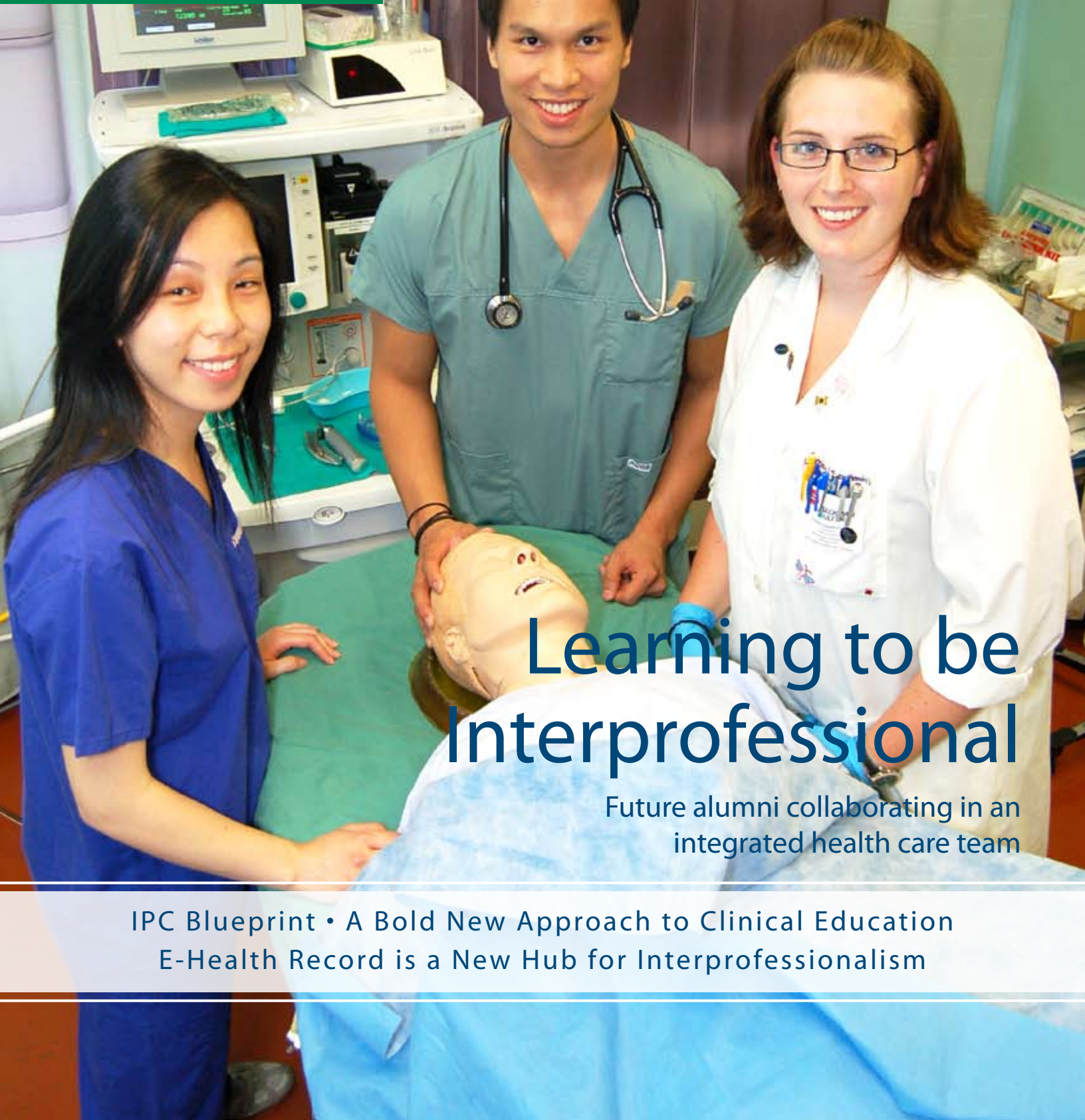


# Michener

## MAGAZINE

A publication for Alumni & Friends • Summer 2008



# Learning to be Interprofessional

Future alumni collaborating in an  
integrated health care team

IPC Blueprint • A Bold New Approach to Clinical Education  
E-Health Record is a New Hub for Interprofessionalism

# forward thinking



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

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

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

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

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

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

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

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

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

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

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

— Kathleen Sandusky

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



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



# A BOLD NEW APPROACH TO clinical education

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Michener's new strategy gives St.

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

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



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

# INTERPROFESSIONALISM: a student viewpoint

By Sioban Quicke, Genetics Technology Student

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



Allan Choi and Richard Hoang

**SQ: Explain what 'interprofessionalism' means to you.**

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

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

**SQ: What has been your experience with interprofessionalism?**

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

called "Impact of IPE on students".

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

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

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

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

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

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

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

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

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

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

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

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

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

# nurturing life

## AND CREATING A POSITIVE IMPACT

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

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

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

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

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

reality and created P3.

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

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

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

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



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

## upcoming events

Orientation Week - September 2 - 4, 2008

50<sup>th</sup> Unveiling of 50<sup>th</sup> Anniversary Mural - September 4, 2008

50<sup>th</sup> 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

50<sup>th</sup> Homecoming - November 21 - 22, 2008

50<sup>th</sup> Gala Dinner for Alumni & Friends - November 22, 2008

Email us if you would like to get involved.

The Michener Senate  
senate@michener.ca

Orientation  
orientation@michener.ca

Open House  
openhouse@michener.ca

50<sup>th</sup> Anniversary Events  
50th@michener.ca

## Unveiling Michener's 50<sup>th</sup> Anniversary Mural

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

FREE ADMISSION

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

Herophilus

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

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

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

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

