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A publication for Alumni & Friends • Fall 2010

Leadership in health care

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On the Cover: Michener's own leaders in health care who are all featured in this issue.

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The Michener Institute occupies a unique niche in health care as the only post-secondary institution in Canada dedicated to educating applied health professionals. This distinct position gives the Institute the ability to hone its programs and curriculum delivery, and to foster our future health care leaders. In this issue, we explore the many ways Michener is demonstrating its leadership in applied health education.

The opening of the *CAE/Michener Centre for the Advancement of Simulation and Education* (CASE) in May 2010 secured Michener's place as a leader in simulation-based education and indicated the ongoing importance of integrating interprofessionalism into its curriculum. The CAE/Michener CASE is built to accommodate the hands-on education of various health care students, including medical and nursing students. The flexibility of the Centre provides the ideal space to simulate various clinical scenarios for teaching purposes. Take a virtual tour of the Centre on page 8.

As part of the CAE/Michener CASE official opening, the cardiovascular perfusion program showcased Orpheus, the only fully interactive model of human circulation in Canada. Orpheus is used to educate students in the cardiovascular perfusion program (page12).

On page 15, Paul Bertin, chair of Michener's Board of Governors shares how the Board has set its priorities to enable Michener to continue to achieve its vision of being a leader in health care education.

Michener faculty are sought out to share their expertise with international students in places such as the Caribbean, South Africa, Lebanon and Bangladesh. A few of those faculty members share their international experiences on page 16.

Finally, the reach of our alumni extends well beyond the clinical and academic setting. It can be found on the slopes of British Columbia, as witnessed during the 2010 Vancouver Paralympic Games (page 5), and inside the sales and development side of health care (page 4).

We hope you enjoy reading this issue on leadership in health care and look forward to hearing from you.

The Editorial Team

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Thank you!

Grad on top of new technology

By Debbie Fein-Goldbach

Both science and science-fiction played a big part in John Morra's life in 1977: in that year, he graduated from the radiological technology program at Michener, and the movie Star Wars debuted.

While Star Wars became one of his favourite films and helped launch his personal movie collection of over 1000 titles, Michener launched Morra's working career.

Morra entered radiological technology with a Bachelor of Science degree from the University of Toronto, but particularly enjoyed the hands-on skills he gained at Michener, especially working with patients.

"My two years were very memorable," recalls Morra. "We spent some time at the hospital and some at Michener. It was great to learn something new and then have a chance to apply it immediately."

After graduating, Morra worked as a technologist in numerous Toronto-area hospitals, including the Wellesley and Toronto East General. Then, he spent five years as a clinical instructor at Toronto Western – a job that brought him back to Michener.

"The program was hospital-based, but included a lot of interaction with The Michener Institute," says Morra. "I attended regular meetings because the students spent part of their time at the hospital."

Eventually, he moved north to the York Finch Hospital (now Humber River Regional). During this time, some technologist friends switched to the business side of the profession. Seeking a new challenge, Morra joined Philips as an applications specialist, teaching doctors about the equipment. He loved it, but the travel requirements didn't balance well with his young family, so he returned to hospital work, as the manager of diagnostic imaging at York Central.

In 1991, Toshiba contacted Morra. Now ready for a career move, he joined them and stayed.

Currently, he's the X-ray product manager. In this national position, he finds his clinical background from Michener invaluable as he assists the sales department, offers product support, and develops pricing strategies.

"I know what's coming up in terms of new technology," he enthuses. "I'm one of the first people to see equipment before it gets released into the hospitals."

This puts him on the cutting edge of new technology and gives him the opportunity to provide his feedback on new equipment to Toshiba headquarters in Tokyo, Japan.

Morra's job takes him throughout the world and across Canada, where he often bumps into colleagues from his class at Michener.

"We've kept in touch and some of them have become my best friends."

Going for gold

By Debbie Fein-Goldbach

"I was given an opportunity and I had to take it"

Many who graduated from Michener's respiratory therapy program will fondly recall Professor Dale Schwartz's (pictured above right) passion for teaching. And they might also remember one of her daughters, Melanie (pictured above left). As a child, Melanie would visit Michener for fall open house events where she remembers looking at a rhythmically pulsing lung model.

Melanie moved on to receive her degree in computer science from the University of Waterloo. Since many RT students came to Michener from Waterloo, some of Professor Schwartz's more recent grads know Melanie from her time there.

These days, Melanie is gaining recognition as a Paralympic alpine skier on the Canadian Para-Alpine Ski Team.

Born a congenital leg amputee with PFFD (Proximal Femoral Focal Deficiency), Melanie didn't start off as a sports enthusiast.

"She was not very athletic," recounts Professor Schwartz. "She sat on the sidelines in gym hoping not to get picked because she wasn't very good at sports."

Nevertheless, Professor Schwartz enrolled her daughter with the Ontario Track 3 Ski Association, a non-profit organization that teaches kids with disabilities to downhill ski and snowboard.

"It started as something I was just going to do for fun for one year," laughs Melanie.

Melanie's love for the sport continued to grow, and in 2007, she began training to race.

The coaches of the National Development Alpine Ski Team soon invited Melanie to train with them in Whistler. Impressed by her skill and enthusiasm, they asked her to join the team.

"I was given an opportunity and I had to take it," Melanie says. "There's a lot of uncertainty, but I love it. I want to see how far I can go and what I'm capable of doing."

After just three seasons racing, her accomplishments already include representing Canada and earning medals at the 2010 Vancouver Paralympic Winter Games. This fall, she will be training in Chile and Switzerland.

She also supports the charities that helped her as a child, and even volunteered as an instructor for Ontario Track 3. Last year, the Quest For Gold lottery ticket package included her photo.

"All the funding goes to amateur athletes in Ontario," she explains.

Both Professor Schwartz and Melanie bought tickets but didn't win the jackpot. Still, they consider themselves pretty lucky.

A match made in *simulation* heaven

By Dana Yates

"Practice makes perfect." It's an adage that, more than ever, sums up Michener's approach to education.

Simulation has long played a role in the preparation of Michener students. But now, thanks to the *CAE/Michener Centre for the Advancement of Simulation and Education* (CASE), learners can improve their technical and interprofessional skills while working alongside students from other programs.

These exercises in interprofessional collaboration replicate today's health care environment," says Dr. Paul Gamble, Michener's president and CEO. "We wanted to set up a simulation space that enables different types of health professionals to interact with each other. That way, students can practice the team-based decisions that they will face every day in the workplace. As a result, these future health care providers will be better prepared to respond to patient-care needs."

Officially open in the spring of 2010 (but used by students since fall 2009), the CAE/Michener CASE is one of the first centres in North America to specialize in providing interprofessional, simulation-based education for integrated health care teams. As big as it is advanced, the CAE/Michener CASE encompasses 20,000 square feet, and takes up the entire third and fourth floors of the Michener campus.

Constructing a space of this size involved a massive undertaking. Its catalyst: a new and innovative curriculum that required students to polish their skills within a simulated and integrated health care environment. As it turns out, the timing of this change was fortuitous. That's because CAE – a leading provider of simulation and modelling technologies for the aviation industry – was also looking to apply its expertise to the health care setting.

At first glance, the aviation and health care environments may seem unrelated. In fact, both areas are vulnerable to human error. Even with the availability of high-tech equipment, simple mistakes can cause catastrophic events. For instance, just as a miscommunication between a pilot and a co-pilot can bring an airliner down, a hospital employee who directs the wrong oral orders at a patient can put a patient in danger.

In the aviation industry, however, safety records improved dramatically with the use of crew resource management (CRM) systems. Emphasizing leadership and effective communication among crew members, CRM demonstrates how distractions – and a team's response to them – can affect passenger safety. The same is also true in the high-stakes setting of health care.

In light of this common ground, a formal alliance between Michener and CAE Healthcare was the perfect pairing of expertise. Soon after Dr. Gamble approached CAE Healthcare to explore partnership possibilities in 2008, a unique public-private deal was struck. Construction began at Michener shortly thereafter, transforming the campus into a highly modernized site for sophisticated, simulation-based learning.

"The relationship is a hand-in-glove fit," says Tony Teti, manager of program management at CAE Healthcare. "Michener is visionary in its approach to simulation, and a dedicated centre enables us to run the operation efficiently."

Most notably, the Centre runs cost-effectively. When the Centre is not being used by students, the space can be booked by external groups for training, evaluation and professional development purposes. Some organizations that have already made use of the Centre are the American Society of Extra-Corporeal Technology, the Royal College of Physicians and Surgeons of Canada, and the Holland Bloorview Kids Rehabilitation Hospital.

"The Centre can be customized for different levels of simulation," Dr. Gamble says. "From entry-to-profession learning and quality assurance practices to new skill development and assessments for professional licensure, the CAE/Michener CASE provides a huge value to the health care community."

Interested in seeing the CAE/Michener CASE for yourself? Email cae@michener.ca

Students attend a debrief session in one of the Centre's specialized debriefing rooms.

Bringing *simulation* education to the next level

By Dana Yates

If truly knowing someone means walking a mile in his or her shoes, then to fully appreciate the *CAE/Michener Centre for the Advancement of Simulation and Education* (CASE), one must walk its halls. With that, following is a virtual tour.

The first floor of the state-of-the-art simulation centre features 24 OSCE (Objective Structured Clinical Examination) suites. Resembling examination rooms, the suites contain one-way mirrors, behind which instructors watch students interact with their patients. Of course, within this setting, the patients are actors (standardized patients) that are well-versed in the medical case scenario that is developed by the faculty in the discipline specific program. At the completion of the scenario the student has a debrief session with faculty where video footage of the scenario is played and the student's performance is analyzed and feedback is given.

Up on the CAE/Michener CASEs second floor are 12 simulation studios. Easily configured to simulate various team-based, health care settings, the studios can support such critical events as pandemic planning and operating- and emergency-room situations. Additionally, other areas throughout the CAE/Michener CASE have been set aside for debriefing rooms, classrooms and meeting spaces.

Taken all together, the CAE/Michener CASE provides applied health science, nursing and medical students with an unprecedented opportunity: to prepare for the demands of the clinical world in a safe learning environment that cultivates teamwork. This, in turn, will lead to health care professionals who are better equipped to respond to critical situations, thereby reducing the overall risk to patients.

"Right now in the simulation centre, we're designing opportunities for different programs to work together. It's all part of Michener's focus on interprofessional collaboration," says Ann Russell, the Institute's senior director of learning, innovation and applied educational research. Russell is responsible for curriculum development, and also helps faculty members create ways to utilize the simulation centre and explore its potential uses.

One simulation that is already in place is a phlebotomy lab in which nuclear medicine students practise collecting blood samples under faculty member supervision. Meanwhile, over in another studio, students from two programs work side-by-side – ultrasound students use sonographic phantoms to practice their scanning techniques while diagnostic cytology students analyze cell samples.

"We're still designing and imagining the possibilities for simulation," Russell says. "The opportunities are limitless."

So with so many offshoot areas to be studied in the future, a question begs to be asked: where did the initial idea for the simulation centre take root?

"It ties into the three pillars that guided the development of our new curriculum: simulation, interprofessional collaboration and assessing learners for professional competence," says Michener's Vice-President of Academic, Sylvia Schippke.

While putting together its new curriculum, the institute realized two things would be required: an innovative way to fully prepare students for clinical practice and a novel method to accurately evaluate their readiness to enter the field. With its model of simulation followed by thoughtful discussion, the CAE/Michener CASE met both objectives.

Next up for the Centre, in addition to the development of new simulation scenarios, is an exploration of best practices in student debriefing. "We are looking to experts in the learning sciences for ideas on how to most effectively use multimedia technologies," Russell explains.

To that end, Michener is thoroughly investigating this subject through its connections to the simulation community and its association with the Network of Excellence in Simulation for Clinical Teaching and Learning (NESCTL). The organization is a joint venture of the Toronto Academic Health Science Network, which includes Michener, as well as the University of Toronto's (U of T) Health Science Faculties and the ten academic hospitals fully affiliated with U of T. Established in 2007, NESCTL was formed through a grant from the Ontario Ministry of Health and Long-Term Care.

Students particpate in a simulated scenario in one of the studios on the fourth floor.

Dr. Paul Gamble (Michener), Guillaume Hervé (CAE), Marc Parent (CAE), Minister Wynne (former Education Minister) are shown one of the Centre's many simulation possibilities by Professor Sheena Bhimji-Hewitt and ultrasound student Glenn Gabrielpillai.

G. Hervé (CAE) M. Parent (CAE), Minister Wynne, Dr. Gamble (Michener), Bas Balkissoon (Ministry of Health) and Ted Reesor (CAE) celebrate the opening of the CAE/Michener CASE.

Simulation centre celebration at Michener

By Lissa Manganaro

On May 25, 2010, CAE Healthcare and The Michener Institute celebrated the official opening of the *CAE/Michener Centre for the Advancement of Simulation and Education*.

Community leaders from health and education, Michener alumni, donors and supporters were welcomed to the Centre and given the opportunity to tour the various simulation and OSCE (Objective Structured Clinical Examination) suites. The interactive scenarios on the tour gave the guests a first-hand look at the functionality and possibilities of the Centre. Conversations among the attendees focused on the current use of the facility in enhancing simulation-based education and the future plans to integrate new technologies and advancements that will optimize the Centre.

Together, CAE and Michener bring over 100 years of combined expertise in aviation simulation and health education, respectively, to develop cutting edge simulation-education solutions.

The creation of the Centre was made possible primarily through support from The Ministry of Health and Long-Term Care and CAE Inc. and is part of Michener's Capital Development Project Plan to build a 21st Century state-of-the-art health science learning facility.

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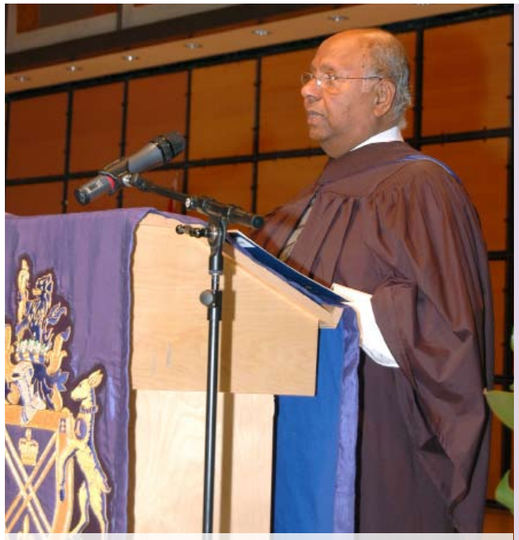

Dr. Joseph Kurian delivering the 2009 Convocation Address

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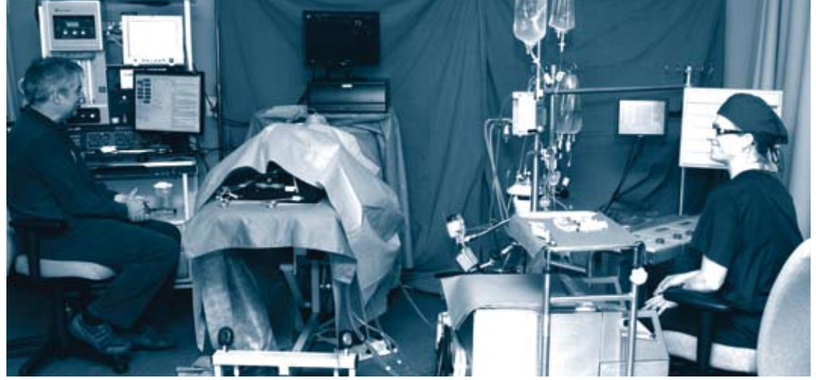
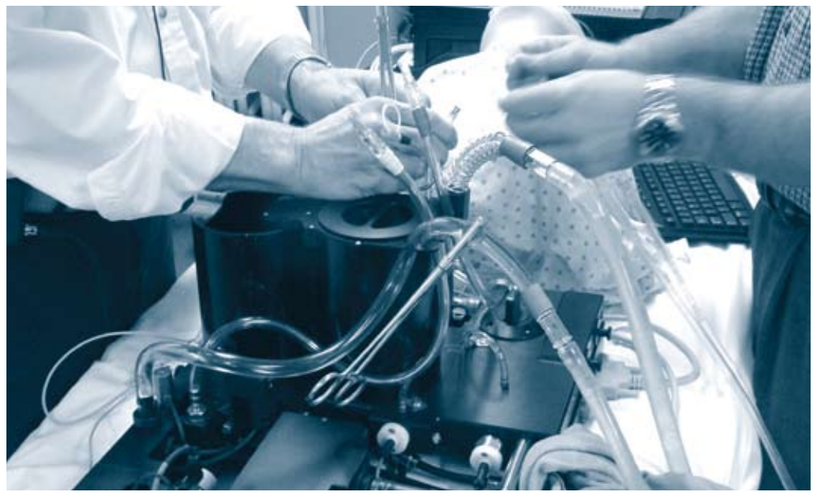
Program in profile:

By Dana Yates





Cardiovascular Perfusion

Emergency room life support

Open-heart surgery requires the expertise of many medical professionals. Among them is the cardiovascular perfusionist – an applied health practitioner who operates critical life-support equipment, such as a heart-lung machine. Serving as a patient's cardiovascular and respiratory systems, the machine circulates blood and ensures that it contains sufficient levels of life-sustaining oxygen. The cardiovascular perfusionists must also administer intravenous fluids, blood products, and anesethetic drugs all while monitoring a patient's blood flow and vital signs.

Clearly, cardiovascular perfusion (CVP) is a high-stakes profession and its members must be trained to handle a variety of life-and-death situations. That preparation happens at Michener.

The only English-language program of its kind in Canada, Michener's CVP program is accredited by the Canadian Medical Association. Graduates of this full-time, 16-month program are eligible to write the certification examinations of the Canadian Society of Clinical Perfusion and the American Board of Cardiovascular Perfusion. But before graduates reach that point, they must first complete the program's rigorous academic (didactic, laboratory, simulation-based education) requirements and 24 weeks of clinical training.

"The demanding curriculum is intended to fulfil two overarching objectives," says Michener's Associate Vice-President, Business Development, Karim Bandali who also serves as chair of the CVP program.

"Our first goal is to better prepare students for entry into their clinical education and subsequently into their profession," Bandali states. "Our second goal focuses on building a research culture in perfusion that is currently in its infancy in Canada."

It all starts, however, with an exacting admissions process. Up until 2007, admission was only granted to CVP applicants with a background in respiratory therapy or nursing, and a solid background in critical care. Eventually, in order to broaden the pool of prospective students, Michener began accepting select graduates from bachelor of science (BSc) programs. The caveat: applicants must have clinical research experience and a strong life-sciences background that pertains to a career in perfusion.

"We only take the cream of the crop of BSc graduates. This situation has drastically changed our curriculum, requiring us to teach critical care to a new type of students," says Mike Aubin, the program's clinical liaison officer. Aubin also serves as CVP's program co-ordinator and is the only full-time CVP faculty member on staff.

Today, new students complete eight-weeks of distributed learning in a variety of courses including general sciences, interprofessional collaboration and perfusion theory in the first semester. This is followed by in-house laboratory courses, where students learn the fundamentals of CVP. Along the way, Aubin invites guest perfusionists from across the province in to speak; this enables students to discover "different techniques," he says, "and not just ones from the textbook."

Those discoveries are applied during the latter part of the second semester and throughout the third semester when students participate in simulation-based education scenarios. Specifically, students finesse their skills using Orpheus, an interactive model of human circulation. Michener is home to Canada's only Orpheus simulator and the system has two leading-edge features. First, a hydraulic system that uses water to simulate human blood, thus creating a real pulse and "blood" pressure. Second, the simulator's computer system provides pulse measurements and electrocardiography readings, as well as analysis of hemoglobin levels and oxygen consumption.

The state-of-the-art technology offers a myriad of benefits. For example, based on the information that Orpheus provides, students must input different drugs and dosages into the computer, and witness a real-time effect in blood pressure readings. Or, in the simulated administration of Heparin, a drug that prevents blood clots from forming during surgery, Orpheus will adjust the patient's vital signs and provide a resulting change in clotting times.

But simulated crisis situations may be where Orpheus makes the greatest impact. Students learn how to handle high-pressure scenarios, such as power outage in the operating room or a mechanical failure of the heart-lung machine. Under these stressful conditions, when every second

> “Our first goal is to better prepare students for entry into their clinical education and subsequently into their profession.”

counts, students may practise replacing an artificial lung – and completing the procedure within four minutes. Meanwhile, Orpheus registers a patient’s deteriorating blood gases, providing students with a real-world reminder of the potentially dire consequences of their actions.

“These emergency situations happen infrequently in actual operating rooms,” Aubin says. “But the best-prepared perfusionists are those that know how to effectively deal with these scenarios.”

On that note, Michener is a fitting location (along with the Fairmont Royal York Hotel) for an international conference on “Perfusion Safety and Best Practices in Perfusion.” The four-day event, held in October 2010, was sponsored by the American Society of Extra-Corporeal Technology, the International Consortium for Evidence-Based Perfusion and the new *CAE/ Michener Centre for the Advancement of Simulation and Education*. Approximately 150 delegates attended the conference – a model for teamwork that Bandali says is key to the future success of the CVP profession in Canada.

“There is an exciting opportunity for the Canadian community to adopt a collaborative approach, allowing provinces, academic institutions and clinical partners to work together to establish innovative models of delivery,” says Bandali. “This would maximize the use of resources and appropriately address the national health human resource need in this area.”

LEADING MICHENER INTO THE FUTURE OF HEALTH CARE

By Lissa Manganaro

Work environments are constantly changing, but in the health care industry, this trend is even more apparent. Technologies progress, systems evolve rapidly, and the human resources required to support clinical education are constantly challenged. Governing bodies that serve post-secondary institutions must be keenly aware of the environmental, social and economic factors that impact their business. To that end, the Board of Governors at Michener continuously focuses on developing annual priorities that support the proactive growth and development of Michener’s core academic business.

Paul Bertin, who is beginning his sophomore year as Michener’s Board Chair, says, “The plan for the duration of my term is rooted in Michener’s vision ‘to be the centre of excellence for the advancement of applied health sciences education.’”

With a Capital Development Project that encompasses building a 21st century learning facility, a corresponding fundraising campaign, and new business development activities to support these efforts, the Board’s role has become even more relevant. “Our vision must always be in sight and for that to occur, the Board has to monitor our progress against our key initiatives and be aware of trends and opportunities that we could be taking advantage of,” Bertin states.

The Board is also strongly committed to identifying and connecting with external leaders and like-minded organizations. Gaining insights from others on best practices in health care education, corresponding technologies, and governance is paramount. Bertin believes that connectivity and knowledge building will provide Michener graduates with a competitive educational experience.

The integration of interprofessional and simulation-based learning at Michener has been an important curriculum development over the past few years. This continued evolution in the curriculum will be strengthened by the recent opening of a state-of-the-art simulation and assessment centre at Michener. “By delivering enhanced simulation-based education we are able to provide our students with hands-on experience using a team-based approach,” says Bertin. “Simulating real life hospital and clinical environments will serve to better prepare them for their chosen professions.”

We are confident that a more prepared graduate can enhance patient care and help reduce patient errors. “The professionals we educate are an integral part of a larger health care team and Michener is helping students understand the significance of this reality before they enter the work force,” Bertin states.

The organization is constantly driving transformation in an effort to improve the delivery of its education, and so too is the Board. Bertin concludes, “By evaluating our results, we can improve our governing practices and provide the strategic leadership needed to build for the future and help advance Michener as a leader in health education worldwide.”

Paul Bertin (back row, second from left) pictured here with the 2010-11 Board of Governors

Michener faculty in high demand around the world

By Katie Schrank

From Trinidad and Tobago to Bangladesh, Michener faculty members are in demand when it comes to international education. Whether it be developing curriculum for international audiences or physically teaching in other countries, Michener faculty have a presence around the globe.

The international department receives requests from three to four institutions a year that want to work with Michener to create programming that includes online learning, faculty exchanges, or a mix of both. The manager, Carolyn Menezes, develops a business case proposal and once the contract has been signed with the overseas partner, she works with both internal and external Michener faculty to bring these opportunities to fruition.

Ultrasound Professors Cathy Babiak and Sheena Bhimji-Hewitt have experience teaching international students, and so does Medical Laboratory Science Professor Aruna Kolhatkar.

Babiak has been involved with teaching overseas for the longest period of time: over 10 years. Bhimji-Hewitt has taught online courses on multiple occasions, and Kolhatkar has been to the Caribbean twice representing Michener.

From 1999 to 2001, Babiak designed, developed, and delivered an ultrasound program to 10 Radiographers in South Africa.

"During my time working with the program in South Africa, I was fortunate to travel there twice," she says. "The longer visit was for four weeks to teach the students how to scan."

Babiak has also helped to design, deliver and teach an ultrasound program to six students in Lebanon and three groups of physicians in the Bangladesh program. She also helped design an ultrasound program in Jamaica and has been to the clinical sites to assess students.

Over the course of her 10 year involvement in international education, Babiak has seen many changes.

"Changes in technology have allowed better communication with students in the recent years," says Babiak. "Time differences and telephone lines sometimes made things difficult, but the internet has had a huge impact on international teaching and learning. So many resources for learning are now available, thanks to the internet."

Internet education was something that Bhimji-Hewitt was interested in, and she jumped at the opportunity to participate in Michener's international ultrasound program. Sharing her knowledge with international students had a lot of appeal to her.

"I was able to work with students in other countries and share the knowledge I have acquired throughout my career using an online platform," she says.

At first, Bhimji-Hewitt thought it may be difficult to build relationships with students online, but her fears were unfounded. She realized that as an educator, she could create a safe learning environment that would allow her students to fully participate in online learning.

"My first online courses were a little slow going because all the conversations had to be typed, but now, online learning allows me to give live lectures complete with PowerPoint presentations for my students," she says. "I am able to fully interact with the students through live audio chats where they can hear me and are also able to ask questions in real time."

Along the same lines as Bhimji-Hewitt, Kolhatkar was eager to accept when approached to create and deliver a microbiology quality control workshop in Trinidad. The assignment came with special requests for specific case studies and information on new technologies, which Kolhatkar was happy to provide. With many of the students working towards accreditation, Kolhatkar found the students eager to learn about every process and case study she was teaching.

Students came from all over the island for her workshop, which was part of a series offered in early 2010. She volunteered to do this workshop because of the positive experience she had previously with international students, and this experience was no different.

"I've enjoyed my time teaching internationally because of the positive attitudes that the students have towards learning," says Kolhatkar. "The students are very enthusiastic and are serious about moving towards accreditation and furthering their careers."

Babiak and Bhimji-Hewitt also had many wonderful things to say about the caliber of the students they have taught internationally.

"The students are very enthusiastic and passionate about learning," says Babiak. "I couldn't help but become engaged in their enthusiasm."

Bhimji-Hewitt feels it is the drive of her students that has really stood out.

"Sometimes I have to remind myself that people will achieve great things if they have the will, and all my international students make me proud with what they have achieved."

These are just some of the faculty members at Michener who have taken their professional knowledge to an international audience. Medical Laboratory science Professors Kelly Ann McPherson and Peggy Kiely have also been involved internationally.

While sharing their professional knowledge, these faculty members also learn from their students and are able to bring back that new knowledge and add it to Michener curriculum. Whether these are case studies of pathologies not seen here in North America or tricks of the trade from other environments, Michener students benefit from their experiences.

1. Professor Babiak with ultrasound students in South Africa
2. Students studying quality control in Trinidad
3. Wilma Collins (COSTATT, front) with a group of ultrasound graduates in Trinidad
4. Professor Kolhatkar's microbiology quality control class in Trinidad

What's Up @Michener

By Katie Schrank

Doors Open Toronto 2010

Respiratory therapy students Richard Lau and Xiaoya Sun

Genetics student Sharlene Korscil

On Sunday, May 30, 2010, members of the Michener community came out and showed off their school and workplace to almost 300 Doors Open guests.

Faculty and students from 10 programs joined staff and volunteered for the day. Wearing Future Health Care Heroes T-shirts, the volunteers educated the public on what we do at Michener and why our graduates are so important to health care.

On the fourth floor, ultrasound students showed visitors that their profession isn't all about babies, radiological technology students talked about the portability of X-ray machines, and chiropody students performed gait testing. Also on the fourth floor, respiratory therapy students demonstrated intubation techniques and cardiovascular perfusion students taught people about what really happens during heart surgery.

On the ninth floor, radiation therapy students showed what patients encounter during radiation treatments, and on the tenth floor, nuclear medicine volunteers helped people understand the importance of isotopes in health care.

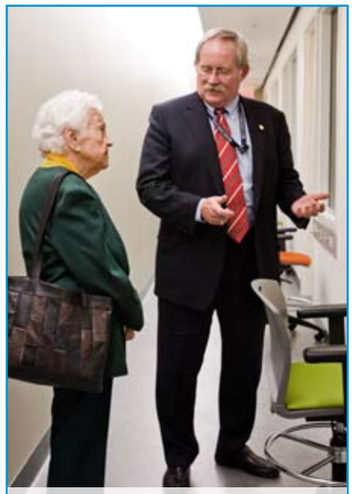
Visitors left Michener with a better understanding of our professions and really felt the passion our students, staff and faculty have as future (and current) health care heroes.

The feedback from the public was positive with one couple saying it was the best organized and most fun Doors Open event they had been to in their 10 years of attending Doors Open Toronto!

Thanks to our staff and volunteers for making the event a resounding success.

Ultrasound students Glenn Gabrielpillai, Jamal Kamalov, Ky Lai and Sheldon Bailey

Visit from Mayor Hazel McCallion

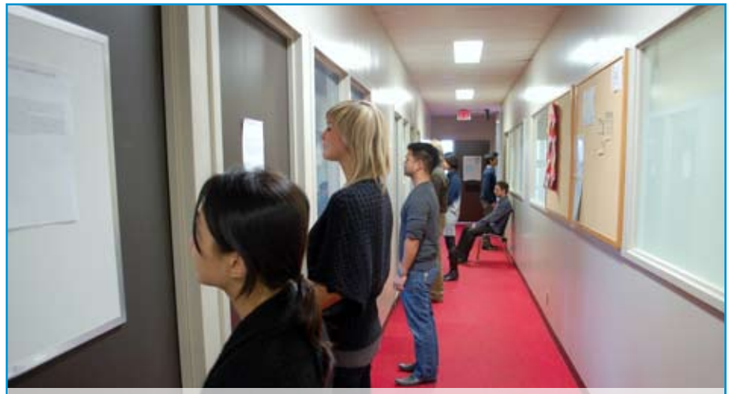


Mayor McCallion and Paul Gamble tour the CAE/Michener CASE

On Friday, May 7, 2010, Mississauga Mayor Hazel McCallion visited Michener for a tour and to learn more about the applied health sciences. Paul Gamble led Mayor McCallion, who was accompanied by Neena Kanwar (Nuclear Medicine, '81), president & CEO of KMH Cardiology & Diagnostic Centres, on a tour of the *CAE/Michener Centre for the Advancement of Simulation and Education* (CASE). Mayor McCallion learned about the type of simulation education taking place at Michener and the new capabilities that we have with the CAE/Michener CASE on the premises.

Mayor McCallion visits with Professor Sue Crowley and radiological technology students Carole Breeze and Ryan Hazell

Multiple Mini-Interviews (MMI)



Applicants reviewing their scenarios before entering one of the eight MMI stations (photograph staged)

In 2010, Michener ran its third cycle of Multiple Mini-Interview (MMI) sessions as part of the admissions process. This year, seven programs participated and 485 students went through the process of eight seven-minute interviews. The short interviews are designed to measure the potential students' non-cognitive abilities, so that their admission into Michener can be based on those skills in addition to their academic achievements. We look forward to welcoming another class of top-notch students who will be our future health care heroes.

Key Dates 2010

Honorary Diploma Reception – November 11, 2010
Convocation – November 13, 2010
Charitable Giving Drive – December 15, 2010
Holiday Break – December 22 – January 2
Winter Semester begins – January 3, 2011

Call for Volunteers

Join the Michener Alumni Association Board of Directors

Do you have passion for your profession? Looking for leadership opportunities? Interested in networking and making connections?

Join the Alumni Board of Directors

We are looking for graduates from all programs, preferably graduates from the 60s, 70s and 80s. Members attend six meetings each year and play an active role in developing the Alumni Association at Michener.

Your advice and expertise in your profession will help us create more opportunities for lasting relationships between Michener and its graduates.

Interested alumni should email their resume and cover letter to alumni@michener.ca or call 416.596.3101 ext. 3406 for more information.

Go to www.michener.ca/alumni to read the mission and purpose of the Alumni Association.

alumni happenings

Births

Kerry Maddix (Radiation Therapy, '03) and Mohsin Qureshi (Radiation Therapy, '02)

Are happy to announce the birth of their baby girl, Zoha Qureshi. Zoha was born on April 7, 2010.

Weddings

Jeanna Laguerder, (Respiratory Therapy, '09)

Married long time boyfriend Tom Morlock in a ceremony held at St. Boniface Catholic Church in Scarborough on June 26. Lindsay Thompson (Respiratory Therapy, '09) stood beside her as the maid of honour and several former classmates were in attendance. The ceremony was followed by a memorable reception at the Jewel Banquet Centre in Woodbridge. The couple is looking forward to many years of love and happiness.

Achievements

Mark Leonard Todd (Respiratory Therapy, '08)

Received the silver medal for student achievement on the 2009 Canadian Board for Respiratory Care's national registration exam.

Dr. Lorelei Silverman and Dr. Rosalind Silverman (both Clinical Research Associate, '06)

Organized the first International Conference on Models of Human Diseases that took place on June 29, 2010 in Toronto. Participants from 12 countries convened to work together for the advancement of models of human diseases, and ultimately development of new drugs. Lorelei and Rosalind had received a grant from the Canadian Institutes of Health Research for the conference, which was held at the University of Toronto. They are also recipients of the 2009 Top 25 Canadian Immigrants award.

Go to www. nabmc.info for more information.

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

In Memory

John Michael Martin (Respiratory Therapy, '91, Cardiovascular Perfusion, '95)

Michael passed away on August 17, 2010 at St. Peter's Hospital Palliative Care Unit in Hamilton, Ontario. Cherished son of Edwart and Grace Martin; youngest brother of Kathryn (Dale) Miles , Steven (Cath) Martin, and David (Ann) Martin. Loving uncle of Kelly (Michelle) and Chris Miles; Sean (Jess), Alex, Carlie, Romaie, Ronald and Taylor Martin; Jessica; Joel and Melissa and great uncle to Stanley Martin. Michael will be missed by his family, friends, colleagues and his dedicated health care professionals. His colleagues at Michener recall how much the students loved his easy going manner and practical solutions to problems. Michael helped the Cardiovascular Perfusion Program as a lab instructor and a clinical coordinator. His desire to teach and to be an ambassador for the profession was unmistakable.

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Due to provincial legislation, our auto insurance program is not offered in British Columbia, Manitoba or Saskatchewan.

[1] Certain conditions and restrictions may apply.

* No purchase required. Contest ends on January 14, 2011. Total value of each prize is $30,000 which includes the Honda Insight EX (excluding applicable taxes, preparation and transportation fees) and a $3,000 gas voucher. Odds of winning depend on the number of eligible entries received. Skill-testing question required. Contest organized jointly with Primmum Insurance Company and open to members, employees and other eligible people of all employer and professional and alumni groups who have an agreement with and are entitled to group rates from the organizers. Complete contest rules and eligibility information available at www.melochemonnex.com. Actual prize may differ from picture shown. Honda is a trade-mark of Honda Canada Inc., who is not a participant in or a sponsor of this promotion.

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