

## Board of Directors Open Meeting

February 5, 2025 at 5:00 pm

**IN PERSON:** TBRHSC Executive Boardroom, Level 3, Room 3043

**VIRTUAL OPTION** for Board Directors: Webex Connection as provided by email

### AGENDA

**Vision:** *Exceptional care for every patient, every time.*

**Mission:** *We provide quality Care to Patient and Families, supported and advanced by research, innovation and education that is responsive to the needs of the population of Northwestern Ontario.*

**Values:** *Diversity, Compassion, Excellence, Innovation, Accountability*

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation /Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
1.0	2	CALL TO ORDER and WELCOME						
1.1	2	P. Lang	Land Acknowledgement & Chair’s Remarks					
1.2	2	P. Lang	Report from the Chair *					X
1.3	1	P. Lang	Quorum (9 members total required, 7 being voting)					
1.4	1	P. Lang	Conflict of Interest					X
1.5	1	P. Lang	Approval of the Agenda	X				
2.0	5	PATIENT STORY – Jennifer Wintermans, VP Clinical Services, Quality & Corporate Affairs						
3.0	PRESENTATIONS/EDUCATION							
3.1	15	Dr. Crocker Ellacott J. Logozzo	SP2026 Spotlight: Patient Experience *		X			
4.0	CONSENT AGENDA							
4.1	-		Board of Directors Open Minutes – December 4, 2024 *	X				
4.2	-		Wages & Source Deductions Attestation – Q3 2024-25 *					
5.0	REPORTS							
5.1	10	Dr. Crocker Ellacott	Report from the President and CEO *					X
5.2	10	A. Vinet	Report from the Chief Nursing Executive *					X
6.0	FOR INFORMATION							
6.1	-		Report from the TBRHSC Foundation *					X
6.2	5	Dr. Green	Report from the Northern Ontario School of Medicine University					X
6.3	-		Environmental Compliance and Fire Safety Update *					
7.0	DATE OF NEXT MEETING – April 2, 2025							
8.0	ADJOURNMENT & BREAK							

#### Ethical Framework

TBRHSC is committed to ensuring ethically responsible practices that align with our philosophy/vision/mission/values. All workers should consider decisions from an ethics perspective including their impact on patients, staff and the community.

Does the course of action:

1. Promote **DIVERSITY** by fostering a people-centered environment that is inclusive of all?
2. Show **COMPASSION**, empathy & respect by acknowledging ourselves as learners in understanding the experiences of others, and by considering the needs, thoughts and feelings of those we serve and with whom we work?
3. Demonstrate **EXCELLENCE** by delivering the highest quality of services in every encounter and in all our work?

#	Time	Presenter	Item & Purpose	Expected Outcome				
				Recommendation / Decision/Action	Education	Discussion	Strategic Progress	Fiduciary Information
<p>4. Foster <b>INNOVATION</b> by embracing continuous learning and improvement to drive positive change for our patients, staff, and communities?</p> <p>5. Uphold <b>ACCOUNTABILITY</b> by sustaining and reinvesting in our mission and communities through wisely planning for and managing our resources?</p> <p>For more detailed questions please refer to the Hospital's full Framework for Ethical Decision Making.</p>								

\* denotes attachment

**BOARD OF DIRECTORS (Open)**  
**February 5, 2025 – DRAFT**

Agenda Item	Committee or Report	Draft Motion or Recommendation	Approved or Accepted by:
1.4	Agenda – February 5, 2025	"That the Agenda be accepted, as circulated."	Moved by: Seconded by:
4.0	Consent Agenda	"That the Board of Directors:  4.1 Approves the Board of Directors Open Minutes of December 4, 2024; 4.2 Accepts the Q3 2024-2025 Wages and Source Deduction Attestation for the Thunder Bay Regional Health Sciences,  as presented."	Moved by: Seconded by:



## Report from the Board Chair *February 2025*

I would like to begin my first report of 2025 by expressing gratitude to our incredible staff, professional staff, volunteers and learners for their hard work over the holidays. The holiday season is typically a very busy time for our Emergency Department and with the influx of respiratory illnesses, these past couple of months were no exception to previous years. Thank you for your dedication to providing the highest quality care to the people of Northwestern Ontario.

As mentioned, the Hospital has seen an increase of respiratory illnesses within our Inpatient Clinical Units and respiratory-related visits to our Emergency Department. As part of our commitment to keeping everyone safe, there are masking protocols in certain areas of our facilities. Masking is required by all staff, professional staff, learners, volunteers, and Essential Care Partners/Care Partners (ECPs/CPs) when entering a patient room in all Inpatient Clinical Units and when in the Emergency Department. Masks are available at all of our public entrances on the sanitizing stands.

Another key component to reducing the spread of illness is hand hygiene. Washing your hands with soap and water or by using hand sanitizer helps reduce the spread of disease. All patients, visitors, staff and volunteers are asked to wash their hands when entering the Hospital, or make use of the hand sanitizer dispensers available throughout the facility. We certainly appreciate your cooperation with masking and proper hand hygiene as together, both reduce the risk of spreading illness and help us keep the community safe.

The holiday season was also marked by the kindness and generosity of staff. Throughout December, departments came together to provide donations for those in need in our Hospital and community. Staff from Thunder Bay Regional Health Sciences Centre's Informatics Team raised over \$600 for our Hospital's Patient Clothing Cupboard. The money will be used by our volunteers to purchase new socks and underwear for patients in need. The Emergency Department raised \$3,700 for the Children's Aid Society's Holiday Hamper Program with additional cash donations to the Dew Drop Inn and the Regional Food Distribution Association. The Renal Food Cupboard, which is managed and maintained by members of the North West Regional Renal Program at our Hospital, collects kidney-friendly food items for renal patients throughout the year. This team continued their annual Christmas food drive campaign to support that collection, which was organized by the Health Care and EMS Prayer Chain and helped by donations from Renal Program staff. The willingness of staff, professional staff, learners and volunteers to contribute and support these initiatives has a significant impact on some of our most vulnerable patients, who rely on the food and clothing cupboards daily. A special thank you goes out to those who coordinated these collection drives, as their hard work and dedication in organizing such efforts not only make a difference in the lives of our patients but also inspire others to give.



December brought with it investments from the Ontario government to support sustainability and improve access to care. More than \$14 million in funding was announced to support staffing and operations at our Hospital to address financial pressures while meeting the unique needs of the region's population. This is an additional investment to the organization's base funding, supporting both immediate needs and long-term improvements. The Province is also providing funds to build a new, state-of-the-art emergency mental health and addictions assessment and observation area, ensuring the Hospital is better equipped to deliver responsive and comprehensive care to those in crisis. Once opened, the new mental health area will include a new space designed to provide care in a safe and private setting for patients and their families, ensuring individuals in crisis have access to critical services quickly and close to home.

In addition, the month of January ended with a significant funding announcement from the Ontario government that will enable us to enhance cardiovascular surgery services at Thunder Bay Regional Health Sciences Centre. The \$93 million for infrastructure will allow us to establish a Cardiovascular Surgery Program. The overall project aims to revolutionize the landscape of cardiovascular care within our Hospital and deliver transformative impacts on the health and well-being of individuals throughout Northwestern Ontario. The addition of these critical services will hold immense significance, offering life-saving cardiovascular interventions that will improve patient outcomes and reduce the need for long-distance travel to other hospitals in our Province. The project will facilitate lasting enhancements in the quality of care, ensuring a better future for healthcare in our region

Thank you to all those who purchased tickets for the Thunder Bay Regional Health Science Foundation's 50/50 lottery, resulting in December's record-breaking grand prize of \$6,436,355. Proceeds from the 50/50 have funded many projects at our Hospital including an MRI retrofit, PET/CT scanner, renovations in the Emergency Department and Cancer Centre, and many other initiatives that improve closer-to-home care for everyone in our community. This past year the Foundation through your donations contributed \$6.6 million to our Hospital – we are incredibly grateful. I would also like to recognize the generosity of The Hearts at Home Campaign and the funding raised for the Cardiovascular Surgery Project that will help support the project. The Foundation's work makes a huge impact on health care for residents in Northwestern Ontario and supports the Hospital's vision of *exceptional care for every patient, every time*.

*Patricia Lang*  
*Chair, TBRHSC Board of Directors*



## Strategic Plan 2026 Year 3 Patient Experience Highlights

February 2025



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# Year 3 Highlights – Spotlight on Patient Experience

			
			
<b>Equity, Diversity, &amp; Inclusion</b> We all belong	<b>Patient Experience</b> Empathy, compassion, and respect in every encounter	<b>Staff Experience</b> This is where we want to work, grow and thrive	<b>Research, Innovation, &amp; Learning</b> Driven by the needs of our patients, our staff and our communities

**Sustainable Future** Ensuring our Healthy Future



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# Evolution of Patient and Family-centred Care

## Highlights:

- Streamlined recruitment of Patient Family Advisors (PFAs) and recruited **24 new PFAs**; built **robust onboarding** for PFAs.
- Developed **co-design framework**, including implementation strategy, practical guidelines and person-centred communication tools to **support co-design at the bedside**.
- Monitoring Patient Experience results and supporting development of **unit-level action plans**, including application of co-design framework.
- Co-design **roll-out and education** activities underway.



## Goal:

Lead the evolution of Patient and Family-centred Care embedding the principles of co-design, where each person is treated with compassion, respect and empathy.

## Objectives:

- Design and implement a co-design framework to ensure a clear understanding of care by all staff, patients and families.
- Embrace the core concepts of PFCC with a co-design approach to care planning.

Status: **On track**



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# Seamless Transitions

## Highlights:

- Revitalized **Bed rounds**, including increased engagement.
- Established **Clinical Decision Unit**.
- Recruited and on-boarded additional part-time **Patient Flow Coordinator**.
- Hired **Geriatric Emergency Medicine** (GEM) nurse for ED.
- Active partner in **Regional Integrated Clinical Pathways** initiative for Heart Failure; underway and progressing.

## Goal:

Focus relentlessly on quality to deliver services that are free from preventable harm, accessible, appropriate and integrated.

## Objective:

- Consistently deliver health services that are effective, well-coordinated and include seamless transitions.

Status: **On track**



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STRATEGIC PLAN



# Coordination & Support for Frequent Users

## Highlights:

- Implemented **Heart Failure Clinic**.
- **Trial complete**; sustainability planning underway.
- **Repeat ED visits for patients with congestive heart failure have improved.**
- Ongoing partnership with region through **Integrated Clinical Pathways**.



## Goal:

Become experts in caring for and supporting patients with complex care needs due to multiple acute and chronic conditions, mental health and addiction issues, and social vulnerabilities.

## Objective:

Enhance, better coordinate and support care for patients with complex health issues who are frequent users of hospital services.

Status: **Completed 2024/25 Q2.**



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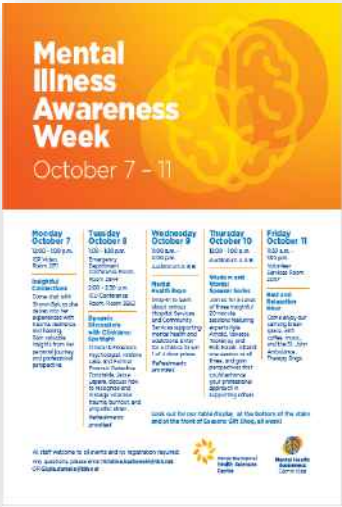
STRATEGIC PLAN



# Substance Use & Addictions Strategy

Highlights:

- Began operations of **Addictions Medicine Consultation Service** in March 2024 and **over 400 patients** have since received support.
- Updated **Substance Use & Addictions protocols, policies & patient resources** for opioid withdrawal management, alcohol withdrawal management, and ED standard of care.
- Completed Thought Leader session to support **anti-stigma education**, and staff pledged their support for Anti-Stigma Campaign.
- Held free viewing of “**A Sobering Story**” at Silver City theatre in November 2024.
- Completed and submitted **Substance Use & Addictions Integrated Pathway** application to Ontario Health.



Goal:

Become experts in caring for and supporting patients with complex care needs due to multiple acute and chronic conditions, mental health and addiction issues, and social vulnerabilities.

Objective:

- Enhance, better coordinate and support care for patients with complex health issues who are frequent users of hospital services.

Status: **On Track**



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# Focus on Quality

## Highlights:

- 2024/25 **Quality Improvement Plan (QIP)** well underway and 2025/26 QIP in development.
- Falls Prevention Committee** working on a number of initiatives, including non-slip patient slippers, and “When meals are on the way, make room for the tray” initiative.
- Quality Huddles** established in over 50 departments, and Quality Huddle excellence awards.
- Physician engagement** underway re: improving quality of reported harm incidents.
- Accreditation planning** underway, with self-assessments now complete.

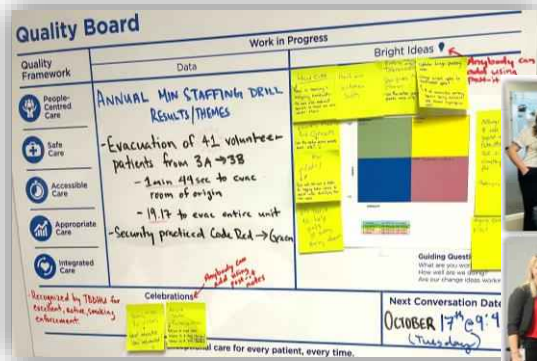
## Goal:

Focus relentlessly on quality to deliver services that are free from preventable harm, accessible, appropriate and integrated.

## Objectives:

- Promote and sustain continuous quality improvement, with focus on our unique patient needs.
- Eliminate preventable harm by enhancing our safety culture.

Status: **On track**



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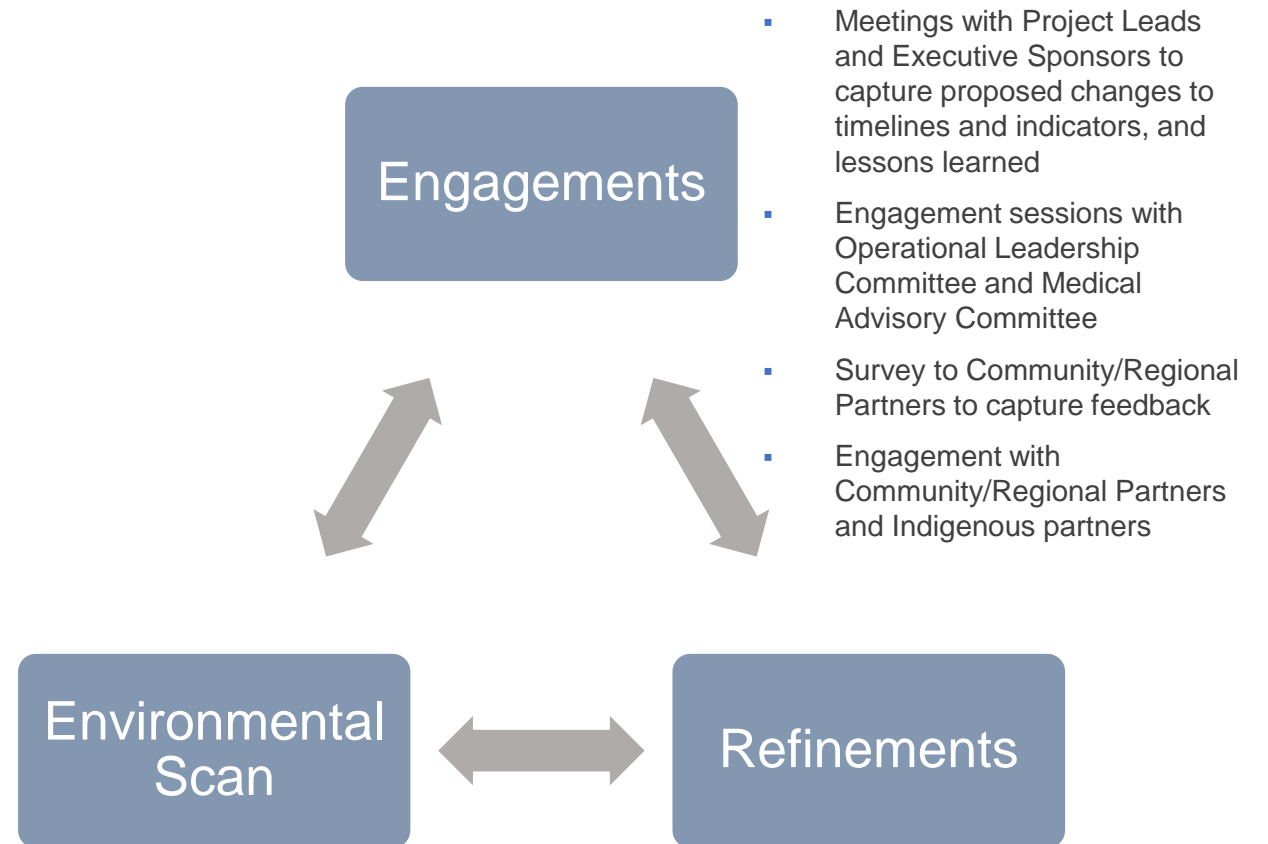
STRATEGIC PLAN  
2026



# Annual Accountability Process – Year 3

## Next Steps

- **February – May – Engagement, Environmental Scan and Refinement**
- **June – TBRHSC Board meeting**
  - ▶ Present final Year 3 report and Year 4-5 updates.
  - ▶ Board approval.
- **June – Annual Community Partner Session**



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# Questions



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## Board of Directors – *Open*

Wednesday, December 4, 2024 at 5:00pm

In Person at TBRHSC and via Webex (Board Directors only)

Action

### Present:

Christine Bates ( <i>Chair</i> )	Dr. Rhonda Crocker Ellacott*	Michael Pelletier
Charles Campbell	Dr. Andrew Dean	Douglas Judson
Matt Simeoni	Kimberly Ferris	Joy Wakefield
James Peotto	Adam Vinet*	Dr. Brad Jacobson*

### By Invitation:

Elena Arena, *Recording Secretary*  
 Justin Garofalo, *Interim Vice President, Corporate Support Services & Chief Financial Officer*  
 Jennifer Wintermans, *Vice President Quality & Corporate Affairs*  
 Dr. Chris Mushquash, *Vice President, Research*  
 Jessica Logozzo, *Vice President, Regional Transformation & Integration*  
 Jeannine Verdenik, *Vice President, People & Culture*  
 Dr. Bill Harris, *Vice President, Medical & Academic Affairs*  
 Dr. Miranda Lesperance, *Vice President, Indigenous Collaboration, Equity & Inclusion*

### Regrets:

Patricia Lang	Dr. Elrasheed Osman*	Gord Wickham
Dr. Michael Green		

**1.0 CALL TO ORDER** – The Chair called the meeting to order at 5:05p.m.

### **1.1 Chair's Remarks**

The Chair opened with a land acknowledgement and welcomed Board members, Hospital Vice Presidents, and guests to the meeting.

**1.2 Quorum** – Quorum was attained.

**1.3 Conflict of Interest** - None

### **1.4 Approval of the Agenda**

*Moved by:* Dr. Andrew Dean

*Seconded by:* Joy Wakefield

*Motion*

*"That the Agenda be approved, as circulated."*

### **CARRIED**



## 2.0 PATIENT STORY

Staff members from the Radiation Therapy department shared patient stories via a pre-recorded video to highlight the importance of engaging with patients to determine patient needs, and the positive impact that engagement can have on the patient experience.

## 3.0 PRESENTATIONS

### 3.1 Strat Plan 2026: Quarterly Progress Report

A report on the second quarter status of Strategic Plan 2026 Initiatives and Strategic Indicators was pre-circulated.

Overall, the second quarter results highlight the progress made on all strategic initiatives and performance against strategic indicator targets. As at September 30, 2024, there were twenty-five (25) initiatives either in progress or complete. A majority of the initiatives are on track with plans in place to mitigate further delays on those initiatives that are slightly behind expected timelines.

Senior leaders in attendance provided updates on the progress and successes achieved in the second quarter.

## 4.0 CONSENT AGENDA

*Moved by: Charles Campbell*

*Seconded by: Matt Simeoni*

*Motion*

*"That the Board of Directors:*

*4.1 Approves the Board of Directors Open Minutes of October 2, 2024;*

*4.2 Accepts the Q2 2024-2025 Wages and Source Deduction Attestation for the  
Thunder Bay Regional Health Sciences,*

*as presented."*

### CARRIED

## 5.0 REPORTS

### 5.1 Report from the President & CEO



The President and CEO report was pre-circulated for information. The report highlighted various accomplishments, current challenges, and highlights on activities including the recent unveiling of a plaque that honours the Robinson Superior Treaty of 1850, the successful Indigenous healthcare career showcase, the establishment of a new affiliation agreement with the Northern Ontario School of Medicine University, the opening of a new staff lounge, and system capacity challenges.

## **5.2 Report from the Chief of Staff (COS)**

The COS report was pre-circulated for information. Highlights included professional staff engagement initiatives, activity to support the enhancement of the patient experience, and an update on equity, diversity and inclusion training requirements.

## **5.3 Report from the Chief Nursing Executive (CNE)**

The CNE report was pre-circulated for information. Highlights focused on activity to support and advance recruitment and retention, including the Clinical Scholar program, the Community Commitment Program for Nurses (CCPN) opportunities, and a recent staff manuscript submission regarding the retention and attrition challenges in rural, remote and northern healthcare.

## **6.0 FOR INFORMATION**

**6.1 Report from the TBRHS Foundation** – For information.

**6.2 Report from NOSM University** – Deferred to February 2025.

**6.3 Environmental Compliance & Fire Safety Update** – For information.

**7.0 DATE OF NEXT MEETING** – February 5, 2025

**8.0 ADJOURNMENT** – The meeting adjourned at 5:40 p.m.

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Chair

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Board Secretary

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Recording Secretary



## ATTESTATION

**TO:** Thunder Bay Regional Health Sciences Centre Board of Directors (the "Board")

**FROM:** Dr. Rhonda Crocker Ellacott  
President and Chief Executive Officer

**DATE:** January 22, 2025

**RE:** **Q3 2024-25** Wages and Source Deductions for Fiscal Year Beginning  
April 1, 2024 and ending March 31, 2025 (the "Applicable Period")

On behalf of the Thunder Bay Regional Health Sciences Centre (the "Hospital"), I attest that:

- all wages owing to employees have been recorded, processed, accrued and/or paid accordingly as per established payroll cycle and other scheduled payouts;
- all source deductions relating to the employees, which the Corporation is required to deduct and remit, pursuant to all applicable legislation, including without limitation, the Income Tax Act (Canada), the Canada Pension Plan (Canada), the Unemployment Insurance Act (Canada), and Employer Health Tax Act (Ontario), have been made and remitted to the proper authorities within established timelines;
- all taxes collected pursuant to the Harmonized Sales Tax have been collected, claims filed and/or remitted as required to the proper authorities;
- the Corporations Information Act Annual Return required of Registered Charities under the Income Tax Act (Canada) has been filed;
- that the systems in place, as established by the Board, for the preparation and submission to the Board of compliance certificates, confirming that wages, source deductions and other taxes have been accomplished, are in place, are functional, adequate and monitored

during the Applicable Period.

In making this attestation, I have exercised care and diligence that would reasonably be expected of a President and CEO in these circumstances, including making due inquiries of Hospital staff that have knowledge of these matters.

Dated at Thunder Bay, Ontario this 22<sup>nd</sup> day of January, 2025.

Dr. Rhonda Crocker Ellacott, HBSn, M.A., Ed.D  
President and Chief Executive Officer  
Thunder Bay Regional Health Sciences Centre  
Chief Executive Officer  
Thunder Bay Regional Health Research Institute

## February 2025

Greetings, boozhoo, and bonjour.

As we embark on the first quarter of 2025, I am pleased to provide this report, which offers an overview of our recent achievements, ongoing initiatives, and key challenges and opportunities.

This report reflects our dedication to addressing capacity challenges during peak respiratory season, milestone funding and progress in the Cardiovascular Surgery Program, the successful launch of the Paediatric Emergency Transport Team (PETT), advancements in Equity, Diversity & Inclusion (EDI) initiatives, and the implementation of innovative technologies, including AI tools and the new MEDITECH Expanse Electronic Health Record (HER). Moreover, it underscores the importance of compassionate care as evidenced by exceptional patient feedback.

The winter months have brought significant challenges as we navigate the peak respiratory and influenza season. Since December 26, 2024, there has been a noticeable increase in respiratory infections, resulting in heightened demand in our Emergency Department and inpatient services. A COVID-19 outbreak on 1A Oncology, while disruptive, was effectively contained within eight days, thanks to the efforts of our Infection Prevention and Control team.

We continue to communicate with the community about infection prevention measures, including masking, to reduce further pressures on the system. In collaboration with our patient flow leadership team, we are optimizing bed capacity to ensure patients receive timely acute care.

Addressing the shortage of long-term care beds in the community remains a priority. Our partnerships with long-term care providers are vital as we work to create alternatives for patients needing non-acute care. These collaborations aim to alleviate the pressure on acute care beds, ensuring their availability for those in immediate need.

## Patient Experience

Empathy, compassion, and respect in every encounter



### Cardiovascular Program and Project Update

Significant progress has been made on the Cardiovascular Surgery Program, a transformational initiative for the region. In December, the Ministry of Health committed up to \$98.96 million in funding for the total project cost of \$122.26 million, with construction activities set to commence soon.

The construction contract was awarded, and project phasing has been initiated. We are anticipating construction activities to commence in the coming weeks. These advancements will enhance our ability to provide comprehensive cardiovascular care.

The construction and renovation will include:

- 14 new Cardiovascular Surgery inpatient beds;
- 6 new Coronary Care Unit beds;
- A new Hybrid Operating Room;
- Renovations to 2 existing Operating Rooms;
- A new Ambulatory Cardiovascular Care clinic;
- A Pre-admission Clinic expansion; and
- Renovations to the Medical Devices Reprocessing and Biomedical departments.

### Paediatric Emergency Transport Team (PETT)

The Paediatric Emergency Transport Team (PETT) is the first transport team in Ontario from a non-tertiary site and transported its first patient on December 20th, 2024. The first paediatric patient was repatriated from London Health Sciences Centre just in time to be back home for Christmas.

The transport team consists of 17 team members and 10 Paediatricians who have or are undergoing extensive training to receive their certification as transport clinicians. PETT is supported by the TBRHSC Paediatrics Department, who provide medical oversight and direction to the team. The team is facilitating stable transfers from TBRHSC to tertiary hospitals as well as repatriation of patients from tertiary hospitals back to TBRHSC.



Once all team members are fully certified, the team will stabilize and transport ill neonates and infants up to age one who are in regional hospitals or rural nursing stations across Northwestern Ontario. They will transport these patients to TBRHSC or to tertiary centres as deemed appropriate.

The overall project has involved many internal departments and external stakeholders across the Province working together to provide timely access to specialized care.

## Equity, Diversity & Inclusion

We all belong



We are making meaningful strides in embedding EDI principles throughout our operations. A core team has commenced a physical space review from an EDI perspective, with the goal of ensuring that patients and families from equity-deserving groups feel safe and welcomed.

This review will provide actionable recommendations to guide culturally safe improvements, integrated into a multi-year plan.

Additionally, Ontario Health has allocated \$160,000 to support the development of a Black Health Action Plan at TBRHSC. This initiative aligns with provincial efforts to address systemic health inequities experienced by Black populations.

Engagements with internal and external partners are underway to ensure alignment with the broader Black Health Plan for Ontario.

## Staff Experience

This is where we want to work, grow and thrive



Our Leadership Development Framework continues to advance, reflecting our commitment to the Staff Experience pillar of the Strategic Plan.

Significant progress has been made across six key projects, including strategic recruitment initiatives leveraging the Clifton Strengths platform, professional development programs that have enrolled 300 leaders, and leadership orientation programs that have successfully onboarded 20 new leaders.

The 6 Projects consist of:

1. Strategic Recruitment (41% Compete)
2. Professional Development Program (92% Compete)
3. Leadership Orientation and Onboarding Program (100% Complete)
4. Succession Planning (date of start to be determined)
5. Feedback and Evaluation Process (37% Complete)
6. Leadership Community Forums (100% Compete)

Additionally, the Leadership Community Forums, now a well-established initiative, have facilitated robust discussions among 156 participants, fostering community building and employee recognition.

The Framework has been constructed based on extensive consultation and encompasses six key projects that are well underway with all to be completed and moved into operations by the end of 2026.

## Research, Innovation, & Learning

Driven by the needs of our patients, our staff and our communities



### Artificial Intelligence – Data Quality Assist Tool

TBRHSC has adopted new software that applies non-generative artificial intelligence to identify opportunities to improve our data quality. The technology reviews clinical documentation and coded data to identify missed information, and opportunities to be more precise with data input. In turn, the data output can improve the information that is provided to support our funding envelopes by detecting potential errors or gaps in our submissions to the Ministry of Health on patient care activities. The software was implemented at the end of 2024/25 and has to date (end of September 2024, Quarter 4) resulted in approximately \$900,000 in new funds. In addition, staff using the software have reported increased job satisfaction, and feel more confident in their decision making. The software tool will continue to drive quality improvements to other areas and will include work with clinical teams to improve clinical documentation that will guide better decision making for better clinical outcomes.



## Sustainable Future

Ensuring our  
Healthy Future



### Digital Transformation – Electronic Health Record

The ramp up to officially kick off the first phase of the Northwestern Ontario Digital Health Strategic Roadmap with the new MEDITECH Expanse health record has begun. This software will provide clinicians with automated support for clinical decisions, e.g., alerts for patients who are deteriorating, reduced duplicate documentation, and improved access to information. An executive leadership session was held on January 10, 2025. This session was attended by 81 executives from participating partner organizations, Ontario Health Teams and Ontario Health, along with our Meditech Expanse service partner in the North East and our vendor, Meditech. This is the first in a series of sessions for all leaders to help them prepare for their roles as we more formally kick-off in April 2025. This two-year deployment will be one of the largest clinical transformations our teams will see in decades.



## What Patients and Partners in Health are Saying

“I was at Thunder Bay Regional Health Sciences Centre for a medical procedure that I was quite anxious about. I wanted to extend my gratitude for the attentive and compassionate care I received from Nurse J. She was fantastic, as was everyone else. They really went above and beyond to make me feel comfortable and at ease. Nurse J. and I shared a few chuckles and it was a huge help (and I found the Chipmunks Faith song she and I discussed). Thank you to Nurse J, Dr. Jumah, Dr. Jin (anesthesiologist), and the whole team. I am grateful for your care and kindness.”

- Patient compliment, via Quality and Risk Management (January 2025)

“We greatly appreciate the support of the Emergency Department staff and Dr. Chang. Dr. Chang was kind, compassionate, and thorough. The staff were knowledgeable and kind during this challenging time. The cleaning staff were also helpful and offered a visitor a chair to sit in. The kindness, quick diagnosis, and response by the entire Emergency Department team are greatly appreciated.”

- Patient compliment, via Quality and Risk Management (January 2025)

“I just wanted to give a shout out to the Screen for Life bus. I was at the grocery store yesterday and happened to see the bus in the parking lot. It cued me to call and book a mammogram. It was fast, efficient and so incredibly easy. What a fantastic program! Early detection is so important and this makes it accessible to so many. If I had waited to get in to see my family doctor and then waited for a mammogram appointment, it would take months. I am so grateful for initiatives like this in the North. We are so lucky. Thank you.”

- Patient compliment, via Quality and Risk Management (January 2025)

“Nurse M. in Ambulatory Care was absolutely amazing. I have medical anxiety and attended Ambulatory Care for an iron infusion. He was so detailed and courteous towards not only myself, but my husband as well. Nurse M. was very accommodating of my anxiety and my coping mechanisms that I needed to assist me through the procedure. He explained things when he knew I could handle it and would give reassurance when needed. He definitely went above and beyond. I am so unbelievably grateful for him and his care. Thank you, Nurse M. from the bottom of my heart! You don't know how refreshing and wonderful it felt to be treated so compassionately and respectfully, along with a side of humour. You're definitely in the right job.”

- Patient compliment, via Quality and Risk Management (January 2025)

“I had an excellent experience throughout the entire process. I would like to thank Dr. Fairley and staff for their friendly, courteous and professional care from the first appointment, through to the follow-up post-op call. The admitting, pre-op and lab staff are very courteous and professional. The Surgical Day Care staff are very caring and professional, ensuring a pleasant experience for the procedure.”

- Patient compliment, via Quality and Risk Management (January 2025)





## Final Thoughts

As we navigate the challenges of capacity constraints, we remain steadfast in our commitment to innovation and collaboration.

The progress on key initiatives, such as the Cardiovascular Program and EDI efforts, underscores our dedication to delivering exceptional care. We know there is more work to do, and we are constantly looking for new methods and partnerships that will assist us in meeting our community needs as an acute care Hospital. Our operations are not immune to struggles as we look to free up hospital beds to accommodate new patients who require acute care needs.

This is certainly a time of great opportunity within our health system and we know there is more work to do. We are constantly looking for new innovations and partnerships that will assist us in meeting the needs of our community and region. Together, we look forward to advancing our vision of exceptional care, for every patient, every time.



**Chief Nursing Executive (CNE)**  
**Open Report to the Board of Directors**  
**February 2025**

*Equity, Diversity & Inclusion*

- In conjunction with Lakehead University, we are supporting Norwegian student placements in our hospital. The goal of this opportunity is for the students to gain insight into the Canadian health system. This will be initiated at the end of February, into early March.

*Staff Experience*

- We have been successful in filling our Ministry funded Clinical Scholar Program positions with 2 full-time and 4 part-time employees. Orientation will be done throughout the month of January. The goal of the position is to provide support to the medical and surgical nurses during the evenings, nights, and weekends. This is a dedicated nursing role designed to support new graduate nurses in their transition to practice.
- Since the roles inception in September 2024 the Coordinator for Internationally Educated Nurses (IENs) and Supervised Practice Experience Partnership (SPEP) has on boarded 5 SPEP learners, and 19 IENs (2024/2025). This role continues to support tailored orientation and addresses varying needs throughout the process.
- 100 applicants interested in both full-time and part-time employment were received as part of our spring hire. Interviews are underway with staff to be on boarded between March and July of this year. Of these 100 applicants, 54 are Unit Care Aids, demonstrating that this position continues to be a successful recruitment strategy to attract future nurses.
- In February, we will be implementing two new processes hospital-wide to enhance workflow and nurse satisfaction: an acuity tool and Benner's Stages of Clinical Competence. The acuity tool is designed to ensure equitable patient assignments by matching patient needs with nursing resources, while Benner's Stages of Clinical Competence provides a framework to support nursing professional development by aligning clinical growth opportunities with individual competence levels.





### *Patient Experience*

- The Registered Nurses' Association of Ontario (RNAO) recognized the work our organization accomplished within the 2022-2024 designation period during the implementation of *Engaging Clients who Use Substances* and *A Palliative Approach to Care Best Practice Guidelines (BPGs)*.
- Moving forward into the new designation period, our organization will continue to sustain these BPGs and implement the *Transitions in Care and Services BPG*, as required by the RNAO for all organizations during the 2024-2026 designation period.

### *Research, Innovation & Learning*

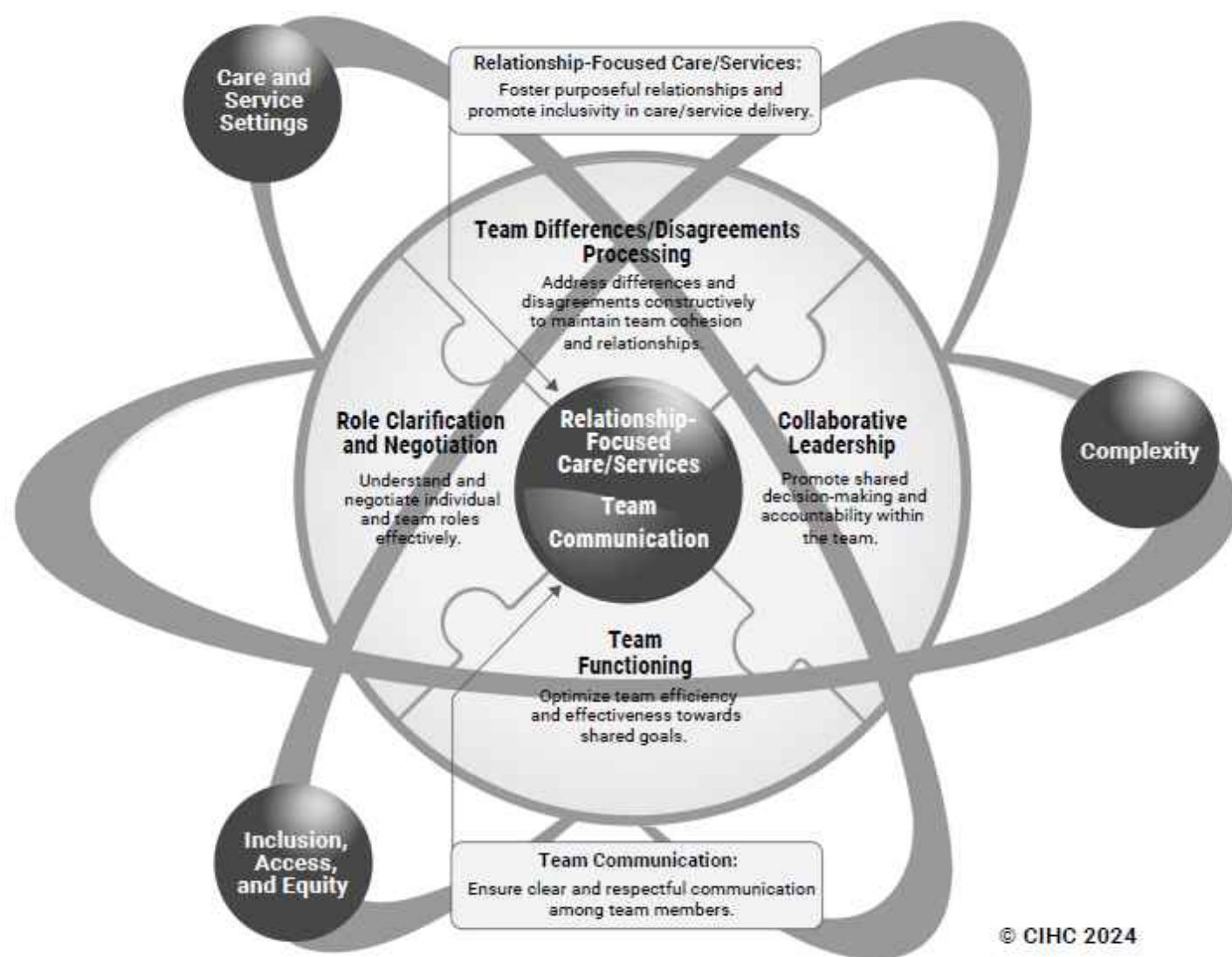
- The Roaming Education for Staff (R.E.F.S) continues to demonstrate success in the organization ending 2024 with educating over 5,100 staff. New topics and education modalities are planned for 2025. In addition, an article was recently published in the Canadian Centre for Advancing Collaborative Healthcare & Education (CACHE) highlighting this initiative (pg.11- attached).
- Other Nursing specific clinical research has been published as follows:
  - *Recently Published:* Raynak, A., Wood, B., Mushquash, C. & McLaughlin, B. (2024). Intravenous Drug Use in the Hospital Setting: Advancing Reconciliation for Indigenous Canadians Using In-Hospital Harm Reduction and Culturally Safe Care. *Journal of Addictions Nursing*, 35(4), 237–242
  - *Accepted for publication:* Raynak, A., Wood, B., & Mushquash, C. Empowering Nurses, Supporting Patients: A Call for Hospital Action in Care for Individuals Who Use Substances. *American Journal of Nursing*
  - *Submitted for publication:* Raynak, A., Wood, B., Polonoski, H., Freill, H., & Mushquash, C. (2025). Northern, rural, remote learning health systems: strengthening continuous improvement with context. Submitted: *Learning Health Systems*
  - *Submitted for publication:* Raynak, A., Mihaljevic, V., Wood, B., Polonoski, H., Seagris, S. (2025). Stemming the Tide: Tackling Retention and Attrition Challenges in Rural and Northern Healthcare to Sustain Canada's Nursing Workforce. *Journal of Advanced Nursing*

# T<sup>o</sup>gether

## Stories of Collective Impact

Volume 3, Issue 1

Fall 2024



Canadian Interprofessional Health Collaborative. (2024). CIHC Competency Framework for Advancing Collaboration 2024.

[www.cihc-cpis.com](http://www.cihc-cpis.com)

# WELCOME

## **Welcome to our international magazine, *Together: Stories of Collective Impact***

Welcome to volume three, issue one of our international magazine, *Together: Stories of Collective Impact*.

In this issue, we introduce you to the refreshed and updated Canadian Interprofessional Health Collaborative (CIHC) Competency Framework for Advancing Collaboration, as illustrated in our cover art. This competency framework is a guide for interprofessional education and collaborative practice. We invite you to read more about the framework in this issue, and consider ways that you and/or your organization might adopt and engage with this framework.

In this issue, we also provide a few team updates related to CACHE. Enjoy getting caught up in our 'Staying in Touch' section as we introduce, wish farewell, and thank the various members of this collaborative community. It feels the most fitting as we embrace all the changes that the Fall season brings us.

If you are reading *Together* for the first time, WELCOME! We hope you find this collaborative forum one of connection and celebration, championing the collaborative work and learnings within our systems. Your engagement with *Together* elevates this community, promoting ways to co-create and discovering opportunities for connection. Our hope is that *Together* will continue to foster a connected community through the sharing of stories.

To all who are reading this magazine, thank you for continuing to share your stories, events, and cover art. We look forward to your [future submissions](#), [feedback](#), and [reactions](#).

With Gratitude,  
Elizabeth (Eli) Cadavid  
Lead Editor, on behalf of the CACHE Team

### **CACHE Editorial Team, Spring 2024**

Eli Cadavid (Lead Editor)  
Belinda Vilhena  
Farah Friesen  
Noor Yassein  
Stella Ng

### **Disclaimer**

The views, opinions, and content expressed in this magazine do not necessarily reflect the views, opinions, or positions of the Editorial Team, CACHE, the University of Toronto, or the University Health Network. While we aim to provide informative and thought-provoking content, and do review material for relevance, we do not endorse or condone every statement, opinion, or perspective presented in the magazine.

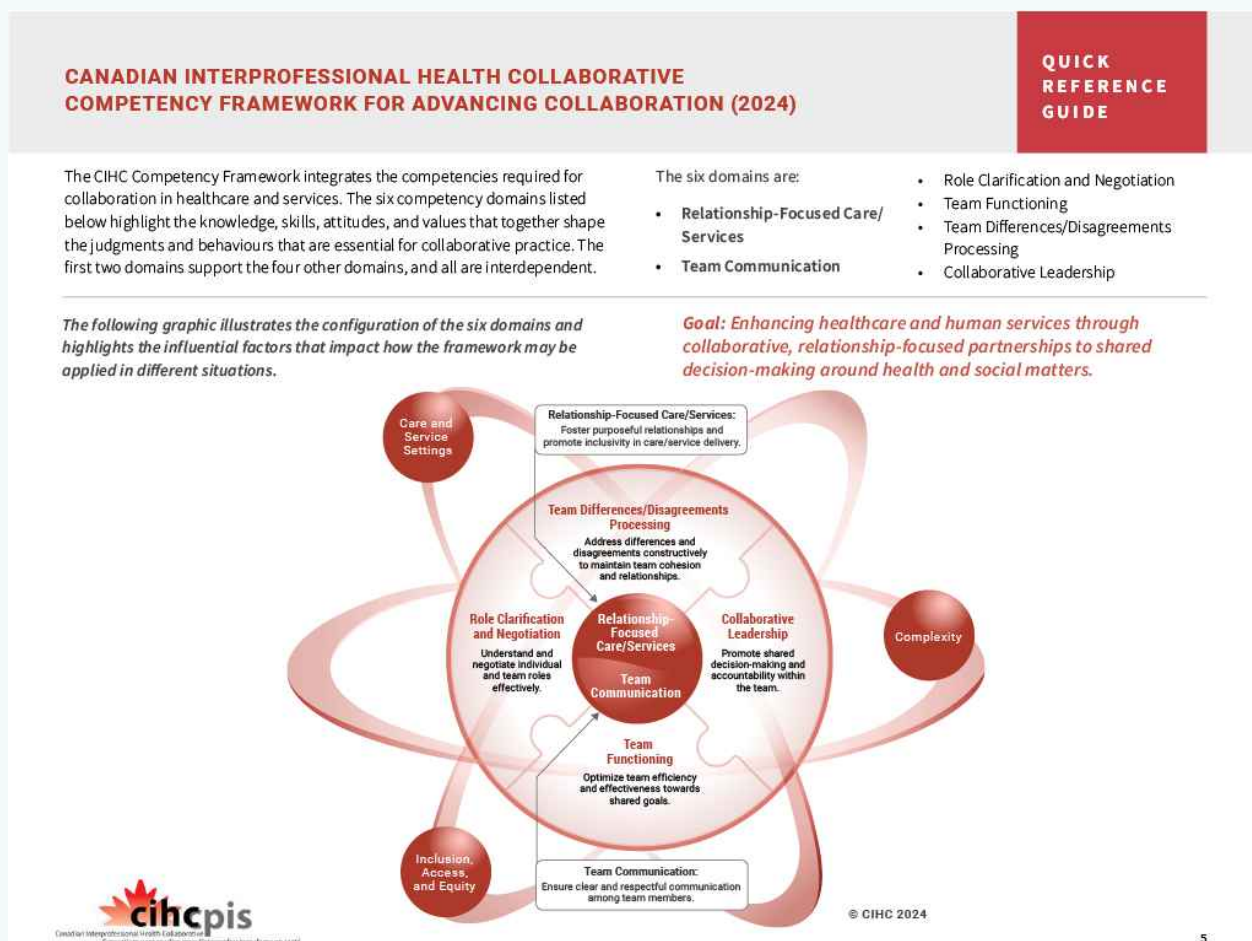
# COVER ART

## Canadian Interprofessional Health Collaborative Competency Framework for Advancing Collaboration (2024)

<https://cihc-cpis.com/new-competency-framework/>

The Canadian Interprofessional Health Collaborative (CIHC) has refreshed and updated the Competency Framework for Advancing Collaboration. This 2024 version is responsive to the dynamic nature of interprofessional education and collaborative practice. The framework has been enhanced based on insights from a scoping review and consultations with interested parties, ensuring the framework's ongoing relevance to and applicability to guide interprofessional education and collaborative practice. Its six interdependent domains include many descriptors that apply to the persons participating in or receiving care/services. Teams and individuals should be able to integrate and apply these collaborative competencies within complex systems and diverse contexts as is appropriate to their comfort level, capacity, and skill set. This framework focuses less on what learners and care/service partners need to know and more on how to apply their knowledge, skills, and attitudes within various real-world environments to make judgments and guide collaborative behaviours.

Learn more about this framework by visiting the website, <https://cihc-cpis.com/>



Canadian Interprofessional Health Collaborative. (2024). CIHC Competency Framework for Advancing Collaboration 2024.

[www.cihc-cpis.com](http://www.cihc-cpis.com)



# Cover Art for *Together: Stories of Collective Impact*



Volume 1.1 (Fall 2022)



Volume 1.2 (Winter 2023)



Volume 1.3 (Spring 2023)

## SUBMIT

Cover Art for *Together's* Vol. 3.2 (Spring 2025)!



Volume 1.4 (Summer 2023)



Volume 2.1 (Fall 2023)



Volume 2.2 (Spring 2024)

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# STAYING IN TOUCH NEWS & CELEBRATIONS

## Welcome to Uma & Kaitlyn

*CACHE Editorial Team*

We would like to formally welcome Kaitlyn Lau and Uma Brijmangal to the CACHE team. Kaitlyn and Uma are our newest student interns, and will be supporting the curriculum portfolio with IPE learning activities.

Kaitlyn is pursuing her Doctor of Pharmacy degree at the University of Toronto's Leslie Dan Faculty of Pharmacy. With



a passion for enhancing the future of healthcare through education, Kaitlyn is dedicated to fostering collaborative practices in healthcare. Outside of her academic and professional pursuits, she enjoys creating custom press-on nails, painting, and exploring Toronto.

Uma is an aspiring Social Worker from the University of Toronto, with a background in the Social Sciences and Humanities, specifically in Women and Gender Studies, Bioethics, and Sociology. This past year, she spent time expanding her practical knowledge around the field of Addictions and Mental Health, where she learned the importance of developing the appropriate support in meeting the diverse needs of individuals. In her free time, she enjoys charcoal sketching and exploring new cafés around Toronto.



Welcome Kaitlyn & Uma!

## Farewell Sofia - From Student Intern to Occupational Therapist

*CACHE Editorial Team*

Sofia Mirzazada started as a student Interprofessional Education (IPE) representative for her Occupational Therapy cohort (2020-2022), where she shared the value of IPE to her peers and engaged in various projects, including co-leading the IPE activity, "Trillium: Faces in Healthcare."

Sofia became an IPE Student Intern at CACHE in 2022.



Sofia graduated from the Master of Science in Occupational Therapy (MScOT) program at University of Toronto in 2022. She continued her role at CACHE, as she found it fulfilling to support the education of health professional students.

She later transitioned to becoming an Administrative Assistant for CACHE in 2023. There are many highlights from her time at CACHE, but one that stands out was presenting a student's perspective in IPE at the [2023 Interprofessional Collaboration \(IPC\) Showcase](#). Sofia is forever grateful to the CACHE team for their support and opportunities over the past few years. She continues to use and implement interprofessional values and competencies in her current position as an occupational therapist. She hopes to work in education in the near future and continue advancing collaborative healthcare.

We at CACHE are grateful to Sofia and her invaluable contributions over the years. Wishing Sofia all the best in all her future endeavors!

## Thank You to Kristina Lisk

### *CACHE Editorial Team*



We would like to celebrate the contributions of Dr. Kristina Lisk to CACHE and the University of Toronto (UofT) IPE Curriculum. Beginning in 2022, Kristina began a part-time role supporting CACHE and the InterFaculty Curriculum Committee (IFCC) to renew the UofT IPE Curriculum. She has contributed her expertise throughout the curriculum, and we will highlight one contribution in particular.

Kristina identified the [Longitudinal IPE Facilitator Training \(LIFT\) program](#), initiated by Sabrina Bartlett and Sylvia Langlois, as a key opportunity for continued, impactful growth. Through a process of co-creation, she noted that one major and high-yield opportunity for change was to ensure that no small group of learners was left without a facilitator during foundational IPE learning activities. The reality of running a curriculum for thousands of students is that at times, during small group activities, some groups might need to depend on an ad hoc student volunteer as facilitators; this was not preferred or optimal.

Kristina identified several opportunities to enhance existing structures and scale up the facilitator program to simultaneously address the small group facilitation needs while augmenting the growing leadership stream of the IPE curriculum. Supplementing CACHE's existing facilitator development workshop and orientation sessions for facilitators, the LIFT program also provides just-in-time education science to strengthen education knowledge and facilitation skills. With this preparatory training, LIFT students co-facilitate first year foundational IPE learning activities. Following the IPE activities, IPE Leaders and faculty/clinicians support group debriefs for direct instruction, orienting towards important principles and correcting conceptual errors. Students also offer peer feedback to their co-facilitators. Students completing this longitudinal program receive both IPE elective recognition and a certificate of completion.

The LIFT program has lifted off (pardon the pun!), and Kristina has completed her tenure with CACHE as a scholar-in-residence. We look forward to continuing to collaborate with Kristina as she focuses on her role as Assistant Professor in the Temerty Faculty of Medicine.

Thank you, Kristina!



## Spotlight on Donny Bettencourt

*CACHE Editorial Team*



We are thrilled to highlight Donny Bettencourt, who recently transitioned from his role as Education Coordinator at CACHE to Program Manager for [Collaborative Advocacy & Partnered Education \(CAPE\)](#) at [The Institute for Education Research \(TIER\)](#).

Donny's journey reflects his continued dedication to advancing interprofessional education and fostering collaboration across healthcare disciplines.

During his time at CACHE, Donny played a key role in coordinating professional development programs ([BOOST!](#)) and IPE Foundational Learning Activities, designed to prepare health and social care learners with core competencies in interprofessional collaboration and teamwork. These activities align closely with CACHE's mission of fostering innovative educational approaches to improve healthcare delivery. His work ensured that students and professionals could build the essential skills needed to work effectively in diverse healthcare teams.

Now, as Program Manager at CAPE and TIER, Donny continues to drive forward healthcare education, particularly through the design and delivery of training programs for unregulated health workers. CAPE's commitment to offering accessible, high-quality learning opportunities resonates with the collaborative focus Donny championed at CACHE. TIER also emphasizes research-driven advancements in healthcare education, and under the leadership of Dr. Nicole Woods, Director of TIER, the Institute is committed to strengthening the connection between research and practice in healthcare education.

Donny's transition is a testament to the shared goals between CACHE, CAPE, and TIER: promoting collaboration and enhancing healthcare through education. His journey is an inspiring example of how our collective mission—improving health through education—continues to thrive across the institutions.

Please join us in congratulating Donny on his new role and his continued contributions to advancing healthcare education!

For more information on CAPE, please visit <https://www.capelearning.ca/>.

## Retirement Announcement: Mandy Lowe

*Written by Dr. Brian Hodges (EVP Education & Chief Medical Officer, University Health Network)*



After an illustrious career at UHN, Mandy Lowe has made the decision to retire at the end of November 2024. She joined the UHN family at the time of the integration of the Toronto Rehabilitation Institute. At that time, Mandy was the Director of Education. Mandy was quickly at home with the UHN Education team, taking over a large portfolio, today serving as Senior Director of Clinical Education.

In her time at UHN, she has integrated the former siloed health professional clinical education programs into one very efficient Clinical Learner Education team that enables learning for over 5000 learners every year from 40+ clinical professions. She has guided the library system, Canada's largest Health Sciences library outside of a university, through three different Directors as it has gone from strength to strength. She led



educational development at UHN and the growth of interprofessional education at UHN and beyond in various leadership and faculty roles with the Centre for Advancing Collaborative Healthcare & Education (formerly Centre for IPE).

Mandy has also played a significant role in shaping UHN education externally, representing UHN at TAHSN and other tables and overseeing our educational partnerships with many different educational institutions. She played a significant role in advancing several clinical education programs, learner partnership/leadership initiatives, and other innovations such as co-leading the development of the UHN International Centre for Education.

On behalf of all of us in UHN Education and at the Michener Institute, thank you very much to Mandy for her exceptional leadership. We wish her all the best in the next chapter of her journey.

As of December 1, 2024, Andrea Etherington, Senior Director, Strategic Initiatives and Partnerships, UHN Education, will be assuming leadership for Clinical Education on an interim basis.

*On behalf of the CACHE Team, we share the following photos, highlighting team moments with Mandy throughout the years.*

*You will be deeply missed Mandy!*



## Announcement – Dr. Rachelle Ashcroft is the New IFCC Chair

**Stella Ng, PhD Reg.CASLPO** (Director and Scientist, Centre for Advancing Collaborative Healthcare & Education); **Sylvia Langlois, M.Sc. OT. Reg (On.)** (Associate Director, Academics, Centre for Advancing Collaborative Healthcare & Education)



We are pleased to announce Dr. Rachelle Ashcroft as the new Chair of the InterFaculty Curriculum Committee (IFCC) for a three-year term. The IFCC is responsible for the University of Toronto's Interprofessional Education (IPE) Curriculum, in partnership with the Toronto Academic Health Science Network, inclusive of 14 hospitals and 12 health and social care professional training programs.

Dr. Ashcroft is an Associate Professor in the Factor-Inwentash Faculty of Social Work, cross-appointed to the Department of Family & Community Medicine in the Temerty Faculty of Medicine. She is a passionate educator and has served on the IFCC for 7 years.

Dr. Ashcroft has over 14 years of social work practice working in interprofessional teams across various healthcare environments including primary care, sexual health, and community mental health. She also practiced as a social worker in Winnipeg's Health Science Centre in trauma, psychiatry, bone marrow transplant, nephrology, and neurosurgery.

Dr. Ashcroft has a long history of Interprofessional scholarship and leadership, evidenced by her recent leadership on a national team-based primary care grant. Since 2013, Dr. Ashcroft has been actively involved in developing curriculum and providing mentorship to TUTOR-PHC – an interprofessional training program focusing on primary care research and leadership. The focus of her research program is on team-based practice in interprofessional primary care settings. She is a core member of INSPIRE-PHC – a leading network of primary care researchers, stakeholders, and knowledge users in Ontario who provide data support and expertise for health policy in Ontario. Prior to joining the University of Toronto, Dr. Ashcroft was a member of the IPE team at the University of Waterloo.

In her IFCC chair role, Dr. Ashcroft will focus her first year on enhancing the clarity, structure, and process of the IFCC to ensure the continued evolution and success of the IPE Curriculum. We look forward to the next three years of working and learning together.

Welcome, Rachelle!





# Invest in the Future of Healthcare Education

CACHE proudly serves over 4,000 learners across 12 health and social care professions, working to foster a new generation of health and social care professionals. Our mission? To prepare these future leaders to deliver **collaborative, relationship-focused care** in partnership with patients, clients, families, caregivers, and communities.

## Why It Matters

Our **Patient/Family/Caregiver Partners** are at the heart of this transformation. They co-facilitate and co-teach, bringing lived experience into the classroom, and play an essential role in decision-making through our **Governance committee**. By partnering with CACHE, these Patient/Family/Caregiver Partners help shape a curriculum that reflects **real-world patient needs** and voices.

## How You Can Help

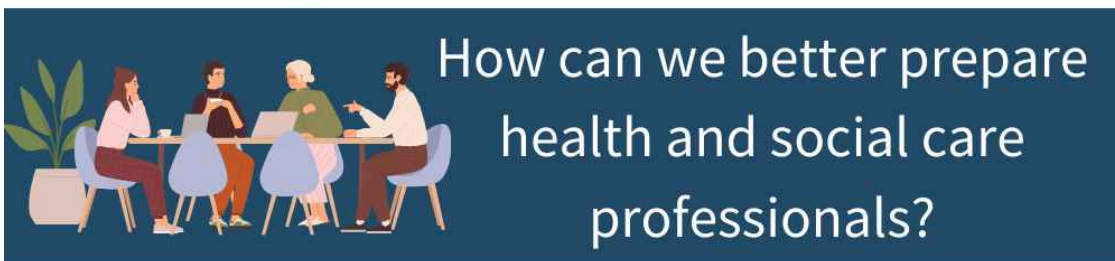
While we **remunerate** our Patient/Family/Caregiver Partners for their invaluable contributions, we need your support to continue and expand this impactful program. Your **donation** will help us:

- **Sustain** this unique collaboration between patients/families/caregivers and learners.
- **Amplify patient/family/caregiver voices** at the core of healthcare education.
- **Extend our reach**, providing more opportunities for patients/families/caregivers and health and social care students to engage and learn together.

## This Season of Giving, Invest in Our Collective Future

Your contribution is more than just a donation—it's an investment in a **healthier, more collaborative world**. Together, we can build a healthcare system that listens, learns, and works together for better care.

Thank you for your support. <https://ipe.utoronto.ca/giving>



**By listening to patients.**

**Donate today to  
empower patient-led  
education.**



<https://ipe.utoronto.ca/giving>



# LEARNING IN MOTION EDUCATION & PRACTICE

## 2024 Interprofessional Collaboration Showcase

**Robyn Davies BHScPT, MAppSC, FCAMPT** (Collaborative Learning Specialist, Unity Health Toronto); **Elizabeth McLaney MEd, BScOT, OT Reg. (Ont), BAH** (Director of Interprofessional & Academic Education, Sunnybrook Health Sciences Center; Associate Director, Workplace Learning, Centre for Advancing Collaborative Healthcare & Education)

On June 19th, the Interprofessional Collaboration (IPC) Showcase was held as a hybrid event. The Showcase celebrates excellence in team-based learning, collaborative care, interprofessional research and quality improvement, and collaborative leadership. Offered jointly by Sunnybrook Health Sciences Centre, The University of Toronto's Centre for Advancing Collaborative Healthcare & Education, and Unity Health Toronto, this forum provided a variety of speakers, presentations, and opportunities to connect, bringing 100+ virtual and in-person attendees together to share ideas and create new opportunities for collaboration.



This year's theme was Indigenous Knowledges for Team Collaboration & Healthcare Delivery. The keynote speaker Dr. Suzanne Stewart (Professor, University of Toronto, Dalla Lana School of Public Health, TC Energy Chair in Indigenous Health & Wellbeing, and Director of the Waakebiness Institute for Indigenous Health at the University of Toronto) addressed this topic highlighting needs and solutions.

Two additional talks focused on hospital-based collaborations. First we learned from Roberta Pike, Director Indigenous Wellness Reconciliation & Partnerships, Care Experience & Equity, Unity Health Toronto, who presented a talk entitled 'We Heard You: Community-based Indigenous Engagement at Unity Health'. We then learned from Rennie Linklater, Senior Director, Shkaabe Makwa, Centre for Addiction & Mental Health, who presented a talk entitled 'Utilizing Ceremony and Culture in Organizational Development: Practical Application for Indigenous Health Care Professionals'.



Knowledge Keeper Leonard Benoit, Indigenous Patient Navigator, University Health Network & Toronto Regional Cancer Program, opened and closed the event and provided a smudging education and experience for all who attended. Attendees also had the opportunity to network and enjoy cuisine provided by an [Indigenous caterer](#) while listening to a [playlist](#) of Canadian Indigenous artists.



The Showcase emphasized the need for culturally-responsive, system-based initiatives to support health justice and wellbeing for First Nations, Inuit and Metis communities, and the importance of teamwork and collaboration in order to create change.

## Roaming Education for Staff: Reimagining Education

**Holly Freill MScFN, RD CDE** (Interprofessional Educator, Thunder Bay Regional Health Science Centre Interprofessional Education Department and Northern Ontario School of Medicine); **Brittney McLaughlin MN, RN** (Interprofessional Educator, Thunder Bay Regional Health Science Centre Interprofessional Education); **Jennifer Gadioma RRT** (Interprofessional Educator, Thunder Bay Regional Health Science Centre Interprofessional Education)

Hospital-wide education is being reimagined at Thunder Bay Regional Health Sciences Centre. Born from learning needs post-pandemic, a brief, high-impact education system was created to support staff with a variety of practice updates.

It was stated by nursing staff that traditional lunch and learns can be time consuming and difficult for staff to attend. An environmental scan revealed this to be true for healthcare professionals outside of nursing as well. Shorter bouts of education, on location, were requested to support professional development and so Roaming Education for Staff (REFs) was developed.

This innovative idea was established through the collective efforts of the interprofessional educators, clinical nurse specialists, and nursing professional practice leaders. This collaboration has been leveraged by REFs to create monthly content reflective of practice updates including hands-on skill review to enhance the promotion of patient safety. Teams of four to seven tap into content experts and practice guidelines to develop curriculum and plan the monthly activities.

REFs is organized monthly by a team lead and focuses on a single overarching topic, e.g., stroke, cardiac, wound care. Education related to the topic is disseminated in a variety of ways; roaming directly to staff on their units and work areas, simulations, and expo style lunch and learns. Small incentives for participation were key to early successes, but as time passes and REFs have become well known, snacks and food are no longer the primary draw. The eye-catching jerseys consistent with the REFs title now seem to be enough to spark interest and promote engagement.



With the exception of simulation, all teaching is created to support an “à la carte” style where staff can identify their own learning needs and receive education that fills gaps in understanding. Most importantly, they can participate in the little time they have.

This initiative is expanding interprofessional collaboration. By accessing experts across all disciplines and bringing bite-sized updates and safety concerns directly to staff, we are illuminating the knowledge held by all professionals in addition to clarifying roles.



## Disrupting Ableism: The Patient Family Partner Perspective on Co-Creating and Delivering a New Collaborative Learning Activity

**Fran Odette, MSW (Patient Family Partner); Janet Rodriguez (Patient Family Partner)**

A new collaborative learning elective, *Disrupting Ableism*, was developed and successfully delivered this summer at Unity Health Toronto in close partnership with two Patient Family Partners (PFP): Fran Odette (FO) and Janet Rodriguez (JR). We asked them what made this a successful partnership. *What makes a patient-family partner want to get involved with Interprofessional education?*

**JR:** As a patient who regularly interacts with a dozen healthcare providers, I want to be seen as a full partner in my care, as someone with agency to make decisions inside and outside their clinical setting. I've been a health mentor for IP education for 15 years and I see the impact on the students' perception of who the patient is. Having a patient in front of the class means we too have knowledge and expertise.



**FO:** Being part of a way that can generate new ideas and critical thinking has been a passion of mine. As a patient who has lived experiences of many interactions with the healthcare system from a very early age, I feel that I have something to offer to support healthcare professionals: an opportunity to challenge deeply embedded biases that are held about people with disabilities. I am a new PFP but have been part of educational and knowledge transfer initiatives for many years, where I have had the chance to speak from my perspective and share perspectives, with permission, of my peers and colleagues who have also encountered the healthcare system.



*How would you like to be supported or engaged with, by the IPE community?*

**JR:** I want the IPE community to share the learning space where patients can create content that shows how care looks like from our perspective. Not everything is pathological; a significant amount of managing my chronic conditions and

disability is rooted in the Social Determinants of Health, and systemic barriers (e.g. ableism, racism, homophobia, misogyny, colonialism, etc.).

**FO:** I can't agree more with what JP has stated. We need to be considered partners that bring knowledge and expertise about our experiences and what our day-to-day looks like. When we come into the healthcare setting, practitioners just see a 'snapshot' of us during that appointment. As I age, I also see the different clinical settings that do not always consider the 'patient' as 'one who knows', but it's getting better. There is an interest in learning and doing better, and I think that is key for us to move beyond just doing the 'training' and putting what is learned into meaningful practice. Someone once told me, "It's not possible that you might have x; look at what you are already dealing with." This was concerning cancer screening, and I was pretty taken aback by that comment, which is endemic to how disability and illness are seen within many healthcare settings.

*Why the topic of ableism?*

**JR:** Like many invisible or non-perceptible disability experiences, ableism flies under the radar when addressing anti-oppression in learning environments. We're more familiar with other 'isms' because there have been world-wide instances of violence against people of a colour, religion, or sexual orientation but ableism is not well known or documented.

In healthcare, providers see a patient arriving in a wheelchair and assume 'that' is the reason they are there. For some people it is, if they broke a bone playing soccer. But, what if using a wheelchair is how the person moves about in their day-to-day?

Ableism can take many forms, from a one-on-one interaction when someone does not book an ASL interpreter for their Deaf patient's regular visit, to the systemic level such as lack of policies and procedures to accommodate patients with disabilities so they too receive quality care. Not having a specific line in the budget for accommodations sends a message that there is no awareness (or willingness) that some patients will need accommodations and that may generate additional costs.

**FO:** Ableism also frames how 'extraordinary' one's life is seen when navigating day-to-day activities like working, parenting, or even taking steps for greater self-care. The expectations tend to be lower for patients with disabilities to have whole and complex lives. As a result, many practitioners see their patients with disabilities as objects of inspiration. Not only are we not often 'seen' beyond

the diagnosis, but we can then experience being put on a pedestal for others to aspire to. Therefore, ableism results in many of us not seen as having flaws and complex lives. Finally, ableism shows up for folks who are not disabled and who fear what might happen if they become disabled. We see this in health promotion campaigns related to diet, exercise, physical activity, etc. Also, ableism influences how we see disability or impairment reflected in many fundraising campaigns where there is a focus on raising dollars to continue to research for the eradication of certain types of ‘conditions’; however, what does that say about those individuals who are already living with the condition? Are their lives any less worth living?

## Perspective Structured Academic Controversy (pSAC): A New Way to Teach Healthcare Trainees About Empathy

**Dr. Cheyenne Matinnia, HBSc, PharmD, ACPR, RPh** (Clinical Pharmacist, The Hospital for Sick Children; Master of Science Student in Pharmaceutical Sciences at the Leslie Dan Faculty of Pharmacy, University of Toronto)

How do we teach healthcare students about empathy?

*Empathy is essential for future healthcare professionals to understand patient experiences.*

My research examines conflict experiences and impacts on pharmacy students developing into healthcare professionals. Though seemingly unrelated, I argue conflict and empathy are connected. By using conflict as a positive teaching tool to foster curiosity and understanding of diverse perspectives, we can encourage the development of empathy.<sup>1,2,3</sup> Navigating conflict constructively also strengthens critical thinking, communication, and advocacy skills, which enhance patient care.<sup>4</sup>



My final assignment for CTL1318H (Teaching Conflict and Conflict Resolution) explored how perspectives and constructive conflict dialogue can help pharmacy students and preceptors recognize and manage conflict.

My foundations used Structured Academic Controversy (SAC), an activity where students argue “pro” and “con” sides of a controversy to find a solution<sup>5</sup>. Part way through, students “switch sides” and advocate for the other side (those on the “pros” side become “cons”, and vice versa).

I’m interested in eliciting empathy to improve communication between trainees and preceptors. Therefore, I proposed Perspective Structured Academic Controversy (pSAC), a modified SAC that assigns perspectives instead of sides. PSAC is informed by empathy and two-eared listening, and encourages students to understand both perspectives during conflict, instead of only their own. I trialed pSAC with pharmacy students at UofT. Students used pSAC to resolve a hypothetical misunderstanding between a student and preceptor.

Students reported gaining new insights into preceptors’ experiences and developing more empathy. They recognized the importance of advocating for learning needs and establishing expectations early during rotations. To teach students to understand other perspectives and be curious about seeking out that understanding, we must engage them in activities that allow them to practice these skills in safe spaces.

My research is informing interprofessional education by reenforcing an essential principle of communication: listen to others with curiosity, and the intent to understand where they are coming from. By approaching conflict with curiosity, we can better work towards truly collaborative practice, with the goal of improving the care we deliver to our patients.

I look forward to further integrating pSAC and my research into how we educate future healthcare professionals.

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## VHA Home HealthCare's (VHA) Interprofessional Collaboration Competency (IPCC) Framework Sets the Stage for a More Integrated Experience for Clients and Providers

**Brian Maxwell BA, BEd** (VHA Home HealthCare); **Trevor Heer RD, MHSc** (Senior Director, Integrated Client & Community Care, VHA Home HealthCare); **Matthew Wong RN, MN** (Director of Professional Practice, Clinical Education, & IPAC, VHA Home HealthCare); **Glenda Providence OT, BSc, MPPAL** (Director, Integrated Client & Community Care, VHA Home HealthCare); **David Fry OT, MHSc** (Vice President, Integrated Client & Community Care, VHA Home HealthCare); **Sandra Li-James RN, MEd** (Vice President, Quality Best Practice & Education CNE, VHA Home HealthCare)

As healthcare becomes increasingly more interconnected, interprofessional collaboration between various healthcare professionals has become essential to the delivery of person-centred care. In addition to greater integration between health and social care organizations, enabling interaction across professional roles within organizations is vital. Recognizing this, VHA Home HealthCare (VHA) embarked on a journey to develop an Interprofessional Collaboration Competency (IPCC) Framework to define how its diverse and geographically dispersed workforce will work collaboratively to enhance the quality of care delivered to its clients.

“Home and community care has a unique model of care,” says Matt Wong, Director of Professional Practice, Clinical Education & IPAC. “It’s not simply the setting that differentiates our work. The client experience, the approach to care, the allocation of resources, the coordination of a diverse team of care providers, and the types of collaborations we have with a range of partner organizations – this is all quite different in the context of home and community care.”

VHA’s IPCC Framework journey began with “Design Day,” a day-long event where more than 90 participants from distinct roles and teams across VHA, together with client partners, gathered to learn about interprofessional care and offer important feedback to help co-design the Framework.

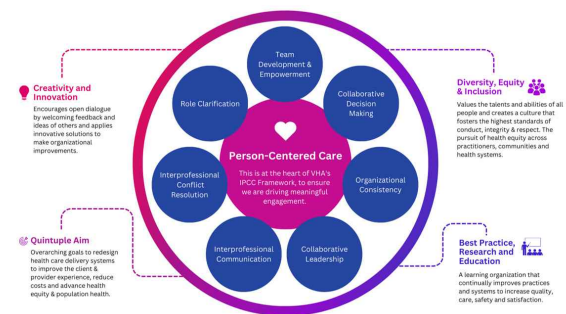
“Design Day was a very important first step,” says Trevor Heer, Senior Director, Integrated Client and Community Care at VHA. “We were able to familiarize people with the literature on interprofessional care and a key resource we

leveraged was the 2024 Canadian Interprofessional Health Collaborative (CIHC) Competency Framework for Advancing Collaboration (CIHC-IPCF). The discussion about the CIHC-IPCF and how it applied to our current and future state was instrumental and it confirmed the need for our own framework tailored to our unique context.”

Lynne Sinclair, Senior Consultant, Partnerships and Innovation with the Centre for Advancing Collaborative Healthcare & Education (CACHE) has been collaborating with leaders at VHA to roll-out the implementation of the framework. “VHA’s IPCC Framework is a strong addition to the interprofessional care field as it addresses the unique needs of home and community care while retaining the core elements of the CIHC-IPCF domains,” says Lynne. “This shows a practical example of how specific organizations can utilize and build on best practices required for collaboration across healthcare.”

VHA’s IPCC Framework outlines seven core competencies required for effective interprofessional collaboration in the home and community care setting:

1. Interprofessional Communication
2. Collaborative Decision Making
3. Interprofessional Conflict Resolution
4. Role Clarification
5. Organizational Consistency
6. Collaborative Leadership
7. Team Development and Empowerment



VHA’s IPCC Framework is an important contribution to the ongoing advancement of interprofessional care in the home and community care setting. The Framework uses a practical, evidence-based approach that resonates with VHA’s clients, staff, and service providers.

Currently, VHA is undergoing a pilot that tests a new integrated service model for the organization’s home care services that is underpinned by the IPCC Framework. Learnings from the pilot will be invaluable in helping VHA evaluate how the IPCC Framework translates into practice.

## Interprofessional Connections: Redefining Care Through Collaborative Learning

**Sheri Wright RN, BN, MEd., CHSE** (*Simulation Coordinator & Instructor, Simulation Hub, Lethbridge Polytechnic*)

The Simulation Hub at Lethbridge Polytechnic fosters dynamic interprofessional collaboration across a broad spectrum of programs, including nursing, primary care paramedic, justice studies, and digital communications media. By bridging theory with practice, the Simulation Hub creates realistic, relationship-focused simulations that highlight the importance of diversity, talents, and unique experiences from each discipline. This inclusive approach ensures equitable access to opportunities for all participants, promoting contributions from everyone, regardless of background or expertise.

In every simulation, role clarification and negotiation are vital, enabling participants to understand and respect the distinct responsibilities of their professions while working interdependently toward common patient/victim outcomes. Effective team communication is prioritized to ensure all voices are heard, fostering an environment where every individual can contribute their strengths and insights to address complex real-world scenarios.



The Simulation Hub also promotes collaborative leadership, where students, staff, and volunteers actively guide the simulation process. This reinforces shared decision-making, accountability, and encourages everyone to take ownership of their roles. Team functioning is a key focus, particularly in managing differences and disagreements constructively, so the team can process and learn from these challenges together.

Engaging in this interprofessional learning environment provides participants with valuable insights into the complexities of modern healthcare and service settings, preparing them to navigate real-world scenarios with confidence and competence. The Simulation Hub exemplifies the principles of inclusion, access, and equity, ensuring a comprehensive and collaborative learning experience for all. By doing so, it empowers future professionals to work together seamlessly, reinforcing the importance of teamwork and collective problem-solving in providing exceptional care and services.

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## Building an Interprofessional Campus Community through Social Identities and Teaming

**Amy Nordon-Craft, PT, DSc** (Interprofessional Collaborative Practice Course Director, CU Center for Interprofessional Practice and Education); **Reesie Roland, BS** (IPE Program Manager & Education Coordinator, CU Center for Interprofessional Practice and Education); **Catherine Campisi, MSN, RN, PMHNP-BC** (IPE Assistant Director for the Center for Bioethics & Humanities, CU Center for Interprofessional Practice and Education); **Krista Estes, DNP, FNP-BC** (IPE Assistant Director for the College of Nursing, CU Center for Interprofessional Practice and Education); **Anthony “Toby” Kinney, DPT, FAAOMPT, MBA, PhD** (Assistant Director at the Physical Therapy Program, CU Center for Interprofessional Practice and Education); **Elshimaa Basha, MPH, CHSE** (Interprofessional Clinical Transformations Course Director, Centre for Advancing Professional Excellence); **Amy Akerman, MPAS, PA-C** (IPE Assistant Director for the Physician Assistant Program, CU Center for Interprofessional Practice and Education); **Kim Indovina, MD** (IPE Assistant Director for the School of Medicine, CU Center for Interprofessional Practice and Education); **Jennifer Trujillo, PharmD** (IPE Assistant Director for the Skaggs School of Pharmacy & Pharmaceutical Sciences, CU Center for Interprofessional Practice and Education); **Lindsey Yates, DDS, MPH** (IPE Assistant Director for the School of Dental Medicine, CU Center for Interprofessional Practice and Education); **Suzanne Brandenburg, MD** (IPE Director Emeritus, CU Center for Interprofessional Practice and Education); **Erika Freitas, PhD** (IPE Director, CU Center for Interprofessional Practice and Education)

The CU Center for Interprofessional Practice and Education (CU CIPE) brings over 700 learners from six health professions together to learn with, from, and about each other. Early in the fall semester, this four-hour session introduces first year health professions learners to our longitudinal IPE Curriculum, promotes team cohesion and communication, and explores collaborative practice as a way to mitigate common patient care gaps, which were evaluated by a Qualtrics survey. To foster an inclusive campus community, students reflect upon and share social identities.

To build cohesive teams, students are pre-assigned to teams that include students from each respective

college. A total of 110 teams are organized into small groups of five to seven team members (~30 students per classroom), with 1-2 interprofessional faculty facilitators. This four-hour in-person orientation session includes a group lunch, and a large group forum addressing the importance of interprofessional collaborative practice. Next, a community circle session is used to foster a positive, growth-oriented learning environment within an inclusive and supportive setting. The community circles allow students to learn more about each other, discover individual and team identities, and develop team cohesion.



Each team develops a collaborative document outlining the personal and professional identities of each member, interprofessional identities, patient narratives, and identified gaps in care. Next, using an online pinboard (Padlet), teams present to the large group the gaps in patient care they have identified. Small groups then engage in discussions with faculty facilitators about the occurrence of gaps



in patient care and how collaborative teams can bridge the identified gaps. Finally, learners share how collaborative practice addresses health equity.

Student survey data demonstrated that our learning objectives were achieved. 96% of learners agreed that being a collaborative professional is important to their future profession; however, only 68% felt prepared to work collaboratively to address patient care needs. 96% agreed that the community circle session promoted positive and inclusive team interactions and 94% agreed that the patient care gap session provided an opportunity to explore the intersection of individual, professional and interprofessional identities. Learners will further their team cohesion and collaborative practice knowledge and skills in courses focused on team communication and ethical analyses.

## Connect With Your Patient: Utilizing Simulation to Promote Cultural Responsiveness in Healthcare Education

**Cary C Moore, PhD, OTR/L** (University of Alaska Anchorage College of Health, Associate Dean for Clinical Health Sciences); **Gavin Gardner, MA Ed, CHSE, CHSOS** (University of Alaska Anchorage College of Health, Interprofessional Health Sciences Simulation Center); **Marissa Beninati, CHSE, CHSOS**, (University of Alaska Anchorage College of Health, Interprofessional Health Sciences Simulation Center Manager); **Sara Hannon, BSN, RN** (University of Alaska Anchorage College of Health, Interprofessional Health Sciences Simulation Center Director)

The Center for Interprofessional Education (IPE) in the College of Health at the University of Alaska Anchorage (UAA) provides interprofessional educational experiences to students in 45 degree and certificate programs. In the spring of 2024, a simulation experience was designed to support the Interprofessional Education Collaborative Competencies (IPEC, 2023) and promote students' understanding of Indigenous health practices, and the use of culturally responsive communication strategies.

Students from medicine, physician assistant, nursing, social work, dental hygiene, medical assisting, and occupational therapy participated in a simulation scenario featuring the case of Jamie Pungalik. Jamie identifies as Inupiat and white and has recently moved to the small community of Chevak, in the Yukon-Kuskokwim Delta region of southwest Alaska. Jamie is a second grade teacher, single parent to four children, and caregiver for her mother, recently diagnosed with dementia. Jamie is attending a reading conference in Anchorage when she begins to experience shortness of breath, a rapid pulse, and increased heart rate. Convinced she is experiencing a heart attack, Jamie is taken to a local emergency room.

The students encounter Jamie in a patient bed in the emergency room. Through culturally responsive communication and emerging knowledge of

Indigenous cultures and communities, students reason through the scenario to discover that Jamie is experiencing a panic attack. Students engage in open ended questions and support the use of patient stories to gather information. Culturally responsive communication ensures that the underlying causes of Jamie's symptoms are understood and evaluated. Students are able



to recommend mental health supports and the Indigenous practice of a talking circle.

A facilitated debrief of the experience supported students in identifying IPEC competencies and the value of the interprofessional healthcare team. Following positive feedback from student participants, simulation staff, and faculty, the experience has been added as an annual IPE training opportunity to support the development of a culturally responsive, interprofessional healthcare workforce.

Student feedback: "At first, I decided to participate in the Traditional Healing, Chest Pain simulation as a means of earning extra credit points for my Health A151 class, but after running through it, I am extremely glad that I did it and will be looking for more simulations like it. I never really understood how unprepared I was for my own profession as a Nurse today until I ran through this simulation. I gained experience in working together as a team in the medical field with the other participants. Being put into a situation like that made me realize that it is very important to connect with your patient as a human being first rather than an actual patient."



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## UNE Students Bridge Health Disciplines to Advance Quality Patient Care

**Emme Demmendaal, M.S.,** *(Senior Writer and Editor, University of New England)*

Health care students from various disciplines at the University of New England (U.S.A.) participated in the fourth-annual Interprofessional Collaboration Across Campus (ICAC) event, which focused on the integration and importance of teamwork in providing patient-centered care.

The event, held on the reimagined Portland Campus for the Health Sciences on July 17, integrated core interprofessional education competencies in health care to produce well-rounded health professionals. Its goal aligns with the campus's core mission to empower the next generation of world-class health care providers, said Christopher Bates-Withers, M.M.S., PA-C, assistant clinical professor in UNE's Physician Assistant Department.

"We know that students come here because of the collaborative culture," said Bates-Withers, emphasizing how interprofessional education (IPE) prepares students to achieve more successful outcomes for health care patients. "More than half of our students choose UNE for this reason, and events like ICAC are central to fostering that culture."

Students in pharmacy, physical therapy, occupational therapy, nursing, and social work engaged in activities designed to enhance their understanding of interprofessional roles and improve patient-centered care.

Formal IPE training — which is rare among higher education institutions — showcases to future employers the collaborative workforce skills that are essential for all health care providers, shared Class of '26 Master of Science in Occupational Therapy (M.S.O.T.) student Jared Benoit, B.S. '24.

"IPE really teaches us as health care professionals how to advocate and stand by our scope of practice and professionalism," Benoit said. "It helps you practice being a professional before entering the workforce and allows you to learn those executive functioning skills sooner. This better prepares us for the world and the workforce."

While IPE has been at the heart of UNE's curriculum for decades, this event marks the first required interprofessional learning opportunity where students from across the Portland Campus carved out dedicated time.



During the IPE event, students reviewed video case studies on palliative care and held interactive discussions, exploring the roles and responsibilities of different professions and reflecting on their contributions to team-based care.

The interactive nature of the event, with activities like group discussions and the use of sticky notes to explore professional roles, added a dynamic element to the learning experience, said Gaby Puentes, B.S., (M.S.O.T., '26).

"This event gave me a lot of confidence in what I do and how I can define occupational therapy to other health professionals," Puentes said. "This interprofessional event also provided insight into what other professionals see us doing, which is crucial for effective teamwork."



**Female Genital Mutilation/Cutting**  
**Advancing Healthcare & Upholding Human Dignity**  
*An International Interprofessional Webinar*



**Female Genital Mutilation/Cutting –  
 Advancing Healthcare & Upholding  
 Human Dignity**

**Ann Curtis DNP, RN** (Director of Interprofessional Education, Maine College of Health Professions (US)); **Suzy Plows MPH** (Manager, Centre for Interprofessional Education and Learning at University of Nottingham (UK))

Female Genital Mutilation/Cutting (FGM/C) was banned in Canada in 1997, however over 230 million girls and women worldwide have endured FGM/C (Unicef, 2024) and more than 44,000 girls and women die annually after being cut (Ramsey, 2023). Although FGM/C is unlawful according to international human rights law and is not required by any religion, the practice continues today across the world (Abdalla & Galea, 2019). FGM/C is typically performed on infants and young girls and results in lifelong adverse effects including physical, mental, and sexual health complications (World Health Organization, 2024; Sarayloo et al., 2019).

In October 2024, interprofessional education centers from the University of Nottingham (UK) and Maine College of Health Professions (US) hosted a free webinar on the evidence-based care of girls and women who survive FGM/C. Webinar topics included the perspectives of two survivors, trauma-informed care, reconstructive healthcare, effective communication, safeguarding, and team member self-care and resilience.

Over 100 healthcare students and current practitioners from around the world attended the event where they heard from several speakers. Speakers included healthcare professionals and educators from the UK and the US with expertise in: survivor perspectives, FGM activism, FGM midwifery, safeguarding, FGM reconstructive health, education and communication, and psychology.

- Amanda Wickham FGM Midwife Expert, Shez Davey Midwife for Safeguarding for Nottingham University Hospitals Trust (UK)
- Shamsa Araweelo FGM/C Speaker, Survivor, Activist (UK)
- Juliet Albert, Specialist FGM Midwife, Co-Leader ACERS\_ UK (UK)

- Dr. A. Renee Bergstrom, Educator, Somali Women Healthcare Advocate, Survivor (US)
- Dr. Lynne Gotjen, Dean of Nursing Maine College of Health Professions (US)

Participant feedback was highly appreciative and complimentary. Attendee feedback:

- “Thank you for presenting this webinar. I feel a tiny bit more confident about what to do if a patient presents with a history of ‘cutting’ although I appreciate I need to know very much more. It is easy when you work in a predominantly white and rural area to think ‘well this is unlikely to be something I need to worry about too much’ I see now that this is incorrect.”
- “It was great to have the perspective of both medical professionals and survivors. I think it was very interesting to hear about the survivor’s experiences and allowed me to see just how important FGM education is.”
- “Very informative workshop and really gave me an insight into FGM, a topic which I had not been deeply educated on before.”



The webinar hosts recognize an event of this type is limited in its ability to address every aspect of the care of girls and women who survive FGM/C. It was encouraging to hear the perspectives of survivors and professionals and inspiring to hear their call to action: survivor-centered, evidence-based care for all survivors and the end of FGM/C worldwide.

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## Pioneering Interprofessional Learning at Peninsula Medical School

**Chloe C Milsom, PhD, SFHEA** (Peninsula Medical School, University of Plymouth); **Karen Johnstone, PhD, SFHEA** (Peninsula Medical School, University of Plymouth); **Ann Rigby-Jones PhD, SFHEA** (Peninsula Medical School, University of Plymouth); **Michael J Dillon PhD, FHEA** (Peninsula Medical School, University of Plymouth); **James Edwards PhD, SFHEA** (Peninsula Medical School, University of Plymouth)

We, a team of medical educators from Peninsula Medical School at the University of Plymouth in southwest England, are thrilled to announce the launch of our Interprofessional Learning (IPL) series within our enquiry-based learning (EBL) programme.



To our knowledge, we are the only UK medical school in which medical and physician associate students are regularly engaging in IPL in their first year of study. Traditionally, IPL occurs later in training and within clinical settings. Our approach brings these healthcare professionals together from their first year of study, marking a significant milestone in medical education, fostering a mutual understanding and appreciation between future doctors and physician associates, and highlighting the distinctive roles each profession plays within healthcare teams.

To support this goal, we have refined our EBL curriculum and carefully developed our case scenarios to support interprofessional learning, and the diverse educational pathways of our students. Furthermore, we have allocated dedicated curriculum time for these collaborative sessions, ensuring they are fully integrated into our students' learning experiences<sup>1</sup>.

The timing of this initiative is significant, as physician associates will soon be regulated by the General Medical Council, the UK regulatory body for medical doctors. Training programmes for physician associates and for doctors must meet the same educational standards<sup>2</sup> which stipulate that medical schools must provide students "... the opportunity to work and learn with other health and social care professionals and students to support interprofessional multidisciplinary working."

As we launch this innovative program, we are eager to observe the interactions between our students. We are confident that this approach will shape a new generation of healthcare professionals who are collaborative, understanding, and highly skilled. By bringing these future practitioners together from the outset of their education, we are laying the groundwork for more effective, cohesive healthcare teams.

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# INCLUDING & ENGAGING COMMUNITY & PARTNERSHIP

## Structured IPE Placement at Sunnybrook Health Sciences Centre

**Stella Ng, PhD, Reg CASLPO** (*Centre for Advancing Collaborative Healthcare & Education*)

On November 19, 2024, I had the privilege of observing a learning activity from a Structure Interprofessional Education (SIPE) placement, occurring at Sunnybrook Health Sciences Centre.

Facilitated by Marnie Peacock and Annie Hoang and a group of learners, Renee, Mehal, Monica, Lea, Tal, and Alfred from radiation therapy, occupational therapy and nuclear medicine, the session was focusing on bringing the Sunnybrook interprofessional competencies to life, through a team challenge and a debrief intended to integrate the competencies with the practice-based learning the students were engaged in during their time at Sunnybrook.



The relevant capabilities that I observed as students worked together included their sharing of pertinent experiential and profession-specific knowledge, given the task involved building a human, with only one team member at a time able to simultaneously see that human. Therefore,

team communication became a key capability for success. I also noted the learners adapted their strategy by learning from one another in terms of what was working and what was not. This ability to make suggestions grew from the psychological safety that had been established as a group of learners over time.



Importantly, the activity was not left as a generic team building activity. It was tied to clinically-pertinent experiences by the facilitators' questions, and the learners' commitment to bringing in their practice-based experiences at Sunnybrook, to connect with the activity.

SIPEs represent one way for learners in the University of Toronto interprofessional education curriculum to fulfill their "IPE component in the practice setting" requirement. They also involve learners from many other academic institutions, by virtue of taking place in a practice environment that hosts learners from many colleges and universities. The key strengths to SIPEs include their immersive, longitudinal, closely facilitated approach, with clear efforts to integrate collaborative competency learning with ongoing clinical learning.

Thank you to the learners and facilitators for welcoming me to learn from their experience.



## Relationship-Focused Care

**Bhavini Patel, EMBA** (CCP Advisory Committee; Patient Partner, Health Mentor, & Facilitator, The Centre for Advancing Collaborative Healthcare & Education)

The Interprofessional Competency Framework by the Canadian Interprofessional Health Collaborative (CIHC) identifies six domains that form the foundation of collaborative care. The ultimate goal is “enhancing healthcare and human services through collaborative, relationship-focused partnerships to shared decision-making around health and social matters.” Reviewing this framework frequently serves as a good reminder that when health professionals communicate amongst each other, share knowledge, and remain curious, they contribute to excellent patient experiences. Within this framework, one domain is Relationship-Focused Care/Services, described as team members who collaborate and foster purposeful relationships. Most often, a team in a healthcare setting is thought of as being composed of all of the health professionals involved in patient care. Rightly so, these experts are highly valued and respected by patients and caregivers, who are also important members of the team.

This article is your cue to reset and rethink about relationship-focused care, and how a caregiver could be integrated with a collaborative care mindset. Caregivers are the ones who administer medications as prescribed and organized by the physician and pharmacist, caregivers continue to encourage the exercises that the physiotherapist has assigned, caregivers also do their best to ensure the home environments are safe and minimize falls after an occupational therapist has visited them.

There are approximately 4 million caregivers in Ontario. As one, I speak from experience when I say that a health professional’s proactiveness to share information, offer education, and moreover, foster purposeful relationships makes a world of difference. Whether it is in a hospital setting or home care setting, by engaging the caregiver in conversations, health professionals are more likely to learn about the patient’s baseline, core values, cultural makeup, current circumstances, and who they are as a person – not just as a patient. Relationship-focused care promotes mutual respect, patience, and active listening skills which all work towards an improved experience for everyone involved in the care team. It is encouraging to see that caregivers are being recognized for their significant role within the healthcare system - the past few years have shone a spotlight on their contributions to healthcare. Let us continue to think about collaborative care, and place high value on relationship-focused care that continues to include caregivers.

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# INTEGRATING WAYS OF KNOWING RESEARCH & INNOVATION



## An Interprofessional Approach to Co-Designing a Patient Engagement In Research (PER) Digital Hub for Our Sunnybrook Community

*Sahia Adan Iftikhar MHSc (PBRI graduate student intern; Department of Health Sciences, University of Western Ontario); Laurie Legere BA (Director, Equity and Social Accountability, Sunnybrook Health Sciences Centre); Sara Morassaei PhD (Program Manager, Practice-based Research and Innovation, Sunnybrook Health Sciences Centre); Lisa Di Prospero MSc, MRT (T) (Director, Practice-based Research and Innovation, Sunnybrook Health Sciences Centre)*

**P**atient Engagement in Research (PER) involves active engagement of patients and patient partners (community, caregivers, and family members) in the research process, with a primary focus on their needs and perspectives. Patient engagement requires meaningful and active collaboration between patients and patient partners, and researchers. In 2019, aligned with strategic priorities, Sunnybrook Health Sciences Centre (Sunnybrook) began its journey on an intentional plan to engage patients within the research process as part of the interprofessional research team. The first phase of the project culminated in the creation of a digital hub for clinician researchers completed in 2023. The second phase of the project was the co-creation of a patient facing digital hub that would be housed on the organizations' internet space. The hub is designed for patients and patient partners (community, care givers, and family members) and focuses on fostering engagement in research

activities by partnering with our research teams. The hub's main goal was to create an accessible space for patients and patient partners to participate in research contributing to improved patient care and the effectiveness of the health system. The aim of our project was to co-create the digital hub with patients and patient partners to ensure the hub reflected what they felt was important to know with regards to participating with research teams on research projects.

The co-creation comprised several steps necessary for developing the final product while collaborating closely with patients and patient partners throughout the process. Patient partners were asked pertinent questions regarding the research hub, and their responses played a vital role co-designing the digital hub, ensuring it was patient centered. At Sunnybrook, we define interprofessional teams inclusively, involving patients, patient partners, and professionals from all disciplines. Our commitment to interprofessional collaboration is rooted in a person-centered approach to care. The six core interprofessional competencies at Sunnybrook are communication, interprofessional conflict resolution, shared decision making, reflection, role clarification, and interprofessional values and ethics. Our digital hub co-creation project included all six core competencies. Communication within interprofessional teams involved collaborative decision-making on plans and coordinated actions by team members. Furthermore, six patient partners participated, providing overwhelmingly positive feedback and expressing gratitude for the opportunity to be involved. The sessions conducted with patient partners were virtual meetings

facilitated by staff members, during which patient partners were asked for their feedback on the hub. The patient partners received guidelines and information prior to the virtual sessions. They were also asked to complete surveys after the sessions, to provide additional feedback. A sample template of the hub was also shared with the patient partners before uploading it on to the Sunnybrook website. Their suggestions introduced perspectives we had not previously considered, enhancing the clarity of our approach.

As a graduate student, working on this project has been an insightful experience. Initially, I was uncertain about what to expect; however, by the project's conclusion, I take pride in having participated in such a significant initiative. As a future clinician, my goal has always been to enhance patient care, and I believe the research hub will play a vital role in achieving this. Involving patients and patient partners in healthcare research is essential for improving the overall health system. This engagement not only alleviates patient stress but also empowers them to have a voice in their care. Additionally, it ensures that research remains relevant and enhances its accuracy. Ultimately, this involvement benefits healthcare providers and researchers by providing valuable insights into patients' needs, enabling them to deliver a better health-care experience. As a future healthcare provider, I am eager to participate in further initiatives aimed at enhancing patient care and fostering interprofessional collaboration with patients. In my future practice, I aim to ensure that patients are integral members of the team and equal collaborators, rather than solely having healthcare professionals as collaborators. I believe that this will help to improve the healthcare system and enhance patient care.

## Derman: A Case Study

**Dr. Candan Ertubey-Sterling** (Principal Lecturer in Mental Health, Programme Leader Cognitive Behavioural Therapies, University of Hertfordshire)

**D**erman is a charity that serves/provides health and social care services to Turkish and Kurdish Speaking communities for their health and wellbeing since 1991. It is located in East London, United Kingdom. The most important function of Derman is supporting immigrants from Turkey (Turkiye) with limited English language competency. The meaning of "Derman" in Turkish is finding solutions to (usually health) problems.

Derman had taken the role of providing health and wellbeing services in collaboration with National Health Services (NHS) in England to those populations. They work closely with medical doctors (general practitioners) and mental health professionals. They take referrals from medical professionals and other mental health charities in the region of East London (Hackney) where most early immigrants (1960-1980) from these communities live. Their first function was providing health advocacy in health services (from primary to tertiary health settings) for people who are not fluent in English. The purpose of this service was to facilitate collaborative practice between patient and health professionals, especially with medical doctors. This was more than translation services to address language barriers; it was also designed to achieve better cultural understanding and communication. Derman evolved to offer other services, like counselling and mental health recovery support in the form of social prescribing and welfare advice services in patients' native language. Each of these services provided by Derman continues with referrals both from NHS in this locality (East London Foundation Trust-ELFT) and Hackney London Borough council.

The author of this article volunteered their services as a Cognitive Behavioural Therapist after the February 6, 2023 earthquake in East Turkey to support individuals who may have lost loved ones during the earthquake. She found her work with Derman highly rewarding as she was able to support people who either directly experienced the earthquake, had lost family members, or both. She is now continuing to support this organisation on an ongoing basis with her skills as therapist and educator.

We are more global than ever in our localities; something that happens 2000 km away had an impact on us locally. It is comforting to know organisations like Derman exist and support people from different backgrounds in culturally competent ways and promote wellbeing with their activities.

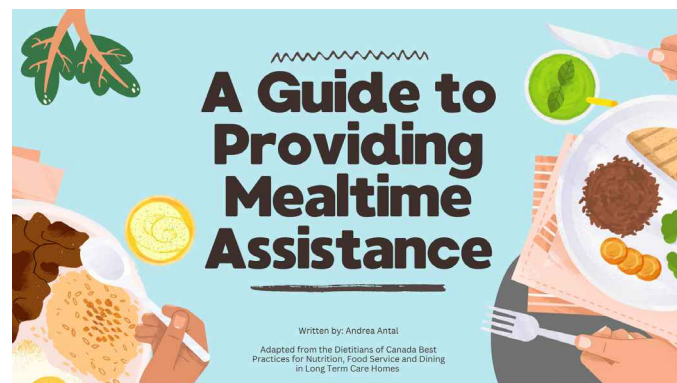
## The Goldilocks Project: Getting the Mealtime Experience ‘Just Right’ for Patients in Long Term Care on Texture Modified Diets Vol. 2

**Andrea Antal BSc** (Sunnybrook Health Sciences Centre); **Evelyn Babcock MSc, RN** (Patient Care Manager, Sunnybrook Health Sciences Centre); **Patricia Alafogiannis MN, RN** (Advanced Practice Nurse, Sunnybrook Health Sciences Centre); **Colleen Miller MHSc, RD** (Liaison Dietitian, Sunnybrook Health Sciences Centre); **Amanda Woo MScPT, MSChA** (Manager Rehab Services, Sunnybrook Health Sciences Centre); **Melanie Lamarca MHSc, SLP** (Speech-Language Pathologist, Sunnybrook Health Sciences Centre); **Susan Deering MD, MPh** (Family Physician, Sunnybrook Health Sciences Centre; Assistant Professor, Temerty Faculty of Medicine at the University of Toronto)

Providing an enjoyable mealtime experience is a crucial part of patient centred care. Progressive diseases often result in swallowing problems requiring a modified textured diet, leading to changes in the taste and feel of food, which impacts the patient’s mealtime experience.

Observations of staff meal assistance practices at the Veterans Centre include some practices that are inconsistent with accreditation standards such as providing supplements with meals rather than as snacks. As part of the second year of ‘The Goldilocks Project’ supported by an AFP SHARE grant, we conducted a needs assessment of staff attitudes, beliefs and practices about meal enjoyment for patients on texture modified diets. As well, some long-term care (LTC) residents were interviewed about their mealtime experiences. Then, an experiential program including the opportunity to sample some of the modified foods was developed and delivered to staff.

Based on the staff needs assessment and resident interviews, two educational events were planned. One focused on residents’ negative experiences related to the use of clothing protectors. Staff were involved in friendly competition and voting that resulted in the term ‘clothing protector’ most



voted on as the preferred term over the word ‘bib’. The second event invited staff to taste modified foods and liquids; many commented that this was a positive experience. In addition to these events, written/digital resources about best practices for individuals requiring modified texture diets to promote best practices and enhance mealtime enjoyment were created. These resources have been made available on our intranet so they can be modified and used across our organization.

Relationship-focused care, a core domain of the Competency Framework for Advancing Collaborate (CIHC, 2024) was embodied throughout this work and reflected in what was achieved and the future potential.

### Reference

Canadian Interprofessional Health Collaborative (CIHC). (April, 2024). A National Interprofessional Competency Framework. Retrieved from: <https://cihc-cpis.com/wp-content/uploads/2024/06/CIHC-Competency-Framework.pdf>

## Rough Magic

**Miranda Newman BA (Writer & Editor)**

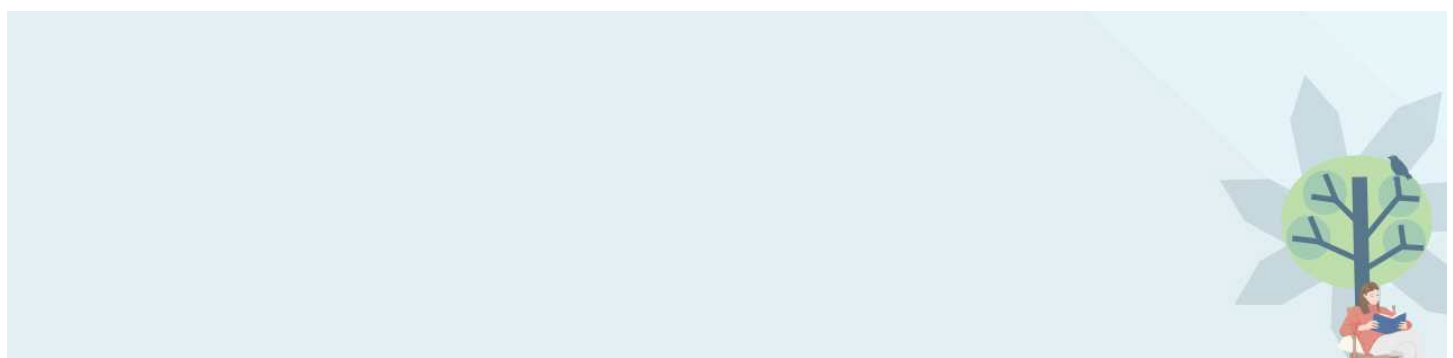
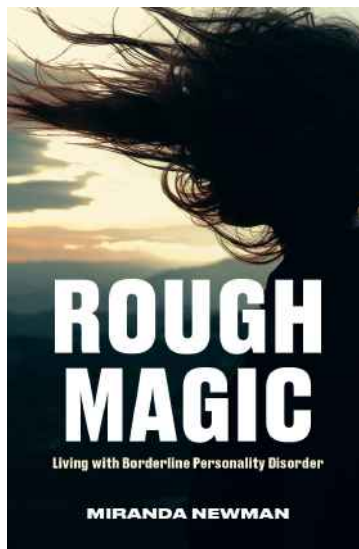
“You shouldn’t Google borderline personality disorder (BPD),” my therapist told me shortly after it was suggested I was living with the mental illness. “There’s a lot of really negative information out there.” I did the opposite. What I read devastated me. People with BPD were often portrayed as manipulative, attention-seeking, or untreatable, judged harshly by both the general public and those meant to treat them.

In solitude, it seemed best to keep my diagnosis to myself since it was steeped in so much stigma. Then I was referred to a dialectical behaviour therapy (DBT) skills group at the Centre for Addiction and Mental Health (CAMH). I was surrounded by wonderful, caring, and supportive people with BPD, which was so inconsistent with everything I’d read about the disorder.

My DBT skills group was transformative because the treatment was developed by a person with lived experience and delivered in a relationship-focused manner. Marsha M. Linehan, an American psychologist, created DBT to help highly suicidal people find relief from their suffering. Linehan was inspired to create the therapy after her time as an inpatient at the Institute of Living in Hartford, Connecticut, where she displayed

many symptoms of BPD. The facilitators who delivered the treatment to our group encouraged members to develop relationships with each other, creating an informal peer network that lasted long after the skills group was over. Most importantly, the group facilitators treated us as individuals with unique needs despite sharing a diagnosis. . The facilitation team, made up of psychiatrists, students, and educators, worked with my occupational therapist to ensure I had the necessary support to meet my recovery goals, even inviting my OT to facilitate a few sessions. The facilitators’ diverse perspectives and dedication to holistic healthcare ensured group members had an array of resources and support to foster mental wellness and skill building, creating multiple personalized pathways to recovery.

My experience showed me that people with BPD, who were so often relegated to the dark corners of conversations about mental illness, deserved a light shined upon them. I wrote *Rough Magic: Living with Borderline Personality Disorder*, to demystify information about the disorder, dispel myths that persist around the diagnosis, and highlight some of the positives that come with living with BPD. In illuminating the complexities of living with BPD, I hoped others with the disorder might find the peace that comes with self-acceptance.





## National Academy of Medicine Core Competency Implementation Pilot

**Emily Leppien, PharmD, BCPS, BCPP** (Clinical Associate Professor, School of Pharmacy and Pharmaceutical Sciences, Binghamton University);  
**Tracy Lyman, MEd.** (Lecturer, Teaching, Learning, & Educational Leadership, College of Community and Public Affairs, Binghamton University)

Imagine a world where every professional—whether a healthcare professional, educator, or social service provider—has a deep understanding of substance use disorders, not only recognizing the signs but also responding with compassion and without bias. While the general public may not need extensive expertise, those who treat, teach, and support individuals with substance use disorders must have a better understanding of their roles in addressing this issue.

Binghamton University faculty from nursing, pharmacy, public health, and education have joined in a pilot project supported by the National Academy of Medicine's Action Collaborative on Combating Substance Use and Opioid Crisis. Through participation in a variety of activities, our students will increase understanding, recognition, and treatment of substance use disorders, particularly opioid use disorder, while reducing stigma across disciplines. The objectives for those that engage in this project are to recognize the intersection of professions and evidence-based practices for substance use disorders and the need for interdisciplinary action to address substance use and the opioid crisis across the life span. All project activities will highlight the importance of relationship-focused care and services while promoting competencies connected to core knowledge, collaboration, and clinical practice.

This project exposes students to nationally recognized resources and personal accounts, helping them develop a population-health perspective to address the opioid crisis on a broader level. As part of the project, students will attend a panel discussion featuring individuals with lived experiences of substance use disorders, followed by interprofessional team discussions. Some students will also participate in an interprofessional simulation where they apply their knowledge of caring for a patient to screen for opioid use disorder and develop a plan to manage chronic pain in the context of substance misuse. Through interprofessional collaboration and reflective practice, we have a unique opportunity to bridge gaps in knowledge and create a more supportive environment for those seeking help. By fostering collaboration and encouraging reflection, we aim to dismantle stigma and pave the way for better recognition and treatment of substance use disorders across all sectors. Plans to expand this project with other programs across the university are underway for future semesters.

### Reference

Holmboe, E., S. Singer, K. Chappell, K. Assadi, A. Salman, and the Education and Training Working Group of the National Academy of Medicine's Action Collaborative on Countering the U.S. Opioid Epidemic. 2022. The 3Cs Framework for Pain and Unhealthy Substance Use: Minimum Core Competencies for Interprofessional Education and Practice. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202206a>.



## Together Stories of Collective Impact

**Have you read our previous issues?**

[Click HERE](#) to read *Together: Stories of Collective Impact*, Volume 1.1 (Fall 2022)

[Click HERE](#) to read *Together: Stories of Collective Impact*, Volume 1.2 (Winter 2023)

[Click HERE](#) to read *Together: Stories of Collective Impact*, Volume 1.3 (Spring 2023)

[Click HERE](#) to read *Together: Stories of Collective Impact*, Volume 1.4 (Summer 2023)

[Click HERE](#) to read *Together: Stories of Collective Impact*, Volume 2.1 (Fall 2023)

[Click HERE](#) to read *Together: Stories of Collective Impact*, Volume 2.2 (Spring 2024)

**Please share widely with your colleagues & networks**





# INSPIRING CHANGE SYSTEMS, POLICY & LEADERSHIP

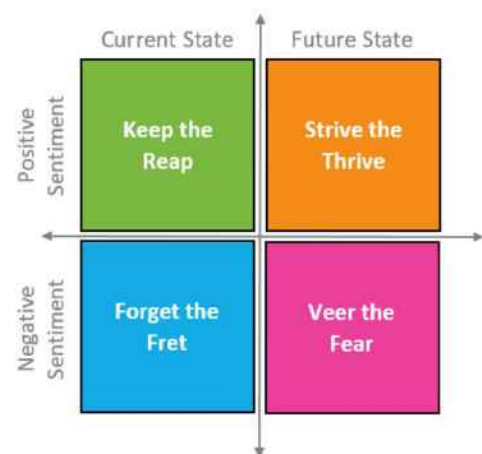


## Inventing Our Future Together: A Journey to a New Health Information System

**Julie Waspe BAsC, BScN, RN, MN** (Interprofessional Clinical Informatics Lead, Sunnybrook Health Sciences Centre; Adjunct Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto); **Andrew Kennedy RN, MSc** (Director of Clinical Informatics, Sunnybrook Health Sciences Centre; Adjunct Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto); **Tracey DasGupta RN, MN** (Director of Interprofessional Practice, Sunnybrook Health Sciences Centre; Adjunct Lecturer, Lawrence S. Bloomberg Faculty of Nursing, University of Toronto)

Across our organization, Sunnybrook Health Sciences Centre (SHSC) has various information systems deployed in a best-of-breed model that supports the needs of many specialized areas of practice. In an age of health information exchange and a focus on providing safe and efficient care, we are transitioning to a new electronic health record that will span across our campuses, programs and specialties, mitigating information sharing challenges that we face in our current systems landscape.

As we plan for the future system, we are actively engaging our team members in the process. One of our strategies for engagement is our clinical informatics rounding initiative, fostering behaviours within the domains of team communication, relationship-focused service, and team functioning. Ongoing engagement will build interprofessional collaborations to ensure we are meeting end-users needs, aligning workflows with hospital policies, supporting best practices, and maintaining professional college requirements. In order to understand our end-users' needs and readiness for change, we have developed an engagement tool: a unique



union of sorts between the dialogic orientation quadrant (DOQ) model for coaching and the SWOT analysis framework. The tool explores participant's perspectives on our current state successes and opportunities for improvement, and considers staff's excitement and fears for the future system. The DOQ model was used to navigate conversations, creating a shared vision and building excitement for the future. The engagement sessions started in May and continued over the summer. We have facilitated over 180 engagement sessions across the

organization, focusing on connecting with our point of care staff, clinicians and learners. We have engaged with close to 1400 participants, with an overwhelming 91% of participants being frontline clinicians and support staff. Participants represent 108 different roles and professions, including students and agency staff. The plan is to share their collective voices by broadly communicating the common themes on our intranet and with the team involved in the vendor contract negotiations. This will guide our implementation plan and is only the beginning of our journey to reinvent our systems landscape to enhance collaborations within our organization and beyond our walls.

### References

- Canadian Interprofessional Health Collaborative. (2024). CIHC Competency Framework for Advancing Collaboration 2024. [www.cihc-cpis.com](http://www.cihc-cpis.com)
- Cernega, A., Nicolescu, D.N., Meleşcanu Imre, M., Ripszky Totan, A., Arsene, A.L., Şerban, R.S., Perpelea, A.C., Nedea, M.I., Piţuru, S.M. (2024). Volatility, Uncertainty, Complexity, and Ambiguity (VUCA) in Healthcare. 2024 Apr 2;12(7):773. doi: 10.3390/healthcare12070773. PMID: 38610195; PMCID: PMC11011466.
- Moon, H. (2022). Efficacy of Training in Solution-Focused Coaching: Process Study of Learners' Progress in Response Choices (Doctoral dissertation, University of Toronto (Canada)).

The Centre for Advancing Collaborative  
Healthcare & Education (CACHE) presents...



**CACHE  
Awards of  
Merit  
2024-2025**

**APPLICATIONS NOW OPEN!**  
Scan the QR code to learn more.



## The Nominations for CACHE Awards of Merit are Now Open!

The Centre for Advancing Collaborative Healthcare & Education (CACHE) welcomes nominations for the 2024-2025 annual [Awards of Merit for Excellence in Interprofessional Education](#).

Awards are open to educators/preceptors affiliated with the University of Toronto who have had teaching or supervisory responsibilities directly with University of Toronto students. The student award is open to University of Toronto students in the Health Sciences who are graduating in the spring or fall of the award year are eligible.

**Submissions due:  
Monday February 24, 2025 by 5pm.**

Contact [sabrina.bartlett@uhn.ca](mailto:sabrina.bartlett@uhn.ca)  
should you have any questions.





# COMING TOGETHER: EVENTS & ANNOUNCEMENTS

## HIIT for Humility™: An Element in the Chemistry of Teamwork

Yvonne Price MAMC (*Associate Director, Learning Solutions, Centre for Advancing Interprofessional Practice, Education & Research, Arizona State University Edson College of Nursing and Health Innovation*)



Are you ready to experience the power of humility in your professional and personal life?

HIIT for Humility™ is an innovative new training like nothing you've seen before. Organized into a Virtual Guide, HIIT for Humility™ outlines the core principles of humility and offers practical “workouts” to enhance individuals’ humility “muscles.”

Humility is a powerful trait that goes beyond just being modest. Rooted in self-confidence, humility is tied to many socially beneficial attributes, and is considered an important characteristic for both employees and leaders alike.

Developed by Arizona State University’s [Center for Advancing Interprofessional Practice, Education and Research \(CAIPER\)](#), and drawing from interdisciplinary research and collaboration with experts, HIIT for Humility™ takes inspiration from High-Intensity Interval Training (HIIT) to provide dynamic approaches to humility development.

Like fitness features in popular magazines, the HIIT for Humility™ Virtual Guide describes each workout, what “muscles” each workout is intended to strengthen, the real-world and work-related applicability of each workout, and provides a related visual or animated example. Brief common-language discussions of key humility-oriented concepts and theories provide a more holistic understanding and application of the practice of humility. Just like any healthy exercise routine, many of the workouts progress from light and medium, to heavy lifts, slowly stretching and strengthening the related humility muscles.

As a Virtual Guide, the self-paced online format ensures accessibility and convenience for users worldwide, allowing individuals to engage in transformative exercises at their own pace and schedule.

Upon completing HIIT for Humility™, learners are awarded a Digital Badge in “Building Humility” – a valuable credential for any employee or leader in today’s workplace. Displaying this badge on personal and professional sites demonstrates skill in practicing humility, as well as a commitment to this valuable attribute.

HIIT for Humility™ is slated to launch in mid-December. Visit the [CAIPER website](#) to learn about this and other interprofessional trainings.



# TforT: Certificate in Co-Facilitation with a Patient/Family/Caregiver Partner

## Teaching for Transformation (TforT) Co-Facilitation Certificate

*The Teaching for Transformation (TforT) Co-Facilitation Certificate program is offered in collaboration by the Centre for Advancing Collaborative Healthcare & Education (CACHE) and the Centre for Faculty Development (CFD).*

### Program Overview

This interactive and immersive program is designed for individuals who are interested in co-facilitating interprofessional educational initiatives informed by humanistic and transformative education practices. Participants will engage in hands-on practice, receive feedback, and build essential skills for leading and facilitating interprofessional education.

When we say co-facilitation, we mean collaborative facilitation by a patient/family member in partnership with a faculty member, learner, or practitioner.

### Key Details

#### Dates:

1. Preparatory Workshop on Monday January 13, 2025, 3:00-5:00pm EST Online Via Zoom;
2. Co-Facilitation in Action on Monday January 20, 2025, 3:30-6:00pm EST, In person at the University of Toronto St. George Campus OR Online Via Zoom.

**Format:** Virtual and in-person sessions.

**Who Should Attend:** Teachers, educators, faculty, facilitators, patient/family/caregiver partners, and collaborative leaders interested in deepening their skills in transformational teaching practices.

**Certificate:** Participants who complete the program will receive a formal certificate of completion from CACHE & CFD.

For more information or to register, please visit the [Teaching for Transformation Certificate Page](#)

Please note that you will need to create an account in order to register for this certificate. During the account creation process it may ask you to check off whether you are an affiliate of Unity Health Toronto or the University of Toronto, if none apply then you do not need to check anything. Creating an account and registering for this certificate are free of charge. Should there be any questions during the account creation process please email [elcadavid@uhn.ca](mailto:elcadavid@uhn.ca) and [Alexandria.Suliman@unityhealth.to](mailto:Alexandria.Suliman@unityhealth.to)

This is a great opportunity to enhance your facilitation skills and connect with a community of educators and patient/family/caregiver partners committed to making a meaningful impact in the classroom.



Society for Academic Continuing Medical Education (SACME)



## SACME 2025 Advocacy in Action: Empowering CPD/CE Professionals to Lead Change

March 16 - 19, 2025  
Washington, D.C., USA

The Society for Academic Continuing Medical Education (SACME) invites you to our 2025 Annual Meeting, March 16-19 in Washington, D.C.

This year's annual meeting's theme is **Advocacy in Action: Empowering CPD/CE Professionals to Lead Change**. We will focus on advocating for our programs, advocating for our learners, advocating for the patients we ultimately serve, and advocating for ourselves.

Through research and best practices sessions, learn from CPD/CE colleagues who've developed innovative strategies, including interprofessional and team-based education, working in the evolving CPD/CE environment using data driven CPD, and incorporating quality improvement and patient safety.

We look forward to an interactive, stimulating program that will provide opportunities for professional development, networking, and scholarly interactions.

**Registration is open. Register before February 3 for the best rate. Visit the [SACME 2025 website](#) for more information and to register.**



## THE CLINICAL TEACHER

### Call for Papers: The Patient/Consumer's Voice in Health Professional Education

[Submission deadline:](#)  
**Monday, 31 March 2025**

The Society for Academic Continuing Medical Education (SACME) invites you to our 2025 Annual Meeting, March 16-19 in Washington, D.C.

This special issue will complement the [3rd international conference on 'Where's the patient voice in health professional education 20 years on?'](#) to be held in Vancouver, Canada in November 2025. There are growing calls for patients (consumers/clients/communities) to be involved at all levels of health professional education, healthcare delivery and research. This movement is gaining traction, but such patient involvement is still not universal. The theme fits with the patient request of 'nothing about me, without me', a call for health professionals to involve patients more in decision making and choices about their care. For this special issue of *The Clinical Teacher*, we aim to showcase the numerous ways in which patients and healthcare consumers are involved actively in health professional education including but not limited to curriculum design and development, sharing experiences and narratives, facilitating learning and assessment, and being involved in institutional decision making. We will particularly welcome articles co-authored with patients and community members.

**Submit today by visiting the website:**  
<https://asmepublications.onlinelibrary.wiley.com/hub/journal/1743498x/call-for-papers/si-2024-000415>



## iCAM 2025

April 3 - 6, 2025

Halifax, Nova Scotia, Canada

The International Congress on Academic Medicine (ICAM) is the first international gathering dedicated to academic medicine. It will be the place for the academic medicine community to meet, network, and develop new relationships and collaborations with colleagues from around the world.

ICAM will showcase innovation and scholarship in medical education and health research. Medical students, residents and graduate students will have the opportunity to present their work, network and connect with medical education and research mentors as well as prospective employers.

Join us at the premier event for academic medicine and showcase your organization to a global audience of healthcare professionals, educators, learners, and thought leaders. This is your chance to connect, collaborate, and be part of a pivotal Congress in the field of academic medicine, advancing health research and medical education.

Visit the ICAM [events website](#) to REGISTER today!



## AERA 2025

**Research, Remedy, and Repair:  
Toward Just Education Renewal**

April 23 - 27, 2025

Denver, Colorado, USA

The 2025 AERA Annual Meeting theme, “Research, Remedy, and Repair: Toward Just Education Renewal” calls us to consider how we can work across disciplinary, epistemological, and methodological orientations to forge deeper connections in our field that can speak to the challenges we face in education and in our imperfect multiracial democracy.”

AERA is excited to host an annual meeting for 2025 that will be accessible, flexible, and rewarding for all participants!

The meeting will be held in Denver April 23 through April 27, at the Colorado Convention Center. The headquarter hotels are the Hyatt Regency CCC, Hilton Denver City Center, and Grand Hyatt.

[Visit the event website](#) to stay up-to-date as details are released, and to learn more about the event.





Facilitated by the [National Center for Interprofessional Practice and Education](#)

## Collaborating Across Borders (CAB) IX Converging Currents Enhancing Health Outcomes through Interprofessional Collaboration

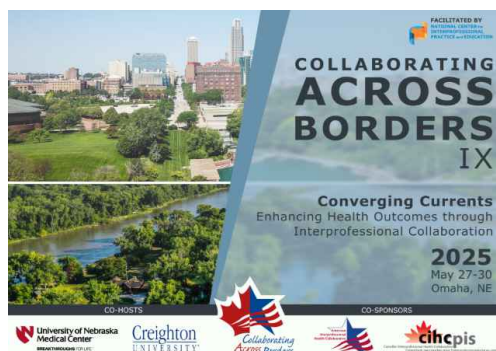
May 27 - 30, 2025  
Omaha, Nebraska, USA

Collaborating Across Borders IX, North America's oldest and largest international conference dedicated to advancing the field of interprofessional education and collaborative care (IPECP).

Our conference theme, "Converging Currents: Enhancing Health Outcomes through Interprofessional Collaboration," reflects our collective commitment to improving health outcomes through effective collaboration across professions. Over the course of four days, you will have the opportunity to engage with leading experts, participate in thought-provoking discussions, and gain valuable insights into innovative practices in interprofessional education and collaborative care.

**Call for Abstracts (deadline extended): Monday, January 6, 2025**

For more information visit the website, <https://cab.nexusipe.org/>



**AMEE 2025  
BARCELONA**  
HOW ARE EDUCATORS RELEVANT TO HEALTH?

## AMEE 2025 How are Educators Relevant to Health?

August 23 - 27, 2025  
Barcelona, Spain

AMEE 2025 will offer the opportunity to engage in meaningful conversations, build new connections and immerse yourself in a wealth of knowledge made available through an exciting programme of sessions, workshops and interactive discussions. By joining our annual conference and contributing to the theme, 'How are educators relevant to health?', we can connect, grow and inspire one another. Together we will take bold strides in shaping the future of health professions education.

AMEE invites abstract submissions relating to any aspect of health professions education across the continuum, from undergraduate through postgraduate to continuing professional development.

**Submissions for Short Communication, ePoster, Fringe, PechaKucha, Point of View, Workshops are open! Deadline is 29 January 2025.**

**Registration is now open! Visit the website for more information, <https://amee.org/amee-2025/>**



## All Together Better Health (ATBH) XII

**November 11 - 13, 2025  
Bucaramanga, Colombia**

All Together Better Health (ATBH) conferences provide a forum for the growing number of national and transnational IPECP regional networks to share their work, to learn 'with, from and about' each other, debate strategies, and make plans to promote IPECP globally.

ATBH conferences are driven by the conviction that, by learning together, we improve working together to effect change, enhance quality of care, ensure safety, and optimize deployment of human resources.

12th International Conference on Interprofessional Education and Collaborative Practice, All Together Better Health (ATBH) 12, will take place for the first time in Latin America in November 2025, hosted by the Universidad de Santander in Colombia. ATBH, the Universidad de Santander, and Interprofessional Global extend a warm welcome to all professionals, educators, researchers, students, academics, administrators, policymakers, and service users from the health and social care sectors worldwide.

Visit the website for more information, <https://atbh.org/>

See the highlights from 2023 at ATBH XI in Doha, Qatar: <https://interprofessional.global/archive-atbh/atbh-xi/>



## Centre for Faculty for Faculty Development Upcoming Workshops

**A Framework for Embedding Equity, Diversity and Inclusion into Education and Training Design**  
January 23, 2025 | 9:00 AM - 12:00 PM | Virtual

This workshop provides a framework for embedding equity, diversity, and inclusion into CPD instructional design and delivery. We discuss how to create equitable, accessible and inclusive learning environments through the application of a health equity and inclusion framework.

**To register for this workshop & to learn more visit the website [here](#).**

### BPER Reads

February 11, 2025 | 12:00 PM - 1:00 PM | Virtual

Please participate in BPER Reads, our annual "Battle of the Papers"! We began this in October with 5 scholars championing one paper of the past academic year they feel every health professional educator must read. On February 11th, our final two scholars will each champion the paper they feel deserves to be read first.

To see the champions, why they chose their selected papers, and to vote please [click here](#).

Please [register for BPER Reads](#) to access the full papers.

## Transform Your Leadership: Collaborative Change Leadership™ (CCL) Virtual Certificate Program for Leaders in Health and/or Health Education March - December 2025

[Applications Deadline Extended: December 18, 2024](#)

Are you ready to elevate your leadership skills and drive impactful change in your organization? Our CCL Certificate Program is designed for forward-thinking leaders who aspire to inspire, innovate, and transform.

*“Integrating the concepts of Diversity, Equity and Inclusion has brought immense value because it provides a more comprehensive understanding of leadership that acknowledges and respects the unique perspectives and experiences of all, regardless of background. I’ve been actively applying these concepts by prioritizing inclusivity in decision-making processes, ensuring diverse representation in my project teams.” - CCL Graduate*

### Program Dates:

- March 27-28, 2025
- April 24-25, 2025
- June 12-13, 2025
- September 25-26, 2025
- December 4-5, 2025

For more information please visit our refreshed website, <https://collaborativechangeleadership.ca/>

Or contact Program Manager Belinda Vilhena, [belinda.vilhena@uhn.ca](mailto:belinda.vilhena@uhn.ca)



### VITAL: Virtual Interprofessional Teaching and Learning Program

A six-module virtual learning series covers key best practices and core competencies for interprofessional education (IPE) and virtual facilitation.

Virtual technology and virtual learning strategies are co-facilitated and modelled by two CACHE faculty leveraging; didactic theory bursts, small group breakouts, large group discussions/reflections, virtual stretch breaks, real-time polling, chat boxes and team simulation videos. The unique use of best practice videoconferencing team norms supports participant psychological safety, equity and attention to engagement in a virtual environment.

### Stay Tuned for 2025 Program Dates

**Module 1:** Overview of IPE/IPC Evidence, Literature and Best Practices

**Module 3:** Team Communications and Team Disagreements Processing - Focus on Patient Safety/Quality Improvement (QI)

**Module 5:** Team Functioning - Psychological Safety and Leadership - Pulling it All Together

**Module 2:** Role Clarification & Negotiation

**Module 4:** Collaborative Relationship-Focused Care/ Services

**Module 6:** Interprofessional Facilitation Simulation, Tips and Resources

For more information visit our [website](#) or email [belinda.vilhena@uhn.ca](mailto:belinda.vilhena@uhn.ca)



# HAPPY *Holidays!*

- FROM THE CACHE TEAM





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**Northern  
Cancer Fund**



**Northern  
Cardiac Fund**



**Health Sciences  
Discovery Fund**

## **Report to the Thunder Bay Regional Health Sciences Centre Board of Directors February 2025**

### ***Foundation Events***

After 25 incredible years, the Bachelor Auction is making way for an exciting new event inspired by the glitz and thrill of the classic TV game show Deal or No Deal. Introducing Chase the Case: A Charity Auction Showdown, a high-energy evening featuring 15 incredible prize packages auctioned during three rounds of gameplay. Attendees will bid for their chance to select cases, with packages revealed beforehand and a “Call the Banker” option adding extra excitement. Classic fundraisers like the Bling Blitz, Travel Blitz, and Wine Pull will return, alongside a delicious dinner crafted by the Valhalla Inn’s Head Chef. Scheduled for May 30, 2025, at the Valhalla Inn, Chase the Case will continue to support the Northern Cancer Fund for breast cancer.

### ***Foundation Update***

#### **Capital Grant Funding 2025/2026**

Last year the Thunder Bay Regional Health Sciences Foundation proudly allocated over \$6.6 million in funding to support the acquisition of essential equipment for the Thunder Bay Regional Health Sciences Centre. This remarkable achievement was made possible through the unwavering generosity of our donors, the dedication of event participants, and the continued success of the Thunder Bay 50/50 draw.

This funding extended beyond Thunder Bay, benefiting hospitals across Northwestern Ontario. Approved grants included critical investments in cancer program equipment for facilities in Terrace Bay, Fort Frances, and Kenora. Over the last five years, the Foundation has provided more than \$27 million in funding to enhance healthcare services throughout the region.

The Foundation is pleased to announce that the 2025/2026 Capital Grant Application Cycle is now open. Applications will be accepted until March 28, 2025, providing an opportunity for healthcare partners to submit proposals for funding support to further advance patient care and medical innovation across Northwestern Ontario.

### ***Thunder Bay Online and In Store 50/50***

#### **December Draw – A New Canadian Record!**

Natalie Bigras and her husband, Clem, of Hanmer, Ontario, won a record-breaking \$6,436,355 grand prize in the Thunder Bay December 50/50 draw—the largest in Canadian hospital 50/50 history. Surpassing its \$2.5 million guarantee within a week, the draw reached an unprecedented total, marking 16 consecutive months of creating new millionaires. Natalie and Clem praised the draw’s impact, noting how funds stay local to improve healthcare in Northern communities. Since inception, the Thunder Bay 50/50 has awarded over \$50 million in prizes and funded critical upgrades, including \$6.6 million in hospital equipment grants announced in November, ensuring exceptional care for the region.

#### **January Draw**

The January 50/50 Draw offers you the chance to win an estimated Grand Prize of \$1,600,000 on Friday, January 31<sup>st</sup>. Don’t miss out—there are 25 early bird draws across six different days, including bonus blitz draws of 5 x \$2,000 and 10 x \$1,000. Get your tickets today and take your shot at winning big!

**OUR MISSION: To inspire people of Northwestern Ontario to give generously to advance our healthcare at  
Thunder Bay Regional Health Sciences Centre.**



**Thunder Bay Regional  
Health Sciences  
Centre**

# BRIEFING NOTE



TOPIC	Fire & Environmental Compliance Update
SUBMITTER NAME	Ryan Sears
SUBMITTED BY <i>(name of TBRHSC Program)</i>	Ryan Sears, Director, Capital & Facility Services
APPROVED BY <i>(name of VP)</i>	Justin Garofalo, Interim Vice President, Corporate Services & Chief Financial Officer
PREPARED FOR	President & CEO <input type="checkbox"/> Board of Directors <input checked="" type="checkbox"/> IMT <input type="checkbox"/> SLC <input checked="" type="checkbox"/> Other:
DATE PREPARED	January 21, 2025
REVIEWED BY DECISION SUPPORT (if required)	Does this have financial impacts to the hospital's budget? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>  If yes, has a Decision Support Analyst been consulted on this briefing note? YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
CO-SPONSER (if required)	N/A

TBRHSC is committed to ensuring ethically responsible practices that align with our philosophy/vision/mission/values. All workers should consider decisions from an ethics perspective including their impact on patients, staff and the community.

Does the course of action:

- ☐ Promote **DIVERSITY** by fostering a people-centered environment that is inclusive of all?
- ☐ Show **COMPASSION**, empathy & respect by acknowledging ourselves as learners in understanding the experiences of others, and by considering the needs, thoughts and feelings of those we serve and with whom we work?
- ☐ Demonstrate **EXCELLENCE** by delivering the highest quality of services in every encounter and in all our work?
- ☐ Foster **INNOVATION** by embracing continuous learning and improvement to drive positive change for our patients, staff, and communities?
- ☐ Uphold **ACCOUNTABILITY** by sustaining and reinvesting in our mission and communities through wisely planning for and managing our resources?

For more detailed questions please refer to the Hospital's full Framework for Ethical Decision Making on the iNtranet under [Quality and Risk Management>Ethics](#).

<b>PURPOSE/ISSUE(S)</b>
To provide SLC and Board of Directors with an update on Fire and Environmental Compliance.
<b>BACKGROUND</b>
The Hospital has no outstanding orders under the Ontario Fire Code (as overseen by the Chief Fire Official) or the Environmental Protection Act (as overseen by the Ministry of Environment and Climate Change). The Hospital is not aware of any non-compliance in regards to the requirements of these legislations, except as noted following.
<b>ANALYSIS/CURRENT STATUS</b>
<u>Ontario Fire Code</u> <ul style="list-style-type: none"> <li>The Hospital continues to provide an update on the use of Hogarth Riverview Manor (HRM) to relieve capacity issues to the Thunder Bay Chief of Fire Prevention as warranted. The Lease is valid until August 2027.</li> <li>The Hospital's annual Fire Plan review was submitted in March 2024. Ongoing updates and consults are done with Thunder Bay Fire and Rescue (TBFR) for projects if needed. The next annual Fire Plan update is due March 31, 2025.</li> </ul>

- The Hospital's annual Fire Inspection (including record inspection) occurred June 20, 2024. No violations or orders received, some minor deficiencies were noted and have since been rectified. The next scheduled inspection is expected to occur in June 2025.
- The Vulnerable Occupancy annual Minimum Staffing Drill with Thunder Bay Fire and Rescue (TBFR) took place on October 16, 2024. Overall, the drill was successful. No orders received. The next scheduled drill will occur Fall 2025.
- TBRHSC is conducting a proactive comprehensive review of the flammable storage room (room 1250, adjacent to S&R). We are evaluating the types and quantities of materials stored with respect to the Ontario Fire Code for compliance and plan to review with TBFR. Some minor procedural and equipment deficiencies were found, the team is working diligently to rectify these items. If a major deficiency is found, a deviation may be requested from the Chief Fire Official.

#### Environmental Protection Act

- There are no outstanding orders for the Environmental Compliance Approvals (ECAs) for air emissions, noise or storm water. The Cardiovascular Surgery project Air & Noise Feasibility Assessment was completed in July 2023 and determined to be compliant. No additional noise controls are expected for the expansion. The Environmental Activity and Sector Registry (EASR) for the project will be submitted 6 months in advance of operationalization to the Ministry of the Environment for approval.

#### Energy Related Reporting

- The annual Broader Public Sector (BPS) energy reporting program requirement commenced in July 2013 based on the Electricity Act - O. Reg. 507/18, now O. Reg. 25/23 as of February 2023. BPS organizations are required to submit reports via Energy Star Portfolio Manager by July 1, 2025.
- Emissions Performance Standards (EPS) program greenhouse gas (GHG) emission reporting based on Regulations as per Ministry of the Environment, Conservation and Parks has been submitted for the 2023 reporting year and excess emissions units have been reconciled. The 2024 reporting year submission is due June 1, 2025. This will be followed by a Third-Party Verification by September 1, 2025 and annual reconciliation for Excess Emission Units, due December 1, 2025.
- Monthly report to Canada Revenue Agency (CRA) on fuel usage per Emissions Performance Standards (EPS) requirements ongoing as per the Greenhouse Gas Pollution Pricing Act.

### **RECOMMENDATION / PROPOSED CHANGE(S)**

N/A

### **BEST PRACTICE & EVIDENCE**

N/A

### **NEXT STEPS**

N/A

### **CONSULTATION**

N/A

### **COMMUNICATIONS**

N/A

### **FINANCIAL IMPACTS**



☒ There are no financial impacts related the request

**If there are financial impacts related to the request, confirm the following:**

Any costs are net neutral or will be absorbed within the current approved budget:

☐ Yes ☐ No-

Indicate funding source:

For any Capital request (including capital funded by the Foundation), Capital Equipment Working Group has endorsed the financial impacts:

☐ Yes ☐ No ☐ N/A

For one-time Capital or Operating funding not impacting existing budgets, a signed funding letter or similar supporting document confirming temporary funding has been attached to the briefing note:

☐ Yes ☐ No ☐ N/A

For new projects, the CPO-4 Impact Analysis Checklist has been completed and attached:

☐ Yes ☐ No ☐ N/A

Operations Budget Appendix is attached to ensure accurate capture of budget additions:

☐ Yes ☐ No ☐ N/A

Budget has been validated by Decision Support Consultant: [INSERT NAME]

**Details of Financial Impacts are as follows:**

		FTE	2024/25	2025/26
<b>Revenue (enter as negative)</b>				
	Funding		\$0	\$0
	Other Revenue		\$0	\$0
	<b>Sub-Total</b>	<b>0.0</b>	<b>\$0</b>	<b>\$0</b>
<b>Expense</b>				
	Salary & Benefits	0.0	\$0	\$0
	Position 1		\$0	\$0
	Position 2		\$0	\$0
	Position 3		\$0	\$0
	Position 4		\$0	\$0
	Department Supplies		\$0	\$0
	Medical & Surgical Supplies		\$0	\$0
	Drugs & Medical Gases		\$0	\$0
	Equipment Maintenance		\$0	\$0
	Sundry		\$0	\$0
	Admin Allocation		\$0	\$0
	<b>Sub-Total</b>	<b>0.0</b>	<b>\$0</b>	<b>\$0</b>
<b>Net (Surplus)/ Deficit</b>		<b>0.0</b>	<b>\$0</b>	<b>\$0</b>

## APPENDIX SECTION

N/A