Health Human Resource Connection

Season's Greetings. Welcome to the second edition of the HHR Connection from the Health Human Resource Strategies Division of the Health Care Policy Directorate of Health Canada. An archive of this newsletter is listed on the HHRSD website at www.health-human-resources.ca

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.

The Strategy has three key initiatives: 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.

Click the cover to view our 2005-2006 Annual Report website.

Update on Health Human Resource Planning

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.

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

On October 18, 2006 the F/P/T ACHDHR met in Gatineau, Quebec for a consultation workshop on the Pan-Canadian Planning Framework with over 70 participants from stakeholder associations and organizations.

The planning session informed stakeholders of the results of the ACHDHR's Framework consultation and presented a revised Action Plan for the Framework and current pan-Canadian HHR planning activities. Breakout workshops engaged stakeholders regarding the implementation of the Action Plan.

Speakers at the workshop included co-chairs of the ACHDHR HHR Planning sub-committee Lyne St. Pierre-Ellis, New Brunswick Health, and Robert Shearer, Health Canada as well as Pamela Fralick, Health Action Lobby, and Bev Ann Murray, Manitoba Health.

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

The Framework for Collaborative Pan-Canadian Health Human Resources Planning recognizes the jurisdictions cannot plan in isolation and realizes the value of a pan-Canadian approach to HHR Planning.

Health Human Resource Strategies Division: Regional Outreach

The Health Human Resource Strategies Division (HHRSD) has increased regional outreach this year. Beginning with the first meeting held in Vancouver, February 27, 2006 and the most recent in Halifax on October 5, 2006, the Division has been holding one day working sessions with Health Canada regional staff.

The February 27th session in Vancouver included all HC western and northern regional offices and was co-hosted by Gary Larkin, Program Manager (HHRSD), Debra Gillis, Director of Primary Health Care (FNIHB) and Mary Fulton, Regional Director of Policy and Intergovernmental Relations, British Columbia and the Yukon. A special presentation was made by Peter Gibson, Executive Director of the Western & Northern Health Human Resources Planning Forum and Health Planning & Management Consultant to the 20 plus representatives attending. On October 5th, a one day session was held for the Atlantic region, co-hosted by Gary Larkin, Simon Brascoupe, Associate Director of the Aboriginal Health Human Resource Initiative (FNIHB), and Judith Wood-Bayne, Regional Director of Policy and Intergovernmental Relations, Atlantic Region. Opening comments from Simon d'Entremont, Regional Director General, welcomed the opportunity for sharing information and building strong working linkages between the headquarters and the region. A presentation was also made by the co-chairs of the Atlantic HHR Sub-Committee, Jennifer Murdoch, Department of Health, Nova Scotia; Kelly McKnight, Senior Consultant, Nova Scotia Advisory Board of the Nova Scotia Community College and Bill Breckenridge of the Council of Atlantic Premiers.

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Recruitment and Retention

As the health workforce continues to age and the population becomes increasingly diverse, the demand for health care increases, and the need to appropriately recruit and retain health care providers becomes progressively critical.

This section of the newsletter outlines projects within the Recruitment and Retention (R&R) initiative that seek to address the following objectives: increase interest in health careers, increase diversity of health care providers, increase the supply of health care providers - when and where needed, reduce barriers for internationally educated health care providers, improve the utilization and distribution of existing health care providers and make sure current workplace environments are healthier for health care workers (as part of the Healthy Workplace Initiative under R&R - see pg. 4).

As of 2006, Health Canada funded 36 agreements under Recruitment and Retention. For more information on R&R funding, contact Lise Labonté at lise_labonte@hc-sc.gc.ca

Creating a Canadian Standard for LPNs in the West

In previous years, Licensed Practical Nurses (LPNs) faced obstacles to their registration, employability and movement between British Columbia, Alberta, Saskatchewan and Manitoba. However, due to work initiated by Alberta Health and Wellness, in collaboration with the four Western provinces and the *Forum* (WNHHRPF), a standardized Competency Profile is helping improve the utilization and distribution of these health care workers. The *Forum*, which set the tone for this project, was featured in "The Western and Northern 'Forum' Real collaboration, real results" in the first Health Human Resource Connection electronic newsletter, found on our website at www.health-human-resources.ca

"You were always at the mercy of policies that aren't always accurate," says Rita McGregor, Education and Practice Consultant for the College of Licensed Practical Nurses of Alberta (CLPNA) recounting her own experience as an LPN for 19 years. "LPNs were always compromised knowing we had a strong base of knowledge and skills, but it was not something known or easily articulated, so we didn't have a scope of practice that was truly reflective of our competencies, but rather assumptions of what we could and couldn't do."

In 1998, the Government of Alberta and the College of Licensed Practical Nurses of Alberta created a Comprehensive Competency Profile for LPNs, in the full range of work settings throughout Alberta. McGregor says the results from a standard set of profiles were evident in reduced shortages, improved patient care and job satisfaction among nurses. Also in 1998, the Alberta Legislative Assembly passed the *Health Professions Act* (HPA) to regulate 30 health professions, including LPNs.

For more information on Alberta's Health Professions Act, please click this box. Another portable document format (pdf) will open in a new window.

At a 2003 conference, organized by the B.C. Ministry of Health and Ministry of Advanced Education in Vancouver, the College of Licensed Practical Nurses of British Columbia realized the need for developing a similar competency profile for LPNs and noticed achievements established in Alberta, says Gordon MacDonald, Executive Director of the College of LPNs of British Columbia.

"A lack of clarity made it difficult for employers to develop proper human resource strategies surrounding utilization of nursing staff. It's pretty difficult to develop an HR strategy when you don't know what you're working with," says MacDonald. "Everyone seemed to have a different opinion or view of what they looked like," he says, talking about competencies for Western LPNs prior to this project. Historically, they had been ill-defined by a number of parties; employers, educators, and the profession.

A year later, the Standardization of the Description of Competencies of Western Canadian Licensed Practical Nurse (LPN) Practitioner was federally funded. Health Canada provided $203, 580 through a submission under the Western and Northern Health Human Resource Planning Forum.

Using the Alberta model, competency profiles were created through practitioner workshops in Vancouver, Prince George, Victoria, Regina, Saskatoon, Prince Albert, Winnipeg and Brandon. In British Columbia, one hundred and thirty-four LPNs attended and made changes/additions to the Alberta Competency Profile to reflect their own practice. The project did not alter the scopes of practice for LPNs, but described within a common terminology and framework the current approved competencies practiced by LPNs in Western provinces, says MacDonald.

Rita McGregor says a common profile makes significant changes to the structure of an organization by allowing the health sector to better deploy and managed LPNs.

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Creating a Canadian Standard for LPNs in the West

"Until we're maximizing the use of the staff we have, we can't articulate what we need for the future," she says, "the big issue right now is to get everyone working at their optimum level of skill and recognize that we all give up tasks to take on new ones and we can have appropriate overlapping scopes of practice when necessary."

"Until we're maximizing the use of the staff we have, we can't articulate what we need for the future"

Rita McGregor

Dr. Bill DuPerron, Director at Health Workforce Education and Immigration Alberta Health and Wellness, says the project's outcomes will also help LPNs as British Columbia and Alberta move forward with the Trade, Investment and Labour Mobility Agreement, signed in April 2006.

"Provinces have certainly started to see a great change," says McGregor.

DuPerron says the project has gained great interest from other provinces.

"We're hoping to do the same thing in Atlantic Canada and then create National Competency Profile documents for each particular health profession," he says. "The more that a nurse is used to fit their scope of practice, the more job satisfied and career satisfied they are which reduces those leaving the profession. It's important we make adjustments, to continue to track and retain nurses at every level in the health system."

For more information on the "Standardization of the Description of Competencies of Western Canadian Licensed Practical Nurse (LPN) Practitioners" project, please contact Bill DuPerron at bill.duperron@gov.ab.ca

Benefits of a common process for describing Competency Profiles for LPNs in the West include:

Common set of terms to reduce registration, employment and inter-provincial mobility obstacles.

Better information for educational institutions in their curriculum design and for training agencies related to the skills and competencies that graduates should have to provide quality health care services.

Employers can fully utilize the skills and competencies of LPNs.

Well defined profiles for health professions will assist with integrating internationally educated health providers.

(Based on: Standardization of the Description of Competencies of Western Canadian Licensed Practical Nurse (LPN) Practitioners Project – Evaluation Report – March 2005)

FACTS: Licensed Practical Nurses

LPNs are the second largest regulated nursing group in Canada.

Nursing Professionals in Western Canada - 2005

Province	LPNs	RPNs	RNs	Total
Manitoba	2,590	952	11,263	14,805
Saskatchewan	2,194	933	8,549	11,676
Alberta	5,313	1,125	26,355	32,793
British Columbia	4,884	1,954	27,814	34,652
Total West	14,981	4,964	73,981	93,926
Total Canada	64,951	4,964	251,675	321,590

(Source: Canadian Institute for Health Information, Highlights from the Regulated Nursing Workforce in Canada, 2005).

Healthy Workplace Initiative

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 Robin Buckland at robin_buckland@hc-sc.gc.ca

VON study to focus on volunteers and work environment

The VON (Victorian Order of Nurses) is a non-profit charitable national home and community care organization. VON uses over 12,000 volunteers, double its staff size, in the care it delivers to Canadians. However, like many non-profit organizations, human resources continue to be a challenge.

Health Canada contributed $299,949 to VON Canada for a project titled "Healthy Workplaces Related to Home and Community Nursing and the Impact on Recruitment and Retention" to examine the role of recruitment and retention, coupled with a specialized focus on volunteers in creating healthy workplaces.

"Given our increasing reliance on volunteers and their decreasing numbers we need to better understand their role. We need to know how they contribute to the work environment and how they may impact recruitment and retention issues so that we can plan appropriately," says Mary Sirotnik, project co-ordinator. "The connection between the volunteer and the health care team in the community setting is unique, and we must better understand it," she says.

A national advisory panel was established to guide and advise researchers throughout this project.

"By examining the barriers to volunteer involvement, strategies can be developed to better incorporate and integrate volunteers as active partners in care," says Sirotnik. "This is forging new territory and we're hoping to share the findings with more than just nursing organizations but volunteer organizations everywhere," she says.

Member of the National Advisory Panel

Barbara Mildon
Community Health Nurses Association of Canada

Doris Grinspun
Registered Nurses Association of Ontario

Lynn Rempel
Brock University

Nancy Lefebve
St. Elizabeth Health Care

Marlene Slepkov
Community Health Nursing Initiatives Group

Linda Silas
Canadian Federation of Nurses Unions

Norma Freeman
Canadian Nurses Association

Robin Carriere
Canadian Institute for Health Information

Robin Buckland
Office of Nursing Policy, Health Canada

The volunteer study, composed of focus groups, will examine three major areas: role contribution and relationships; healthy work environments that promote positive recruitment and retention results; and policy initiatives that promote effective working relationships within the work environment. The study will be completed by January or February of 2007 and will be conducted at five VON branches in Canada (one in the West, two in Ontario and two in the East). The study will also look for innovative HR practices that have either been tried or were not tried due to a lack of people, money or other resources.

Nurses working in the community are statistically older than those in hospitals and tend to have a longer work history, often bringing experience from multiple employers. There's definitely a need for more research related to home and community care nurses says Sirotnik.

"The aspects of what makes a healthy workplace vary from location to location. The clinical/hospital setting is very controlled and organized in terms of how the work happens," says Faye Porter, vice president of National Programs and Volunteerism for VON Canada.

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VON study to focus on volunteers and work environment

Source: VON Canada.

Volunteers for VON Canada assist patients in communities across Canada.

"From the perspective of the home and community care nurse, from the time they pull in the driveway they are assessing workplace safety issues for themselves and the patients they serve. We're intimately involved in organizing our workplaces in a manner that is respectful of patients' homes," she says.

Porter continues: "A hospital-based nurse doesn't have to deal with bending over beds that are not at the proper height or having a cat sitting in their lap while they're doing a dressing change. It is a situation that's evolving."

"You're on your own and you have to solve problems in transit," she says about this nursing role. "It's a very autonomous and focused practice."

This unique characteristic of home and community care is noted by Richard McConnell, vice president of Human Resources for VON Canada, "Access to good supervision is a critical element of the healthy work environment. But, our frontline service providers operate in an incredibly dispersed environment. We place a great deal of emphasis in our training on maintaining positive contact in this different and challenging context," he says.

Synthesized Project Timeline

First year (2005-2006) Completed literature review, synthesis paper and national consultation.

Second Year (2006-2007) Currently, working on case study research involving five sites, Bayshore, St. Elizabeth Healthcare, Calgary Regional Health, Eastern Regional Health Services, and VON St. John, New Brunswick. Volunteer phase will also use five branches (one in Western Canada, two in Ontario and two in Eastern Canada). Future work includes the distribution and analysis of focus group responses, preparation of a report and dissemination of findings in the spring of 2007.

Third Year (2007-2008) Communication and Evaluation will be important focuses. This includes presentation of the report highlights at VON's Annual General Meeting in November 2007 and submission of the final report.

For information on this VON Canada initiative, contact Bonnie Shroeder at Bonnie.Schroeder@von.ca or Mary Sirotnik at sirotnik@sympatico.ca

FACTS: Victoria Order of Nurses

Scope of VON - A national not-for-profit, charitable organization with a network of over 6,500 employees and 12,000 volunteers who provide over 50 different health care services in over 1,200 communities, including home health care, health promotion, home support, and community support.

Organizational Health: Annapolis Valley Integrates Quality and Healthy Workplace tools

The behaviours of leaders have a strong impact on the health of organizations. In 2001, the Annapolis Valley District Health Authority (AVDHA) recognized the need to empower their health care providers to address systemic change through an internal examination of health HR staffing structures. Health Canada contributed $290,033 to AVDHA's "Organizational Health: Integration of Quality and Healthy Workplace" project for 2005-2007.

"Workloads were an issue for staff and managers. Because our managers oversee large geographic districts and have a broad spectrum of responsibilities, staff members were not having a chance to see or interface with their managers very often," says Sheila Rankin, Director of Human Resources at the AVDHA.

She describes the situation from the perspective of the health care worker. "They want to feel valued, have performance appraisals, have communication on a regular basis, and they want their managers to be visible," she says "One of our staff said 'I want my 15 minutes of fame'. They want that time and attention, one on one with the managers - that's what really motivates them."

AVDHA partnered with the National Quality Institute (NQI) and two other health organizations to create criteria for quality and organizational wellness. The health authority plans to achieve all four levels of the NQI's criteria for health care, says Rankin. As part of the project, an organizational health team was formed with representation from management and unions with a role to coordinate with staff councils and teams to identify health indicators, tools for managers and to find approaches to promote workplace and patient satisfaction.

The Canadian Health Workplace Criteria was developed by the NQI, in partnership with Health Canada.

Rankin says the NQI approach is beneficial because it looks at the elements of workplace through three unique perspectives: the physical environment, health practices and the social environment/personal resources. "We're really trying to accomplish a change in our culture in a very progressive and strategic way. We have a plan and we recognize that this isn't going to happen overnight," says Leanne Campbell, Healthy Workplace co-ordinator for AVDHA.

She says mangers impact the health of a particular team and to a greater extent, the entire health of an organization. "We've not had the opportunity to support and develop our managers and I believe we will see a positive impact on the frontlines," says Campbell. Funding this program is putting time and effort into ensuring AVDHA develops their mangers. "We're going through career development assessments to ensure we have a mentor program for them. We know leadership drives the health of an organization," she says.

AVDHA will also create mentorship programs for team leaders, chairs, and nurses. A physician mentorship program has been requested and is under development, says Rankin.

"Our philosophy now is to engage people at all levels and to examine how we can best invest in our people," says Rankin.

Principles Quality and Organizational Wellness

Leadership involvement & integrated management approach

Primary focus on patient/client and health care teams

Cooperation, teamwork and continuous learning

On-going assessment and evaluation

Focus on continuous improvement and breakthrough thinking

Fulfill obligations to surrounding community and society at large

A free overview document of Canadian Healthy Workplace Criteria: http://www.nqi.ca/nqistore/product_details.aspx?ID=63

(Source: Canadian Healthy Workplace Criteria, NQI, 2004.)

"In the past, we often looked purely at how to fill the management positions," she says. "Now our intention is to develop leaders throughout the organization and build a sustainable health care system within the Annapolis Valley Health Authority."

Campbell describes the dynamics of HR at a macro-level as a process of transformation of workplace culture. "Given the huge challenges in human resources that we're facing, the big baby boomer exit and other major factors," says Campbell. "It's a long term outcome that we're after."

For more information of AVDHA's workplace tool contact Sheila at SFoster@avdha.nshealth.ca

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) initiative, embodies that approach. 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 on IECPCP, contact Sue Beardall at sue_beardall@hc-sc.gc.ca

Research team examines communication and its relationship to patient-centred care

Although interprofessional patient-centred practice has been a buzz word among educators, researchers and health providers since the mid-90s, the field of study remains relatively undeveloped when it comes to examining the nature of informal communication among health care professionals working together.

"Hospitals are aware of the opportunities for improvement, and each in their own way, are focusing energy to improve interprofessional collaborative activities," explains Dr. Merrick Zwarenstein, a senior scientist at Sunnybrook Health Sciences Centre. However, he says most of the energy is focused on formal meetings, technologies, courses and medical forms versus the day to day way in which staff talk to each other about their patients.

"Understandably, the informal space in which practitioners and professionals approach each other spontaneously is relatively under-researched and that is what our work is focused on," says Zwarenstein about the Structuring Communication Relationships for Interprofessional Teamwork (SCRIPT) programme.

Source: Sunnybrook Health Sciences Centre.

An aerial view of Sunnybrook, one of the five research sites.

SCRIPT takes a close look at how professionals communicate formally and informally on the job to see if how they communicate ultimately affects the quality care they give to patients. The study is sectioned into three areas: General Internal Medicine, Primary Care and Rehabilitation. Zwarenstein leads the General Internal Medicine (GIM) component.

In 2004, Drs. Ivy Oandasan and Merrick Zwarenstein produced an environmental scan for Health Canada's Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) and concluded that there was very little evidence that pre-licensure interprofessional education improved collaborative patient-centred care.

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Research team examines communication and its relationship to patient-centred care

The first phase of the GIM portion of SCRIPT is a series of qualitative observations in five hospitals to understand personal interactions among health care professionals at the local level within each of the medical units.

Researchers observe health teams as they meet to update each other on their patients, care plans, discharge plans and decisions related to patient care.

In February and March of 2006, qualitative observations were conducted at Sunnybrook and St. Michael's hospital sites. A third was done at Mount Sinai and two more will be conducted at two University Health Networks by the fall of 2006, says Zwarenstein. When complete the observations will have over 200 hours of data and include more than 50 hospital visits by researchers.

Dr. Lesley Gotlib Conn, an anthroplogist leading the observational research, explains: "We attend team meetings and take notes about the different kinds of interactions the team members are having, and who interacts with whom." During the unstructured time, researchers conduct exploratory observations on the ward. "We sit in the nursing station or observe from one of the hallways to record the interactions," she says.

Phase two of the GIM component includes analysis of the observations and discussions with hospital staff about identifying how to improve interprofessional communication. This will be followed by a pilot study of a final model to encourage enhanced communication among staff.

The pilot is expected to begin at one of the hospitals by late fall 2006 says Zwarenstein. Based upon the success at the pilot site, the program will modified and then implemented at half of the clinical teaching units in the other four hospitals.

Other parts of the study include a survey questionnaire for staff and the team will use administrative data (discharges, readmissions, length of stay) to conduct qualitative observations to see whether they can see changes between controlled and random interventions.

General Internal Medicine Settings:

University Health Network,
Toronto General Hospital
University Health Network,
Toronto Western Hospital
Sunnybrook Health Sciences Centre
St. Michael's Hospital
Mount Sinai Hospital

GIM Teams:

GIM teams are composed of attending physicians, postgraduate physicians, resident trainees, clerks, senior and junior nurses, physiotherapists, occupational therapists, nutritionists and other professionals from allied health.

Involvement:

University of Toronto health sciences students along with patients are involved with giving feedback and advice during the second phase of this project.

So far preliminary conclusions from the qualitative observations are that a lack of depth in the communication reduces the chances of professionals understanding what each has done for the patient, says Zwarenstein.

"Because people don't know each other, they may often not know which profession has seen the patient and been updated by that particular profession on treatments, so they can't communicate with the family about a coordinated care plan," says research coordinator Dr. Ann Russell.

It's even more basic than that at times, says Zwarenstein. "At a very fundamental human level, if you don't know a colleagues' name, you don't have an established basis for familiarity or trust. It becomes a very factual, restricted, episodic, structural form of communication and it doesn't go to the depth needed to achieve effective empathetic patient-centred care," he says.

Sometimes you might know a co-worker's name but you aren't absolutely clear on what their particular responsibility is surrounding that individual patient's care. "This situation can result in a significant degree of missed opportunities and wasted communication" says Zwarenstein. These types of interactions can also lead to episodes of one way communication between health professionals rather than an interactive conversation, he says.

Russell gives an example. "A nurse might be familiar by the uniform she wears but maybe she has a specialized role as a wound specialist. A physician won't know to use her as a resource because he doesn't know the scope of her role."

"Often a professional indicates their opinion, what they need to know or a course of treatment but don't communicate it directly or effectively to their co-worker," he says. "It results in superficial and formalistic patient-care with a lack of in-depth discussion and planning."

Russell says an example of an ideal joint planning session could include the nurse as the primary point of contact for the patient's family.

The three-year SCRIPT study aims to advance the evidence base for inter-

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Research team examines communication and its relationship to patient-centred care

professional education through the use of research, learning and evaluation of interprofessional teamwork across the Toronto Academic Health Science Network. Research findings will be disseminated, on campus and outside of the University of Toronto, to health care professionals, hospital administration, and medical academics with particular interests in GIM, primary care, rehabilitative care, anthropological/sociological research and interprofessional education.

Preliminary conclusions based on qualitative GIM observations:

Health professionals should always proactively introduce themselves by name to team members during informal meetings. This should be repeated several times as the health care environment is often very busy and intense.

The co-worker who initiates the conversation should explain their view of the problem, what their role is for the patient and seek that same information from other professionals.

"If these basic tenets of communication become part of the work culture, led and supported by the senior staff of each profession, it will bolster a climate of open exchange regarding patient welfare and build a stronger sense of team," says Zwarenstein. "We are studying the adaptive approaches health providers currently use, and identifying the remaining barriers to making informal communication even more effective."

Source: Doreen Day.

Left to right: Lesley Gotlib Conn, Merrick Zwarenstein, Chris Kenaszchuk and Ann Russell attend a GIM team meeting.

Collaboration is guided by communication. Each patient, and indeed, each day of care is quite unique, and complex in a way that simply creating a set of interprofessional procedures that covers all situations is impossible, he says. "Our main focus is assisting professionals in the clinical setting," concludes Zwarenstein.

The SCRIPT Team:

Principal Investigators: Dr. Ivy Oandasan (Primary Care), Dr. Merrick Zwarenstein (General Internal Medicine) and Lynne Sinclair (Rehabilitative Sciences).

Co-investigators: Dr. Lorelei Lingard (Qualitative research consultant), Dr. Scott Reeves (Qualitative research consultant), Dr. Zubin Austin (Pharmacy representative) and Dr. Diane Doran (Nursing representative).

Qualitative research associates: Dr. Lesley Gotlib Conn and Allia Karim.

Randomized Controlled Trail (RCT) research associates: Dr. Ann Russell and Chris Kenaszchuk.

Project co-ordinator: Doreen Day. Questions or inquiries? Doreen.Day@uhn.on.ca

FACTS: GIM component of the SCRIPT Programme

SCRIPT website: http://www.ipe.utoronto.ca/SCRIPT/index.htm

The study's final report will be issued in mid-2008 and gathers data on thousands of patient stays, interviews and observations from hundreds of interprofessional interactions. Study methods combine both qualitative and qualitative approaches to research. The approach is both pragmatic-trial and real-world based. It is the only study ever conducted of its type using research to develop ways of improving interprofessional collaboration and communication; and then formal, randomised trial evaluation of the effectiveness of these approaches to interprofessional communication related to patient-centred care.

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

Michener Institute develops language tool to assist Internationally Educated Health Professionals (IEHPs)

Staffing shortages among health technologists and therapists are a reality in many clinical settings across Ontario, even when there is an influx of landed immigrants educated in applied health sciences. These internationally educated health professionals may be unable to practise, due to language barriers, a lack of Canadian work experience or provincial/federal certification requirements that differ compared to their foreign credentials.

In January 2002, the Michener Institute for Applied Health Sciences, created the Access & Options (A&O) for International Health Professionals program, designed to provide students with the language and skills training, along with clinical experience, and guidance necessary to write certification exams in Canada.

"We've set up a very unique model," says Cecil Canteenwalla, Director of International Education at the Michener Institute for Applied Health Sciences where IEHPs can get a personalized assessment, followed by industry-specific language training, an academic education, clinical experience, and guidance to write certification exams in Canada.

The program was originally established to offer personalized programs to medical radiation technologists, medical laboratory technologists, magnetic resonance imagists and diagnostic cytology IEHPs.

Significant achievements have been made to student assessments and simulated clinical programming since 2002. Assessment tools have been developed and piloted for language education and clinical skills. The program's success attracts over 400 potential students per year, but approximately half do not enter the program due to barriers such as language.

As former manager of the program, Canteenwalla recognized that the pass rate for students could be improved if a language tool was developed to improve the assessment of the language-base students had prior to taking classes. Gaining a greater understanding of language barriers also helped the Institute create new and more responsive curriculum.

In 2005/2006 a Health Canada agreement with the Ontario Ministry of Health & Long-Term Care provided $811,044 through the Internationally Educated Health Professionals Initiative (IEHPI) to support the expansion of the Michener Institute's Access and Options program.

"Health Canada funding has allowed us to look at new ways to ensure the program is more sustainable by providing our faculty and students with stronger language evaluation tools for their learning," notes Canteenwalla.

Michener consulted with the Ontario Ministry of Health and Long-Term Care (MOHLTC), other universities and language experts.

"What we found was that there was no developed language tool to assist our program," he says.

Based on Canadian Language Benchmark (CLB) guidelines people at a level 5 should enrol in English as a Second Language (ESL) classes, he says. "Our students tend to be between the 6 and the 8 CLB level and need to be between 8 and 10 to pass the exam and also practice effectively in the work environment," says Canteenwalla.

Description of Language Proficiency and the Canadian Language Benchmarks (Citizenship and Immigration website, 2002) Click to view.

Elen Moyo, manager of the A&O program, says students often come with a basic understanding of English but need higher level abilities such as note taking, interview skills, journal reading, and essay writing in order to better integrate themselves into the workplace.

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Michener Institute develops language tool to assist Internationally Educated Health Professionals (IEHPs)

Funding from MOHLTC, Citizenship and Immigration Canada and Health Canada allowed Michener to create their own international language assessment tool based on CLB benchmarks. The tool is known as the Michener English Language Assessment (MELA) Tool.

"We had to create it," says Moyo about the MELA Tool.

"It's about bringing forward language for professionals within the health care context," adds Canteenwalla.

Source: Joyce Clithroe, Michener Institute.

International students from the Medical Laboratory Simulated Clinical class pose for a photograph taken in 2005.

"Through assessments we determined that there are a multitude of factors that affect the performance of IEHPs on exams, not just content as most people tend to believe," says Canteenwalla. Intonation and workplace culture can affect an applicant's success as they go through the pre-licensure phase, he says.

Michener English Language Assessment Tool (Michener Institute website, 2005) Click to view.

"Communication plays a key role not only in determining how they do on the exams but, ultimately how they perform in the workplace," says Moyo. The nuances of language are very important particularly in a health care environment, says Canteenwalla.

"For example, occupationally specific language and jargon exists. We had a student from the U.K who didn't know the term 'stat' and kept wondering why people kept saying 'stat'... little things like that can erode away at a person's confidence," he says.

"Picture yourself trying to communicate in the noisy, intense, health care environment. Everything is essential and urgent. If you don't have language skills you're going to melt into the background."

By developing an accessible language program to address the gaps identified by assessment, the Michener Institute's A&O program hopes to eliminate language barriers to entry, and thereby double their capacity to help IEHPs gain the skills necessary for employment.

For more information on the Access and Options program at the Michener Institute, you can contact Cecil Canteenwalla at (416) 596-3150 or via email at ccanteenwalla@michener.ca

FACTS: Access and Options program Michener Institute for Applied Health Sciences

Figures: 200+ students have gone through the A&O program and sucessfully passed certification exams since 2002.
Primary focus: IEHPs in labratory and radiography professions.
Secondary focus: IEHPs with skills in Respiratory Therapy, Magnetic Resonance Imaging and Diagnostic Cytotology.
Future focus: Looking to expand into nuclear medicine.

Access and Options website: http://www.michener.ca/access/expl.php

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.

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 Sweeny, manager of AHHR at maureen_sweeny@hc-sc.gc.ca or Simon Brascoupe, senior manager of AHHR at simon_brascoupe@hc-sc.gc.ca

Health in the Classroom: Interactive education session encourages Aboriginal youth to stay in school and consider health careers

On reserves across Canada, the high school drop-out rate is estimated to be as steep as 70 per cent says the National Aboriginal Achievement Foundation (NAAF). In an aggressive campaign to curb this rising trend NAAF has taken steps to promote careers to youth-at-risk.

"It's about inviting our young people, First Nations, Métis and Inuit, to stay in school, dream big and to really make them think about careers they might consider that will provide quality employment and also address the needs in Aboriginal communities," says Roberta Jamieson, president of NAAF.

"Health itself was selected because it's a perfect fit. It's in a growth sector and also it's widely known across Canada that there are tremendous needs for improved health care and for greater numbers of Aboriginal people in the health human resources sector," says Jamieson.

The module currently focuses on promoting the following professions: physician, nurse, midwife, dietician and physiotherapist. Consensus was formed through NAAF's consultations with the Health Canada Reference Council and the National Aboriginal Health Organization. "We've now got an excellent tool that cuts across the spectrum of health human resource fields," says Jamieson about the project. "I think we now need to think about how to do a specialized module on doctors or nursing. We tend to think of physicians as family physicians but, there is such a range of medical specialities available."

Health in the Classroom Timeline:

May 2001:

NAAF launches Taking Pulse its initiative to increase educational and workplace opportunities for Aboriginal youth. Broad-based consultations, handled by NAAF, with educators, provincial and federal officials, private sector representatives and Aboriginal people examined ways to increase Aboriginal employment.

September 2003:

At the Taking Pulse Two conference, NAAF proposes Industry in the Classroom, a curriculum based program to promote awareness and interest in key sectors of employment including health.

2005/06:

Health Canada provides $150,000 towards Health in the Classroom - part of the Industry in the Classroom series.

Beyond 2006:

NAAF hopes to develop curriculum manuals, resource materials and a module for other industry sectors including mining, banking/finance and forestry.

"The first challenge is to encourage our young people to stay in school and to show them that there are career opportunities that are achievable. By showing them role models in the video with hip-hop music along with very serious information, it's motivational," she says. A curriculum including factual information on careers, a talking circle, team building exercises, quizzes, and interactive memory/card game was developed to accompany the module and enhance motivation.

"We asked young people: 'What interests you? What do you find boring? What's engaging? How do you want to learn about these matters?' They directed the way in which the content of the module was delivered," says Jamieson.

"Our people are best inspired by seeing our own faces, our own role models and that's why initiatives like this are so important," says Jaimeson. "That's the most powerful motivator – to see our own people achieving. Showing young people what is possible given the right support and inspiration to meet their own potential."

Jennifer Podemski, creative producer for the National Aboriginal Achievement Awards, toured high schools in Calgary as an in-class celebrity motivator.

Continued on page 13.

Health in the Classroom:
Interactive education session encourages Aboriginal youth to stay in school and consider health careers

"It's difficult," says Podemski about motivating young people. "I do this a lot and find it's hard to get kids excited about anything but MTV these days but, they seemed to be really into it. Saying there's a health professional coming to talk to you when you're in Grade 9 or 10 does not sound very exciting but, we made it very exciting."

Lorne Cardinal, a Canadian Cree actor best known for his role as police officer Davis Quinton on the hit television show Corner Gas, acted in the video as a guidance councilor.

"It's hard to describe over the telephone," laughs Jamieson. "There's humour and it absolutely talks to young people in their own language."

NAAF is working on tracking tools to monitor the impacts of the Health in the Classroom initiative.

NAAF also has an educational module that focuses on Inuit people and health professions. Both target youth aged 14 to 18 years old.

This year NAAF, through the federal government support, provided scholarships to 272 First Nations, Métis and Inuit youth in health careers. "This is more than we have ever awarded before," says Jaimeson. She says the initiative is "fueling" young people to enter these professions.

"I think it's important for young people everywhere to be exposed to career options from a unique perspective," says Podemski.

Wendy Johnson, Director of *Taking Pulse,* can be contacted for further information on this initiative. Her email address is wjohnson@naaf.ca

Comments:
Health in the Classroom

"It was fun. I liked it. It was like seeing a celebrity. Come back again!"
Female, age 15, grade 9

"I really appreciated that you came to our school."
Female, age 16, grade 9

"I like it. It was really interesting."
Male, age 13, grade 8

"It will help me stay in school."
Female, age 16, grade 9

"I really liked the video clip and the music"
Female, age 16, grade 9

"The materials kept the students' interest which means it's good and useful. Students can relate."
Teacher

(Source: NAAF)

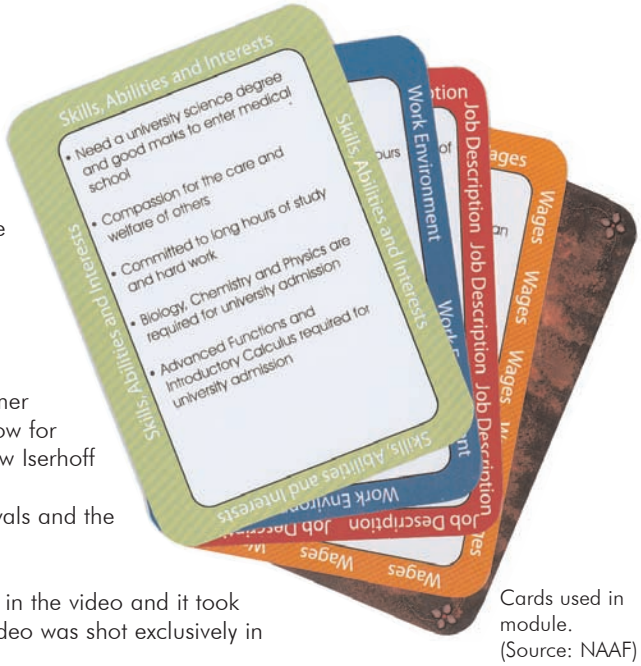
FACTS: Health in the Classroom

From January 2005 until April 2006, approximately 50 schools participated in Health in the Classroom sessions.

The Health in the Classroom video was produced by the National Aboriginal Achievement Foundation and was directed by Jeff Dorn. Dorn produced three *Taking Pulse* videos for Circle of Justice, Health in the Classroom, and an Inuit version of Health in the Classroom module to target youth in Nunavut. Before working on this project, he worked for CBC North as a producer and director.

The project has another CBC connection. Pakesso Mukash, former host of Maamuitaau, a Cree weekly current affairs television show for CBC North is a band member of CerAmony (along with Matthew Iserhoff and Anthony Moses) who created the title song for the video: "You Can Achieve It!" CerAmony have performed at many festivals and the Canadian Aboriginal Music Awards.

Nine professional actors, including Lorne Cardinal, participated in the video and it took seven days to shoot, says Dorn. The Health in the Classroom video was shot exclusively in Ontario in Moose Factory, Toronto, Whitefish Lake and Sudbury.



Cards used in module.
(Source: NAAF)