Health Human Resource Connection

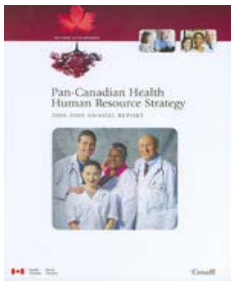
Welcome to the first in regular e-updates from the Health Human Resource Strategies Division of the Health Care Policy Directorate of Health Canada. The past three years have been very active in the area of health human resources and we hope you enjoy reading about initiatives and successes in this and following updates.

A Pan-Canadian Approach

In response to the 2003 Accord on Health Care Renewal, the federal government established the *Pan-Canadian Health Human Resource Strategy* (the Strategy) to address pan-Canadian and jurisdictional health human resource needs.

The Accord noted that appropriate planning and management of health human resources is key to ensuring that Canadians have access to the health providers they need. As a result of the initial Accord, three key initiatives have been implemented under the *Pan-Canadian Health Human Resource Strategy*: Pan-Canadian Health Human Resource (HHR) Planning, Interprofessional Education for Collaborative Patient-Centred Practice, and Recruitment and Retention. First Nations and Inuit Health Branch (FNIHB) leads the First Nations and Inuit component of the HHR Strategy (see pg. 13).

In September 2004, the First Ministers reaffirmed the 2003 Accord and agreed to: "continue and accelerate their work on health human resources action plans and initiatives to ensure adequate supply and appropriate mix of health care professionals". In September 2005, the federal government announced a $100 million 5-year initiative on Aboriginal HHR. Also, in the budget of 2005, the federal government announced an investment of $75 million over five years for the Internationally Educated Health Professionals Initiative to support programs that will expand the assessment and integration of these professionals into the Canadian workforce.



Click the cover to view our 2005-2006 Annual Report website (coming soon).

The Power of Collaboration

The Federal/Provincial/Territorial Advisory Committee on Health Delivery and Human Resources (ACHDHR) is mandated through the Conference of Deputy Ministers of Health to provide policy and strategic advice on the planning, organization and delivery of health services.

Based on advice from all jurisdictions and key stakeholders, and recent reports on the health care system (i.e., Romanow, Kirby, Fyke, Clair and Mazankowski), the ACHDHR has developed a pan-Canadian framework that will help shape the future of HHR planning and health service delivery.

The key difference between the proposed pan-Canadian approach and the traditional approach to HHR planning are that the proposed approach is collaborative, and it is driven by the design of the delivery based on population health needs. In the proposed pan-Canadian approach to HHR planning, each jurisdiction will continue to plan its own health care system, develop its own service delivery models, and develop and implement its own HHR policies and plans. However jurisdictions will do this within the context of a Pan-Canadian framework that shares information and works collaboratively to develop the optimum mix and number of providers needed to meet all jurisdictions' needs.

Co-Chairs of the ACHDHR:

Andree Robichaud - Assistant Deputy Minister, Planning and Medicare Services, Department of Health, New Brunswick.

Ian Shugart - Senior Assistant Deputy Minister, Health Canada.

The ACHDHR is comprised of senior representatives from federal/provincial/territorial governments and experts in the field of health care and health human resources.*

Health Human Resource Strategies Division of Health Canada, our provincial/territorial counterparts and key stakeholders have been working to address the many challenges across the country with respect to health human resources.

The successes to date of initiatives stemming from Health Canada's *Pan-Canadian Health Human Resource Strategy* can be directly attributed to the highly supportive pan-Canadian collaboration.

An organizational chart of the ACHDHR with its Sub-Committees and Task Groups is on page 2.

* Quebec considers health human resources planning its exclusive provincial responsibility. It does not participate in ACHDHR initiaitives nor does it intend to participate in implementation. However, Quebec remains open to sharing information and best practices with other jurisdictions.

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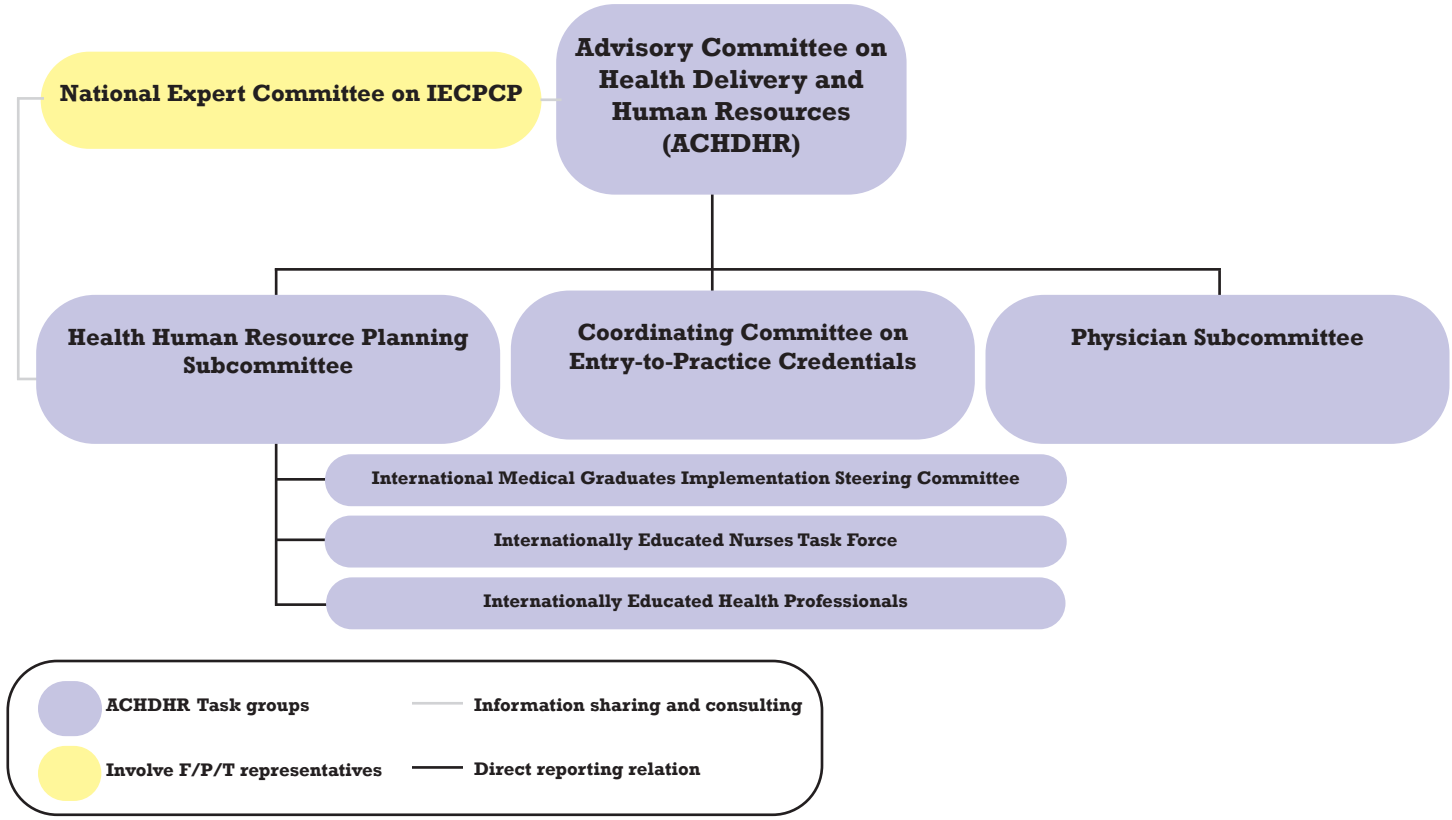

The Western and Northern 'Forum' Real collaboration, real results

Given its full title, the Western & Northern Health Human Resources Planning Forum, not to mention the awkward tongue twisting acronym – W&NHHRPF – it is not surprising that the members of this innovative collaborative working group have simply and sensibly opted for the shortened alias; *'The Forum'*.

In simple language, *The Forum* is a regional collaboration that pools available resources, both in expertise and financial terms, in an attempt to achieve the best return on investment in the complex area of health human resources planning. In recent times, it has had significant success in undertaking complex collaborative projects between its seven member jurisdictions, making it an excellent example of collaboration.

The main objective for *The Forum* is "to provide a forum where western provincial and northern territorial ministries of health and advanced education can explore opportunities for co-ordinated planning and joint initiatives in the area of health human resources."

The member jurisdictions are British Columbia, Alberta, Saskatchewan, Manitoba, Yukon, Northwest Territories and Nunavut. This collaborative alliance represents approximately one third of the entire Canadian population, more than half of the jurisdictions and approximately two thirds of the landmass of Canada.

The engine that keeps *The Forum* focused and on track is the Secretariat, run by Executive Director, Peter J. Gibson, located in the B.C. Ministry of Health in Victoria. Peter has a Bachelor of Science and a Master's Degree in Health Management and Planning and brings to the role many years of experience in health system reform and health human resources planning, plus an invaluable perspective as an international health management and planning consultant. He was also a former hospital chief executive officer and general manager in one of Australia's largest regional health services.

The Forum began as an informal information and networking exchange in 2002, but those included realized that to be truly effective, it required a more proactive and entrepreneurial approach. As such, in March 2004, the members of the seven participating jurisdictions formalized a strategic alliance.

Continued on page 3.

The Western and Northern 'Forum'
Real collaboration, real results

> "Health professionals are naturally collaborative. It is their strength and a natural extension of the essential process for health service delivery all over the world"
>
> Peter J. Gibson

The alliance would be key in developing and implementing collaborative HHR projects for funding by Health Canada under the Health Human Resources Strategy.

The Forum received approval from Health Canada for $246,971 (HHR Planning Provincial/Territorial Projects) and $32,372 (IMG Project) funding in 2004/05, and $851,200 (HHR Planning Provincial/Territorial Projects) and $1,067,628 (IMG Project) funding in 2005/06. During this period *The Forum* undertook 21 separate projects, mostly under the HHR Planning Provincial/Territorial Projects funding. Another challenging project was to develop new tools and a process for assessing International Medical Graduates in the Western Assessment Alliance. In addition, it was designed to increase the capacity of member jurisdictions to undertake the assessments of IMGs in their local facilities. This project had the title of "Western Alliance for Assessment of International Physicians." This project is featured on page 4.

All these projects have now been completed and final reports are available. The results have been very impressive, with a significant number of the projects already having been recognized as having pan-Canadian relevance, and have since been adapted to include other jurisdictions.

The Forum has also negotiated with Health Canada for a new 4-year funding agreement for developing multi-jurisdictional support services and products for Internationally Educated Heath Professionals.

"Health professionals are naturally collaborative. It is their strength and a natural extension of the essential process for health service delivery all over the world," Gibson points out. "It is also essential that we utilize this (collaborative) strength at higher levels of the health system. The Forum shows that this can be achieved with considerable success."

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>
> Peter J. Gibson

The collaborative and highly functional nature of The Forum is already being looked at by other jurisdictions as a model that could be adopted for similar strategic pooling of resources and effort.

Other projects underway by *The Forum*, such as Student Placement Capacity Building in Rural Communities, Development of Mentorship Program for Aboriginal Health Science Students, and Identifying Canadian Best Practice for Clinical Practice Education will be featured in future e-updates. Projects of particular merit include the Evaluation of Medical Education project which is getting pan-Canadian support and some international interest, and the Standardization of Description of Competencies of LPNs, which has already been funded for extension across Canada.

For more information on: *The Forum*, and any of the projects underway contact Peter Gibson at:
Peter.J.Gibson@gov.bc.ca
Telephone: (250) 952-3145

Western Assessment Alliance for International Physicians

ASSESSMENT TOOLS/PROCESS
Gisele B-Law, Claudio Violato Jeanie Kanashiro, Rod Andrew, and John Baumber.

SCREENING CRITERIA and PROCESS
Rod Crutcher, Bryan Ward, Tom Maguire, Francine Lemire, Steve Barron, George Carson, and Anna Ziomek.

RECRUITING and TRAINING ASSESSORS
Steve Barron, Penny Davis, Ruth Simkin, and Ramin Hamedani.

PROJECT EVALUATION
Ruth Simkin, Steve Barron, Ramin Hamedani, Hal Irvine, Ray Lewkonia, and Virgilio Vasquez.

CLINICAL FIELD ASSESSMENT OF REGISTRANTS
Kalyani Premkumar, Dr Alanna Danilkewich, Gordon Page, Diane Thurber, Penny Jennett, Marcel D'Eon, Claudio Violato, David Butcher, Ferd Pauls, Vince Di Ninno, and Mamoru Watanabe.

ADMINISTRATION
Brian Salte, Herb Emery, Howard Wright, Erin Anderson, Jim Huston Daniela Robu and Helga Loechel.

Internationally Educated Health Professionals Initiative

An objective of the federal government's Pan-Canadian Health Human Resource Strategy is to support initiatives that will increase the recruitment and retention of health professionals. An integral approach in achieving this objective is to reduce barriers to practice for internationally educated health professionals to enable them to successfully integrate into the Canadian workforce.

Internationally Educated Health Professionals Initiative (IEHPI) was launched on April 25, 2005 and is part of the broader government's internationally Trained Workers Initiative.

In the Spring budget of 2005, the federal government announced an investment of $75 million over five years for the IEHPI to support programs that will expand the assessment and integration of these professionals into the Canadian workforce. The $75 million includes $61.5 million for provincial/territorial initiatives and $7.4 million for Pan-Canadian initiatives.

The IEHPI builds on the work already underway for Internationally Educated Medical Graduates (IMG) and Internationally Educated Nurses. Provincial and Territorial members of the Advisory Committee on Health Delivery and Human Resources (ACHDHR) recognized that there were similar issues in a range of other professions. In addition to physicians and nursing, the Committee identified the next set of priorities as pharmacy, physiotherapy, occupational therapy, medical radiation technology and medical laboratory technology.

In 2005/06, Health Canada funded 14 agreements under the Internationally Educated Health Professionals Initiative.
For more information on IHEHPI, contact Helga Loechel at Helga_Loechel@hc-sc.gc.ca

The Western Alliance...A Cutting Edge approach to assessing 'practice ready' IMGs

The Western Alliance for Assessment of International Physicians (WAAIP) received $1.1 M funding in 2006 from Health Canada as a submission under the Western and Northern Health human Resource Planning Forum – '*The Forum*' (see page 2 and 3 for more on The Forum), and stands a exemplary example of the superior results that can be achieved through this innovative approach to collaboration.

The WAAIP project has broken new ground in developing a program to assess International Medical Graduates (IMGs) who will qualify as 'practice ready'.

The multi-jurisdictional WAAIP project first addressed developing a state of the art assessment template, including tools and educational prescriptives which it then took to the field to conduct pilot tests among approximately 24 IMGs.

As cutting edge as the competency-based final assessment program is, Joyce Tutty, WAAIP Project Manager, located at the Alberta International Medical Graduate offices, University of Calgary maintains that the process was pivotal to the excellence of the final product.

The first challenge the WAAIP team faced, and the foundation for all that followed, was to establish criteria that defined 'practice ready'.

"The first question we asked ourselves when we began the project was how do you know when someone is practice ready - how do we define it, how was it defined in the past, was it fair and did we use the same criteria in each of our jurisdictions." Tutty adds, "Throughout the project we kept re-visiting the definition and the capabilities necessary to achieve it, refining our approach each time to ensure we were realistic, but equally important, that we were fair in our expectations."

> "The first question we asked ourselves when we began the project was how do you know when someone is practice ready..."
>
> Joyce Tutty

The Steering Committee comprised of education, regulatory and health ministries representatives from each of the four provinces provided a governance role. The Core Project Team, report to the Steering Committee, dealt with day-to-day decisions and directions affecting the overall project. It determined the mandate of the seven function-oriented Expert Work Groups and facilitated integration between them. The Expert Working Groups were made up from experts in their field, drawing on educators, clinicians, and professionals from each region who are experienced in assessing, educating and working with IMGs.

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The Western Alliance...A Cutting Edge approach to assessing 'practice ready' IMGs

Each Working Group was assigned a specific task with one common denominator essential to each Working Group; that the members assigned to that Group had to have the expertise needed to address that assigned task.

Joyce Tutty's role was the engine that kept things on track and the facilitator, or go-between connecting the work and issues between the Working Groups and Steering Committee. Joyce maintains that what made the project so successful was the hard and fast rule based on respect for the work of the other groups. Working Groups could and should review but could not change the work of the other Groups. A difficult consensus to reach at anytime but particularly among a group of individuals highly qualified in their own areas of expertise and often possessing diverse points of view.

From the beginning of the project there were two points that were never disputed however; everyone was adamant that this assessment project must have clinical field assessment, and that jurisdictions would place focus on Family Medicine, General Surgery and General Internists: three physician groups all jurisdictions needed.

Dr. Rod Crutcher, Co-Director of WAAIP, points out that the members of the working groups were a highly qualified and high octane group of professionals. "These were individuals with well established networks from across Canada to tap into for overviews of existing models and IMG assessment tools as well as possessing expertise in assessing medical graduates in an intuitive way that got to the real skills of candidates."

Crutcher also believes that the process did have a great deal to do with the quality of the final assessment product. "Everyone bought into the approach and the unbreakable 'rule' proved a great motivator. When you take on a challenge and know in advance that your work will be accepted based on the professionalism and authority of your Working Group, it sends a signal that this is not an exercise, but a production line with a specific deliverable. The enthusiasm level goes up, and everyone takes pride in ownership of their particular portion of the project."

The Pilot Tests for the WAAIP were evaluated by an expert Working Group who outlined results and recommendations in a June 2006 report. Initially there were 120 applicants for the 24 IMG positions in the Pilot Tests, clearly indicating that WAAIP has become the clearinghouse for the region. And, true to the original adamant intent, the assessment has a total of 12 weeks of clinical field assessment consisting of six weeks of rural practice and six weeks of urban practice including Emergency Room experience.

"We are very proud of the assessment process we have designed and believe the success of the registrants speaks for itself," says Dr. Crutcher, "However, the ultimate goal is to increase the number of licensed physicians in our region's communities and areas of greatest need. WAAIP will enhance the capacity of regulatory bodies and medical faculties in western and northern Canada to assess practice ready IMGs; a vital tool in reaching this greater goal."

For more information on WAAIP visit www.waaip.ca

Teaching the teacher – A Faculty Development Program for Teachers of International Medical Graduates

On April 28th in London, Ontario, a first of its kind in faculty development was launched in Canada. The venue was the Medical Education Conference hosted by the Association of Faculties of Medicine of Canada (AFMC).

The Faculty Development Program for Teachers of International Medical Graduates (IMGs) was introduced by Yvonne Steinert, Ph.D, McGill University, Blye Frank, Ph.D, Dalhousie University and Allyn Walsh, M.D., McMaster University of the project's management team to over 550 delegates attending the three day medical education conference.

The development of the program, funded by Health Canada under the Pan-Canadian Health Human Resource Strategy, arose from a discussion paper, *Building on Diversity* written by Dr. Steinert and submitted to the Canadian Task Force on Licensure of International Medical Graduates in July 2004. The discussion paper concluded that "by creating an innovative and responsive Faculty Development Program for teachers of IMGs, we will enrich the experience of all students, residents and teachers as we try to deal with the complexities of an ever-changing multi-cultural society."

The program launched at the AFMC conference consists of six modules with straightforward goals; to help prepare teachers to work effectively and collaboratively with IMGs and, to enhance the

Continued on page 6.

Teaching the teacher – A Faculty Development Program for Teachers of International Medical Graduates

Dr. Yvonne Steinert at the Medical Education conference.

learning and practice experience of IMGs. The program will help educators in all settings, from hospitals, community or university.

As straightforward as these goals are, the path to the final product was a result of extensive research and analysis, beginning with an environmental scan to determine what if anything existed in the understanding of the perspective of IMG's and teaching methods that would address their unique needs.

"The literature review from 1985 to the present did not yield one article on IMG and Faculty Development, nor did one Faculty Development article refer to the training of teachers of IMGs. Our survey didn't turn up one organized faculty development program in Canadian universities." says Dr. Steinert, "The literature did, however, tell us about the educational needs of IMGs, the challenges that they face in the clinical setting, and different training programs that have been initiated specifically for IMGs."

What also was discovered during a survey of colleagues from across Canada was, as Dr. Steinert refers to, 'well kept secrets' regarding a wealth of expertise across the country including different pockets of activity related to IMG training, including areas in cultural competency and cultural diversity.

It was that expertise Dr. Steinert eventually would draw upon when the Canadian Task Force on the Licensure of International Medical Graduates assigned her the lead in creating the six teaching modules for a faculty development program.

Among the individuals with interest and specified experience in addressing teaching needs and approaches for IMGs was Dr. Rod Crutcher, University of Calgary, and current Co-Chair of the Canadian IMG Implementation Steering Committee. Dr. Crutcher noted, "The challenges teachers face in supporting an IMG in a learning role are not fundamentally different than the challenges we face in any learning encounter. The skillful teacher will help all students see both their individual strengths but also the gaps that must be addressed."

It was also clear from the research that although IMGs are often viewed as a single homogeneous group, they are not. Dr. Heather Armson, working with Dr. Crutcher at the University of Calgary, drew on the insights gained through in-depth interviews with IMGs to come to the belief that, "The trend to approaching teaching IMGs from a 'deficit perspective' must be abandoned. We must carefully look at each IMG's strength and encourage a spirit of 'appreciative inquiry' that acknowledges what is going well." Dr. Armson adds, "It is essential that we honour and respect the IMGs' previous experiences and learn from them."

> "Feedback skills are critical, especially when dealing with struggling residents. We must be aware that feedback can be perceived in quite different ways by different culture. For instance, any praise maybe taken very literally and may negate the impact of negative feedback; conversely, certain cultures do not accept criticism well and saving face is all important."
>
> Dr. Heather Armson, University of Calgary

It was from this perspective that each of the authors of the six modules began their task of creating 'teaching the teacher' tools and to incorporating role play scenarios and narratives from IMGs in four out of the six teaching modules. Dr. Steinert believes "The narratives from the IMGs are one of the most wonderful components of the teaching modules, and powerful in their ability to reach into the emotive and intuitive aspect of teaching."

> "Preceptors assume that if we don't speak, it is because we don't know or don't care, when in fact, we are trying to be respectful in ways congruent with our previous medical cultures."
>
> Anonymous IMG

The Faculty Development Program for Teachers of International Medical Graduates is an all inclusive package containing all that is needed to put together a faculty development program.

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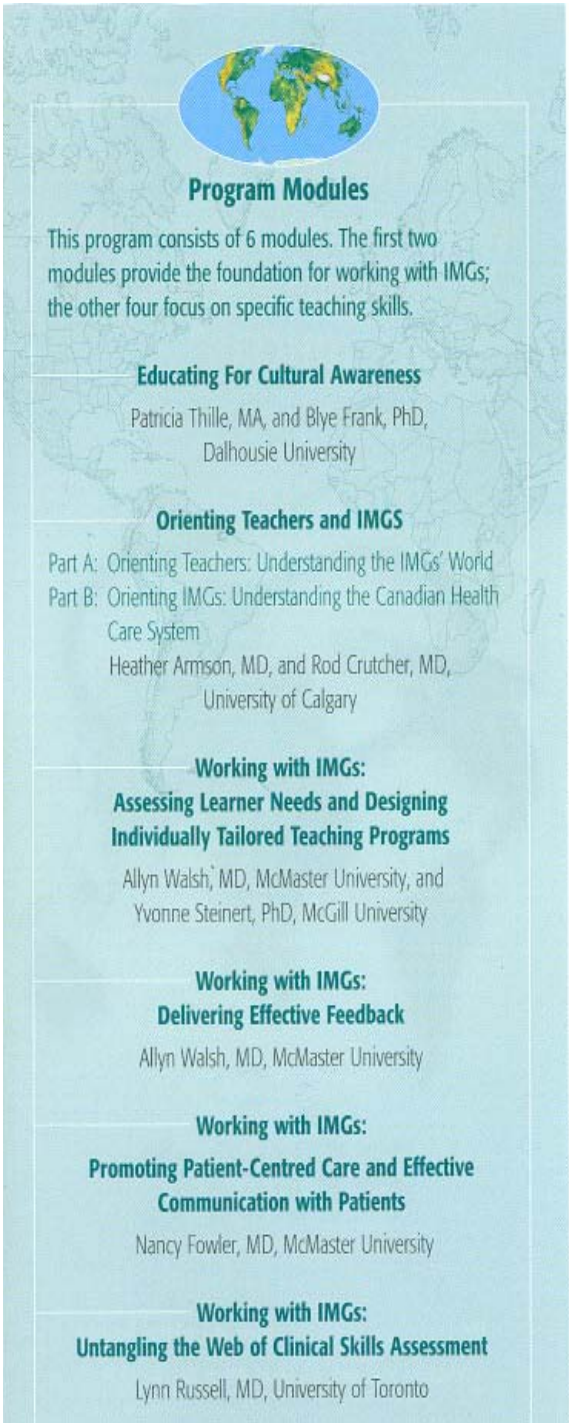
Teaching the teacher – A Faculty Development Program for Teachers of International Medical Graduates

Although written specifically for IMGs, Dr. Steinert points out, "The program has turned out to be applicable to teaching all students about cultural competency and cultural diversity whether it be Canadian students gaining greater understanding when dealing with Canada's culturally diverse population, or other internationally educated health professionals. Learning cultural competency and cultural diversity is a reciprocal experience, and now a permanent part of the Canadian learning experience."

Copies of all materials of the Faculty Development Program for Teachers of International Medical Graduates may be obtained from the Office of the Dean at all Canadian Faculties of Medicine, and online at http://www.afmc.ca/img/



Program Modules

This program consists of 6 modules. The first two modules provide the foundation for working with IMGs; the other four focus on specific teaching skills.

Educating For Cultural Awareness

Patricia Thille, MA, and Blye Frank, PhD, Dalhousie University

Orienting Teachers and IMGS

Part A: Orienting Teachers: Understanding the IMGs' World
Part B: Orienting IMGs: Understanding the Canadian Health Care System
Heather Armson, MD, and Rod Crutcher, MD, University of Calgary

Working with IMGs: Assessing Learner Needs and Designing Individually Tailored Teaching Programs

Allyn Walsh, MD, McMaster University, and Yvonne Steinert, PhD, McGill University

Working with IMGs: Delivering Effective Feedback

Allyn Walsh, MD, McMaster University

Working with IMGs: Promoting Patient-Centred Care and Effective Communication with Patients

Nancy Fowler, MD, McMaster University

Working with IMGs: Untangling the Web of Clinical Skills Assessment

Lynn Russell, MD, University of Toronto

FACTS: Western Alliance for Assessment of International Physicians

WAIIP defines practice ready as "A physician who is qualified to provide unsupervised patient care within a defined domain and a defined setting." The WAAIP Registrant should show skills, knowledge and attitudes equivalent to those expected of a Canadian resident in the last three months of his/her final year of training.

FACTS: Internationally Educated Health Professionals Initiative

Internationally educated health professionals (IEHPs) have historically helped Canada meet its demand for health care professionals. For example, 23% of Canada's physicians (2003) and 7% of its practising nurses (as of 2002) are internationally educated.

IEHPs come from diverse countries with various educational standards and working environments.

The provincial/territorial and pan-Canadian investments for the IEHPI will be directed at programs that meet outcomes including: promoting preparedness to take licensure exams and to integrate into the Canadian health system and workplace; access to assessments and credential verification; availability of clinical placements and remediation programs; and faculty development programs for clinical instructors and preceptors who work with IMGs and regional collaboration to maximize available resources.

Healthy Workplace Initiatives

Healthier work environments are the cornerstone to improving the recruitment and retention of health care workers. Workplaces that recognize and support the long term needs and safety of staff have shown enhanced overall effectiveness that can be seen in improved delivery of health services, workforce renewal and operational cost effectiveness. As the centrepiece of the Recruitment and Retention component of the Pan-Canadian HHR Strategy, the Healthy Workplace Initiative (HWI) supports current actions by health care organizations to create and maintain healthy work environments. HWI provides direct funding to support innovative local-level healthy workplace initiatives.

In 2005/06, Health Canada funded 15 agreements under the Healthy Workplace Initiative. For more information on HWI, contact the Office of Nursing Policy or visit www.healthcanada.gc.ca/hwi

Halton Healthcare's holistic approach to Workplace Wellness

Halton Healthcare Services was one of nine Ontario hospital groups to receive the 'Healthy Hospital Innovators Award' handed out by the Ontario Hospital Association at the annual Convention and Exhibition in October 2005.

Halton Healthcare Services' received $286,938 from Health Canada to establish a successful workplace program under the Healthy Workplace Initiative.

At the heart of a high density '905' community just west of Toronto, HHS experiences high patient volumes with increasing acuity and complexity of care. During a time when the health care system generally is facing challenges, health care workers in particular are experiencing even more stress associated with their work.

Bonnie Harrow, Vice President of Human Resources and Support Services at HHS understands the importance of creating and maintaining healthy workplaces. "It's not about getting your business done; it's how you get it done. Managers are responsible and should be held accountable for creating positive work environments as part of good management practices."

HHS launched its employee 'Holistic Approach to Health Promotion' in September 2005 based on the Kailo concept created by Mercy Medical Centre in North Iowa.

Kailo participants enjoy yoga classes

Anna Rizzotto, Kailo Co-ordinator at HHS, implemented the program based on Mercy Medical Centre data that indicated the most prevalent, costly and treatable health issues currently impacting health care costs, productivity and employee quality of life were psychosocial and relational in nature. These issues are very much based in the here and now of daily work life for many health care providers.

"This is not a traditional health and wellness program. Traditional methods of changing employee behaviours do not always work. After all, as health care workers we know the health risks attached to lifestyle. Most people simply are not motivated by information alone," says Rizzotto. The root word of Kailo is "whole" and the essence of the overall vision of the program; "Caring for ourselves, as well as we care for our patients".

She adds: "There is a wealth of information that speaks to how much people are motivated to act based on emotion, feeling and intuition. Kailo is more likely to inspire lasting behavioural change because it deals with the whole person versus giving out dry facts on how to stick to an exercise, weight loss or quit smoking program."

To develop their own version of Kailo, HHS created focus groups and surveys, in order to tailor the program based on what staff felt they needed and wanted.

The result is a program that focuses on psycho-social and lifestyle wellness issues. The hospital's popular 'Kailo Breaks' feature motivational speakers on themes such as managing conflict, how to add more living to your life, and 'Brain Gym.' The 'Breaks' include free lunch.

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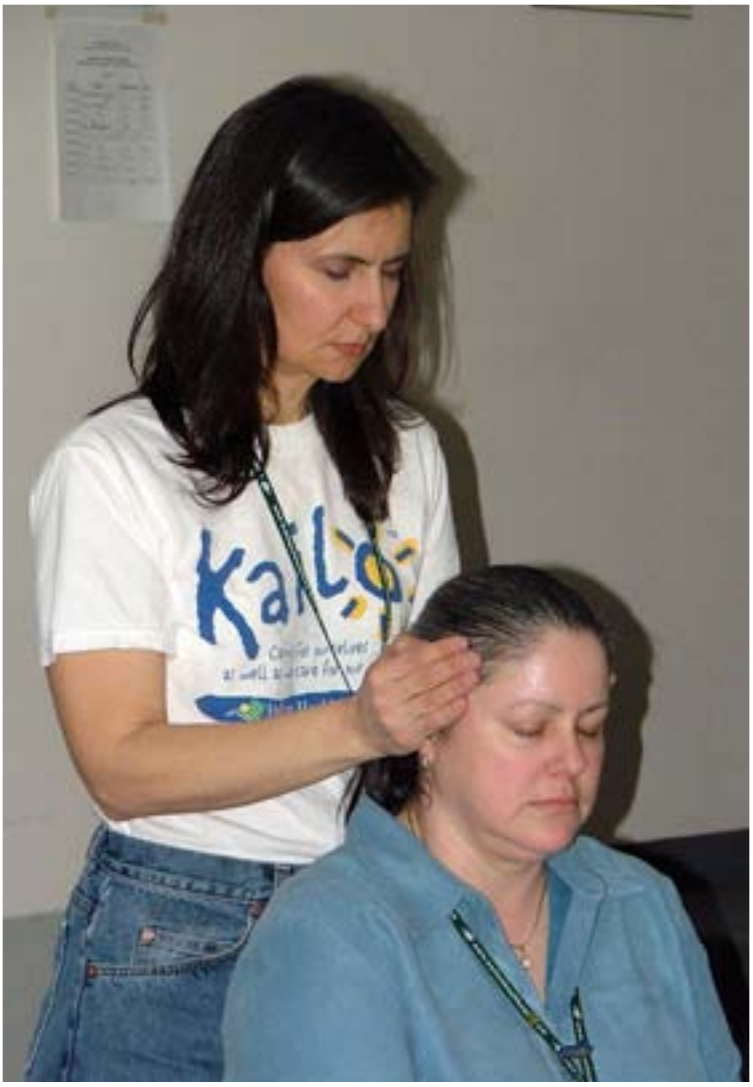
Halton Healthcare's holistic approach to Workplace Wellness



Anna Rizzotto conducts a Reiki energy session with Pat Zellmann

Additional monthly 'Lunch and Learn' sessions focus on lifestyle enhancement and offer crafts, cooking, aromatherapy classes, as well as regular yoga, tai chi, and mindfulness based stress reduction sessions.

"Attending a Kailo program counter balances some of the stress that can build throughout the day," says Ann Welsh, lab technologist at HHS. Welsh attended a craft class and two 'Breaks.' Her favourite discussed ways to deal with difficult people. "It helps you to see the bigger picture, find the humour and teach you ways of stepping back and not letting yourself become engulfed in the situation," she says. "They were very beneficial."

HHS's Kailo program will be evaluated through subjective data surveys by Dr. John Yardley from Brock University's Workplace Health Research Unit. "We've seen a growth over the last 20 years in the shift in our understanding that health is not just about the physical but the importance mental health plays in overall health and well being," says Yardley. Anecdotal evidence suggests rising mental health costs across organizations. "Workplaces can be a trigger. They are a reason, not the reason."

"The strength of Halton's Kailo program lies in its ability to offer a little something for everyone," says Rizzotto. Over 550 HHS staffers, more than one quarter of their workforce, have Kailo memberships.

Anna Rizzotto sums up the program's success, "What I love about Kailo is that it operates more from the heart."

For information on the Kailo concept, visit Mercy Medical Centre's Kailo website at www.kailo.org or contact Halton Health Services' Kailo Co-ordinator, Anna Rizzotto, at arizzotto@haltonhealthcare.on.ca

FACTS: Healthy Workplaces

World Health Organization defines health as: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

"During 2005, an average of 16,500 publicly employed nurse supervisors and RNs were absent each week due to illness and injury. Each of these nurses was, on average, absent for 20 hours, resulting in a total loss of 340,000 working hours per week. On an annual basis, hours lost totaled 17.7 million - the equivalent of 9,754 full-time, full-year nursing jobs." (Toward 2020, Strengthening Canada's Health Human Resources, Canadian Nurses Association Fact Sheet)

"The presence or absence of risk factors only account for approximately 50% of the variance in determining who gets sick and who stays well" says Kailo founder Kelly Putnam.

Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP)

In his 2002 report on the Future of Health Care in Canada, Roy Romanow recommended that the education and training of health care professionals needed to focus on building a stronger, interdisciplinary team approach to providing health care to Canadians.

The Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP), an initiative of the Pan-Canadian HHR Strategy, embodies that approach. As a result of the 2003 Accord on Health Care Renewal, Interprofessional Education for Collaborative Patient-Centred Practice is one of three key initiatives that has been implemented under the Pan-Canadian Health Human Resource Strategy. The IECPCP initiative provides direct funding to develop interprofessional curricula that will facilitate the adoption of a professional team approach across all health care settings where many professions can interact, explore, and develop shared solutions to individual patient care. There is active participation not only between each profession providing patient care but also with the patient. IECPCP seeks to promote and demonstrate the benefits of this form of education, facilitate networking and best practices approaches and ensure interprofessional collaboration is present in both educational institutions and practice settings.

In 2005/06, Health Canada funded 29 IECPCP agreements. For further information contact Sue_Beardall@hc-sc.gc.ca

Memorial University - Collaborating for Education and Practice

Health professionals collaborating with each other are one of the driving forces towards a better delivery system for patient care. At the Centre for Collaborative Health Professional Education of Memorial University of Newfoundland (MUN), Dr. Vernon Curran co-leads an interprofessional education strategy for Newfoundland and Labrador.

An interdiscipinary team of students work on a geriatric case.

Funded by Health Canada, the Collaborating for Education and Practice project's goal is to expand and promote pre and post-licensure interprofessional activities in both education and practice settings and thereby enhance the collaborative interprofessional competencies of students and practitioners in Newfoundland and Labrador.

The project includes activities from the undergraduate to the continuing professional education level. Interprofessional education activities at the undergraduate and graduate levels will be integrated within and across the curriculum of each participating health or community services education program at Memorial University. At the practitioner level, a continuing interprofessional education program focusing on collaborative practice in rural mental health care will be developed and delivered to members of primary health care teams located in rural communities across the province.

"I'm really excited about the potential," says Curran regarding educational tools being developed and expanded due to the financial support from Health Canada.

Organized educational activities using teaching methods such as small group case-based learning help students gain a better understanding and appreciation for each other's roles and expertise while also gaining 'simulated experience' working as a team, preparing and planning, says Curran.

Students come from a range of professions including social work, pharmacy, nursing and medicine. Students are given the medical history of the patient then they meet the patient and are required to create an interprofessional care plan and discuss it with the patient.

Continued on page 11.

Memorial University - Collaborating for Education and Practice

Modules were expanded beyond HIV/AIDS care and community oriented primary health care to include palliative care, geriatic care, newborn care, mental health, children at risk and rehabilitation. Currently, the HIV/AIDS module uses actors; the rest rely on case studies.

Health Canada funding has also helped produce e-learning web sites for each module. "The students start interacting online. The small groups they are assigned to online are actually the small groups they will be involved with for the face-to-face session," says Curran.

Once the students complete their interprofessional care plans there is an open panel discussion between students and professors from all the different professions.

Another key component of the interprofessional curriculum being developed at Memorial University includes establishing and developing collaborative practice learning experiences at practice and clinical sites where students from different professions undertake clinical or practice placements.

Part of the key curriculum elements within this IECPCP initiative includes providing interprofessional education Health and Illness modules that create practice learning experiences within teamwork skills workshops.

"We wanted to introduce students to concepts of teamwork and the best way to do that is to expose and immerse students within practice settings where interprofessional teamwork takes place," says Curran.

Student feedback to the new modules has been positive. When asked in a formal survey about the HIV/AIDS modules, students said they enjoyed:

• "The opportunity to work with other health care professionals outside of my own. It was beneficial to see the different roles found in each."

• "Interaction with standardized patients gave relevance to the discussion and was very interesting."

Susan MacDonald of the Faculty of Medicine at MUN, educated in both nursing and medicine at McMaster University, Hamilton, says case-based learning is an interactive and effective means for facilitating interprofessional learning.

Centre for Collaborative Health Professional Education (Newfoundland and Labrador)
Click to view promotional video, Windows Media Player required.

"There are benefits to this format; it most closely resembles the learning format required for on-going adult learning. However, it should not be the only way," says MacDonald about the new curriculum. Some concepts and information can be taught with groups of students from different disciplines and some are best taught within their specific faculties, she says.

Educational institutions are socializing health care providers to work together in shared problem solving and decision making environments so that they can develop a mutual understanding and respect for their various contributions.

"I think the main benefit is the development of understanding and respect for colleagues in other disciplines of health," says MacDonald.

Professors at MUN are working together to create new learning modules for 2006/2007 for mental health care, rehabilitative care, newborn care and palliative care. An interprofessional education program on teamwork for Post-Graduate Residents will be introduced also, says Curran.

"Once through the program, students are able to communicate in a more effective manner with other health providers and better coordinate care,"he says.

For information on Memorial University's Interprofessional Education Strategy for Newfoundland and Labrador, contact Dr. Vernon Curran at vcurran@mun.ca

FACTS: Interprofessional Education for Collaborative Patient-Centred Practice @ MUN

Participation in Interprofessional Education Modules in Winter semester of 2006.

Health and Wellbeing of Children:	245 students (Social Work, Nursing and Medicine)
HIV/AIDS:	115 students (Pharmacy, Nursing, and Medicine)
Geriatric Care:	168 students (Pharmacy, Nursing, and Medicine)

World Health Day honours health workers

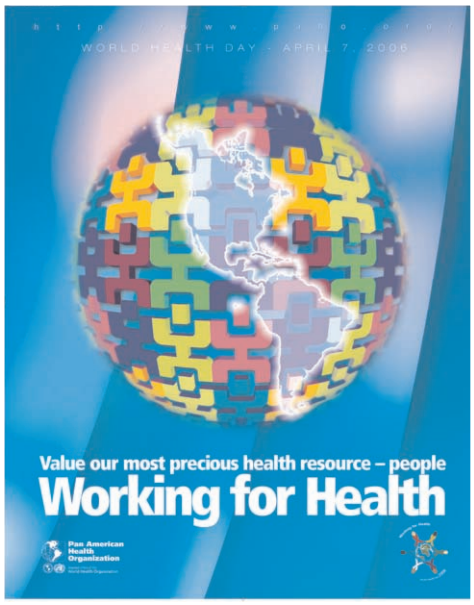
The World Health Organization (WHO) celebrated its annual World Health Day on April 7th, with a focus on health care workers. The theme was "Working Together For Health."

Health Canada paid tribute to the key roles of people who work in the field of health care, including messages from Honourable Tony Clement, Minister of Health, and Morris Rosenberg, Deputy Minister of Health. A promotional display was set up in the lobby of the Jeanne Mance Building in Ottawa, and later in the day Health Human Resource Strategies Division Director Robert Shearer unveiled mounted wall posters to staff in the office lobby.

Canada continues to actively collaborate with the Pan-American Health Organization (PAHO), who celebrated the day in Washington.

Dr. John Agwunobi, Assistant Secretary for Health of the U.S. Department of Health and Human Services, said in a press release that for "the average person on this planet, health is often not an entitlement." Despite this, he said, "health workers are saving lives every day all over the world, whether they boil a bucket of water, lovingly wash a newborn baby, ride a bicycle 10 miles to administer a precious vaccine, or educate 20 women in a remote village."

According to the WHO, 57 countries face severe shortages in health care workers (require more than four million additional doctors, nurses, midwives, managers and public health workers).



PAHO produced a poster for World Health Day.

Message from Tony Clement, Minister of Health
World Health Day: "Working Together for Health"

Friday, April 07, 2006

As Minister of Health, I am pleased to join with others from around the world in celebrating the invaluable contribution of all of our health care providers who perform an essential service for our society.

I have seen first-hand the personal sacrifices they make during health crises such as SARS, and I have tremendous respect for their dedication and courage. We all have our own personal experiences with health care providers and recognize that they are the foundation and heroes of our health care system.

We continue to work with other levels of government and the health care community to find ways to support and sustain our health care workforce. The Government of Canada is committed to delivering quality health care services Canadians deserve in a timely manner. We will do this by establishing a Patient Wait Times Guarantee. We have also taken the lead on the Pan-Canadian Health Human Resource Strategy.

Initiatives are underway with the provinces and territories to better meet patients' needs and to create solutions to address the complex problems affecting our health care professionals. This planning begins in our educational institutions and extends to recruitment and retention practices.

World Health Day recognizes the particular challenges facing developing countries, where scarce health resources make it harder for governments to provide health care to their citizens. Canada is supportive of international dialogue and is collaborating with other countries on critical global health care issues.

On April 7, please join with me in recognizing and celebrating the significant role performed by our health care providers in meeting the health challenges of the twenty-first century.

For more information on World Health Day and related activities, please visit:

Pan American Health Organization
World Health Organization
Health Human Resource Strategy
International activities
First Nations and Inuit Health Branch
Canadian International Development Agency

First Nations and Inuit Health

The objective of the First Nations and Inuit component of the *Pan-Canadian Health Human Resource Strategy* is to develop and implement an HHR Strategy that will meet the unique health service needs of First Nations and Inuit, respond to the current, new and emerging health services issues and priorities, and integrate with the Health Human Resource Strategy wherever appropriate.

Approximately $5M has been allocated to the First Nations and Inuit component of the *Pan-Canadian Health Human Resource Strategy* for 2003/04 to 2007/08. First Nations and Inuit Health Human Resource activities are carried out in all 3 strategy initiatives (Health Human Resource Planning, Recruitment and Retention, and IECPCP).

In 2005/06, Health Canada funded 10 projects under the First Nations and Inuit Component of the *Pan-Canadian Health Human Resource Strategy.* For further information contact Maureen Thompson, manager of AHHR at (613) 941-4094 or Simon Brascoupé, senior manager of AHHR at (613) 941-7981.

Nursing in the North.... with First Nations and Inuit Health Branch

Dorothy Laplante lives up to her name, *Leading Fire*. Dorothy is a band member of English River First Nations a Cree and Dene community in northern Saskatchewan.

As a graduate from the first class of the First Nations Nursing School in Saskatchewan, through to her present day role as Nursing Consultant Special Projects with the First Nations and Inuit Health Branch, Health Canada, Dorothy embodies the meaning of her First Nations name by challenging the ways things are done and trying things that have never been tried before.

Each year Dorothy travels north as a Nurse Practitioner.

From the beginning, Dorothy's life has been filled with firsts.

Following graduation, she made a life changing move to Ontario to become the only First Nations health nurse at the Aboriginal Women's Support Centre where she facilitated care for hospital in-services and acted as health advocate for accessing care in hospital and health centres.

It was while working at the Centre in the early 90s, Dorothy was the first to articulate what she saw as an unfilled need within the community. She says, "The disparity between the type and depth of care offered on-reserve and off-reserve became so obvious to me. The quality of care for those living in the city was usually inferior to what could be accessed living on-reserve. In the city, there were often barriers to accessing quality care, as well as availability of services sensitive to cultural practices and needs."

Despite the concurrent responsibilities of her work load, balancing life as a single parent and working on her baccalaureate, she found the resolve to generate a proposal to the Aboriginal Healing and Wellness Foundation for a health centre in the City of Ottawa solely dedicated to providing health services for First Nations people. Her proposal became a reality in 1997 when the Wabano Centre for Aboriginal Health opened its doors on Montreal Road, in Vanier; a first in Ontario and another first for Dorothy.

Not long after Wabano Centre was up and running, Dorothy realized that there was another disparity, but this time within her own experience and level of knowledge. "Addressing the issues of urban First Nations had so dominated the first part of my career I realized I didn't have a depth of understanding of nursing in the north," She adds that. "Growing up, my mother was a great influence. She pushed the importance of education and stressed how nurses were held in high esteem within our community. So you could say the seed was planted a long time ago when out post nurses came to the Nursing Station in English River."

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Nursing in the North....
with First Nations and Inuit Health Branch

Dorothy spends half her working life helping northern communities.

Dorothy joined Health Canada in 1998, having already received her post graduate BScN, and continuing with her MScN and Nurse Practitioner degrees to begin the next phase of her career as a nurse with First Nations and Inuit Health Branch (FNIHB)." In a way I have come full circle and perhaps to what was always my real purpose, returning my nursing skills back to my community.

Her first posting with FNIHB was at Pikangikum in Northwestern Ontario. Smiling when she recounts the experience, "Here I was with no orientation or experience in out post nursing, set down in a remote community as one of four new graduates on a replacement team to a community long known for its history of troubled youth, poor on-reserve resources and poor quality of life." Dorothy readily admits it tested her resolve and was one of the greatest professional challenges and growth experiences in her career.

Undaunted and a quick study, she immediately saw the benefits of collaborative team effort that involved not only health providers but key members of the community.

"Team work has always been a given in the north. Health care providers have been working in collaborative health care teams long before the phrase was coined. You could not survive any other way," she adds however, "What should never be underestimated is the importance and value of the support, involvement and mutual respect you need to build with key community members."

Amidst the many challenges facing the nursing team at Pikangikum, Dorothy was able to set up a childhood immunization program with the help of a Community Health Representative. "This was an example of how the community bought into the program precisely because a well respected community member got behind it, even taking over programming on each radio station to promote it". The program was another first for Dorothy and so successful that they ran out of vaccines.

Dorothy now readily admits she is addicted to the sense of accomplishment and professional satisfaction she gets from independent practice as a Nurse Practitioner. When asked why she keeps going back to spend half of her working life in the north. "When you are dropped on a landing strip, miles from anywhere you know you have to rise to the occasion. People are looking to you to lead the team, depending on you to make decisions on the right care, at the right time; you are it. You have to be self directed and you are constantly being challenged which brings its own energy and growth. It's also the people," she adds. "They are happy. They make you happy just by being around them."

In the 8 years working with FNIHB, Dorothy has seen the collaborative team approach between community and out post nurses become more common in more communities. "There is a general movement in the more progressive communities, to pass control back to the community through more and better teaching of health promotion and disease prevention. It is the true practice of primary health care drawing on the collaboration between heath care team and community leaders. And again, I cannot stress strongly enough that without the support from the community leaders, success is difficult if not impossible."

Support for the nurses and the health care team has to start with the Band Council and Health Director, followed by the community members. She believes the reason leaders are backing more health promotion programs and teaching comes from the measurable differences they can see within their community.

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Nursing in the North....
with First Nations and Inuit Health Branch

Severe trauma, over dose abuse and self harm behaviour has decreased and the general health of the community has improved. This has led to decrease in staff turnover among nurses; a sound recruitment and retention policy Dorothy points out.

In addition to the core nursing staff, which can average anywhere from two to three in a remote health centre up to eight in a large nursing station. The remainder of the health team is made up of lay community members trained in a health care skill. "You quickly realize these community members have gained a great deal of on-the-job knowledge that often rivals the experience gained in more formal training in urban areas. They are also your greatest champions among the community."

When not practicing in one of the 26 communities in northern Ontario serviced by FNIHB, Dorothy Laplante alternates the remaining six months of the year at the Office of Nursing Services, FNHB in Ottawa where as a Special Projects Officer she works on policy and programs relating to nursing practice in northern and remote communities. Recent projects include Health Canada's Nurse Practitioner Bursary, a pilot program to fund the last year of education for Return of Service; working with Mental Health Clinical Nurse Specialist to design a program specific to mental health issues in northern communities and orientation to increase the profile of Nursing in the North.

In this latter role, don't be surprised to come across Dorothy Laplante listed as a key note speaker, or addressing Parliamentarians where she champions Nursing in the North, and the health and wellness needs of First Nations and Inuit people.

Dorothy Laplante is an example of someone who personifies the professionalism of staff from First Nations and Inuit Health Branch, Health Canada in their unwavering commitment to provide quality health care and address the unique needs of all communities.

FACTS: First Nations and Inuit Health Branch, Health Canada

FNIHB is the fifth largest health care jurisdiction in Canada. Head quarters in Ottawa provide standards, policy and liaison. Regional offices ensure service, support and management.

Professional health care services are provided to over 600 First Nations and Inuit communities with the majority rural, remote or isolated.

There are 74 Nursing Stations, and 213 health centres providing care to First Nations and Inuit communities.

FACTS: Nursing in the North

Age: Average age of nurses is 43.7 years, 10% of nurses are under 30 years old and 49% of nurses can retire in 10 years.

Education: 50% of nurses have a nursing degree (BScN< MScN, NP)

FNIHB has 350 full time equivalents (FTE) nurses. Transferred programs communities have 430 FTE nurses.

Employment Status: 66% of nurses are employed full-time, however there are more requests for permanent part-time employment in the past few years.