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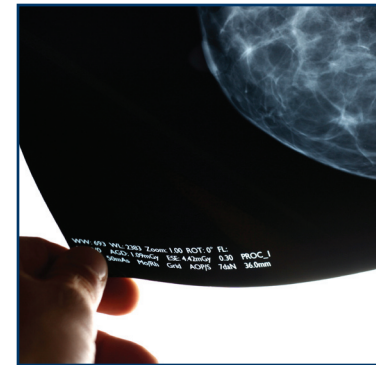
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BREAKTHROUGHS

At Michener, the introduction of interprofessional collaboration has provided opportunities for many breakthroughs to occur: breakthroughs in the growth and lifelong learning of students, faculty and staff, breakthroughs in knowledge and the application of knowledge to enhance health care practice, and breakthroughs that facilitate team-based communication and foster shared understanding.

As our guest editor John Gilbert so eloquently notes, breakthroughs are uniquely exciting, and certainly a cause for celebration.

Dana Yates' article, *Quality Assurance in Diagnostic Assessment* (page 6), explores the breakthrough link between curriculum, learning and quality control measures within the field of Medical Laboratory Sciences.

Michener's breakthrough process for identifying and admitting a different caliber of student into our applied health programs is captured within the pages of *Innovative Admission Standards Set a New Bar* (page 10).

Raising public awareness for Michener and the applied health professionals we educate, was tackled by virtue of another important breakthrough, as Michener participated in its first Doors Open 2009 Toronto event. This is summarized in *A Breakthrough in Community Outreach* (page 23).

And finally, we introduce you to Michener's new vice president academic, Sylvia Schippke. Sylvia's enthusiastic support for Michener's simulation-based curriculum and how the CAE/Michener Centre for the Advancement of Simulation in Healthcare will help enhance the student and faculty experience, are highlighted in her profile found on (page 5).

We invite you to take pleasure in reading this breakthrough edition of *Michener Magazine*, and reflect on other Michener breakthroughs that you've been a part of.

Letters to the editors via alumni@michener.ca are always welcome, and provide us with an opportunity to work toward new breakthroughs.



The Importance of Breakthroughs

John H.V. Gilbert, Ph.D., FCAHS

The word "breakthrough" may generate a variety of emotions. Perhaps excitement, when reading of a sudden, dramatic, and important discovery or development in science. Perhaps relief, when hearing of a significant overcoming of a perceived obstacle that leads to significant changes. In either case, however, we know that those breakthroughs come about as the result of hard work and dedication to the cause at hand. And breakthroughs generate celebration.

You will find many breakthroughs to celebrate in this issue of *Michener Magazine*. The Memorandum of Understanding (MOU) between the University of Toronto and Michener, took goodwill, understanding, and careful negotiation. This MOU is, in many respects, unique because it is between a university and an institute, and marks a major policy breakthrough. The decision to "redesign" two floors of the Michener campus took consultation, planning, patience and perseverance. Yet all agree that this major breakthrough in the design of the building will wonderfully enhance the

education and research programs at Michener. Both breakthroughs are excellent examples of the kinds of negotiations that ultimately lead to a sigh of happy fulfillment.

By their nature, breakthroughs can be controversial. What may generate excitement or relief for some individuals, may become a matter of considerable debate and anxiety for others. For millions of people, ultrasound has proved to be huge health benefit and it is difficult to remember a time when it was not available in the developed world. The emergence of 3D ultrasound has been an impressive advance in the technology, yet is not without controversy. Scientific controversy, however, frequently results in new and better methods of delivering care. It is therefore appropriate that Michener is contributing to this debate on a matter that is central to one of its established academic programs.

Excitement and celebration. I hope that as you read the articles in this issue you will also experience these emotions about the immensely important work Michener is engaged in.



Teresa Eaton: A Fresh Take on the “Nuclear” Family

By Kathleen Sandusky



Teresa's book *Labour Pains* is available at select Chapters locations and on her website at www.labourpains.ca

Say you were to pick the perfect person to write a book about an important development in the evolution of the nuclear family. Would you choose... a nuclear medicine technologist?

As it turns out, this is the unconventional career move taken by Michener graduate and former instructor Teresa Eaton (nee Iannuzziello), who graduated in 1994 from the Nuclear Medicine Technology program, and went on to teach at Michener from 2000-2001, before the birth of her first child.

Raising her kids (she now has two) and curious about the often-paralyzing choices made by other mothers every day (should I work, should I stay home with the kids, or something in between?), Eaton, who also holds a degree in Adult Education from Brock University, decided to investigate further. Not one to do things halfway, she turned her research into a book, titled *Labour Pains*. The book has evidently struck a chord with Canadian women, with a publicity tour that has included interviews with CBC Radio and CTV's Canada AM.

“We're all making the choices that are right for us as individuals, and for our own families. I wanted to explore that.”

“I wanted to write about the decision-making process that I was going through, and that so many women go through,” says Eaton. “Sometimes women can be hard on each other about their choices as parents, and it’s just awful—we really shouldn’t be judging another mother’s choices. We’re all making the choices that are right for us as individuals, and for our own families. I wanted to explore that.”

The 24 interviews included in the book range from women who have elected to stay at home to those who returned to work. Their experiences are driven by choice, or by circumstance. Some are still teetering on the threshold of their choices, while others have grown children and can reflect on their decisions in hindsight. This latter group of interviewees includes Indigo CEO Heather Reisman, and well-known television personalities Valerie Pringle and Jane Gilbert. “All the women I spoke with were so generous in sharing their experiences,” says Eaton. Building on her commitment to lifelong learning, Eaton is now considering adding a degree in bioethics to her education.

What conclusion did she draw from her research? Don’t expect a one-size-fits-all solution for Canadian women says Eaton. “If the end goal is to be happy, then I don’t think there’s any one choice that is going to be most effective. What it boils down to is that if your life is aligned with your values, then that is when you are going to experience the most satisfaction.”

Q&a By Kathleen Sandusky

Michener Welcomes Sylvia Schippke

New Vice President, Academic brings extensive leadership background in education, health care and the private sector



New VP Academic Sylvia Schippke in one of Michener's Simulation Suites

This summer Michener welcomed its new Vice President, Academic, Sylvia Schippke. Possessing a Masters in Social Work, with a specialization in health care administration from the University of Toronto, Sylvia most recently held the role of Assistant Vice President, Student Community Development, at York University. She has also held senior leadership positions in the fields of health care, finance and aerospace. With a passion for post-secondary education and its impact on community, a deep understanding of the challenges facing health care environments, and her track record in private sector organizational development, Sylvia’s wealth of knowledge and experience are particularly well-suited to her role at Michener.

Q What excites you about taking on this role at Michener?

A I’m excited by Michener’s positive impact on Ontario’s health care system and the health care of our citizens through our innovative curriculum, as well as the focus on interprofessional collaboration and simulation-based learning. Our

system is based on the delivery of health care by teams, and by using simulation to give our students skills in the interprofessional environment. We’re preparing them with competencies that will directly contribute to improving patient care. We’re also committed to providing continuing education for health care professionals already working in the system.

Q After your first six months as VP Academic, what is your impression of the students and faculty at Michener?

A The students are clearly excited about engaging with faculty and staff. Michener students are very focused. Many of them have already completed an undergraduate degree and come to Michener to pursue very specific careers in health care.

As for staff and faculty, I see a strong commitment to transforming health care, from community clinics to academic health science centres. They’re focused on advancing the skills of not only this generation, but also future generations of health science professionals. They’re constantly working to examine and better understand the system as it

changes, to see where we need to make enhancements to best prepare our students for the wider health care environment. An example of this is the new academic curriculum. I’m pleased to be part of this innovative direction and to continue moving it forward, building on Michener’s history of achievement.

Q Which academic priority is Michener currently focused on?

A Right now we are really focused on preparing for the opening of the simulation centre, teaming with our industry partner, CAE. Michener has already been running simulation semesters, during which we simulate a variety of health care environments bringing together different health sciences professions. By combining our expertise in health care simulation with CAE’s expertise in aviation simulation, the new centre will allow us to carry our simulated curriculum forward in a much more sophisticated and comprehensive way, with a focus on interprofessional collaboration that is quite unique. It’s a breakthrough in the area of health care education, and I’m proud to be a part of it.

Quality Assurance in Diagnostic Assessment

By Dana Yates

It is a diagnosis that every woman fears: **breast cancer.**

Unfortunately, that news is heard by nearly 23,000 women each year, according to the Canadian Cancer Society. In fact, on an annual basis 5,000 Canadian women die of breast cancer, more than any other type of cancer, except lung.

The statistics are overwhelming. And often, for women fighting the disease, so too are the treatment options, which can include surgery, radiation therapy and chemotherapy. Some patients may also take hormone therapy medication, such as Tamoxifen. Prescribed to individuals with early-stage and metastatic cancer (meaning the disease has spread to other areas of the body), Tamoxifen is a powerful drug that can increase the possibility of remission.

Research, however, has shown that Tamoxifen's effectiveness is limited to patients with hormone-sensitive breast cancers. That is, individuals whose cancer cells contain estrogen or progesterone receptors. Therefore, before choosing a treatment plan, a patient's hormone receptor status must be determined. This is where complex estrogen-receptor and progesterone-receptor (ER/PR) tests come into play. Without a doubt, the results of these tests can have a profound impact on a patient's treatment plan and ultimately, perhaps their health.

For proof, one need only consider the patients affected by a testing scandal involving Eastern Health, the

largest health board in Newfoundland and Labrador. More than 400 patients who received ER/PR negative results between 1997 and 2005 presented different results upon later retesting. Simply put, because of erroneous data, those patients were not given a potentially life-saving treatment. Furthermore, the government of Newfoundland and Labrador revealed that 108 of the patients had died as of March 2008. It will never be known, however, if access to Tamoxifen could have saved any of the patients.

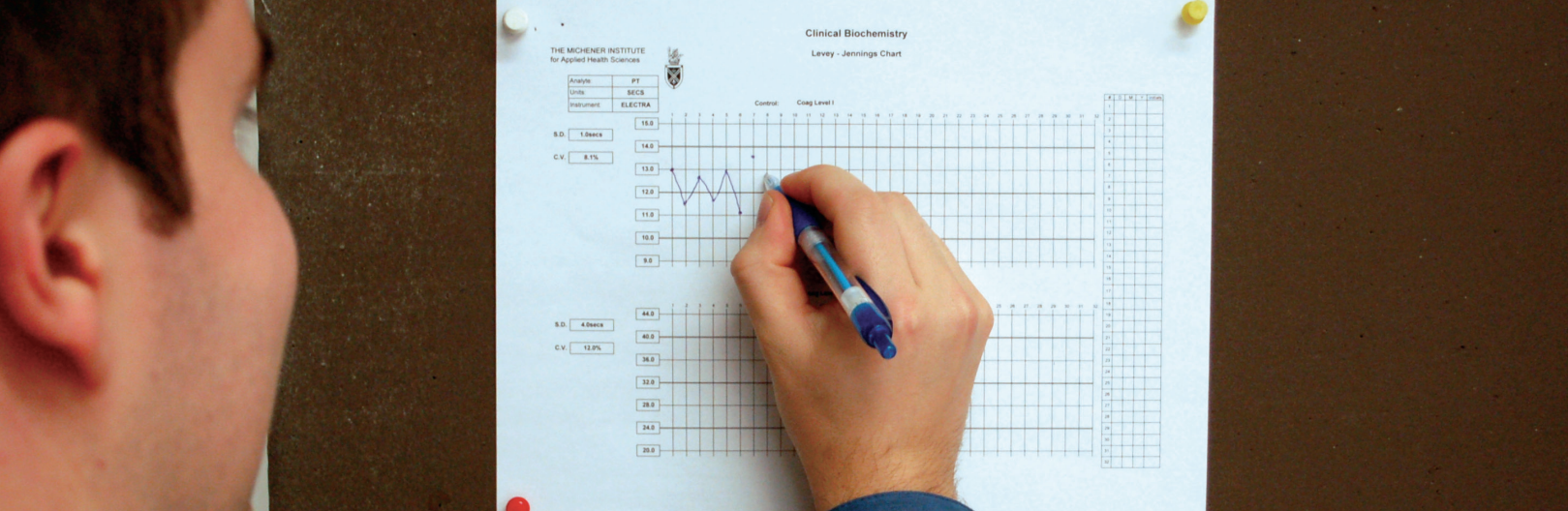
This adverse event sent shock waves through the health community and the public. It also led to the Commission of Inquiry on Hormone Receptor Testing. Justice Margaret Cameron presided over the inquiry, established by the provincial government in 2007. In her final report, Justice Cameron concluded that mistakes in the pathology laboratory and lack of oversight combined to create the disastrous situation at Eastern Health.

In addition, Justice Cameron made 60 recommendations with more than a dozen pertaining to quality assurance and accountability. In fact,

she determined that the procedures and protocols at Eastern Health were "so deficient as to be practically non-existent."

That strong assertion further underscores the need for quality control and quality assurance in laboratory testing, say faculty members in Michener's Medical Laboratory Science (MLS) program. And it explains why the MLS program devotes a series of lectures to quality control measures, teaching and implementing quality assessment techniques in all disciplines, and dedicating significant teaching time to both statistical and non-statistical methods of quality assurance.

"Errors do happen, but our profession has procedures in place to minimize the occurrence," says Roy Augustin, a former MLS faculty member, and now Charge Technologist for Biochemistry at Toronto's Mt. Sinai Hospital. "In fact, every discipline has its own system of ensuring the reliability of its results. It can be as simple as monitoring the temperature of the refrigerator that stores samples and keeping that documentation on hand for a certain number of years.



Medical Laboratory Science Student James Dell plots quality control results on a wall chart



MLS student Angela Anthony reviews the cell counter with quality control vials

All quality assurance procedures are meant to help the technologist develop the best possible result – one that could also be achieved by another technologist.”

To that end, the MLS program introduces students to – and consistently reinforces the importance of – the concept of Total Quality Management. While certain branches of laboratory medicine emphasize statistical process control procedures, there are also many non-statistical procedures in place to verify the accuracy and reproducibility of a result. Those steps include choosing an appropriate testing method, checking equipment operation and calibration, and comparing results against known positive samples, just to name a few.

Standard operating procedures ensure that Medical Laboratory Technologists follow an established process for obtaining a reliable result. Finally, Total Quality Management also includes procedures for identifying problems and implementing a solution in order to prevent their recurrence.

To be sure, though, quality assurance goes beyond teaching students how to perform and achieve precise and accurate tests; it also means developing a culture of accountability, says Suzanne Allaire,

Chair of the Medical Laboratory Sciences program.

“If you don’t make it OK to talk about things that are uncomfortable, and reassure technicians, technologists and managers that they won’t be left vulnerable for speaking up about mistakes, then you’re taking two steps forward and two steps back,” says Allaire.

To that end, the MLS program emphasizes the importance of a quality-focused culture – and nurtures it – through a number of means. One example is simulated learning, the hallmark of Michener’s educational experience. For example, Students participate in simulated risk-management committees for health care authorities and providers. In their roles, students pore over data, trends, as well as coroner reports from wrongful deaths to analyze the root cause of adverse events. Using that information, the students then select strategic quality assurance priorities for the organizations they represent.

“Rather than just pinpointing who caused the error, the students also look at power hierarchies and system-wide problems. For instance, sending patients to the wrong place, or writing something down in pencil instead of pen,” explains Elizabeth Mercuri, a

faculty member in the MLS program. “Students are really shocked when they see what feeds into a problem. Conducting simulations and looking at issues from a root-cause perspective helps build a culture where it’s encouraged to bring errors to light.”

Collaboration also plays an important role in creating a quality-focused culture. In fact, among her recommendations, Justice Cameron pointed to the critical need to create a collaborative environment in laboratory medicine. She believed this atmosphere could best be encouraged by creating the new position of provincial director of pathology and laboratory services.

At Michener, the immense value of collaborative learning is well-recognized. The Institute is at the forefront of Interprofessional Collaboration curriculum development. It all stems from Michener’s belief that patient care improves when health care professionals work together to share knowledge and skills.

Within the MLS program, as with all Michener programs, students have opportunities to team up with colleagues from other fields of study. The resulting partnerships ensure that all members of the health care team understand each other’s roles. “An

error can easily get by one person,” explains Allaire. “But it’s a lot more difficult for an error to get past four or five people who are all dealing with the same patient.”

That said, the students study real examples of adverse events, such as Eastern Health or the case of Dr. Charles Smith. As a former forensic child pathologist at Toronto’s Hospital for Sick Children, Dr. Smith made dubious claims of foul play in many cases – 13 of which led to criminal convictions. In the final report of an inquiry into Dr. Smith’s work, Justice Stephen Goudge found that Dr. Smith had misled his superiors, exaggerated his expertise, and lacked basic knowledge about his supposed field.

“The students thoroughly analyze an error, exploring it from every possible angle to figure out what went wrong,” says Nancy McBride, an MLS faculty member. “The idea is not to dispense blame, but to capture how the different professional groups should work together more effectively to mitigate risk. The students ask, ‘How does the error in your department cause an error in another department? And

how can we stop the pinball effect?’ It’s a fascinating, interdisciplinary process in which students learn how the system should work.”

That emphasis on self-reflection, continues McBride, not only prepares graduates for the workplace, but also makes a considerable contribution to patient safety. “The students realize, ‘These are such silly little mistakes, but they can multiply. I could make those mistakes. I need to know what to do so that I don’t make them.’ On the other hand, some students are a little naïve in the beginning that mistakes can happen. So, the entire project leads to

“From day one, we teach students about their professional responsibilities and the right way to do things. It would just be lip service if we didn’t show students real-world examples of adverse events that illustrate the relevance of our teachings.”

When it comes to quality assurance, Michener MLS students are encouraged to reflect, as much as to ask more probing questions and to take a macro-approach to Total Quality Management. As Canada has sadly witnessed recently, patient safety and care depend on it.



Students Victoria Wong and Eleanor Joy Duldulao review a micro quality control clipboard together

Were you directly affected by the Eastern Health scandal? Have any thoughts on quality assurance practices? Tell us about it. Email alumni@michener.ca

Innovative Admission Standards Set a New Bar

Michener's New Multiple Mini Interview Process Includes Non-Cognitive Skills

By Dana Yates

Like many Michener applicants, Christine Ilczynski had some jitters before starting her admissions interview. Unlike applicants to other schools, Ilczynski didn't have just one on-campus interview at Michener – she had eight. And much to her own surprise, she enjoyed the experience.

In 2008, Ilczynski was part of a pilot project that introduced a Multiple Mini Interview (MMI) process to two of Michener's programs – Ultrasound and Genetics Technology. Originally developed by McMaster University's Michael G. DeGroot School of Medicine, the MMI requires applicants to take part in several interactive interviews and exercises.

Marking a revolution in Michener's admissions process, the MMI assesses a prospective student's ability to handle real-world situations.

"Once I saw how the MMI was conducted and I actually began the individual interviews, I was completely at ease and really enjoyed the process," says Ilczynski, who is now in the Genetics Technology program. "The whole event was run flawlessly with a lot of attention paid to minimizing the stress on everyone. It made the process much less intimidating than I expected it would be, and was a great experience."

So much so that she volunteered to go through the MMI all over again in 2009. This time, though, Ilczynski

served as a circuit manager, ensuring that interviewers had the necessary materials to do their jobs, and directing applicants to the various interview rooms. And, this year, there were many more applicants on campus—over 600, to be precise.

That's because in 2009 Michener expanded the MMI to include a wider number of full-time programs. Having had a successful roll-out in 2008, a full week was dedicated to the MMI process in 2009. As a result, top-ranked applicants in the Cardiovascular Perfusion Technology, Chiropody, Medical Laboratory Science, Respiratory Therapy and Diagnostic Cytology programs attended the interviews. (The Medical

Radiation Sciences programs – Nuclear Medicine, Radiation Therapy and Radiological Technology – are offered jointly with the University of Toronto and may come on board in the future.)

The final outcome of the 2009 MMI sessions: admission offers were granted to more than 230 prospective students, and by July 2009, over 90% of the programs were filled.

Academic Innovation and the MMI

The road from process launch to student intake, however, was a long one. In 2006, Michener was in the midst of preparing to execute its Academic Innovation Strategy (AIS), which included a new curriculum model that emphasized interprofessional

collaboration, clinical simulation, and assessment of readiness for clinical education. A change to the admissions process was identified as being critical to the overall success of the major transformation of the AIS.

In the past, each program had unique entrance requirements, including individual interviews, reference letters and resumes. "The situation created anomalies for students – for example, what criteria did they have to meet if they were applying to multiple programs? We needed an admissions process that was streamlined, consistent, transparent and fair," explains Michener's Registrar Bill Pitman. Ideally, the process would also contribute to student success by

increasing retention and decreasing the need for remediation.

On that note, a task force was initiated to improve the admissions process. Specifically, the team wanted a system that could accurately determine whether or not an applicant has the right traits to achieve success in the new curriculum.

Among the members of the task force were Lisa Slack, Michener's Portfolio Manager of Academic Strategic Planning, and Kathryn Parker, then Senior Director of Scholarship, Assessment and Evaluation (now Director of Research at Toronto's Hospital for Sick Children). Parker had heard good things about the novel admissions



Genetics Technology student Christine Ilczynski at one of her eight MMI stations



Applicants reviewing their scenarios before entering one of the eight MMI stations

process at McMaster. So, together with Slack and program chair Suzanne Allaire, they headed to Hamilton, Ontario on a fact-finding mission. And they were thoroughly impressed with what they found.

“McMaster is the ‘grandfather’ of the MMI,” says Slack. “The university has worked hard to study and refine the process. So, when you adopt the MMI, you’re not reinventing the wheel; McMaster provides plenty of expertise and support along the way.”

In fact, McMaster has used the MMI instead of the traditional interview for student candidate selection for its medical program since 2004. Overall, the process

has garnered positive feedback and results, and today the university licenses the MMI as a proprietary product to many post-secondary institutions around the world. They include the University of Manitoba and the University of Michigan, as well as schools in Calgary, Jerusalem, Brunei Darussalam and Australia.

After bringing their findings back to Michener, Parker and Slack set up an advisory group consisting of faculty and staff members to launch a test version of the MMI for the 2008 admissions period. And although the pilot project was relatively small, establishing the MMI was nevertheless a big job. Among other

things, the process involved securing license permissions and selecting interview scenarios from McMaster’s “case bank” for use at Michener. The questions were selected partly based on feedback received from employers and clinical site partners over the years regarding the attributes deemed necessary for students in the clinical setting.

In the end, more than 130 applicants participated in the experiment. A number of faculty, staff, alumni and clinical partners volunteered as interviewers. Many of them returned this year, making up a complement of more than 180 volunteers who participated in the

2009 MMI. Among the group was Christine Nielsen-Trowhill, Medical Laboratory Science ’97 and Chair of Michener’s Alumni Association Board. Christine is also Associate Registrar and Member Relations Team Leader at the The College of Medical Laboratory Technologists of Ontario (CMLTO). She has a clear view of the future impact of the new admissions process. “The MMI is a better way of screening candidates, which in the end will help yield better practitioners.”

The MMI Circuit

To start their journey, candidates apply and send their academic transcripts to Michener via the Ontario Colleges application service. Top-ranked applicants are then asked to choose a two-hour time slot during MMI week in late April.

Once on campus, the candidates complete a circuit of eight, seven-minute mini-interview stations, rotating from station to station. At each location, interviewees are presented with a scenario to which they must respond to in the seven minutes allotted before moving on to the next station. Finally, the results are tabulated. The applicants with the highest combined scores for the MMI and academic performance receive offers of admission.

While actual scenarios are kept confidential, a sample situation may require two candidates to work together to finish a challenging task. Or an applicant might be asked how they

would handle a difficult situation in the workplace. The goal is to gauge an applicant’s suitability for the program and the clinical environment.

On that note, the MMI stations assess a variety of skills and characteristics, including communication ability, trustworthiness, teamwork, ethics, empathy, integrity and self-reflection. And, according to long-time Respiratory Therapy faculty member and Michener alumna Susan Dunington, each trait contributes to the making of a high-quality health care practitioner.

“Essentially, those skills – and whether you have them or don’t – will influence if you get hired after graduation,” says Dunington, an original member of the admissions task force and also an MMI assessor. “We are looking for well-rounded, knowledgeable students who can be good patient advocates. The MMI helps us find those people.”

A Reliable and Equitable Admissions Process

To be sure, the MMI also helps candidates. Realistically, the outcomes of traditional interviews can be skewed by the biases, perspectives, expectations and idiosyncrasies of interviewers. In contrast, studies indicate the most reliable data on student performance is achieved through multiple assessments by multiple assessors – the calling card of the MMI.

During Michener’s admissions

process, those multiple “raters” included people with strong links to the Institute and its programs, including Sydney Redpath, Chair of Primary and Critical Care. “Presented with scenarios for which there are no simple right answers, the MMI process requires applicants to think on their feet.”

And while it’s too early to garner solid data from the process, anecdotally there are positive signs that the MMI is having an impact, says Allaire, Chair of Laboratory Sciences. Given that Genetics Technology, a component of her portfolio, was part of the 2008 MMI pilot project, Allaire has already witnessed change at work. “We have always had good students in the past and our latest group, who were part of the pilot, are amazing. They are high performers who are self-motivated and willing to take on extra responsibilities.”

MMI-screened students are also keen in other ways, says Rochelle Straker, Manager of Student Enrolment. “We have seen a faster response to offers of admission, which reduces the number of times that we must send out offers to fill our programs.” Ultimately, we are attracting high-quality, committed students who definitely know they want to attend Michener, and who bring the desired cognitive and non-cognitive skills necessary to provide compassionate, high-quality patient care.

Planning for the 2010 MMI is currently underway and scheduled for late April. There is an opportunity for you to play a role in the admissions process for future health care heroes. If you are interested in volunteering, please contact: mmi@michener.ca.

Breaking Through Superstition 13 is a Lucky Number at Michener!



The 13th floor main lounge area with newly placed furniture

Phase I of Michener's Campus Transformation is nearing completion. Phase I began in April 2009 and includes the creation of the CAE/Michener Centre for the Advancement of Simulation in Health Care on the third and fourth floors, and significant priority and backbone structural, mechanical, health and safety, electrical, and environmental upgrades to many other floors of the Michener building. Some of the most dramatic changes have taken place on the 13th floor. The entire 13th floor has been remodeled to create new varied-size multi-purpose classrooms, office spaces and collaborative common spaces for students, including lockers, lounges, student council offices, the prayer room and health services. There was great excitement at Michener in September when the 13th floor

was open to students, faculty and staff. As is evident from the accompanying photos and quotes, the students have been enjoying this fantastic new space.

These vastly improved facilities and the benefits they provide to the students, and their educational experience here at Michener, illustrate the importance of the Campus Transformation and the related *Campaign for Michener: Stronger, Smarter, Better*.

Look for more photos in upcoming issues of *Michener Magazine* of some of the other transformed facilities as Phase I of the project is fully finished. We also look forward to celebrating with the Michener community and friends for the official opening of the CAE/Michener Centre for the Advancement of Simulation in Health Care in early 2010.



Charlene Anderson makes good use of her new locker space

“Love the lockers up here. They give us two, which is useful because we can keep our lab coats in there. The floor is beautiful. My class was one of the first to sit in the class room and it was a wow experience.”

Charlene Anderson, 1st year Radiation Therapy



Students studying and socializing in the newly renovated lounge area

“I think the 13th floor is wonderful.”

Michael Lin, 2nd year Radiation Therapy



Students studying in an empty classroom during common time

“I like the amount of lighting.”

Rachel Zhou, 2nd year Radiation Therapy

Classes commence on the new classrooms on the 13th floor





A class of Michener clinical coordinators, faculty and staff show off their certificates after finishing one of the six modules that make up the IPC certificate program

Paving the way for interprofessional collaboration in health care

By Katie Schrank

Research indicates that a number of adverse events occur due to a lack of communication between health care providers every year. Education in Interprofessional Collaboration (IPC) can improve the communication skills of health care professionals, and ideally, will result in better patient care for all Canadians.

“Communication is a key competency in a team environment, and when communication skills are lacking, the risk of adverse events increases,” says Dr. Ann Russell, Director, Centre for Learning and Innovation, Michener. “We believe health care professionals educated in IPC fundamentals will be even better prepared to care for Canadians.”

Following a recommendation from the Ontario Ministry of Health and Long-Term Care stating health care workers need to work collaboratively on integrated health care teams for the betterment of patient care, Michener took the lead and launched an Interprofessional Collaboration Certificate explicitly for health care professionals.

Recognizing the need to improve patient safety, Michener set in motion a two part plan to engage in IPC education. First, integrate IPC into the full-time curriculum so Michener students will graduate with IPC competencies. Second, in response to feedback from clinical partners, develop a clinical IPC certificate to meet the education needs of Michener’s 400 clinical educators.

The IPC certificate enables Michener’s clinical educators to provide students with a continuum of education in interprofessionalism during their clinical placements. It provides the tools professionals need to communicate on an integrated health care team. Some hospitals already have IPC practices in place, and this certificate will only enhance the IPC education health care professionals already possess.

There are six distinct modules that make up the IPC Certificate. Each module provides participants the opportunity to learn with, from, and about each other to develop interprofessional collaboration and communication competencies. The modules engage participants in experiential learning to build their skills and knowledge of IPC.

“The modules are a good blend of theory and activity relevant for the work and home environment alike,” says Sue Crisp, RTNM, RTMR, Sunnybrook Health Sciences Centre.

All the modules involve group interaction and team based learning to encourage participants to start thinking interprofessionally. Participants are encouraged to share their stories of challenges and triumphs.

“The course was valuable in hearing other people’s perspectives and perceptions of our roles as health care providers,” says Laura Smy, Medical Laboratory Technologist, Hospital for Sick Children.

The IPC modules can go a long way in improving health care professionals’ interprofessional competencies, and will ideally result in improved patient care and safety for Canadians.

To date, 1,374 clinical educators and practitioners have attended the IPC modules, with 124 people completing all six modules to earn their certificate. Courses are ongoing throughout the year. For more information on the certificate visit www.michener.ca/ce/ipc.ph.



Students taking notes during one of the six IPC Certificate modules

Do you think interprofessional collaboration education is a valuable learning experience for someone in your profession? Tell us why or why not at alumni@michener.ca.



3D ultrasound of a 21 week old fetus

For expectant mothers, getting an ultrasound is an important milestone in a pregnancy. Ostensibly, the procedure is meant to provide doctors and midwives with vital information about the health, size and development of the fetus. Many parents-to-be, however, look forward to the ultrasound appointment in order to have the first view of their baby and to potentially determine its sex.

But for some couples, knowing whether to paint their nursery pink or blue isn't enough. What if you could see your baby's activity with extraordinary clarity?

Enter 3D ultrasound. Creating immediate and high-quality snapshots of the fetus, 3D ultrasound also proves useful in

showing greater detail of surface-level pathologies, and transparent views of the internal organs of the baby. In addition, the procedure is used when investigating infertility concerns, such as the membrane lining of the uterus.

The high-tech tool was popularized in 2006 by celebrity couple Katie Holmes and Tom Cruise, who purchased ultrasonography equipment for in-home viewing of their daughter in utero. Simply put, 3D ultrasound is the next generation of prenatal imaging, providing the proverbial bells and whistles lacking from conventional 2D scans.

In response to the popularity of these "entertainment ultrasounds," countless for-profit operations have started up in recent years. Selling

non-medically required 3D and even 4D ultrasound services, these companies are meeting public demand for high-quality prenatal images and videos. And although 3D ultrasounds are not covered by public or private health insurance plans, many parents are willing to pay out-of-pocket for the service.

On that note, the service offerings and price lists are extensive. Couples can opt for a simple "gender assessment" procedure or create the ultimate package, including a DVD of images, a CD recording of the baby's heartbeat, and colour photos of various sizes. One company even offers a discount to couples who return for a second ultrasound during the same pregnancy.

13 week old fetus in a traditional 2D ultrasound photo



3D Ultrasound:

Breakthrough or Entertaining Keepsake?

By Dana Yates



But 3D ultrasounds – like their 2D predecessors – are not 100 per cent risk-free. In fact, the Ontario Medical Association has called upon the Canadian government to outlaw “keepsake ultrasounds,” and prohibit anyone from purchasing and using ultrasound equipment not specifically intended for medical purposes.

Moreover, the non-medical use of ultrasound technology was the topic of a statement issued last May by the

Board of the International Society of Ultrasound in Obstetrics and Gynecology (ISUOG). Specifically, the ISUOG asserted that fetal exposure to ultrasounds (or other forms of energy) likely leads to biological effects that are “detrimental enough.” For that reason, the ISUOG’s Board disapproves of the use of ultrasound “just for the purpose of taking souvenir images of the fetus.”

That sentiment is shared by Gail Rodrigues, a faculty member in Michener’s Ultrasound graduate diploma program. “From an obstetrical imaging perspective, 3D ultrasound adds limited additional imaging benefit to the ultrasound examination,” she says. “Every ultrasound causes molecules in the body to vibrate, which in turn creates heat. The baby has to recover from that experience, especially during the first trimester when rapid development is occurring. Due to the rapidly dividing cells, the first trimester is the period of greater potential for biological effects. Basically, people consider ultrasound to be safe, but it should be used as a diagnostic test, not a toy that is used over and over.”

That focus on patient care and safety is a signature of Michener’s Ultrasound program, where diagnostic knowledge and sonographer expertise is emphasized. And it was one driving force in recently changing the way the curriculum is presented. In the past, students learned about the normal and abnormal workings of all organs in one semester.

Today, however, students learn to recognize normal abdominal and superficial structures on images in the first semester, and pathologies in the second. In terms of actual scanning, students learn how to scan normal gynecological, abdominal and superficial structures during the didactic portion of the program. They learn how to scan pathologies during the clinical component of the program, and use 2D technology to do so.

The change has led to impressive results, says Rodrigues. “The content builds on itself – the students scan one organ, then two, then three, etc. That way they won’t forget the protocols for scanning each one, and they are now able to do faster scans of the entire abdomen.”

Beyond 3D capability, students are also benefitting from a new set of educational materials designed just for them. Developed by Ultrasound faculty member Leonardo Faundez with assistance from Michener’s audiovisual technician Tim Chipman, the DVDs create a baseline of knowledge among students. With Faundez providing voice-over narration, the DVD features side-by-side images: an ultrasound is seen next to Faundez’s hand while he explains and demonstrates how to properly angle the sonography probe. Students view the DVDs in preparation for – and to debrief from – lab sessions. And so far, the

initiative is exceeding expectations.

“Students watch the DVDs again and again,” says Faundez. “Their feedback has been excellent and they have provided suggestions for future materials.”

In fact, according to a study that Faundez conducted as part of his Master of Education degree, the first cohort of students who used the DVDs achieved clinical competency 30 per cent faster than previous

“Basically, people consider ultrasound to be safe but it should be used as a diagnostic test, not a toy that is used over and over.”

students groups. One reason for that positive outcome: the DVDs enable faculty members to draw on students’ existing know-how in order to teach increasingly complex procedures in the classroom.

Other DVDs teach students how to avoid repetitive strain injuries and walk them through the process of providing patient-centred care – for example, explaining procedures and obtaining consent to perform them. What’s more, video clips that detail sonographers’ common mistakes are included to aid tutorial discussions.

Taken together, the DVDs and curriculum modification further improve students’ success in the program. And yet another initiative enhances their success in the workforce. Starting in the summer of 2009, Ultrasound students began participating in simulations that imitate real-world clinical experiences. Emphasizing patient care, the simulations require students to adapt their practice to a variety of realistic scenarios, including the presence of intravenous machines and the need to “gown-and-glove” for isolation purposes.

The experiences, says Rodrigues, are invaluable. “The students feed off each other and share tips from the simulations. They perform at a higher level and are able to focus less on the technical mechanics of scanning, and more on perfecting their patient-centred care. It’s very exciting to see.”

And so, while new technologies, like 3D capability, emerge at a rapid pace, the question of “just because we can, does it mean we should?” will continuously be asked - and the ethical considerations for educating in new modalities will continue to be methodically explored. From Michener’s standpoint, preparing students to meet, if not exceed the competencies and maintaining Ultrasound’s professional standards of patient care and diagnosis, are of primary importance.

Do you think 3D ultrasounds are exciting, or an unnecessary and possibly dangerous technology? Let us know what you think at alumni@michener.ca.

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Michener is proud to educate the heroes of our health care system. We now invite you to help young people find their calling in the applied health sciences.

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Doors Open 2009

A Breakthrough in Community Outreach



On Saturday, May 23 and Sunday, May 24, 2009, The Michener Institute opened its doors to the public for the first time as a participant in the City of Toronto's Doors Open 2009 event.

Almost 800 visitors discovered how medical technologists, therapists and practitioners enhance the health of Ontarians, and all Canadians. Adults and kids alike, who were interested in health sciences, were mesmerized by the simulations and demonstrations facilitated by Michener faculty, staff, students and alumni. Michener's Doors Open Experience included:

- A 10-minute video of The Michener Institute that provided a historical summary and context for health care education today
- Self-guided tours of Michener labs on the 7th floor, featuring the medical laboratory sciences and genetics technology
- Viewing of Michener's CT/MRI and Ultrasound suites on the 11th floor

- Displays outlining Michener's infrastructure renewal plans to transform our vertical campus into a 21st century interprofessional and simulation based learning environment

- A Kids' Zone "play'n'learn" area, where children were engaged in health care learning and games

"The event was a resounding success for Michener, and also for the applied health sciences professions," shares Iliana Arapis, Sr. Director, Communications and PR, and Chair of the 2009 Doors Open Planning Committee. "Doors Open was an ideal opportunity for Michener to build public awareness and recognition for our graduates who contribute to health care every day."

Michener will continue to participate in Doors Open Toronto, with next year's event taking place on Sunday, May 30, 2010.

If you'd like to volunteer for Michener's Doors Open 2010, or join the planning committee, send an email to communications@michener.ca



Michener's Collaborative Agreements: A Breakthrough in Defining Inter-Organizational Collaboration

By John Tzountzouris, Senior Policy and Knowledge Management Specialist,
College of Medical Laboratory Technologists of Ontario

Agreements between organizations have been widely used to set the parameters for collaborative projects. These agreements function to define the scope and purpose of the collaboration, as well as the operational boundaries of a project. A new twist on inter-organizational agreements at Michener has been the introduction of broader based collaborative agreements. While the differences between a project based and a collaborative agreement may seem trivial, the differences are, in fact, an important breakthrough in how Michener defines its collaborative associations with another organization.

The pace of change in the health care system is relentless. While Michener has a clear role in the health care system as an educator of health professionals, other organizations have complementary and even overlapping roles. Potential opportunities for collaboration with educational institutions abound, and there is significant value in Michener's pursuit of just such collaborative relationships:

1. To pool resources to more effectively manage and respond to changes in the system.
2. To address any gaps between our internal strategies and our internal resources.

3. To match the collective capabilities of multiple organizations to adapt to changing environments.
4. To facilitate iterative learning opportunities between organizations.
5. To enable entrance into a new, and possibly previously unrecognized opportunity in the educational marketplace. (Sachwald, 1998)

Michener's rich and broad network of educational institutions, clinical and industry partners, sets the framework for enabling many of the values described above. Michener has much to offer other organizations facing the same changing landscape and need for organizational growth and learning. Recognition of the unique value of each organization lays the foundation for the engagement that leads to an inter-organizational collaborative agreement.

Mutual recognition of individual contributions toward an opportunity is definitely not a new concept, nor is collaborating with other organizations. However, three main aspects highlight the innovation inherent to a collaborative agreement. The three aspects are conceptual, structural and operational in nature.

THE FIRST BREAKTHROUGH

The Conceptual Aspect

While agreements between organizations traditionally focus on a given project, such as an academic program or research pursuit, a collaborative agreement takes a broader view. A collaborative agreement between organizations affirms, in legal terms, the willingness and openness of two organizations to collaborate where mutual benefit to both organizations can be accrued. This inherently requires each organization to have a strong understanding of their core competencies, and therefore what each contributing organization can provide to a collaborative endeavour. Through the process of "agreeing to collaborate," organizations learn about each other's competencies, as well as culture, and the agreement then mirrors these unique attributes

THE SECOND BREAKTHROUGH

The Structural Element

If the new collaborative initiative requires an agreement to solidify action, then it's in the best interest of both organizations to find the most responsive process in which to draft an agreement and move it through the approval process. As such, it would be discussed, vetted and approved by the governing bodies of each organization. The breakthrough of this structure enables future, collaborative projects to be discussed, negotiated and secured between various faculties or departments of two organizations within the structure of the broader strategic initiative, and without having to undergo the same rigorous bureaucratic approval process. This fosters a shared nimbleness and responsiveness on the part of both organizations.

THE THIRD BREAKTHROUGH

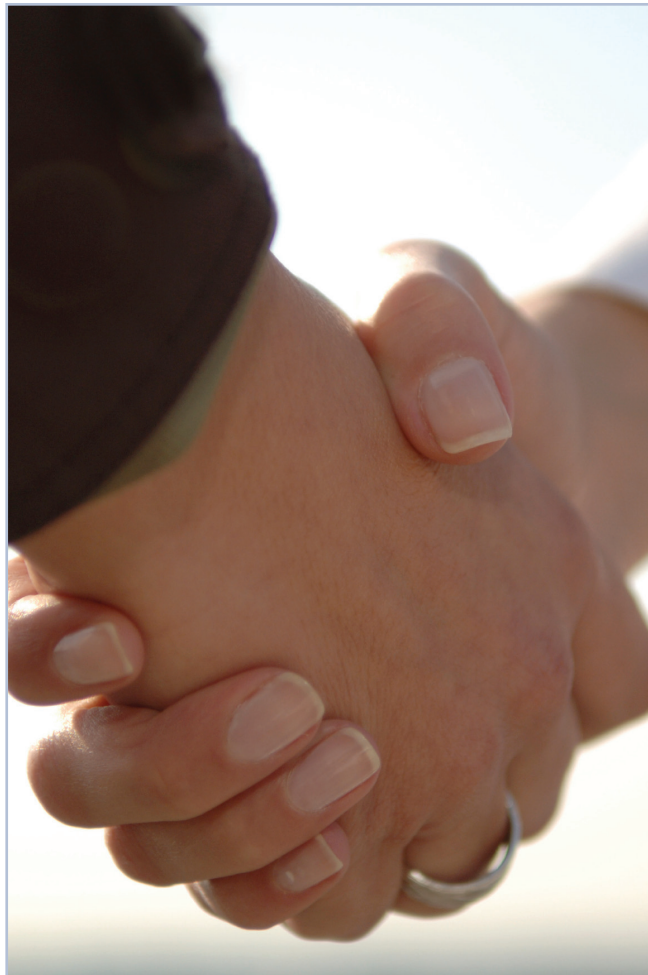
The Operational Perspective

Structurally, a collaborative agreement sets out broad based parameters for inter-organizational collaboration. This includes sections of the agreement that specifically list the aspects of any further collaborative initiative that must be addressed in greater detail in any project specific collaboration. Therefore, if both organizations agree that students, clinical placements, alumni and intellectual property, for example, are aspects and functions of their core business that are important to address, and set parameters for these in the inter-organizational collaborative agreement, then in any project specific collaborative initiative, these same aspects must be addressed through the process of discussion and negotiations.

So what does all of this mean to Michener, its students, faculty, alumni and partners? There are two ways to answer this question. First, with some experience now in the process of drafting, negotiating and completing inter-organizational agreements, Michener has gained a valuable skill set and comfort level with engaging organizations in more broad based discussions around potential synergies between Michener and other organizations. The actual process of creating a collaborative agreement has been, as much about learning with, from and about an organization, as it has been about actually having a final agreement signed. The signed agreement represents a transition point between "agreeing to collaborate" and learning more about the potential opportunities that can be addressed through the combined efforts of two organizations. Second, the actual outcome to students, faculty and alumni may vary from project to project, under the umbrella of an inter-organizational collaborative agreement. However, by the nature of its concept and structure, the impacts and benefits of any project will always be assessed, discussed and addressed under the auspices of the broad framework of the collaborative agreement, consequently serving to foster the relationship.

Avadikyan, A., Llerena, P., Matt, M., Rozan, A. & Wolff, S. (2001) "Organizational rules, codification and knowledge creation in inter-organizational cooperative agreements" *Research Policy* 30 : 1443-1458.

Sachwald, F. (1998) "Cooperative agreements and the theory of the firm: Focusing on barriers to change" *Journal of Economic Behavior & Organization* 35 : 203-225.
John Paul Tzountzouris was the former Senior Policy Advisor & Manager, Centre for Continuing Professional Education and Access & Options Program, The Michener Institute.



Memorandums of Understanding with the University of Toronto and other educational partners

In November 2008, a Memorandum of Understanding (MOU) between the University of Toronto (UofT) and The Michener Institute was approved by the Governing Council of the UofT and Michener's Board of Governors. This MOU sets out in broad terms the conditions and parameters for collaborative joint programs. The Medical Radiation Sciences program was the first joint program to fall under the MOU, and was a key enabler of the MOU as it built upon a well developed relationship between the two organizations.

The MOU between UofT and Michener is a clear demonstration of a shared understanding of each others value as educational institutions, enabling the evolution of future collaborative projects to advance the education of health professionals.

The Michener Institute also has MOUs with: The College of Science, Technology and Applied Arts of Trinidad & Tobago (COSTAATT) (Caribbean), Rajasthan University (India), and INHOLLAND (The Netherlands).

alumni happenings

Births



Jean Beeho (Chiropractic, '99)

Ethan Beeho was born on Jan 18, 2008 to proud parents, Jean (Chiropractic, '99) and Jason Beeho. Jean is also Chiropractic faculty member at The Michener Institute.



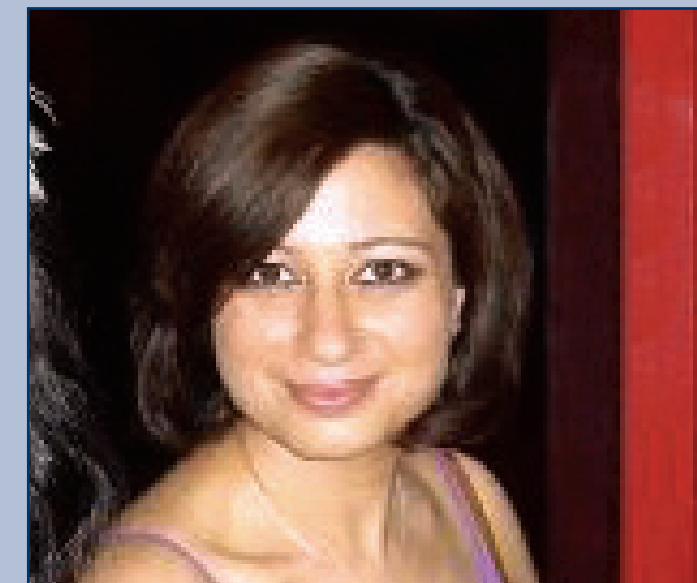
Jeanette Wong (nee Ho) (Radiation Therapy, '03)

Jeanette and her husband Joe have welcomed two boys into their lives in the past two years. Ethan was born on in February 2007 and Brandon in October 2008. Congratulations to Jeanette and her husband Joe.

Notes

Neeti Passi (Nuclear Medicine, '05)

After four years, and with great hesitation and sadness, Neeti moved on from Michener to pursue an exciting career in health care consulting. Upon graduating in 2005, she accepted a position as a faculty member in the Nuclear Medicine department at Michener. In 2008, she began the Masters of Health Administration program at the University of Toronto where she complete a three month practicum at PRISM Partners, a project management and capital redevelopment consulting firm. Upon completing her practicum, PRISM Partners offered her a position as a Program and Planning Manager. Neeti will be greatly missed by her colleagues and friends and we wish her the best in her new endeavour.



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The Alumni Association is looking for new members to join its Board of Directors and updates about what is going on with our alumni. If you've gotten married, had a baby or achieved a career milestone, we want to hear from you. Email us at alumni@michener.ca.

alumni happenings

Notes

Sarah Robinson (Chiropody, '06)

Sarah joined Michener as a Chiropody Instructor in April, 2009. Upon graduating from Michener in 2006, Sarah went on to study at McMaster University and received her BSc (Hons) in Biology.

Tania Toffner (Medical Laboratory Technology, '01)

Congratulations to Tania, who as of November 16, 2009 assumed the role of Director, Certification at the Canadian Society for the Medical Laboratory Science (CSMLS).

John-Paul Tzountzouris (Molecular Genetics, '97)

In September 2009, John took on a new role as Senior Policy and Knowledge Management Specialist at the College of Medical Laboratory Technologists of Ontario, after having served at Michener as Program Manager, Centre for Continuing Professional Education and Senior Policy Advisor since October 2006.

John is well known for his organizational and policy insight abilities, his willingness to share knowledge, and his subtle sense of humour. He will certainly be missed by his Michener family.

Earlier this year, John and our guest editor John Gilbert co-authored an article in *Healthcare Papers* entitled "Role of Educational Institutions in Identifying and Responding to Emerging Health Human Resources Needs" in Volume 9, Issue 2, 2009.



Michener
MAGAZINE
A publication for Alumni & Friends

advertising

2010 RATE CARD

Frequency:	3 Annual Editions: Winter, Spring, Fall		
Circulation:	10,000 across Canada (mainly Ontario) to influential alumni, government, Michener stakeholders and community members, as well as key decision makers in the applied health care sector.		
Format:	8.5" x 11" letter format, offset printed, trimmed & saddle stitched		
Spring Issue:	Space booked: March 1st	Art required: March 19th	
Fall Issue:	Space booked: (TBA)	Art required: (TBA)	
Winter Issue:	Space booked: (TBA)	Art required: (TBA)	

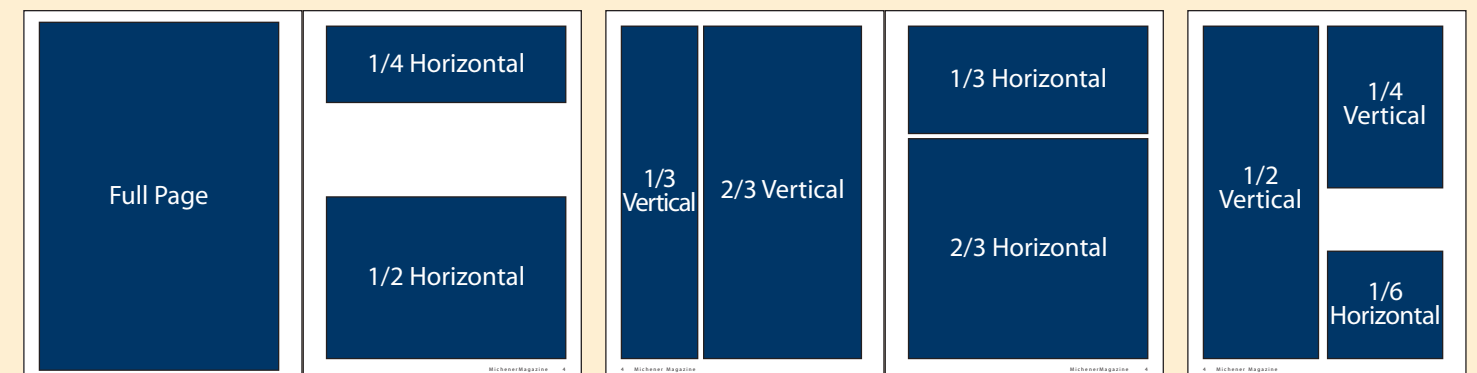
Size/Placement	Dimensions	Rates	
		Black & White	Full Colour
Cover - Back/Inside			
Full Page with bleed (add 1/8")	8.5" x 11" (inside), 8.5" x 9.5" (back)	\$1,350	\$1,875
Full Page no bleed	7.5" x 10" (inside), 7.5" x 9.5" (back)	\$1,200	\$1,500
Internal			
2/3 Horizontal	7.5" x 6.4"	\$575	\$850
2/3 Vertical	7.25" x 10"	\$575	\$850
1/2 Horizontal	7.5" x 4.875"	\$325	\$625
1/2 Vertical	3.625" x 10"	\$325	\$625
1/3 Horizontal	7.5" x 3.2"	\$275	\$400
1/3 Vertical	2.375" x 10"	\$275	\$400
1/4 Horizontal	7.5" x 2.375"	\$175	\$275
1/4 Vertical	4.875" x 3.625"	\$175	\$275
1/6 Horizontal	3.625" x 3.2"	\$105	\$175

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upcoming events

2010

- GE Healthcare-Michener Advanced CT Imaging Centre of Excellence – January 2010
- Physician Assistant Welcoming Ceremony – Wednesday, January 6, 2010
- Alumni Association Meeting – Tuesday, January 12, 2010
- Meet Me at Michener dates – January 14, February 11, and March 18, 2010
- Board of Governors Meeting – Tuesday, January 19, 2010 / 1-4 p.m
- CAE/Michener Centre for the Advancement of Simulation in Healthcare external launch – Winter 2010
- Board of Governors Meeting – Tuesday, March 2, 2010 / 1-4 p.m
- Career Fair – Wednesday, April 7, 2010
- Board of Governors Meeting – Tuesday, April 20, 2010 / 1-4 p.m
- Multiple Mini Interviews – April 26-May 1, 2010
- Doors Open Toronto – Sunday May 30, 2010



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