond her time at Michener as she prepares to enter studies for the vocational diaconate of the Anglican Church of Canada, with intent to qualify for ordination in 2013. And any students starting their careers can learn from her words of wisdom, which she also embodies: “Don't be afraid to try something new and to share your experiences with others.”

Vibrant and dynamic lecturer... She was my favourite.

- Former student Lisa Rosenberg (Class of '87)

participating in Michener's 50th anniversary celebrations in 2008, graduations and open houses. She filled the faculty position on the Board of Governors, an experience she found particularly meaningful because it taught her to see Michener from multiple perspectives.

“Michener afforded me so many opportunities to advance my knowledge and understanding, from the always-present facilities of the Learning Resource Centre, to continuing education courses and financial support for educational opportunities outside the Institute.”

One of my first memories of Nancy was the advice she gave our class soon after starting our first semester: “write down three things you like to do and keep this note. You will need to refer to it in two and a half years to remember what you used to do in your free time.” We all laughed, not knowing how right she was!

Nancy's sense of humour was always welcome, especially when she shared her stories to lighten the load of a strictly lecture-based course or in a particularly stressful lab. She always tried her best to help her students, and accommodate different learning styles.

Not only did Nancy love to share her wealth of information in the Medical Laboratory Science field, but she was also a student herself. She is a true example of life-long learning and an inspiration to us all!

-Angela Anthony, class of 2012

The first time that I met Nancy McBride I was an 18 year old student and she was my Instructor and also President of the Canadian Society of Medical Laboratory Technologists - the professional body I hoped to one day belong to.

Fast forward several years and I am hired to work alongside Nancy at Michener. I was astounded when this woman with many years of experience - decorated, and held in high regard - was humble, encouraging and full of praise for me and my teaching ability. I suppose I would expect someone in her position to be high on a pedestal, but her feet are firmly planted.

Nancy has helped to shape who I am, both as a student and as an educator.

-Silvana Jacobs, Medical Laboratory Science Faculty Member



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to FEAR or not to FEAR

By Katie Schrank

When some people need immediate care, going to a hospital emergency room is a necessity they willingly accept. For others, though, the mere thought of stepping foot into an emergency room is terrifying. The fear of infection, of other patients' germs or even of health care practitioners themselves can keep these people from seeking much-needed treatment.

Even if the idea of the hospital itself doesn't terrify, other debilitating fears—of having blood taken, getting a CT scan or having an X-ray—can be overwhelming barriers to getting care.

The patients in these situations have more than a fear: they have a phobia. A phobia is intense, and it persists through many different types of situations. It is irrational, usually leading to complete avoidance of the situations or objects that cause the fear. Phobias can even interfere with daily life. The anxiety caused by specific health-care-related phobias can be huge obstacles when people with serious health conditions refuse necessary care.

A fear of needles, for example, can make someone uncomfortable when they need to have blood tests done; a phobia of needles, on the other hand, can cause someone to avoid all places where needles might be present. They might not be able to explain why they are scared or they may explain using reasons that, due to their irrational fear, may seem outlandish or unfounded.

Along with the mental distress that can occur, specific phobias can also cause physical symptoms, including heart palpitations, trembling, sweating, dizziness and nausea. These symptoms can heighten at any moment with as little as a mention of the situation or object that frightens the person with the phobia.

As a health care professional, you are unlikely to come into much contact with someone who has a serious medical phobia. It is those patients who have fears, not phobias, that you as Michener grads may be confronted with.

Patients who are uncomfortable in small spaces may have a fear of CT scans or MRIs. Those scared to go under anesthesia may never meet a trained anesthesia assistant. Someone uneasy about the impacts of having radiation administered will be wary of any nuclear medicine treatments.

As health care providers, Michener grads can play an important role in helping a patient overcome or deal with a fear. It might be as simple as holding a patient's hand or going over breathing techniques with them, says Nuclear Medicine faculty member Jordan Holmes, and "it also helps to talk with the patient about why the treatment is needed and how it is going to help them feel better."


Consider a program like Radiation Therapy. A few different aspects of the



Nuclear Medicine students learn how to walk a patient through their treatment in clinical simulation.

treatment process might cause patients to be nervous. The head and neck immobilization device is a good example, which at first glance may conjure up memories from a horror flick, depending on the model. "Patients are sometimes taken aback when they see a head and neck immobilization device for the first time," says Alfred Lam, faculty member in Radiation Therapy. "It is an important tool for making sure that treatment is administered to the right location in the head and neck area."

Making a patient comfortable when they are feeling uneasy can be challenging, but both Holmes and Lam say that this skill is learned through years of practice. "We teach students techniques and tools they can use, but they also learn through trial and error on the job because not every method works for every patient," says Holmes.

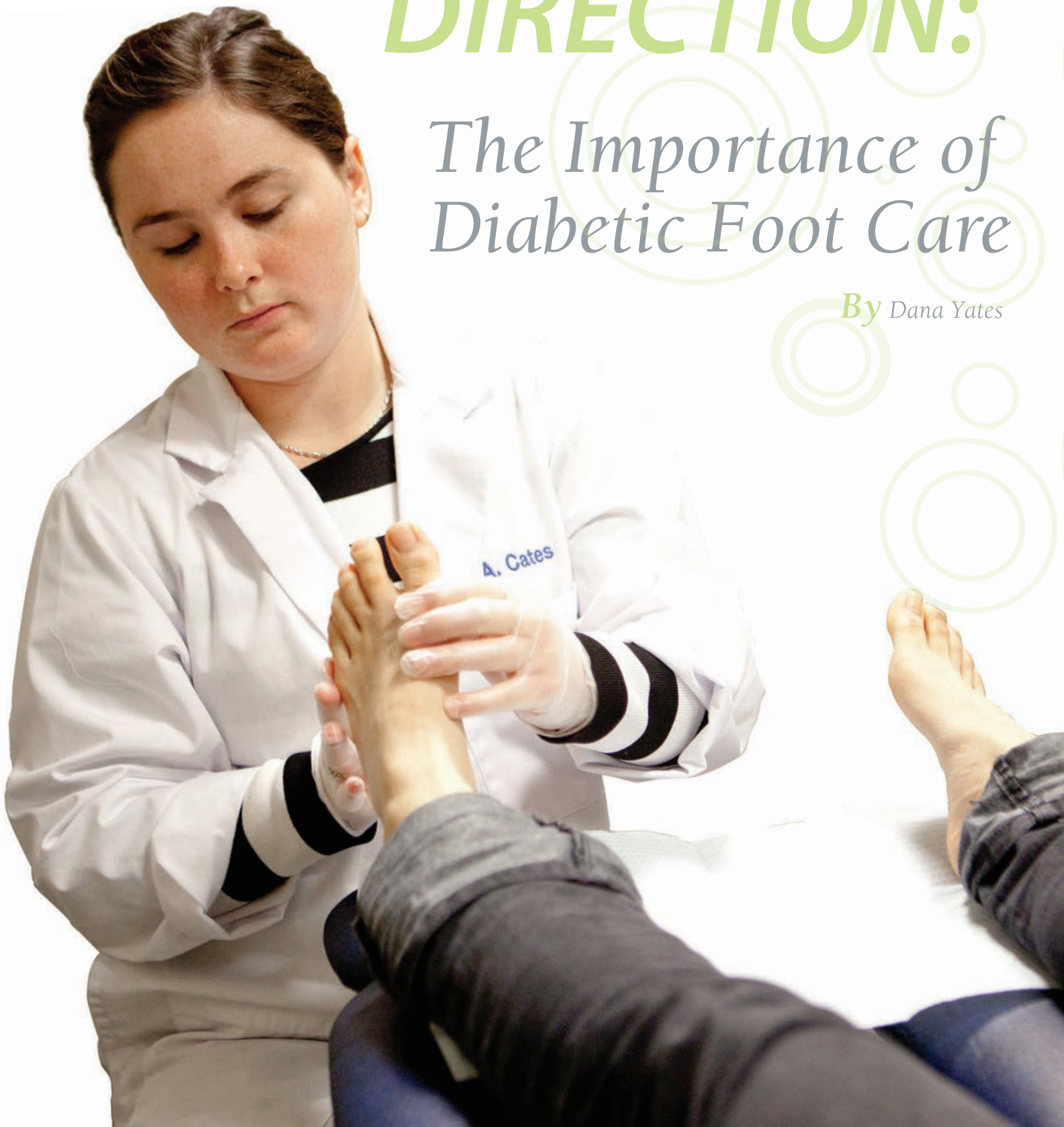
Have you had a situation on the job where you've assisted a patient who is scared of an upcoming treatment? Let us know and we'll share it with other grads in the next issue. 

Information for this article was sourced from the Canadian Mental Health Association and the Beth Israel Deaconess Medical Centre at Harvard.

A STEP IN THE RIGHT DIRECTION:

The Importance of Diabetic Foot Care

By Dana Yates



For some people, pedicures are a fun rite of summer – just dash into the nearest nail salon and voila, pampered, pretty feet. For the more than nine million Canadians living with diabetes or prediabetes, however, a quick trim-and-polish can carry significant health risks.

“That’s why a good aesthetician will always refer a diabetic client to a chiropodist,” says Diane Tyczynski, a faculty member in Michener’s Chiropody program. “Diabetics have more foot-care complications than the average person, and for that reason, a chiropodist is the best person to provide that care.”

In her own chiropody practice in Cobourg, ON, Tyczynski has treated numerous diabetics. Many of those patients come to her from the referral of family doctors, emergency room staff, endocrinologists (physicians who are specialists in diabetes) and aestheticians. A referral, however, isn’t necessary to see a chiropodist; patients commonly approach Tyczynski on their own. Unfortunately, during her years of practice, Tyczynski has witnessed a sad fact of diabetes – whether it takes a year or a decade, this chronic condition inevitably leads to a cascade of health complications.

In fact, diabetes has a negative effect on many organs and systems in the body. But understanding how the condition specifically affects the feet requires a figurative walk in a diabetic’s shoes.

Through long-term exposure to high blood sugar levels (a hallmark of diabetes), diabetics can develop a complication called diabetic peripheral neuropathy (DPN). This condition causes damage to the

nerves leading to the hands, arms, legs and feet. As a result of DPN, many diabetics experience numbness in their toes and feet, and this dulled or complete lack of sensation can lead to a range of problems.

For example, imagine the repercussions if you couldn’t feel scalding-hot bathwater. Or the stinging pain of a blister. Without these sensory cues, you could sustain serious injuries and not even know it. This is an ongoing concern for the diabetic.

“Even the smallest bit of gravel in your shoe can be a worry,” says Tyczynski. “It can grind on your foot, causing wounds that will not heal.” In turn, those cuts, sores and blisters – if left untreated – can become infected. Even worse, they can lead to gangrene and may actually require amputation of the affected area.

With so much at stake, it’s no wonder that diabetics are urged to inspect their feet for wounds and discolouration on a daily basis. And while common, relatively harmless issues like ingrown nails and athlete’s foot can be minor annoyances for

some people, these issues can create major difficulties for diabetics.

“Simple conditions can linger and become chronic,” says Tyczynski.

For this reason, chiropodists will thoroughly assess a diabetic’s feet during every visit. In addition to doing a routine check for cuts and sores on the feet, and looking for small stones in the shoes, a chiropodist will evaluate a client’s circulation and degree of nerve loss. The goal: to stave off health problems as long as possible.

The speed at which those complications eventually appear, however, can be related to whether a client has Type 1 or Type 2 diabetes, says Meera Narenthiran, a Michener Chiropody faculty member and certified diabetes educator.

“People with Type 1 diabetes develop the condition at a younger age and tend to develop complications sooner than those with Type 2 diabetes. So, even though Type 2 diabetes is more prevalent, we recommend that Type 1 diabetics see a chiropodist much more often.”



In contrast, Narenthiran continues, Type 2 diabetics – typically those who are 60-plus or younger people who are



obese – may go as long as 20 years before they experience problems with foot health. The key to delaying those complications is careful management of the condition.

Helping diabetics to wield that control is the domain of a certified diabetes educator. Narenthiran was motivated to pursue the additional credential after realizing the impact it would have on her chiropody clients.

“People talk to me as I’m taking care of their feet,” she says. “Knowing the other elements that could affect their diabetes, like proper meal planning and blood-sugar monitoring, allows me to facilitate their care in other ways, too.”

To that end, chiropodists play a pivotal role in helping diabetics

maintain good health. That assistance involves recommending best practices for foot care, such as trimming toenails straight across, applying skin lotion after bathing and avoiding going barefoot at all times. But chiropodists also make a difference by referring their diabetic clients to other professionals, says Tyczynski. Those referrals may include general physicians, dietitians, vascular surgeons (who can help restore blood to an affected area) and even specialty stores that sell proper, well-fitted footwear.

“Chiropodists are really part of a team,” Tyczynski says. “We see the big picture when working with our patients.”



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alumni happenings

Achievements

Nancy Jean Kinsman (Medical Laboratory Technology, '78)

A taste of the Past:
GINGERBREAD

Nancy Kinsman



In 2010, Nancy published a book, *A Taste of the Past: Gingerbread*. It is a short history of gingerbread and authentic 19th century recipes adapted for the modern cook. It is currently available at Black Creek Pioneer Village.

Sophie Huang (Radiation Therapy, '03)

Sophie Huang, University of Toronto Department of Radiation Oncology Assistant Professor and Radiation Therapist in the Head and Neck Program at Princess Margaret Hospital, was awarded the Best Clinical Poster Award at the 30th Anniversary European Society for Therapeutic Radiology and Oncology (ESTRO) scientific meeting in London, England. Her poster "Pattern Of Distant

Metastases For HPV-Related Oropharyngeal Cancer Treated With Radiotherapy" was selected among hundreds of submissions. The ESTRO Congress attracts thousands of participants from around the world. Congratulations Sophie for being the best among a very large group of radiation oncologists, physicists, and scientists. You make us proud to call you one of our graduates!



Contests

iPAD Contest

Congratulations to Daisy Tampinco (Nuclear Medicine Technology, '00) for winning the iPad random draw prize!



Alumni Survey

Thank you to the 529 alumni who completed the winter 2010 alumni survey. Your valuable feedback is helping us to improve alumni services.

Sign up for alumni updates - www.michener.ca/alumni

upcoming events

Orientation Week – August 31 - September 2

Fall Semester begins – September 6

Alumni Association Board Meeting - September 20

Annual Student Awards Ceremony – November 16

Contact alumni@michener.ca to get involved!

What's Up @ Michener

By Katie Schrank

Chiropody Clinic Opening

Michener celebrated the opening of an on-site Chiropody Clinic in March 2011. Vendor partners and members of the Michener community were invited to attend and learn more about the clinic facilities and were encouraged to make an appointment of their own. Call the Clinic at 416-596-3108 for more information or to make an appointment.



Chiropody students volunteered for demonstrations during the Clinic opening

Doors Open House

On Saturday, May 28, 2011, Michener hosted not one, but two events! Doors Open and our traditional Open House combined to showcase Michener's history alongside all of Michener's full-time programs. We welcomed 410 visitors who came through our doors to learn about applied health education and our 52-year history. Visitor feedback was overwhelmingly positive for the event.



Michener's Future Health Care Heroes shone as volunteers for Doors Open House

Multiple Mini Interview (MMI)

The MMI at Michener has reached full capacity! For the first year since the introduction of the MMI, all 10 full-time programs participated in the innovative admissions process. A group of 250 volunteers joined the planning team to assess 790 candidates. Candidates go through eight seven-minute interviews that measure their non-cognitive abilities. Admission is based on the MMI score and GPA. With only 353 spots available, it was a very competitive process.

Career Fair



Many health care organizations participated in the Michener Career Fair

Michener's 11th annual career fair took place in April 2011 with over 500 attendees visiting 25 vendors. Student feedback was incredibly positive for the event, as always, and it gave students an important opportunity to meet potential employers face-to-face. The Alumni Association co-sponsored the event as an opportunity to enhance Michener's career services to upper-year students and new graduates.



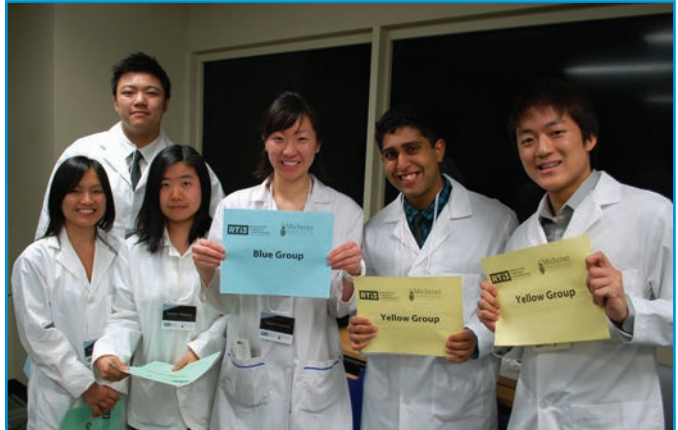
Students were able to get information on jobs and learn about the professional associations they will one day be members of

RTi3

On March 4, 2011, Michener welcomed guests from the Radiation Therapy RTi3 conference, hosted by the University of Toronto, for interactive demonstrations and a cocktail reception. Guests were treated to a demo of the 3D VERT simulator and got a first look at the recently installed Elekta Linear Accelerators. Students, faculty and staff volunteered for this event.



Guests watching a presentation on the 3D VERT simulator



Student volunteers lead guests through the demonstrations



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