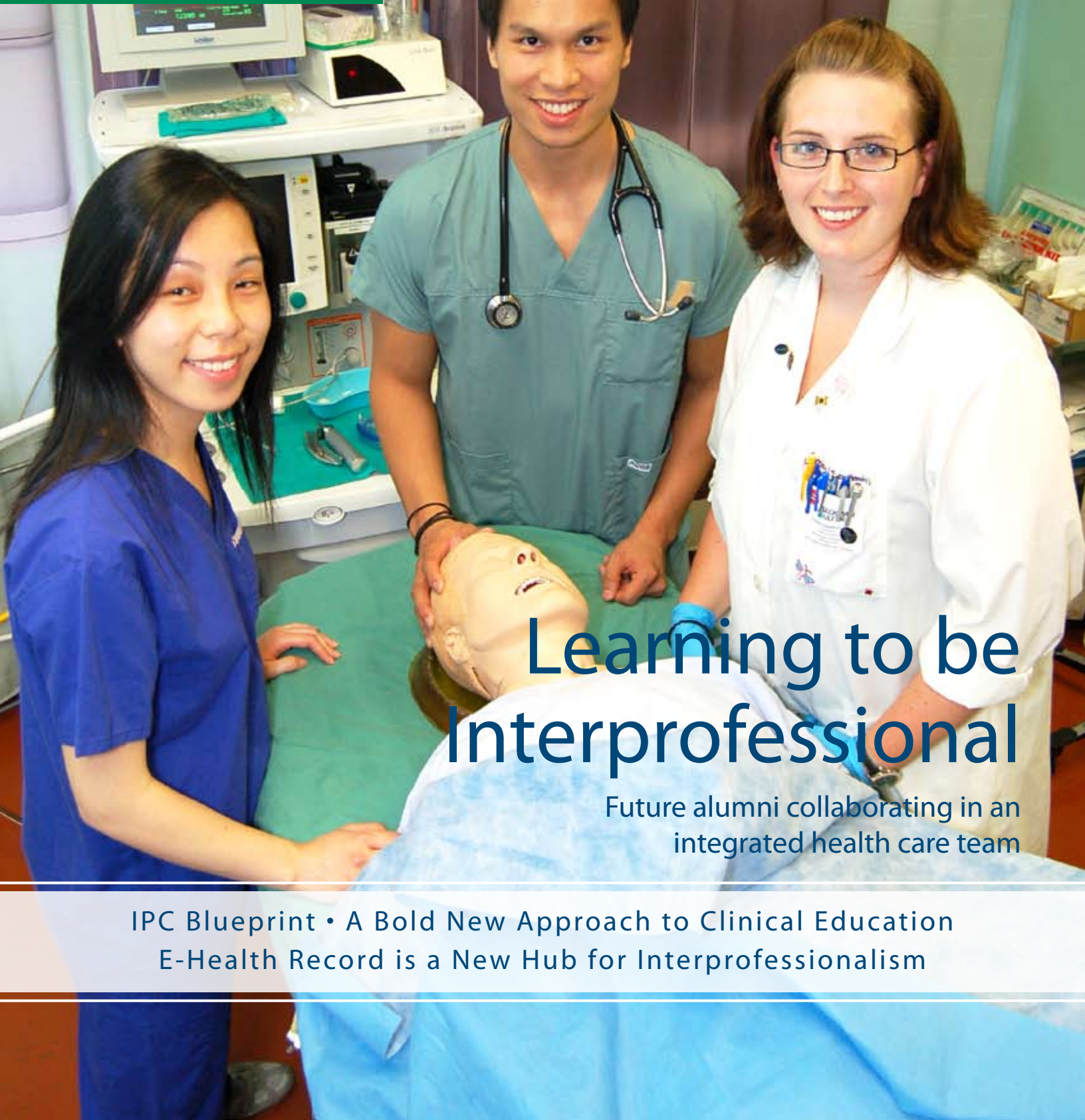


Michener

MAGAZINE

A publication for Alumni & Friends • Summer 2008



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INTERPROFESSIONAL COLLABORATION: achieving desired results

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According to the National Network for Collaboration (<http://crs.uvm.edu/ncco/>), "Collaboration is a process of participation through which people, groups and organizations work together to achieve desired results...Starting or sustaining a collaborative journey is exciting, sometimes stressful, and even new for many." At Michener, we started on a transformational journey toward interprofessional collaboration for health care over three years ago. Our goal: to be collaborative leaders, teachers and learners, and to instill the principles of interprofessionalism (*learning with, from and about one another*) in our students, and future who will become alumni.

Since 2006, The Michener Institute stands as the only school educating the next generation of applied health science professionals in the competencies of interprofessionalism: communication and interpersonal skills, an aptitude for advanced listening and constructive feedback skills, proficiency in teamwork and collaboration, as well as conflict resolution skills – all in a patient-centred care environment. But teaching interprofessionalism is only the half of it. Learning to be interprofessional ourselves, and to think interprofessionally, was the first half.

As with anything creative that serves to improve an organization,

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Iliana Arapis and Sarah Eyton

community, society, or system, working collaboratively brings great benefits to the person, to the group and to the profession, as well as potentially to the patients and their families who are the ultimate beneficiaries of interprofessionalism.

Some of the successes, natural disappointments, momentous triumphs and cautious reflections of Michener's transformational journey toward interprofessionalism are captured within the pages of this edition of Michener Magazine. As alumni and friends, you may be interested in learning how our transformational journey has contributed to a more collaborative working and learning environment. Alumni can take pride in knowing that Michener is striving to build integrated health care teams, to contribute to the body of interprofessional literature and actively promote the potential benefits of interprofessionalism within the health care sector.

Sarah Eyton
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contributing successfully as a team player

FROM THE GUEST EDITOR

During a consulting trip to the United Arab Emirates, I had an opportunity to visit a primary care community clinic, part of the recently developed health care system for the region. This clinic was not only well appointed and equipped, it was also electronically and functionally integrated with all three local tertiary care hospitals.

What truly impressed me was not so much how the clinic looked but rather how it operated. In addition to delivering primary medical and dental care for the entire family, the clinic provided core medical lab, X-ray and pharmacy services. Medical specialists and procedures at the affiliated hospitals could be booked directly from the clinic as required. And each patient had a unique mobile electronic record used for all levels of care.

This community clinic was, in my opinion, an example of integrated patient-focused care done well. And it was done well because enough skills had been gathered under one roof to support all the functions of a comprehensive care facility. Not that the clinic had a large team of health professionals, because it didn't. Instead it had a core group of people who were multitasking not just within their own, jobs but working as an integrated team providing support across related disciplines.

Visiting this clinic made me wonder how the next generation of applied health professionals we are grooming at Michener would fare if they were working within a similar model. Would they be ready and willing to work in an interprofessional team environment? Would each student

have the breadth of knowledge and skills to contribute successfully as a team player? Could they achieve competence in new point-of-care technologies to improve the effectiveness and efficiency of patient care?

These are the kinds of questions we've been asking at Michener for a long time. And in the fall of 2006, the Michener Institute introduced interprofessionalism into its curricula.

"Integrated patient-focused care done well."

For the record, the primary objective of interprofessionalism isn't to teach our students how to do the work of practitioners in other disciplines. Rather, the objective is simply to expose students to other disciplines so they learn how to work well with each other, resulting, hopefully, in care that is comprehensive and seamless in the true sense of those words. This exposure, in turn, will lead to better outcomes for patients.

I believe a student who learns how to work collaboratively with other disciplines goes on to become a well-rounded professional – the type of professional who can easily become a team player in



Dr. Diana Michener Schatz

the quaternary care setting or who can meet the cross-functional demands in remote clinics where there simply aren't enough health care professionals to fill all the various roles.

Such a well-rounded professional would, in my view, also be a highly desirable employee who can adapt easily to almost any clinical model in the world – including the one I saw in the United Arab Emirates.

For students who come to Michener because they want to build a successful career in applied health sciences, a solid grounding in interprofessionalism is just one more edge they can bring to the real world, one more asset to ensure they'll be ready to step into the roles Michener is preparing them for.

With interprofessionalism, everyone wins.— Dr. Diana Michener Schatz

Dr. Diana Michener Schatz is the founder and first President and CEO of The Michener Institute. Dr. Schatz retired in 1994 after 36 years at the helm of Canada's only institute devoted exclusively to the applied health sciences. She remains an outspoken advocate for the applied health sciences and is currently serving as the Honourary Chair of the 50th Anniversary Steering Team.

forward thinking



**Interview With Cathy Fooks,
Chair, The Michener Institute Board of Governors**

Cathy Fooks has served on The Michener Institute's Board of Governors since 2005, last year taking on the role of Chair. She brings with her a strong leadership background and more than 20 years of experience in Canadian health policy research. Currently President and Chief Executive Officer of the Change Foundation, Fooks was the first Executive Director of the Health Council of Canada and the Director of the Health Network, Canadian Policy Research Networks. She has held senior roles with the College of Physicians and Surgeons of Ontario, the Institute of Clinical Evaluative Sciences, the Premier's Council of Health, Well-Being and Social Justice, and the Premier's Council on Economic Renewal. Fooks was a senior policy advisor to two Ministers of Health and has served on a number of government health care committees including the Interprofessional Care Steering Committee which developed a report entitled "Interprofessional Care: A Blueprint for Action in Ontario."

Q: You're chairing Michener's Board of Governors during a time of rapid evolution. What do you and your fellow Governors see as your key priorities right now?

CF: As a board, we're very excited by our stewardship role. With Michener evolving into its next phase, we're really zeroing in on the interprofessional curriculum and the development of the simulation environment. We're very keen on this agenda. This will require some fairly dramatic changes for the organization, both in terms of operational capacity and the physical plant, in order to meet the new educational requirements. We're focused on what that means at the board level in terms of strategy, and in working with our key partners.

Q: What do you see as the role for Michener in Ontario's changing health care landscape?

CF: Michener is an important pipeline for the supply of health professionals. We graduate almost 200 students each year and the high majority stay in Ontario and are employed within about six months of graduation. Over 55% of our students end up working in the site where they do their clinical placement. So Michener is an important link in the health care chain.

We also see Michener as making an important contribution to the government's stated priority of establishing integrated health care teams, as well as reducing wait times. With respect to wait times, the province could purchase a great deal of new diagnostic equipment, but unless there are people to run the new machines, we're not going to decrease anyone's wait time. So Michener is going to continue to be a significant player in solving that problem.

Q: What do you see as the most significant challenges and opportunities coming up in the next few years for Michener?

CF: Michener's most significant opportunity is in the introduction of the simulated clinical semester, which launched in May 2008 and runs to the end of August 2008. This summer, respiratory therapy, medical laboratory and chiropractic students were engaged in integrated, team-based simulation scenarios that challenged their interpersonal, teamwork and communication skills in a variety of low to high fidelity simulations. It is a truly innovative and creative way to train health professionals. Michener is in an excellent position to take on the challenge of communicating this new way of training and demonstrating the positive impact that integrated, team-based simulations can have, both for the students, as a unique and innovative educational experience, and also for our clinical partners. Michener students will arrive in the clinical settings better-prepared, confident and ready to collaborate interprofessionally.

Q: Now that The Michener Institute has reached its 50th anniversary, when you look in your crystal ball what do you see for Michener 50 years down the road?

CF: Innovation is in Michener's DNA, so the Institute will continue to be a health care education pioneer, widely recognized as the preeminent educational institution for applied health professionals. Michener graduates set the bar high within their professions and have the capacity to lead new and emerging health care professions. The Michener Institute's historic ability to envision improvements in health care education and to implement those visions is extraordinary, as is the organization's aptitude for building dynamic, long-lasting relationships with a variety of partners - be they clinical, academic or private. Certainly, Michener will continue to be a key health care contributor in Ontario in the next 50 years, as it has in the past 50.

— Kathleen Sandusky

"We see Michener making an important contribution to the government's stated priority of establishing integrated health care teams."



The Michener Institute is well ahead of other educators in the implementation of the province of Ontario's interprofessional collaboration agenda. See page 8 for details.

IPC BLUEPRINT:

leading the change for integrated health care teams

It was with a sense of urgency that in the summer of 2006 the Summit on Advancing Interprofessional Education and Practice was convened. Sponsored by the Ontario Ministry of Health and Long-Term Care, in partnership with the Ministry of Training, Colleges and Universities, the Summit included representatives from all fields associated with health care in the province. With chronic diseases on the rise and the number of trained health professionals decreasing, it had become apparent a fundamental change in the Ontario health care landscape was in order. “The magnitude of the changes needed in the health care system means there is no more time to lose,” stated the resulting Summit Report.¹ Ontario would need to quickly determine how best to address the

crisis in health care and the report asserted that the best course of action would be to take heed of the growing body of evidence indicating that interprofessional care (IPC) can lead to improved patient outcomes and more effective use of health care resources. (See “*Learning to be Interprofessional*” pg. 20)

Shortly after the Summit wrapped, a Steering Committee was formed, charged with producing a Blueprint for Action. Published in the summer of 2007, one of the key recommendations of the Blueprint was that interprofessional education must be a fundamental first step in the phasing-in of IPC across the province. Tom Closson, now the President and CEO of the Ontario Hospital Association, co-chaired the committee. As he puts

“By sharing our experiences and consulting with our partners system wide, we expand the full body of knowledge about interprofessionalism.”

it today, “We identified one of the biggest challenges to the implementation of the Blueprint’s recommendations to be the curriculum changes that would be necessary at universities and colleges. You’re fighting this entrenched tradition of disciplines being trained individually in their own silos.” The Summit report had noted the year before that of all the universities and colleges across the province, only five were taking the lead in introducing interprofessional education models. In this list of five was The Michener Institute, and a Michener representative was invited to sit on the Blueprint team’s Education Working Group.

“Michener was the very first health care educator in the province to incorporate interprofessionalism into its applied health science curriculum,” says Mary Preece, former Provost and Vice-President, Academic at The Michener Institute, who was Michener’s representative on the Education Working Group. “From the outset, Michener’s approach to curriculum re-design has been highly innovative and collaborative. By sharing our experiences

and consulting with our partners system wide, we expand the full body of knowledge about interprofessionalism and its incorporation into curriculum with the hope that we can influence outcomes and the sustainability in our health human resources.”

Like all early adopters, Michener has had to face some challenges as a result of being at the head of the pack. One of these has included working with its clinical partners to ensure the IPC model is understood and that clinical educators are prepared for incoming students trained in IPC. Says Closson, “We have to change the model of care and target continuing education for the people who are already working in the health care system, so that when new graduates join them, what they’ve learned about interprofessionalism is going to be reinforced.”

“Michener has been working really hard with its clinical partners to make this transition,” says Preece. “We’re continually consulting with them and assessing against specific outcomes measurements, refining our approaches based on what we learn. Our students



Working in interprofessional teams prepares students for the reality of the workplace

enter their clinical environments ready to go, well prepared for the team-based, patient-centred model of care that is evolving in the Ontario health care landscape.”

“If you look at what other countries are doing, every country uses their care providers somewhat differently,” says Closson. “Here in Canada, we’ve had a tendency to create a large number of health disciplines, each with its own college. Our focus has historically been on specialization as opposed to working as a team. We found this direction is opposite to where we should be headed, which is towards broadening and overlapping scopes of practice, bringing in the ability to have efficient workplaces where people can share the responsibility for providing care

continued on page 10

IPC Blueprint is an initiative led by HealthForceOntario, a Government of Ontario program, that identifies approaches that will help to integrate interprofessional care into existing systems, legislation and infrastructures. The following is a summary of the major directions recommended by the IPC Blueprint and provides several examples of how Michener is leading the way.

✓ Direction #1 - Building The Foundation

Create a firm foundation upon which key interprofessional care activities can be implemented and sustained. Michener is/has:

- Defined core IPC competencies
- Clarified roles and responsibilities in an IPC environment
- Developed interprofessional education programs

✓ Direction #2 - Sharing The Responsibility

Share the responsibility for ensuring that interprofessional care strategies are effectively implemented among interested parties. Michener is/has:

- Created a central organizational resource for knowledge transfer through establishing partnerships and conducting research

✓ Direction #3 - Implementing Systemic Enablers

Provide systems, processes and tools that will allow interprofessional care to be taught, practiced and organized in a systemic way. Michener is/has:

- Built IPC into service-based and collective agreements
- Incorporating IPC into e-health strategies

✓ Direction #4 - Leading Sustainable Cultural Change

Lead a sustainable cultural change that recognizes the collaborative nature of interprofessional care and embraces it at all levels of the health care and education systems. Michener:

- Implemented an organizational engagement strategy
- Supports IPC champions
- Provides support for interprofessional education
- Evaluates system performance and outcomes

continued from page 9

to patients in a more integrated manner.”

In addition to introducing a better model of patient care, one of the expectations of IPC is that it will address a serious need in health care human resources. “No matter how you look at it, we’re facing a severe shortage of health care providers,” says Closson. “We need greater flexibility in the use of the workers we have and are bringing into the system. We need to take advantage of the full spectrum of skills for which they are trained, and we need to ensure they’re educated to have broader scopes of practice in a team-based setting.”

Closson cites the newly-minted role of anesthesia assistant as an example. “There has been a shortage of anesthesiologists in the province for some time now. By introducing this new role, you enable more of a team approach, with more providers being able to participate in providing anesthesia care. This is a clear example of the advantages of an interprofessional team model.” The Michener Institute was the first school in Ontario to offer the Anesthesia Assistant program, available to experienced Registered Respiratory Therapists and Registered Nurses.

Radiation Therapy is another example of a new health care role pioneered at Michener, with Ontario’s first class of Radiation Therapists graduating from Michener in 2004. These graduates are in high demand in clinical settings such as cancer care centres, working alongside teams of physicists and radiation oncologists. “Emerging roles such as radiation therapy represent an opportunity to blur the boundaries of what the different practitioners can be involved in, based on a team model and by making sure

the members of the team have the appropriate knowledge and skills to be able to perform this broader range of services,” comments Closson.

This shift to IPC will require a large-scale change management process for the entire health care system. Closson says it all starts with education. “We identified the education system as building the foundation for the move to interprofessional care,” he says. “There are many other players at work, from associations and unions, to the accreditation bodies and so on, but it all begins with the colleges and universities.”

Closson also stresses how important it is that currently practicing health care workers in the province become knowledgeable about concepts of team-based care, from studying and reading in their workplaces, to looking for opportunities to work with other disciplines in a highly collaborative manner. “Health care is about caring for patients, and we believe based on the research available that focusing on the patient in a team model is going to help us obtain a better health care system,” he says. “Each and every one of us needs to fully engage in contributing to that.”

Closson hopes, based on recent studies, that with IPC entrenched in the Ontario health care setting, patients in Ontario will experience improved outcomes. But he adds that will require a major shift in culture across the Ontario health care setting. “This is not a short-term fix,” Closson notes. “This is going to take a generation to address.” — Kathleen Sandusky

- 1 Proceedings Report, Summit on Advancing Interprofessional Education and Practice, pg.11 (2006)

e-health record is a new hub FOR INTERPROFESSIONALISM

In the Best Experience, Best Education world of The Michener Institute, students spend a significant part of their time learning by doing in environments that simulate real-world situations in real-world clinical settings.

Now they’re starting to experience an even greater sense of reality, thanks to the launch at Michener last December of an electronic health records system – or EHR for short. This state-of-the-art system is similar to systems used in many hospitals in the country.

“Our students are asking for an enhanced learning experience not only in a didactic setting but also in the clinical sites when they go for their placements,” says Karim Bandali, Michener’s Associate Vice President of Business Development and Chair of the Cardiovascular Perfusion Program. “This EHR is one more tool we are using to better prepare students for their clinical placements and when they are out there working in the real world.”

Michener’s EHR is the result of a partnership between the institute and IMPAC Medical Systems Inc., a company based in Sunnyvale, Calif., that specializes in IT solutions for oncology and pathology.

IMPAC, part of the Elekta Group, an international medical technology company headquartered in Stockholm, Sweden, is contributing \$1.6 million worth of equipment, software, professional services and user training.

To build the system, Michener turned to Oakville-Ont.-based systems integrator Unis Lumin, networking giant Cisco Systems Inc. in San Jose, Calif., Aperio in San Diego, Calif. and Quorum Technologies, Inc., a technology products distributor in Guelph, Ont.

“What’s unique about our EHR is that it is focused on work emanating from the applied health sciences,” says Brad Niblett, Chief Information Officer at Michener. “E-health records tend to be specific to

doctors and nurses and administrative functions, but here at Michener our e-health records are focused on integrating areas such as respiratory therapy, radiation therapy, radiology and medical laboratory science.”

By using the EHR, Michener instructors and students can manage patient case studies more easily, says Niblett. Case histories and technical data for sample patients are loaded into the system. Students can then carry out clinical simulations based on this pre-loaded information.

The ability to digitize, share and store microscopy images makes Michener’s EHR unique, says Niblett, pointing out that Michener is one of the first in the country to implement this innovation.

“For example, digital slide technology is essential to our medical laboratory science program,” he says. “We plan to fully meld the digital slide technology into the EHR itself.”

But beyond its bells and whistles, what the EHR at Michener truly delivers is another platform for interprofessional collaboration amongst students. Work done by students in different disciplines all go into the same EHR to create a multi-aspect view of a particular set of patients.

“All health professions and programs at Michener can access the records, driving interprofessional collaboration,” says Marc Potvin, professor of radiation therapy at Michener. “So for example, a radiotherapy student looks at a case study, does a clinical simulation and inputs the results into the system. Then someone in the medical laboratory science program puts in lab results which a respiratory therapy student reads, causing her to alter her approach based on the new blood values she now sees in the system.

“Everyone sees what is happening in various corners of patient care, allowing them to diagnose and approach the patient based on a complete picture,” says



Potvin. “From a student’s perspective, they get a comprehensive look at the patient experience from multiple departments, allowing them to see how all the healthcare professions are interconnected so they’re not practicing in a bubble. They can actually see that what they do has an impact on other professions. And in a real clinical situation, I believe this is ultimately better for patient care.”

Bandali says the EHR is an important component in Michener’s overarching goal of integrating interprofessionalism into its curriculum.

“The integrated EHR is one tool we are using to simulate interprofessional workflow in a safe learning environment,” he says. “By giving our students access to patients’ full electronic records, we are providing them with the ability to work as a team to truly manage a patient’s health. Some people might refer to this as soft skills, but we call them essential skills.”

— Marjo Johne

WANTED:

isotopes for nuclear medicine

Until November last year, when media outlets sounded the alarm over the shutdown of a nuclear reactor owned by Atomic Energy of Canada Ltd., most Canadians never knew that this 50-year-old facility located in the rural Ontario town of Chalk River was the source of most of the radioisotopes used for medical testing in Canada and about half used around the world.

But as the reactor sat silent for almost a month between November and December – the result of safety concerns over two water pumps that were supposed to be connected to an emergency power supply – Canadians quickly learned how critical the Chalk River reactor was to the global supply of molybdenum-99, the parent nuclide of a radioisotope called technetium-99m. Technetium-99m (Tc-99m) is the isotope most widely used for medical diagnostic imaging such as those required for cancer patients about to undergo chemotherapy, or cardiovascular patients scheduled for surgery.

In Canada as in other countries, hospitals running out of this isotope either postponed tests or referred urgent cases to clinical sites that could get their hands on the radioactive raw material. Given that about 30,000 medical scans with

radioisotopes are performed each week across the country, there was great concern the supply crisis could quickly turn into a full-blown health crisis.

“It was a concern because medical imaging is an essential service we provide,” says George Georgy, Team Leader of Nuclear Medicine at St. Michael’s Hospital

“Change forces you to become more resourceful, and our students saw this first-hand.”

in Toronto. “In a way we were lucky at St. Mike’s because most of our work involves cardiac procedures and we were able to secure thallium, which is another isotope used for cardiac imaging.

“But we had to prioritize patients depending on urgency and the guidelines set by the Ontario ministry of health. We worked weekends, when we were supplied with technetium radiopharmaceuticals.”

Patients and hospitals weren’t the only

ones that felt the impact of the Chalk River reactor’s shutdown. For years, the nuclear medicine department at Michener has been receiving used technetium-99m isotope generators from a number of Toronto hospitals. These used generators no longer have the level of radioactivity needed for medical imaging, but are still adequate for academic use.

When the Chalk River reactor stopped production, the handoff of isotope generators to Michener slowed down, which meant nuclear medicine professors had fewer generators to use in their classroom laboratories.

“Since we couldn’t get our hands on more isotope generators, we had modify our activity level somewhat to reduce what we were using here,” says Brian Wong, Nuclear Medicine Technology Professor at Michener. “However, because the shortage occurred around Christmas, when we were almost finished with the lab where we use radioactivity, the impact on the didactic program at Michener was quite minimal.”

The impact of the shortage was felt more by Michener students outside the classroom. About 35 students from Michener’s Nuclear Medicine Department were in the midst of their clinical placements during the time the Chalk River reactor had ceased operating.

Ezequiel Ledesma, clinical liaison officer and professor in the nuclear medicine program, says a number of these students ended up being moved to areas in nuclear medicine that didn’t require the use of technetium-99m.

“For example, some of them worked in bone mineral density testing which didn’t require the injection of isotopes,” explains Ledesma “while others were moved to the area that involves labeling white blood cells or different isotopes such as thallium, gallium or iodine.”

The hospitals where Michener nuclear medicine students were placed for clinical internship were still conducting imaging that required Tc-99m, adds Ledesma. But they were doing less of these tests, and the injected doses were reduced in many cases, which then required a longer waiting period for the Tc-99m to reach the target area.

For Michener students, these changes meant they had less exposure to patients and to certain clinical competencies, says Ledesma.

“Instead of the 15 to 25 patients they might be exposed to in a day, it was more like five patients per day because of the shutdown,” he says.

Georgy at St. Michael’s says the shortage meant the hospital’s nuclear medicine staff had to be extra careful not to waste what little technetium-99m they could get. To minimize errors, procedures such as interstitial injections were left to more experienced staff; consequently, students became more observers than hands-on participants during this time.

“As a result, some of their rotations were cut short,” says Georgy.

Still, for Michener students the isotopes shortage was less critical than it was for hospitals and patients. Clinical placements start in May and end in April of the following year. So by the time the Chalk River reactor shutdown occurred,



Students look on as retired Nuclear Medicine professor, Caroline Souter gives an in class demonstration

Michener’s nuclear medicine students had already been at the clinical sites for several months.

And after Chalk River resumed operations in December, the students still had about four months to catch up on what they had missed during the isotopes shortage.

“By that time, they had already achieved most of the competencies, and had caught up on all their required learning in the end,” says Ledesma.

There were actually a few positive outcomes from the shortage, says Georgy.

“Students got to experience first-hand a critical situation that doesn’t happen too often,” he says. “They have the knowledge now on how to work around such a major problem should it ever happen again.”

Ledesma agrees. Along with learning

how to work through a crisis, students also benefitted from having witnessed the creativity and resourcefulness with which many sites reacted, he says.

“There were some innovations that resulted from the shortage,” he says. “One hospital started using positron emission tomography (PET) to do bone scans as opposed to regular technetium injections.”

A Michener student who was at the hospital that switched to PET imaging has even written a clinical research paper comparing bone imaging using technetium-99m-MDP versus NaF-PET.

“Overall it was a good exposure for our students to be in the middle of this crisis,” says Ledesma. “Change forces you to become more resourceful, and our students saw this first-hand.”— Marjo Johnne



A BOLD NEW APPROACH TO clinical education

Students returning to Michener this fall will discover an important addition to the institute's ever-evolving curriculum: a semester-long course called Clinical Education Preparation.

The new course, which will focus on helping graduating students become better prepared for their clinical placements, is part of The Michener Institute's bold reinvestment strategy for clinical education, which the school launched in February 2007.

"We're taking an innovative approach to clinical education that we believe will benefit everyone involved – our students, the clinical educators, and the clinical sites," says Don Bartlett, Portfolio Manager, Clinical Education Relations at Michener. "And in the long run, we believe this will prove to be better for patients too."

Under the new strategy, clinical education fees previously paid out to hospitals will be reinvested in clinical education programs and offerings that will ease the pressure on hospitals by ensuring students have the skills and knowledge they need to function well in a clinical setting, and by giving clinical educators greater support and recognition.

The new strategy ties in with the institute's new interprofessional curriculum, which emphasizes communication and collaboration across the various healthcare disciplines. The strategy is also strongly supported by Michener's experiential approach to learning, which makes great use of simulation to create situations similar to what students would encounter in real-world clinical settings.

"Working with clinical educators and instructors in every program at Michener, we identified the competencies we need to teach our students so that they may transition more effectively into the clinical setting," explains Karim Bandali, Michener's Associate Vice President of Business Development and Chair of the Cardiovascular Perfusion Program. "Clinicians today have less time to spend with students because of heavy work loads and fiscal restraints, so the idea here is to alleviate the pressure on them by ensuring students have the skill sets they need before they're sent out for clinical placements."

This means not only teaching students these necessary skills but also evaluating their grasp of these skills prior to clinical placement, says Bandali.

"In the old curriculum we would ask students before clinical to tell us what they would do in particular situations," he says. "In the new curriculum, we ask them to *show* us what they would do in those situations and evaluate them on their performance. And if they don't do well, then we would remediate them before we even send them out to the clinical site."

As part of its new clinical education strategy, Michener is standardizing the process for clinical evaluation and placement, helping to ensure a better fit between clinical sites and students.

The new strategy also provides educators with more opportunities for professional development through workshops and lunch-and-learn series led by Michener.

"We have created these modules that incorporate learnings about the new curriculum at Michener with the principles of being a clinical educator," says Bartlett. "And we're offering these modules through workshops we will conduct here at Michener or take on the road for those clinical educators who are based outside of Toronto."

Michener has also produced a comprehensive guidebook for clinical educators that covers topics ranging from what they can expect from Michener students to who they can turn to if they have questions or run into problems.

Clinical educators will also be given greater recognition through three distinct levels of recognition and status appointments, the highest of which is that of clinical adjunct professor, explains Bartlett.

"Now clinical educators will have a title related to their role with Michener students and we know from talking to them that this is something they welcome and will be very proud of," says Bartlett. "The appointments will be peer-reviewed so they're based on merit."

Kevin Taylor, Manager of Professional Practice and Academic Affairs at St. Michael's Hospital in Toronto, believes Michener's new clinical education strategy will strengthen relationships between the institute and its clinical partners.

"I think it's fantastic," he says. "This new approach breaks us away from a transactional relationship and opens the door to increasing our partnership." Taylor acknowledges the risks Michener took in changing a longstanding status quo.

"It was definitely a bold move on Michener's part and they ran the risk of having clinical sites saying 'we won't deal with you anymore,'" he says. "But they've taken a long view on it and have built a compelling case for reinvesting the money historically paid to clinical sites into programs that will be beneficial to the clinical sites and to Michener students."

Michener's new strategy gives St.

Michael's Hospital opportunities to enhance the way it teaches students, says Taylor. Instead of spending the initial weeks of a clinical placement on rudimentary skills, clinical educators can instead engage students almost immediately with patients and the medical team.

"So you're starting further ahead in the clinical continuum than you would have previously," says Taylor. "At the end of the day, students will be more advanced when they're entering clinical, which allows us to take them further and ultimately produce better clinicians." — Marjo Johne



During Michener's simulated clinical semester students get to practice their skills in an environment similar to the clinical setting.



Getting to Know
Sean McCluskey,
Outgoing Chair of
Michener's Alumni
Association Board
of Directors

It's the late 1980's and a young chemist working for a small Toronto pharmaceutical company is feeling discouraged, underutilized and destined to remain in middle management. Then he has a health scare and a successful battle with Hodgkin's Disease. As part of his treatment, he undergoes a bone scan at Princess Margaret Hospital. Ever the scientist, he finds the process fascinating, and in chatting with a colleague he realizes that nuclear medicine may be a more fulfilling career choice. He quits his job and enrolls at The Michener Institute.

Fast forward twenty years and Sean McCluskey (Nuclear Medicine '92) is a Nuclear Medicine Technologist and Modality Leader with a private clinic in downtown Toronto, loving his work. He explains, "What's nice about nuclear medicine is that patients spend a lot of time with you, so you get to deal with them on a personal level. I find it very satisfying to have patients shake my hand

when they leave. And at the same time, you're also working with some really fascinating technical equipment, which satisfies that part of my intellectual curiosity."

On the Alumni Association Board of Directors at Michener for eight years, McCluskey recently concluded his third term as Board Chair. Asked why he puts in the volunteer time, he laughs. "For the simplest reason of all: I was asked," he explains. "But beyond that, I feel quite attached to Michener. It has been very important to my career and it's where I got the training to do this job that I enjoy." He is excited by Michener's move toward interprofessionalism. "New diagnostic equipment combines information from different imaging modalities, requiring cooperation from traditionally separate disciplines," he says. "This means that interprofessionalism becomes absolutely necessary."

Looking forward to Michener's 50th

anniversary celebrations, McCluskey hopes former classmates might consider further reengagement with their Michener community by volunteering with the Alumni Association and participating in its events. "We are all aware there are many challenges to providing everyone with the health care they expect with the resources available," he notes. "As Michener prepares to meet these challenges, we need the support of our alumni as never before."

McCluskey adds, "We want to encourage the alumni to reconnect with Michener, and the 50th Anniversary celebrations are a great opportunity for that. The events are going to be a lot of fun, from the street party to the gala evening. So, to all our alumni, we'll see you there!" — Kathleen Sandusky

To join Michener's Alumni Association, send an e-mail to alumni@michener.ca or visit www.michener.ca/alumni

missing links

HELP US UPDATE OUR ALUMNI RECORDS

Cardiovascular Perfusion

Rene Alie, 1995
Amos Phiri, 1995
Ronald Rodden, 1995
Douglas Salt, 1995
Alan Daly, 1997

Chiropody

Sylvia Kovari, 1996
Alnoor Ladhani, 1997
Sonia Maragoni, 1997
Lisa Mayne, 1997
Vanessa Pontet, 1997
Franco Strazzeri, 1997

Cytogenetics

Leena Rangnekar, 1988
Cynthia Smith, 1988
Tung Hung Cohen, 1991
Anar Lakhani, 1991
Colleen Clarke, 1993

Diagnostic Cytology

Monique Gauvin, 1989
Carol Lloyd, 1989
Janet Matheson, 1989
Edythe Marlatt, 1990
Lidia Pawlisz-Siek, 1990

Genetics Technology

Ghazala Bhatti, 2000
Carlee Kantautas, 2000
Vanessa Warwick, 2001

Laboratory Assistant

Beth Alaksa, 1976
Alpha Christy Padilla, 1988
Joan Harris, 1990

Laboratory Technicians

Amaechi Umeorah, 1991
Amandeep Sandhu, 1991
Della Skucas, 1991
Luisa Spina, 1991
Shemina Rajan, 1991

Medical Laboratory Science

Kathy Lee, 1989
Shirley Szeto, 1989
Shannon Colleen Walsh, 1989
Cheryl Bronstein, 1990
Andrew Crosbie, 1990
Valentina Konstantopoulos, 1990
Teresa Pui-Shan Lau, 1991
Melinda Pieroway, 1991
Robert Sharp, 1991
Karen Thompson, 1991

Faisal Wallani, 1992
Alexander Kou Yeboah, 1992

Medical Laboratory Technology

Jennifer Mei-Fong Au-Fong, 1983
Sandra Vella, 1985
Bobbie Tracey Blackwood, 1986
Leanne Armstrong, 1986
Maria Ierrasi-Amenta, 1991
Sylvia Hargittay, 1998

Molecular Genetics

Julie Anderson, 1996
Nancy Kerkvliet, 1996
Julie Pittman, 1996
Karen Robb, 1996

Nuclear Medicine Technology

Liisa Neff, 1996
Gilberto Prudencio, 1996
Trudi Wood, 1996
Joanna Teresa Chatwood, 1997
David Mazerolle, 1997
Kane Szeto, 1997

Radiation Therapy

Rae-anne Gowans, 2002
Danitra Suraiya Maharaj, 2004

Radiography

Laura Bamsey, 1990
Dawn-Ann Bennett, 1990
Doris Broughton, 1990
Kim Marie McDonnell, 1991
Angela Parker, 1992

Radiological Technology

Nella Condari, 1994
Souheil Sam El-Halabi, 1994
David Li, 1994
Allison Livingstone, 1994
Amanda Sharpe, 1996

Respiratory Therapy

Paula Bolton, 1998
Shelly Cormier, 1998
Neda Mahim, 1998
Jill Turner, 1998
Tracy Walsh, 1998

Ultrasound

Rakibul Hassan Matin, 2003
Shailendra Kumar Mitra, 2003
Shahidur Rahman, 2003
Bibhuti Bhushan Das, 2004
Akramul Islam, 2004
Golam Sarwar, 2004

We miss you!

Has your address or phone number changed recently? Send your current contact info to alumni@michener.ca. Or, if you know someone who is a Missing Link tell them to send us their info. You can also go to www.michener.ca/alumni to update your details.

Alumni Happenings: Anything new with you?

Let us know what you are up to and we will publish it in the next issue of *Michener Magazine*. Write a paragraph or two and send an e-mail including your program and year of graduation to alumni@michener.ca.

Also, if you know a graduate that you think should be profiled in *Michener Magazine* email us their program and year of graduation along with their contact information to alumni@michener.ca.

iPod nano Contest Winner

We would like to thank everyone who submitted their updated contact details or who helped us find alumni on the missing links page. Each person was entered to win the 8 GB iPod Nano. Congratulations go out to Jennifer O'Leary, Cytogenetics '91 who won the 8 GB iPod nano.

We respect your privacy. We do not rent, sell, or trade our mailing lists. From time to time we will send you information to keep you informed of our alumni affinity services, events, and fundraising opportunities in support of The Michener Institute. Please let us know if you do not wish to receive such information by contacting us at alumni@michener.ca or 416.596.3101, ext 3406.

ALUMNI COLLABORATING ON Michener 50th anniversary homecoming festivities

A heads up: start clearing your calendar for Michener's homecoming weekend November 20-22, 2008. You won't want to miss what's in store, with events happening from dawn to very late at night, presenting a great opportunity to reconnect with old friends and the Michener community.

"Michener has been such a big part of my life," says Lynn Yawney (Medical Laboratory Sciences '75; Cytogenetics

now the Deputy Registrar and Registration and Member Relations Team Leader. "I still distinctly remember my first day as a student at Michener," Yawney recalls. "I was just a teenager, sitting in the auditorium full of students. Dr. Diana Schatz stood at the front of the room and said, 'Look to your left, look to your right....' and you're sitting there feeling nervous, thinking she's going to talk about how only a few people will make it to graduation. But then Dr. Schatz said, 'We want all of you to be here at the end of the program.' That image and those words have been with Yawney ever since.

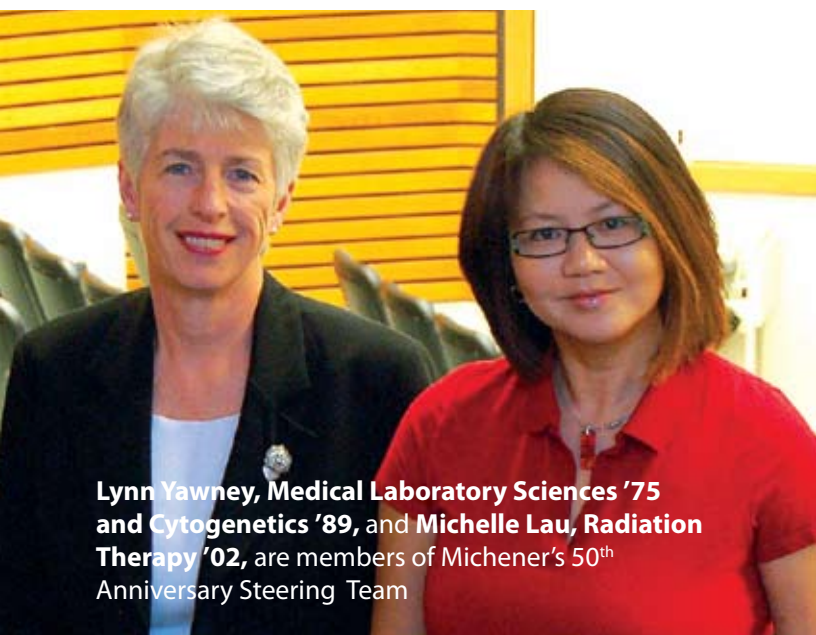
Joining Yawney on the Board of the Alumni Association and helping to plan the 50th Anniversary is Michelle Lau (Radiation Therapy '02), one of five Clinical

a stroke of luck that brought her to this leading-edge role. Always active in extra-curricular activities, Lau was President of the Premed Society at UofT when she was asked by the Dean of Medicine to arrange a presentation for fellow students about the new program. "I got really interested as I was helping with the presentation, and I ended up applying for the program myself," remembers Lau, who loves the significant patient contact she gets in her job. "You get to build some real meaningful rapport with patients and their families, knowing you're helping them in a difficult time."

Despite their extremely busy professional lives, Yawney and Lau have both found the time to volunteer on the Board of the Alumni Association, participating as part of 50th Anniversary Steering Team and spreading the word of the anniversary celebrations whenever they encounter fellow Michener grads. "I'm excited about the street party in September, getting together with the community that surrounds Michener," says Lau. "I'm also hoping lots of out-of-town grads will come back for the November homecoming weekend and Gala. I keep in touch with a lot of people from Michener, but mostly electronically, so I'm looking forward to catching up with them in person."

"Michener has often been on the leading edge of change," adds Yawney, who in 2005 was named a Michener Alumna of Distinction. "Their curriculum has been redesigned and is focusing on interprofessional collaboration. The process of planning the 50th Anniversary is another example of the collaborative spirit, with the alumni and staff working together to make this celebration the best it can be." — Kathleen Sandusky

Specialist Radiation Therapists in Ontario piloting advance practice roles in radiation therapy, collaborating with radiation oncologists, nurses, medical physicists and other team members to ensure safe and optimal patient outcomes in radiation treatment. At Princess Margaret Hospital, Lau's focus is on palliative care, using radiation to manage patients' symptoms from metastatic disease and improve their quality of life. One of the very first to graduate from the Radiation Therapy Program jointly offered by Michener and the University of Toronto, Lau says it was



Lynn Yawney, Medical Laboratory Sciences '75 and Cytogenetics '89, and Michelle Lau, Radiation Therapy '02, are members of Michener's 50th Anniversary Steering Team

'89). A member of the Michener Alumni Association Board of Directors and part of the 50th Anniversary Steering Team entrusted with planning the year's line-up of celebrations, Yawney enrolled at The Michener Institute directly from high school more than 30 years ago. She worked in a pathology laboratory then taught at Michener for over 20 years. During her time at Michener, she earned a degree from Ryerson University in Health Services Management before moving to the College of Medical Laboratory Technologists of Ontario, where she is

Celebrate with Michener!

Join us to commemorate a golden past, rekindle memories and share in the vision for Michener's innovative future.



50TH ANNIVERSARY STREET PARTY

Sunday, September 14, 2008 • Noon - 5 p.m.

McCaul / Elm / Baldwin Streets

Free Admission, Bring the Family

Michener will be hosting its first ever neighbourhood Street Party to build local awareness for our 50th Anniversary and our many contributions to health care. This family-friendly event will be running in conjunction with the **Baldwin Pedestrian Sunday** featuring the local Baldwin Street restaurants and businesses.

Michener's Street Party will include non-stop entertainment from:

- **Sunshine State**, with guitarist **James Bryan** of the Philosopher Kings and Nelly Furtado,
- **iDRUM**, a percussion-based group featuring musical styles from all over the world,
- **Garen Markarian**, a multi-instrumentalist singer/songwriter,
- **Elements of Surprise**, a Hip Hop group whose members include Michener alumni,
- **Capoeira Camará**, performers of a Brazilian art form, which blends martial arts and dance,
- **Elephant Thoughts**, who will amaze your children with their science-based fun activities
- and many more surprises.

Join us on the streets of our neighbourhood to eat, dance and celebrate.

We'll be telling the neighbourhood what Michener is all about!

BLUE SPONSOR



GREEN SPONSOR



HOMEcoming WEEKEND

PUB NIGHT

Friday, November 21, 2008 • 5pm-8pm
The Michener Institute

ALUMNI BRUNCH

Saturday, November 22, 2008 • 10am-1pm
The Michener Institute

GALA DINNER FOR ALL ALUMNI & FRIENDS

November 22, 2008

6 p.m. Cocktails and Silent Auction • 7:15 p.m. Dinner
Toronto Marriott Downtown Eaton Centre Hotel

GOLD SPONSOR



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Visit www.michener.ca/50th for more event details.

Sponsorship opportunities are still available.

Contact Nicole Smith at nsmith@michener.ca or 416.596.3101 ext. 3408.

learning to be

INTERPROFESSIONAL



There are “saboteurs” in the classrooms at Michener – fellow students whose mission is to work secretly against their team’s goals in an assigned class exercise. On this particular day, the exercise is to take half a maze and find the missing parts to make it whole.

“It’s all part of an experiential exercise,” explains Sheena Bhimji-Hewitt, a professor in the Michener Centre for Learning and Innovation. “The students are divided into groups, given half a maze with pieces missing and told they have to complete this maze.

“But here’s the twist: we tell the students that one of their team members is a saboteur. And at the end of the game, we debrief and talk about who the students suspected as the saboteur in their group, and the impact of trust – or lack of it – on what the team can achieve.”

Those familiar with Michener’s 50-year history of producing many of the country’s finest applied health professionals may wonder what the Institute is doing staging classroom games that seem to have little to do with medical science or technology. But in fact, the games have everything to do with everyone and anyone who is involved in health care.

In 2006, Michener introduced Interprofessional Collaboration (IPC) into its curriculum across all programs. The seminal course, called Foundations of Interprofessional Collaboration I, covered a range of skills and knowledge including verbal and non-verbal communication skills, conflict resolution with professionals from other disciplines and effective listening and feedback skills.

A critical aspect of IPC is that it brings students from different programs together into one classroom and gets them to work in teams.

IPC completes the triumvirate of Michener’s educational philosophies, comprised of interprofessional education, simulation-enhanced education and health care competency assessment. Melded together, these philosophies add up to graduates who are not only well-prepared for the challenges of the real world, but who will be among those leading the changes needed to ensure the quality of health care in the country.

As part of the Interprofessional Collaboration (IPC) courses introduced into Michener’s curriculum in the last two years, the experiential exercises help students learn some very important lessons: that the best way to achieve a common goal is to work as a team and to build trust even when there may be a saboteur lurking in the background.

“There was actually one group where the students decided amongst themselves that no one would be the saboteur and they ended up finishing ahead of everyone else,” says Bhimji-Hewitt. “That’s the kind of learning students get from this course.”

But will these lessons in the classroom ultimately translate to better collaboration in the clinical setting? And perhaps more importantly, could they have a significant impact on the patient experience and even on medical outcomes?

“I hope so,” says Dr. Diana Schatz, Michener’s first President and CEO who retired in 1994. “I think a collaborative, interprofessional approach can only make health care more patient-effective, time-effective and cost-effective in the long run.”

Dr. Karim Bandali, Michener’s Associate Vice President of Business Development and Chair of the Cardiovascular Perfusion Program, agrees.

“Statistics show that the number of patient errors in North America is staggering,



Current Michener Students Amy Lau, Mike Nguyen and Lindsay Almand have all taken interprofessional education courses

continued from page 21

and when you start digging deeper into the literature, you see that one of the major causes of these errors is how health care professionals communicate with each other," he says. "That's where a large number of errors occur, so it is logical to believe that these errors could be reduced if health care professionals learned to collaborate and work more effectively together."

But while this may indeed seem like a logical conclusion, evidence that interprofessional collaboration can actually have a direct impact on treatment outcomes remains controversial. Some educators argue interprofessional collaboration can result in improved patient care, while other educational researchers say there is little empirical evidence to support this assertion. There is also little information about the effectiveness of IPC training in schools on treatment outcomes.

This makes Michener a pioneer in still uncharted territory.

"One of the most exciting aspects about Michener's interprofessional curriculum is that it doesn't exist in applied sciences anywhere in the Canada," says Dr. Kathryn Parker, Senior Director, Scholarship, Assessment and Evaluation at Michener. "Michener is the only applied health sciences institute that has implemented this type of curriculum across all programs. What we are doing here is truly innovative, revolutionary and cutting-edge education."

The lack of evidence in IPC-based

education means all eyes in academia will be on Michener, especially during the initial years of its new curriculum. Dr. Parker says the curriculum will be constantly evaluated in the years to come, and results of these evaluations will be shared with the broader academic community.

"We will be creating a base of evidence for health sciences," she says. "But while we are contributing to the knowledge of the scholarly community, there's also another side to this story that we at Michener are acutely aware of: we're taking a risk by doing what we're doing today, because it's something that's never been done before."

Whether or not students embrace the tenets of IPC – and Michener's process for teaching these tenets – is a critical factor in the program's success. From the start, Michener has sought input from its students and continues to do so today.

"We've revamped some courses based on student and faculty feedback," says Dr. Ann Russell, Director of the Centre for Learning and Innovation at Michener.

"Overall, feedback has been mixed – there were some growing pains at the beginning so the courses were redesigned."

Both faculty and students are also still getting accustomed to this new way of teaching and learning, adds Dr. Russell.

"Most of them are used to the lecture method – which we still employ – but the experiential method through facilitation and simulation is something completely new," she says.

"The courses teach us about the importance of working together to deliver the best patient care."

Amy Lau,
Radiological Technology Student

This summer, Michener launched its interprofessional simulation semester where medical laboratory students learned side-by-side with chiropody and respiratory students in a simulated health care environment. What has been so exciting for instructors and students, says Dr. Russell, is the way theory learned

earlier on in the curriculum is being integrated. Students are interacting with "standardized patients," actors and mannequins to put the principles of IPC to work.

"The interprofessional education courses help students better understand what other professionals do and helps us to communicate with each other better."

Mike Nguyen,
Respiratory Therapy Student

But getting students to see the relevance of IPC has sometimes been a challenge, says Bhimji-Hewitt.

"If you tell a student that someone is dying and you need to administer CPR, they see the relevance in learning CPR," she says. "But if you say 'effective communication reduces errors,' the student's response is 'well, I already know how to talk! So the challenge is breaking through that barrier!'"

For Bronwen Carling, a second-year student in Michener's respiratory therapy program, the idea of interprofessionalism in health care makes perfect sense. When she first started the program, a short theatrical skit acted out during orientation week presented IPC as a strong cohesive mesh that could minimize medical errors and improve patient care.

But while the idea is easy to grasp in theory, the process for learning the various aspects and mechanisms of interprofessionalism takes some getting used to, says Carling. She recalls one of the first three IPC classes she attended this year, which called for students to enact a scenario in which a health care professional picks up an X-ray from an administrative worker.

In one version of events, the health care professional acts in a rude manner towards the administrative worker; in another the health care professional acts in an appropriate and respectful manner.

"It's hard for me to say how much (learning) I got out of that," says Carling. "Right now we can role play, but it's not the same as being in the actual situation.

It doesn't feel authentic, probably because as students we tend to be shy about role playing."

As part of its curriculum, Michener hires professional actors to play out clinical scenarios in some of the IPC courses. Carling is looking forward to these classes, saying they will probably add that authentic feel she found lacking in her first few IPC classes.

"I'm really hoping the interprofessional courses will help me, before I go into clinical, be a lot more familiar with other professions and who I can go to for help in certain situations," she says.

For Azmeri Sultana, another sophomore in the respiratory therapy program, being able to work with students from different disciplines is proving to be an enlightening experience. She enumerates the students and their programs: five are from Medical Laboratory Science, two are from Chiropody, and five come from Respiratory Therapy.

"Coming out of this program, I'm confident I will know about the roles of other applied health professions, what their work involves, and how they fit as part of a health care team," she says. "Should there be an emergency, I won't need to think who does what. I'll be able to handle situations better."

Students aren't the only ones still getting used to IPC; Michener faculty members are also adjusting to this new component of the curriculum. Just as students are learning to interact with other disciplines, IPC course instructors must also learn to work with their counterparts from other departments.

"The IPC courses give students the tools to work quickly and efficiently together to give patients the best possible care."

Lindsay Almand,
Medical Laboratory Science Student

Time is proving to be the biggest challenge for professors, says Bhimji-Hewitt.

"When you work as a team it takes

longer to plan things than if you were doing it alone," she says. "We have a three-hour meeting once a week where we debrief about the last tutorial and then talk about the next tutorial so everyone can prepare for what's to be done next. We need to make sure all professors are on the same page."

But the joys and advantages of teaching as part of team far outweigh the challenges, adds Bhimji-Hewitt.

"I've always flown solo and can't believe how much I like teaching in a team," she says. "So much of the stress associated with teaching has been reduced because I have so much support from other



instructors. And even when mistakes are made, we all take the onus for it. As instructors we're all learning together and going through similar challenges our students are going through."

Confederation College, a post-secondary school in Thunder Bay whose programs include business, health sciences and engineering technology, recently applied for a grant with the Ontario Ministry of Health and Long-Term Care.

Confederation received the funding, but with one condition: that the college consult with Michener on interprofessional collaboration.

"This shows how Michener is building its capacity in IPC," says Dr. Russell. "Today, Michener is highly regarded in terms of its interprofessional curriculum, and the fact that the ministry wanted Confederation College to work with us to develop their interprofessionalism program speaks to that."

Still, the architects behind interprofessionalism at Michener aren't ready to break out the bottle of champagne and declare victory. Dr. Parker says much still needs to be done to

determine the impact of IPC.

Michener will be looking at several outcomes as it assesses IPC at every stage of a student's journey from the classroom to the workplace, says Dr. Parker.

"We will be assessing the new curriculum's impact on students at various points of learning – for example, on their performance in didactic and clinical education, and on how well prepared they are to start their clinical placement," she says.

The assessment process doesn't end once students graduate from Michener, adds Dr. Parker. Through ongoing dialogue with alumni and the clinical

sites where they work, Michener will evaluate the impact of IPC on professional performance.

The institute will also analyze how well IPC works in various types of environments.

"We'll be looking at how the translation of IPC into the clinical setting is impacted by the environment in which our students find themselves," says Dr. Parker. "If they go into an environment that's more accepting of IPC practices, how does that student fare compared to another student coming into an environment that's not so accepting of IPC?"

How Michener graduates perform, and how their performance affects the people and processes around them, will be the true measure of success of Michener's work in IPC, says Dr. Parker.

"If health care providers are expected to work together and share their expertise in a team environment, then it would make sense that their education and training should be preparing them for this team environment," says Dr. Parker.

— Marjo Johne

INTERPROFESSIONALISM: a student viewpoint

By Sioban Quicke, Genetics Technology Student

I recently had an interesting internet conversation with two fellow students from The Michener Institute about the interprofessional education (IPE) they were receiving as part of their program studies. Here's what Allan Choi, first-year Radiological Technology, and Richard Hoang, first-year Medical Laboratory Technology, both had to say:



Allan Choi and Richard Hoang

SQ: Explain what 'interprofessionalism' means to you.

AC: Simply, the whole point of interprofessionalism is to maximize patient care, and one way to achieve this is by teamwork. Teamwork is important in health care because nowadays, treatment can be very complex and often requires multiple departments to work together to treat the patient. Teamwork is hard to achieve if you don't know your team members. IPE is all about learning from, about, and with each other.

RH: To me, interprofessionalism is really just communication rebranded and given a more specific focus.

SQ: What has been your experience with interprofessionalism?

AC: I never knew about interprofessionalism before I came to Michener. So prior to coming to Michener, I had no relevant experience in IPE at all. Regarding courses, just like everybody, I have taken two IPE courses so far. In addition to the courses, I attended the fourth annual IPE conference and it was fully sponsored by Michener. I also joined Michener's Research department last year in November and I worked on a project

called "Impact of IPE on students".

RH: I'd have to say it has been a mixed experience for me. I'm not shy about saying I've felt disappointed with the quality of some of my experiences thus far, but that isn't wholly unexpected. It was actually this dissatisfaction that motivated me to get involved and try to help smooth out those rough edges and ease the process of acclimation.

SQ: What do you expect to encounter in the work place with regards to interprofessionalism?

RH: I expect I will find a very diverse environment. Since it is a relatively new endeavor, there will undoubtedly be those who have yet to understand and/or embrace its concepts.

SQ: How has learning about interprofessionalism helped you with respect to other colleagues and disciplines?

AC: So far, our IPE curriculum combined Chiropractic, Medical Laboratory Sciences, Medical Radiation Sciences (Radiation Therapy, Radiological Technology, and Nuclear Medicine) together. If it was not for the IPE courses, I would not have known what they do, even though we all attend Michener.

Also, because I now think of them first as friends and then as health care professionals, I can approach them easily and try to work together as a team. This will be really helpful when I go work in a hospital because I am familiar with them and their work, hence teamwork will improve as a result. Patients will benefit from this.

RH: Learning and interacting with students from other professions has taught me much about their roles in our system and consequently, it has helped me achieve a better understanding of my own.

SQ: How will you integrate your knowledge of other professions when you are working, considering some colleagues may not have had the same training with interprofessionalism?

AC: In IPE courses at Michener, we learned about each other through collaborative group activities and the activities provided us many opportunities to know each other. So if the person doesn't have IPE training, try to get to know them by becoming a friend first. True collaboration comes when we know each other's role. Becoming a friend at work can be hard sometimes because of our positions and titles, but we

are all here to provide the best patient care and teamwork is a necessary component to achieve it.

SQ: What suggestions, if any, would you make to the interprofessional programs/training here at Michener, for future students?

AC: I want the interprofessional programs and training to connect with the Interprofessional Healthcare Students' Association (IPHSA), the office of interprofessionalism at the University of Toronto and many other IPE related associations. They hold so many big events that can get all the future health care professionals together. The IPE courses teach us the concept of IPE and it would be nice if the courses could provide us opportunities to practice our knowledge gained from the IPE curriculum. For future students, please get involved in school. Getting involved in school activities and knowing people is where interprofessionalism all starts.

RH: I think the one thing I'd like to see is that when talking about the benefits of IPE, it is made clear that IPE is only an enabler; it will enable us to become better professionals so we can make these positive changes happen.



welcoming the future



Michener's 8th annual Career Fair, which took place on April 2, 2008, attracted over 700 students and new graduates



Rajesh Sharma, Respiratory Therapy '94, and Christine Nielsen, Medical Laboratory Science '97, giving away goodies at the Alumni Association table at Michener's 2008 Career Fair

Michener hosted its eighth annual Career Fair on April 2, 2008. Since its inception, this event has continued to grow and provide the Michener community with fantastic networking opportunities.

Leading up to the Fair, the Student Success Network, along with Alumni Association support, hosted multiple workshops for students on writing resumés and cover letters, as well as "30 minute Interview" sessions. These workshops were designed to prepare the students for the Career Fair. The results were quite evident. Multiple

exhibitors, which included recruiters from hospitals and laboratories across Canada, commented on the caliber of the students they met. They were impressed with the students' qualifications and degree of professionalism.

The Alumni Association has traditionally sponsored the workshops leading up to the Career Fair. This year, recognizing the opportunity to support the Career Fair in a greater capacity, the Association, in partnership with TD Insurance Meloche Monnex, produced an eco-friendly reusable bag, which was handed out to all the students as

they entered the fair. The bags came in handy as many recruiters were giving out information and promotional merchandise to the students. Members of the Alumni Association Board, Sean McCluskey (**Nuclear Medicine '92**), Rajesh Sharma (**Respiratory Therapy '94**), and Christine Nielsen (Chair, **Medical Laboratory Science '97**) were on hand to meet and greet career fair attendees. The event provided a great opportunity for the Alumni Board to say hello to future graduates and catch up with fellow practitioners.

A mix of current students and

recent grads attended the Career Fair. Although some were not ready to start looking for jobs yet, they were interested in exploring the kind of future they might have in their chosen career. "It is nice to know there are opportunities and options out there for me," said Miranda Sarchfield, a Medical Laboratory Sciences student. "I'm not graduating yet, but it is really good to come here and see what's out there."

For recent grads this was an opportunity to get their names and faces out to many organizations at once. "This is a great chance to have employers

come to you and to see where your future can go," said Melissa Carvalho, Radiation Therapy graduate.

The Career Fair also gave attendees the opportunity to speak directly with possible employers and get the answers they were looking for. "We can ask questions that are too complicated to do through the Internet and get answers right away," said Joe Chan, Radiation Therapy graduate. Also on hand to help make things clearer were national and provincial professional associations and regulatory bodies in many professions.

The eighth annual Career Fair was a resounding success. We hosted 35+ vendors from all over Ontario and across Canada. Over 700 students and new graduates explored their options and made great contacts. We look forward to an even bigger event next year!
— Christine Nielsen, Ray Nielsen and Katie Schrank

Christine Nielsen is a Medical Laboratory Science alumna, 1997, and is the new Chair of Michener's Alumni Association. Ray Nielsen is the Manager of Student Life. Katie Schrank is a Communications Associate.

Births



Janet (Moore) Maggio Nuclear Medicine '03

On April 23, 2008 Janet welcomed her son Salvatore Thomas Xavier Maggio.



Alexa Sowrey Radiation Technology '00

Alexa & Geoff Sowrey are proud to announce the birth of their daughter Megan Christena. She was born

on August 22, 2007 in Calgary and weighed 9 pounds.

Achievements



Susan (Enkel) Atkinson Medical Laboratory Science '71

Susan has been a Canadian Society for Medical Laboratory Science (CSMLS) member ever since 1970 and achieved a major professional milestone by becoming the CSMLS President for 2008.

Susan Dunnington Respiratory Therapy '82

Susan has been a Michener faculty member since 1989 and primarily teaches in the respiratory therapy profession. Her experience, interest and passion is around the anesthesia role within the respiratory therapy scope of practice. Susan has played an integral role in the development



Susan Dunnington (right), along with former Minister of Health George Smitherman (left) and Michener's President & CEO Paul Gamble, during the Minister's tour of Michener in January 2008

and implementation of Michener's new Anesthesia Assistant program, which began in 2006. The program was created to address the Ministry of Health and Long-Term Care's new focus on Anesthesia Assistants as a measure to assist with wait time strategies and develop interprofessional teams in health care. Using distance education in combination with team based collaboration and simulation based education, the Anesthesia Assistant program has been successful on many levels.



Deborah Loundes Chiropractic '99

As a long standing clinical partner with Michener, through clinical partnerships with a number of health care organizations in the past, Deborah was excited when the opportunity arose to work at Michener. In August 2007, she came on board as a Chiropractic instructor and was actively involved in the various laboratory and clinical sessions associated with the Chiropractic program. This experience made her realize how much she enjoyed working as an educator and she recently accepted the position of Professor within the Chiropractic faculty.



Susan Weltz Chiropractic '92

Susan has recently accepted a new position at Michener as the Chair of Imaging. In her new role Susan

will be managing the Nuclear Medicine Technology and Radiological Technology programs, both of which are part of The Michener Institute and University of Toronto's Joint Degree/Diploma Program in Medical Radiation Sciences. Susan graduated from Michener's Chiropractic program in 1992 and has worked at Michener since 2000 as a Chiropractic Professor, Program Coordinator and Curriculum Developer.

Weddings

Marianna Totino Respiratory Therapy '00



Congratulations to Marianna Totino and Dr. Michele Pianetta who were married on September 15, 2008 at Our Lady of Perpetual Help Roman Catholic Church in Toronto. Marianna is currently working at Sunnybrook Health Sciences Centre.

In Memoriam



Sheela Basrur Honourary Diploma Recipient, 2004

On June 2nd, with deep regret and sadness, Michener learned of the passing of Dr. Sheela Basrur. Dr. Basrur was the 2004 recipient of the Michener Honourary Diploma.

Dr. Sheela Basrur was Ontario's Chief Medical Officer of Health and Assistant Deputy Minister of Public Health. Prior

to joining the government at the provincial level, Dr. Basrur served as the Medical Officer of Health for the City of Toronto, one of the largest public health bodies in North America. She practised medicine as a general practitioner in Guelph, Ontario before entering public health. She received both her MD and a Masters of Health Science from the University of Toronto and was a specialist in Community Medicine.

Her leadership and expertise on behalf of the City of

Toronto during the 2003 SARS crisis is well known. Dr. Basrur's skilled handling of this infectious disease earned her the respect of not only her public health colleagues here in Ontario, but also across North America and around the world. During her graduation address she emphasized to the Michener community how that experience had reinforced to her how important teamwork and interprofessional collaboration really were. I'm sure she would be pleased to know our new Academic Innovation Strategy clearly incorporates those ideals.

Michener has made a donation to the Grand River Hospital Foundation in Kitchener in memory of Dr. Basrur and her accomplishments.

Our thoughts and prayers go out to her family.

Paul A.W. Gamble
President & CEO

The Michener Institute for Applied Health Sciences

iPod nano Winner

Congratulations to **Christine Nielsen, Medical Laboratory Sciences '97**, who won the 8 GB iPod nano for sharing her Michener story with us. We would like to thank everyone for their generous contribution to the 50th Anniversary Archives project.

ALUMNI OF DISTINCTION 2008

Seeking Golden Graduates for our Golden Anniversary

Do you know a fellow graduate who has brought honour to Michener, to their discipline or to the health care community through a significant achievement in their career or life? Do you know an individual who is respected by their peers and is an exemplary ambassador for Michener and the community? Here is your opportunity to nominate such individuals, deserving of this special award.

The Alumni Association is pleased to announce the call for nominations for the Alumni of Distinction Award for 2008. For our 50th Anniversary year, we would like to honour up to five outstanding alumni (ideally one from each decade).

Contact alumni@michener.ca for more information about the award, criteria and process. Deadline for submission: August 31, 2008

nurturing life

AND CREATING A POSITIVE IMPACT

Jay MacGillivray began working as a midwife in the 1980's, in the early days of Ontario midwifery. And since then, she has been deeply involved with several health and social justice movements. MacGillivray's commitment to improving access to midwifery for all women, regardless of circumstance, and her special focus on marginalized, particularly street affected or substance using pregnant women and very young mothers have led her to start Positive Pregnancy Programme, also known as P3, a project for caring for HIV positive women.

MacGillivray graduated from The Michener Institute with the very first group of registered midwives in the fall of 1993. A year later, midwifery was recognized as a registered profession in Ontario and has since grown to become an integral part of maternity care in the province. Today, Jay is one of the senior midwives in the province.

MacGillivray started Positive Pregnancy Program "after becoming completely fed up with the slow pace of the medical system in keeping up with the needs and realities of HIV positive women", she says. She had been doing HIV/AIDS work since the mid '80s and has

witnessed the significant changes during that time. "Positive women in Canada are now very often extremely healthy, living their lives with purpose and energy and wanting a future that includes children. The broader medical community has, in many cases, simply failed to remain current with the advances available to the positive community. When women who are positive decide to become pregnant-as is their right they are often met with uneducated and hostile responses from health care providers. The deficit of evidence-based and respectful care is astonishing. Positive women have told me they are having unnecessary caesarean sections because of outdated medical practice, they are frequently separated from their babies, they feel disrespected, their care providers look dressed for a nuclear explosion and their confidentiality has been compromised," she says.

In 2005 MacGillivray approached Dr. Mark Yudin, a respected obstetrician with an infectious disease/HIV specialty, with the idea of an HIV pregnancy program of interdisciplinary obstetrical/midwifery care collaboration. Having worked well together in the past helped Dr. Yudin and MacGillivray take her idea from vision to

reality and created P3.

P3 is dedicated to combining respectful, evidence-based medical care with a focus on individually-specific health promotion and wrap-around midwifery care. "Midwifery provides a respite from the emphasis on pathology during what is, for many positive women, an essentially healthy and normal event. Positive women, like any other pregnant women are intrigued, wondrous and thrilled with the prospect of their coming baby," MacGillivray says. "The midwifery component of the care provides a knowledgeable continuity throughout the pregnancy, childbearing and postpartum cycle, which is missing from a routine of endless specialists. It involves the intricacies of HIV realities and routines, and combines it with respectful personalized care, a focus on women's healthy bodies, their growing child and that inclusive joy all new parents crave," she adds.

Other care providers are expressing interest in P3. "The program is being built on the premise that it ultimately be a transferable model of appropriate expertise. It has started to attract notice nationally and internationally for both the HIV component of care, as well as for the interdisciplinary collaboration," MacGillivray says.

Sages Femmes Rouge Valley Midwives where MacGillivray practices is supportive of P3. The midwifery practice serving Ajax-Pickering and southeast Scarborough areas is dedicated to equity in health care provision. "We work hard to deliver respectful and knowledgeable care to all marginalized women. I am proud to say the Sages Femmes Rouge Valley Midwives Practice has been designated an anonymous HIV testing site by the Ontario government," adds MacGillivray.

P3 receives referrals from AIDS Service Organizations, community agencies, doctors, nurses, Community Health Centres and increasingly, from the women who have already been in care. For more information about the program, contact Jay MacGillivray through Sages Femmes Rouge Valley Midwives at 416-286-2228.



Dr. Mark Yudin along with Jay MacGillivray, Midwifery '93, who is holding a baby whose mother benefited from the Positive Pregnancy Program

upcoming events

Orientation Week - September 2 - 4, 2008

50th Unveiling of 50th Anniversary Mural - September 4, 2008

50th Street Party - September 14, 2008

Annual General Meeting - September 16, 2008

Community Forum - September 16, 2008

Scholarships & Awards Ceremony - October 8, 2008

Fall Senate Cabinet Meeting - October 29, 2008

Graduation - November 1, 2008

Open House - November 20 - 21, 2008

50th Homecoming - November 21 - 22, 2008

50th Gala Dinner for Alumni & Friends - November 22, 2008

Email us if you would like to get involved.

The Michener Senate
senate@michener.ca

Orientation
orientation@michener.ca

Open House
openhouse@michener.ca

50th Anniversary Events
50th@michener.ca

Unveiling Michener's 50th Anniversary Mural

Thursday, September 4, 2008 • 10 a.m. - 11 a.m.
Michener Lobby

FREE ADMISSION

*When health is absent, wisdom cannot reveal itself,
art cannot manifest, strength cannot fight, wealth becomes useless,
and intelligence cannot be applied.*

Herophilus

Join us for the official unveiling of "E Pluribus Sine Qua Non" a contemporary multi-media art installation by students from the Ontario College of Art and Design (OCAD).

To commemorate Michener's Golden Anniversary and to engage our neighbours and community in our celebration, as well as vision for health care innovation, The Michener Institute invited the third and fourth year students as well as graduating students of OCAD to create an inspirational design to grace the Elm St. side of our building.

As an innovative organization, with a 50 year history of inspiring healthcare transformation, The Michener Institute embraces change and sought a creative, unexpected and imaginative expression of health and wellness, in response to the quote from Herophilus. The design is meant to inspire health care-givers to think, work, learn and act collaboratively as part of a whole, expressed in a manner that demonstrates Michener's role as a visionary health care navigator

Artists Monica Figueredo and Patrick Phillips rose to the challenge with a collaborative and reciprocal entry that focused on the "essential enthusiasm for technical knowledge and practiced hands." Their vision speaks to the relationship between art and health and the parallels of the evolving practice of medical technologists, therapists, practitioners and specialists to negotiate with their hands and to affect a life out of a condition.



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