Learning to be Interprofessional
Future alumni collaborating in an integrated health care team

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INTERPROFESSIONAL COLLABORATION: achieving desired results

According to the National Network for Collaboration (http://nncolab.org), "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 oneself, and to think interprofessionally, was the first half.

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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 excellent example of integrated patient-focused care done well. And it wasn’t only well because enough skills had been gathered under one roof to support all the functions of a comprehensive care facility. But 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 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.
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.

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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 chiropody 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

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.”
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 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.

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 (IPC) can lead to improved patient outcomes and more effective use of health care resources. (See “Learning to be Interprofessional” pg 20)

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

“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)

Interprofessionalism. “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 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 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.”
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 approach it, you’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 encourage them to expand their scopes of practice in a team-based setting.”

Closson cites the newly-minted role of anesthesiology 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 disciplines 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 education system 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 system, patients in Ontario will experience improved outcomes. But he adds that to continue the process for the entire health care system, it will take time. “It will be a generation to address,” says Closson.

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, which can then generate clinical simulations based on this preload 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 preclinical laboratory science program,” he says. “We plan to fully meld the digital slide technology into the EHR itself.”

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 and use the EHR,” says Bandali. “As an example, radiation therapy 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 therapist and radiologic technologist can access, 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 areas of the hospital, 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 integrated, 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
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 technetium-99m, the isotope most widely used for medical diagnostic imaging.

“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 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 isotope shortage was less critical than it could have been. “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.

“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.

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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 benefited 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 health care 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.

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“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
It’s the late 1980s 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 enrols at The Michener Institute.

Fast forward twenty years and Sean McCluskey (Nuclear Medicine ‘92) is a Nuclear Medicine Technologist and Modaligy Leader with a private clinic in downtown Toronto, loving his work. 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 notes.

“Michener prepares to meet these challenges, we need the support of our alumni 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

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 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 ’89, and Michelle Lau Radiation Therapy ’02), member of Michener’s 50th Anniversary Steering Team.

Unable to attend events in person, Yawney 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 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, leading 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
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.
The lack of evidence in IPC-based education means all eyes in academia will be on Michener, especially during the early years of its "standardized patient" 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 care professionals to use,” he says. “But while we are contributing to the knowledge of the scholarly community, there’s 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.

But 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 education courses. Students and faculty have all taken interprofessional education courses so far, 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,” she says. “That’s where a large number of errors occurs, so it is logical to believe that knowledge could reduce 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 this 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 health sciences institute that has implemented this type of curriculum across all programs. What we are doing here is innovative, revolutionary and cutting-edge education.”

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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:

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 Chiropody, 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.

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.

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.
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 résumés 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.
**Achievements**

Susan Dunington (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.

**Births**

**Janet (Moore) Maggio**
Nuclear Medicine ‘03

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

**Alexa Sowrey**
Radiation Therapy ‘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.

**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

Marianna Totino and Dr. Micheal 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**
Honorary Diploma
Recipient, 2004

On June 24th, 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 her 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.

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**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
Positive Pregnancy Program

Jay MacGillivray, Midwifery ’93

Dr. Mark Yudin along with women, she says. She had been doing the medical system in keeping up with Pregnancy Program “after becoming MacGillivray started Positive province.

Jay is one of the senior midwives in the area of maternity care in the province. Today, Jay is one of the senior midwives in the province.

MacGillivray started Positive Pregnancy Program “after becoming 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 parenthood. MacGillivray says. “The midwifery component of the care provides a knowledgeable continuity throughout the pregnancy, childbirth 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 funding 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.

upcoming events

Orientation Week - September 2 - 4, 2008
Unveiling of 50th Anniversary Mural - September 4, 2008
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
Homecoming - November 21 - 22, 2008
Gala Dinner for Alumni & Friends - November 22, 2008
“This is my SOLUTION.”

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