



TEACHING AND LEARNING in a **World of Possibility:** THE TEACHING AND LEARNING INSTITUTE STRATEGIC PLAN 2015–2020

Holland Bloorview
Kids Rehabilitation Hospital

Teaching
and Learning
Institute

Teaching and Learning in a World of Possibility:
The Teaching and Learning Institute Strategic Plan
2015-2022

Final

Teaching and Learning Institute
Holland Bloorview Kids Rehabilitation Hospital

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Welcome to Teaching and Learning

On behalf of the Teaching and Learning Team, we are proud to present our Strategic Plan for 2015-2022.

This plan was co-created with a diverse group of stakeholders in 2015 to support our then organizational strategic plan called “World of Possibility”. In 2017, a bold, new strategic plan called “No Boundaries” was developed for Holland Bloorview. Teaching and Learning saw this as an invitation to refresh our strategy to help drive No Boundaries.

As identified in 2017, we are still supporting students, striving for excellence, building scholarship and integrating within the organization. Building on our strengths, we have nuanced this plan to better drive No Boundaries by working to unleash the potential of our students as caregivers and innovators, by nurturing the student/client relationship and by purposefully building transformational learning opportunities for all.

Please see Appendix B of this document for our refreshed strategic plan for Teaching and Learning that will take us to 2022.

Introduction

Holland Bloorview Kids Rehabilitation Hospital is Canada’s largest pediatric rehabilitation and complex continuing care teaching hospital fully affiliated with the University of Toronto. Holland Bloorview’s work covers the full spectrum from clinical care and treatment, to assistive technologies and rehabilitation therapies, to creative arts, education and research.

In 2011 the Holland Bloorview Kids Rehabilitation Hospital formalized its commitment to education with the establishment of its Teaching and Learning Institute (the Institute) fulfilling the organization’s mandate as articulated in the *2009-2014 Strategic Plan, Innovating and Excelling in Teaching and Learning*.

The plan emphasized teaching and learning in all the Hospital does, targeting education for students in health care professions, for staff and for parents and patients. The first five years have been exciting, filled with many new beginnings and achievements. Highlights of this journey are documented in our *Five Years Accomplishment Report*.

Since its inception, the Institute has played a vital role in ensuring excellence in the care of children and youth with disabilities. We have worked towards our goal to inspire, enable and support employees to educate the next generation of health professionals in pediatric rehabilitation.

In its first five years, the Institute has focused on laying a strong foundation for teaching and learning. It has invested in five strategic areas:

- **Centralized student services** - to establish a one-stop shop for all students' needs and committed to providing every student with the optimal learning experience.
- **Faculty Development** - to ensure that all Holland Bloorview staff have the leading practice skills needed to best supervise and teach their students.
- **Interprofessional education** - to facilitate opportunities for students from various professions to learn about, from and with each other to provide better collaborative family centred care.
- **Simulation** - to provide a powerful learning tool that can be applied to diverse areas to enhance learner performance.
- **Evidence to Care** - to promote knowledge translation across the hospital that applies the best evidence to influence high quality client care.

Teaching and Learning Institute Milestones

2009 Board of Directors formally approved the Teaching and Learning Institute

2009 Darlene Hubley appointed lead for Interprofessional Education

2011 Teaching and Learning Institute launched with Teaching & Learning Day

2011 Dr. Kathryn Parker appointed Director, Academic Affairs and Simulation Lead.

2012 Kim Jones-Galley appointed Student Coordinator, Teaching and Learning Institute

2012 The Evidence to Care Unit was integrated in to the Teaching and Learning Institute

2013 Dr. Anne Kawamura became first staff jointly appointed (as a collaborative clinical investigator in education) to both our Institute and the Bloorview Research Institute

The next five years will see continued investments and growth in these areas but will also include some new areas of emphasis influenced both by the emerging trends in education and the maturing of the Teaching and Learning Institute.

Vision, Mission, Values and Beliefs

The vision, mission, values and beliefs which guide the Teaching and Learning Institute were confirmed through this process.

Vision

A world of possibility through teaching and learning.

Values

Through learning and growth, we will bring our values to life:

- Caring
- Excellence
- Client and family centred care
- Innovation
- Partnership
- Respect

Beliefs

We believe that it is the sharing and exchange of knowledge that develops and empowers Holland Bloorview's people to achieve excellence in caring for our kids. We believe that the pathway to us being our best is through teaching and learning with others.

The Teaching and Learning Institute is also fully aligned with the strategic directions of Holland Bloorview Kids Rehabilitation Hospital and shares its passion to “accelerate knowledge”. As such the Institute has committed to delivering on the organization's ambitious goal of becoming a recognized leader in attracting and training the very best of the next generation of experts in childhood disability by embracing best practice models in teaching and learning and providing an exceptional student experience.

Our Planning Process

In order to refresh our strategic plan, we took the following steps:

- A review of the past five years and a timeline documenting key milestones on the journey was prepared, with Teaching and Learning Institute staff engaged in creating and sharing the story.
- Theme leaders for each of the five strategic directions confirmed visions for their respective areas and developed preliminary aspirational goals for broader discussion.
- A planning retreat was held on October 28, 2014 where family and students were invited to share their experiences with education at Holland Bloorview, an educational expert provided insights on emerging trends in education and over 60 internal and external participants engaged in active dialogue on the future directions for the Institute.

Emerging Trends in Education

Dr. Ivan Silver, the Vice President Education at CAMH, shared what is changing in education and highlighted five emerging trends that the Institute should be thinking about in its planning for the future. He praised Holland Bloorview for its achievements in teaching and learning but also challenged the organization to address the following questions as it charts its directions for the years ahead:

“Holland Bloorview is the possibility hospital. You are part of the emerging trend and the TAHSN community perceives you that way. We are looking to you... I have great hopes about where you will go today and where you will land in five years.”

**Dr. Ivan Silver, VP
Education, CAMH**

1. In what ways do you see yourselves as leaders?
2. In which way do you want to lead?
3. What are the strategies that will get you there and enable you to connect and relate internationally?

| The Emerging Educational Trends | The Opportunity for the Institute |
|---|--|
| <p>1. The language of learning is changing.</p> <ul style="list-style-type: none"> • Moving from learning objectives to competencies. • Defining and demonstrating entrustable professional activities. | <p>Opportunity: To change the childhood disability curriculum. Map out the milestones that should be achieved at certain points in training.</p> <p>Define what entrustable professional activities look like in the field of childhood disability.</p> |
| <p>2. The learning environment is being seen as important to success.</p> <ul style="list-style-type: none"> • We come to you, Holland Bloorview, to look at your physical environment. • TAHSN Education is looking at what is being provided in teaching and learning as it impacts attitudes and relationships. | <p>Opportunity: Holland Bloorview has one of the highest ratings on exit interviews by students of any TAHSN hospital.</p> <p>We need to study and understand the learning environment. We need to publish and disseminate the results.</p> |
| <p>3. Pedagogy is changing and you are leading some of these changes.</p> <ul style="list-style-type: none"> • Simulation - more is taking place right | <p>Opportunity: Collaborate and publish on the changes we lead. Present beyond discipline-specific conferences. Produce knowledge in the patient and family as</p> |

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| <p>on sight, in the work place</p> <ul style="list-style-type: none"> • Patient and family as teacher: Holland Bloorview already doing this well. • Work-based learning • Flipped classrooms • Experiential learning and reflective practice | <p>teacher field.</p> <p>Look at experiential learning and reflective practice.</p> <p>Ask what is next in IPE?</p> <p>Opportunity: “Learning FOR others”, this concept has implications for team participation. Create a mechanism to bring learning from across the organization or externally back to the team.</p> <p>Opportunity: Teaching and learning is embedded in the organization’s culture but how do we participate in scholarship? Embed scholarship in our strategic plan.</p> <p>Define success measures for scholarship output such as number of presentations, publications, grants, etc.</p> |
| <p>4. The curriculum is changing.</p> <ul style="list-style-type: none"> • Social accountability, advocacy and health equity are big parts of the university health curriculum. | <p>Opportunity: Could you make every student who comes to Holland Bloorview an advocate for childhood disability? If you want that to happen, how can you make it happen?</p> |
| <p>5. Connective learning</p> <ul style="list-style-type: none"> • There are different types of connectivity for teachers and educators. <ul style="list-style-type: none"> ○ Professional learning community ○ From most formal to least: Information learning technology (ILT). Virtual ILT, e-learning, electronic performance support system (EPSS), podcasts and videos, mobile learning, social learning. | <p>Opportunity: How connected are you to others in childhood rehabilitation locally, nationally or internationally?</p> <p>Where is our global presence?</p> <p>Are we using Twitter and Facebook in teaching and learning?</p> <p>Are we aware of learning tools our students are using?</p> <p>How can we be leaders in this area?</p> |

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| <ul style="list-style-type: none"> ○ MOOCs (massive open online courses) are free and open to world. They are changing the face of continuing educational development. | |
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Themes Underpinning the New Strategic Plan

Participants at the Planning retreat reinforced the importance of many areas of the areas in which the Institute is currently focused and which it intends to further evolve in the years ahead. They provided excellent input on how to advance these areas. This advice is incorporated into the goals and actions outlined in the strategic directions that follow later in this plan.

In addition, several strong themes emerged that cut across all of the Institute’s efforts in teaching and learning.

The Importance of Teaching and Learning to Families - And the Importance of Clients and Families as Teachers

Many examples were shared as to why teaching and learning are important to family and students and how learning is reciprocal and bilateral. A new home visit program allows students to gain insights into the context of the client and family environment and to learn from family members who are engaged in daily delivery of the treatment plans and recommendations made by health professionals.

“They are focusing on our family context, where we live, our worries, and our victories,” says one parent. “Having students participate onsite is really important. They touch and feel and experience in a different way than the learning they are used to doing.” Another parent added, “Students magnify the value that we get from our health care experience.”

Increasingly family are involved in education teams with many examples of successful experiences in both interprofessional education and simulation. This obviates the need for formal faculty development for family as they expand their presence in education

Given the positive impact of families on the student learning experience in targeted areas to date, in its future plans the Institute will seek ways to further incorporate the concept

Where should we be focusing in the future?

- Innovations in learning
- Patients and families as teachers
- Outstanding Student experience
- Simulation
- Faculty development
- Interprofessional education
- Scholarship and research
- Assessment and evaluation
- Enhanced infrastructure and processes
- Advocacy
- Holland Bloorview as a leader with global partnerships and impact

Roundtable discussions - Planning Retreat, October 2014

of families as teachers into education. An ambitious goal would be to extend the family as teacher experience to students in all professions who receive their health professional education at Holland Bloorview.

Integration and Scholarship

Teaching and learning infuse all that we do at Holland Bloorview. Teaching and learning are integral to the care we deliver, to the system that we work in, to the knowledge we use and we create, and to the people who are part of our community. We teach and we learn from each other: our staff, our clients, our families and our students. Our teaching and learning hallmarks are innovation and leadership.

“We believe it is the sharing and exchange of knowledge that is truly making an impact on the lives of young people and their families.”

**Sheila K. Jarvis,
President & CEO**

The themes of integration and scholarship wind their way through this strategic plan. Going forward, we will focus on integration between the strategic directions and teams both within the Institute and across the Hospital; and integrate the way we disseminate our knowledge; the way we advocate; and the way in which staff and students teach and learn. Developing mechanisms to facilitate greater integration and collaboration in our different education themes are expected to lead to richer and more innovative educational outcomes and experiences.

In the years ahead, scholarship and evaluation will feature prominently in the activities of the Institute. Holland Bloorview is well recognized as an academic health science centre that leads the system in pediatric rehabilitation in Canada and is achieving greater recognition internationally. Its attention to educational scholarship will be an important facet of this expanding leadership role and heightened profile. Collaborating with the Bloorview Research Institute and other educational centres in the University of Toronto (e.g., the Wilson Centre) the Teaching and Learning Institute can forge ahead with building a strong scholarly environment, developing new educational practices and programs, evaluating them and publishing the results for internal and external audiences.

“How can simulate a flock of starlings, travel together and focus our energies on achieving new heights in teaching and learning?”

**Kathryn Parker, Senior
Academic Director and
Lead, Simulation**

Strategic Directions: Building on Success

For the next five years, the Institute will deepen our focus and extend our reach across the five areas that we introduced in our first strategic plan. The common threads through all of these areas of work constitute our strategic directions over the next five years. Our five strategic directions are:

1. Support Students;
2. Build scholarship and evaluation into Teaching and Learning activities;
3. Cultivate excellence in teaching;
4. Integrate teaching and learning across the organization;
5. Model knowledge translation for the broader healthcare system in the field of childhood disability,

Vision, goals, actions and implementation priorities for the first 12 to 18 months are outlined for each strategic direction. An early implementation activity will be to identify outcomes and indicators to track and monitor progress towards goals.

Strategy 1: Supporting Students

Vision

Students are invaluable members of the health care team and the positive impact they make on the organization is clear to everyone. Choosing a career in childhood disability is understood and valued.

Context

Students are educators, innovators, advocates and providers of client care and we have only begun to understand the value of having students as part of Holland Bloorview. We will support their learning so that they may fully contribute to the field of childhood disability. The Centralized Student Services (CSS) team with the Teaching and Learning Institute was launched in 2013. We exist to provide an optimal learning experience for Holland Bloorview students from all health professions before, during and after their time with us. Through simulation and interprofessional education, we aim to create learning opportunities and avenues for the Hospital and collaborative care teams, which include families, to engage students in a meaningful way. We explore ways to centralize the student experience so that we can provide excellence in education across our organization. We aim for our students to leave here as advocates for childhood disability.

“Students are a valued member of the health care team at Holland Bloorview and have a positive impact on our organization. I am inspired by our students, I am enabled by Teaching and Learning and I am supported by the incredible clinical education liaisons in our organization.”
Kimberlea Jones-Galley,
 Lead CSS

Goals and Actions

| Strategy 1: Supporting Students | |
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| Goals | Actions (2015-2020) |
| Explore innovative clinical education models. | <ul style="list-style-type: none"> • Pilot a new model of clinical education in social work that incorporates simulation-based clinical training. |

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| <p>Nurture and celebrate students' contributions to collaborative care</p> | <ul style="list-style-type: none"> • Increase the opportunities for all departments and health professionals to engage with students and to include them as an integral part of the collaborative care team. • Pilot the Student Ideas Project. • Build on the number of interprofessional learning opportunities for students and families to interact, such as more time for client and family interaction during student orientation. • Develop and implement diverse strategies to increase engagement of students in learning and advocacy activities of the organization. • Increase the number of formal interprofessional shadow opportunities. • Let students know how we respond to or act on their feedback. |
| <p>Integrate all students into a centralized process</p> | <ul style="list-style-type: none"> • Identify and improve strategies for integrating all students into the centralized student process, particularly focused on better engaging nursing and medical students. • Develop an interprofessional student network to encourage peer collaboration and support that includes an "Ask a Student" feature. • Establish a Student Experience committee to share innovative ideas and to advise on enacting change. • Develop clear expectations, processes and improved two-way communications among students, staff and the CSS. • Increase the use of online learning tools to supplement and enhance student orientation and student integration into the educational environment, for example, Absorb. • Explore ways to partner with student institutions to share pre-placement information and resources. • Continue our relationships with student alumni by establishing a communications outreach plan to understand the longitudinal aspect of their time at Holland Bloorview. |
| <p>Provide learning opportunities for students to enhance their KT skills.</p> | <ul style="list-style-type: none"> • Offer interprofessional student workshops to teach new generations about KT • Explore student placement opportunities |

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| <p>Enhance the profile of childhood disability and its importance to education curricula including making every student an advocate for childhood disability.</p> | <ul style="list-style-type: none"> • Formalize interprofessional learning opportunities for students to broaden their experience and knowledge of childhood disability with the aim of building advocacy (e.g., client shadowing, multidisciplinary shadowing, interprofessional presentations and peer experience teaching and sharing of experiences. • Include students in special advocacy-based days, for example, World CP Day. • Provide interprofessional learning opportunities for learners to advocate for childhood disability in their own unique way. • Provide opportunities for staff and students to discuss their advocacy. |
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Implementation Priorities for the First 12-18 Months

1. Increase the opportunities for students and families to interact including more time for client and family engagement during student orientation.
2. Scoping review of current curricula in childhood disability at U of T (across all the health professions) to determine how advocacy is addressed.
3. Formalize opportunities for students to broaden their experience and knowledge of childhood disability with the aim of building advocates in this area.
4. Establish new milestones for centralized student services.
5. Pilot the Student Ideas Project within the Centre for Leadership in Innovation and the Student Experience Committee.

Strategy 2: Build scholarship and evaluation into Teaching and Learning activities

Vision

The rigorous study of the processes and outcomes of all teaching and learning activities and the dissemination of our learning to national and international audiences is critical over the next five years.

Holland Bloorview will advance teaching and learning through scholarly work that develops, assesses and evaluates educational programs and curricula and will aim to share these results broadly.

“How are you participating in scholarship? How will you demonstrate your commitment to scholarship in your next strategic plan? How will you share your learning and innovation nationally and internationally?”
Dr. Ivan Silver,
VP Education, CAMH

Context

The Teaching and Learning Institute has developed a solid foundation in each of its education themes over the last five years. As leaders in childhood disability education and practice, it is important that the Institute assesses and evaluates its efforts in these areas. Further, by disseminating the results of this scholarly work, the Institute can enhance its impact and lead the change it would like to see in the field of childhood disability.

Goals and Actions

| Strategy 2: Build scholarship and evaluation into Teaching and Learning Activities | |
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| Goals | Actions |
| Build capacity for educational scholarship. | <ul style="list-style-type: none"> • Bring scholars together to define educational scholarship and promote education across the organization. • Conduct a scan of Holland Bloorview to identify the scope of scholarship and scholarly interests. • Collaborate with the University of Toronto’s Wilson Centre to enhance skills, expertise and capacity in educational scholarship. • Target resources and or seed money to build evaluation models, pilots and projects. • Create a Chair in Educational Scholarship in Childhood Disability. |
| Integrate and support educational scholarship across all education themes. | <ul style="list-style-type: none"> • Build and support a community of practice in education scholarship. • Provide consultation support to assist with the development, implementation and evaluation of educational projects and curriculum in each of the program areas (e.g., IPE, Faculty Development and Simulation). • Promote collaboration for research projects and scholarly activity by connecting staff with services and other resources that support educational research. • Implement a scholarly project that looks at the impact of interprofessional education on clinical practice and client outcomes. |
| Measure scholarly activity and output | <ul style="list-style-type: none"> • Create a framework for tracking and measuring educational scholarship and research. • Work with all Institute education programs to |

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| | produce an assessment of their activities. |
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Implementation Priorities for the First 12-18 Months

1. Define what scholarship means for our context.
2. Submit six peer reviewed papers, six invited talks, four international or national workshops/presentations.
3. Define criteria for establishing a Chair in Education Scholarship.
4. Implement a scholarly project that looks at the impact of interprofessional education on clinical practice and client outcomes.

Strategy 3: Cultivate Excellence in Teaching

Vision

To provide our people (clinicians and staff) with opportunities to build their skills as teachers; teachers of students, of peers and of clients and families.

Context

At the Teaching and Learning Institute, we believe that the pathway for us to be our best is through teaching others. Faculty Development provides opportunities for our staff, students, families and parents to learn and polish their teaching skills and to engage in community building. We come together to learn, share and develop expertise so that we can continue to enhance our effectiveness as teachers. We collaborate with internal and external partners to offer innovative and high quality faculty development opportunities for staff providing the resources for education to occur in formal and informal settings. A future ambition is to bring excellence in teaching closer to the workplace and to use online tools to expand access and increase participation.

Goals and Actions

“Our growth as professionals is so intricately intertwined with our growth as educators. When we collaborate with students we become better teachers and better clinicians and there is great opportunity to provide wonderful care.”

Darlene Hubley, Lead Faculty Development

| Strategy 3: Cultivate Excellence in Teaching | |
|---|----------------|
| Goals | Actions |
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| <p>Provide innovative faculty development opportunities so staff and families can continue to enhance their teaching ability based on existing framework for excellence in teaching.</p> | <ul style="list-style-type: none"> • Explore ways to use existing faculty development materials that are sourced internally and externally to increase efficiency in teaching, for example, resources such as TLC, ART, TESCOF and those provided by the Centre for Faculty Development (CFD). • Formally engage parents and families as teachers and students as educators of interprofessional learning opportunities. • Capture more stories of families and clients as teachers (e.g., videos) and use these as interprofessional teaching tools • Target simulation-based faculty development to areas of greatest need (e.g. developing listening and communication skills) |
| <p>Make it easier for staff, student and family teachers to participate in and access faculty development opportunities.</p> | <ul style="list-style-type: none"> • Make use of technology to allow people to virtually attend and participate in faculty development events and initiatives. • Explore social media as a way to communicate and collaborate in faculty development activities. |
| <p>Better integrate new technology (including social media) into faculty development programs to optimize learning.</p> | <ul style="list-style-type: none"> • Develop an online set of faculty development resources for staff that includes a way to connect to colleagues who are subject matter experts. |

Implementation Priorities for the First 12-18 Months

1. Complete the Framework for Excellence in Teaching in collaboration with the Centre for Faculty Development and TAHSN partners.
2. Implementation and evaluation of the faculty portal (after the go-live date).
3. Create 3 simulations in faculty development that can complement existing faculty development.

Strategy 4: Integrate teaching and learning across the organization

Vision

Teaching and learning will be seen across the organization as a key contributor to the success of organizational priorities. We will continue to align and integrate our work in simulation, clinical education, interprofessional education, Evidence to Care and faculty development with organizational priorities.

“We continue to explore and go where the energy is. What’s next in the use of simulation in faculty development, in interprofessional education, and in our organizational practices? ...How do we continue to lead the conversation about what simulation could be in childhood disability on a global level?”

Context

Teaching and learning plays an integral role in the strategic plan of Holland Bloorview; teaching and learning are integral to the care we deliver, to the system that we work in, to the knowledge we use and we create, and to the people who are part of our community. We teach and we learn from each other: our staff, our clients, our families and our students. Our teaching and learning hallmarks are innovation and leadership and the contribution of Teaching and Learning to the success of our organizational priorities requires close collaboration with all portfolios in the organization.

Goals and Actions

| Strategy 4: Integrate Teaching and Learning across the organization | |
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| Goals | Actions |
| Understand the organizational priorities of Holland Bloorview | <ul style="list-style-type: none"> • Regular meetings with SMT members to discuss organizational priorities and how Teaching and Learning may support them. |
| Champion our work as a key builder of skills in all areas of the organization (that includes non-clinical as well as clinical skills and expertise.) | <ul style="list-style-type: none"> • Continue to identify and target areas where we can demonstrate the value of Teaching and Learning as a tool for non-clinical as well as clinical skills. • Create IPE scenarios for students with a debriefing component for reflective learning. • Engage our school authority, using an IPE perspective, to explore the school setting for simulation scenarios such as commotion, emotional family conflict, and separation of client from families. • Create interprofessional practice opportunities for clinical teams driven by patient safety. Use simulation planning |

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| | <p>meetings to re-enact situations experienced in the clinical environment.</p> <ul style="list-style-type: none"> • Embed Client and Family Centred Care (CFCC) concepts in student orientation. |
| Support the quality and safety agenda using simulation | <ul style="list-style-type: none"> • Develop and trial an in situ simulation around medication error on an inpatient unit. • Explore the integration of simulation in a clinical pathway driven by patient safety. |
| Integrate and support knowledge translation across all Centres of Leadership | <ul style="list-style-type: none"> • Provide consultation support to assist with the development, implementation and evaluation of seed projects in each of the Centres • Continue to leverage organizational change processes to support an evidence-friendly culture |
| Work with Client and Family Integrated Care (CFIC) to provide learning opportunities staff and families to enhance their ‘evidence literacy’ | <ul style="list-style-type: none"> • Equip families with the skills to access and appraise research evidence • Explore collaborations/work with FAC and FEC to identify KT opportunities and learning needs |
| Integrate teaching and learning into existing organizational structures. | <ul style="list-style-type: none"> • Develop simulation scenarios for family leaders around committee membership, expectations and roles. • Explore the integration of simulation in our hiring practices and performance improvement plans. |
| The Teaching and Learning Institute leads international conversations in childhood disability. | <ul style="list-style-type: none"> • Develop an external communications plan to raise organization awareness about teaching and learning. • Co-create a simulation-based cultural competence curricula in collaboration with Alyn Hospital and the Isreali Centre for Medical Simulation. |

Implementation Priorities for the First 12-18 Months

1. Develop and trial an in situ simulation around medication error on an inpatient unit.
2. Embed CFCC concepts in student orientation.
3. Co-create simulation-based cultural competence curricula in collaboration with Alyn Hospital and the Isreali Centre for Medical Simulation.

Strategy 5: Model knowledge translation for the broader healthcare system in the field of childhood disability

Vision

Through Evidence to Care (EtC), Teaching & Learning will position Holland Bloorview as the go-to hub for how to build a knowledge translation culture within an organization.

Context

Evidence to Care (ETC) promotes knowledge translation by identifying the best available research evidence and developing strategies to influence care. Knowledge Translation (KT) is about bringing the right information in the right format to the right people at the right time to have an impact on decision-making¹. It is not easy to ensure that this happens consistently and is applied to priorities in childhood disabilities but the aim of Evidence to Care is to advance and support an evidence-friendly culture where staff, families and clients, when appropriate, turn to research evidence and feel comfortable doing so. ETC has introduced a learning-by-doing model and has been successful in its application to targeted areas such as chronic pain, caregiver stress.

“We very much support, as learners and as teachers, a learning-by-doing model and we partner with clinicians, families and researchers as part of an integrated knowledge translation approach in order to tackle evidence-to-practice gaps together and co-create best practice projects.”
Shauna Kingsnorth,
Lead EtC

Evidence to Care has developed its own strategic plan using the Hospital’s four strategic directions as its framework. The actions outlined below are drawn from the ETC strategic plan. ETC is housed in the Teaching and Learning Institute and forms a bridge to research, education and clinical practice.

Goals and Actions

Strategy 5: Model knowledge translation for the broader healthcare system in the field of childhood disability

¹ Ontario Neurotrauma Foundation

| Goals | Actions |
|--|---|
| Implement the EtC Strategic Directions with the highest quality reflective of the Knowledge to Action cycle. | <ul style="list-style-type: none"> • Identify gaps in evidence-informed practice in childhood disability • Generate systematic reviews to meet our needs • Develop and implement clinical practice guidelines • Promote evidence use throughout the hospital • Evaluate changes in care related to evidence use • Provide expertise in KT |
| Form and solidify relationships and partnerships with external KT entities | <ul style="list-style-type: none"> • Enhance our work with our KT partners to contribute our experiences and learn from theirs • Seek ‘Leading Practices’ designation from Accreditation Canada for targeted EtC project(s) • Seek external funding to support knowledge to action projects |
| Share our KT experiences/Enhance our KT profile outside of the organization. | <ul style="list-style-type: none"> • Enhance sharing of robust information related to best practices for clients, families, clinicians, policymakers and researchers • Pursue external opportunities to share our work in scholarly forums • Continue to build a web-based KT identity in collaboration with BRI and Comm/PA |

Implementation Priorities for the First 12-18 Months

1. Generate manuscript on model development, implementation and impact for journal submission
2. Embed KT concepts and processes in Centres for Leadership
3. Define 2 new priority project(s) selected

Implementation Priorities for the First 12-18 Months

| Strategic Goal | Implementation Priority for the first 12 to 18 months |
|---|---|
| Support Students | <ol style="list-style-type: none"> 1. Increase the opportunities for students and families to interact including more time for client and family engagement during student orientation. 2. Scoping review of current curricula in childhood disability at U of T (across all the health professions) to determine how advocacy is addressed. 3. Formalize opportunities for students to broaden their experience and knowledge of childhood disability with the aim of building advocates in this area. 4. Establish new milestones for centralized student services. |
| Build scholarship and evaluation into all Teaching and Learning activities | <ol style="list-style-type: none"> 1. Define what scholarship means for our context. 2. Submit six peer reviewed papers, six invited talks, four international or national workshops/presentations. 3. Define criteria for establishing a Chair in Education Scholarship. 4. Implement a scholarly project that looks at the impact of interprofessional education on clinical practice and client outcomes. |
| Cultivate excellence in teaching | <ol style="list-style-type: none"> 1. Complete the Framework for Excellence in Teaching in collaboration with the Centre for Faculty Development and TAHSN partner. 2. Implementation and evaluation of the faculty portal (after the go-live date). 3. Create 3 simulations in faculty development that can complement existing faculty development. |
| Integrate teaching and learning across the organization | <ol style="list-style-type: none"> 1. Develop and trial an in situ simulation around medication error on an inpatient unit. 2. Embed CFCC concepts in student orientation. 3. Co-create simulation-based cultural competence curricula in collaboration with Alyn Hospital and the Isreali Centre for Medical Simulation. |
| Model knowledge translation for the broader healthcare system in the field of childhood disability | <ol style="list-style-type: none"> 1. Generate manuscript on model development, implementation and impact for journal submission 2. Embed KT concepts and processes in Centres for Leadership 3. Define 2 new priority project(s) selected |

Implementation and Monitoring our Progress

The success of any good plan can be determined by its ability to implement and measure its impact. The Institute will need to revisit its organizational structure, mechanisms and processes to make sure that it is aligned with implementing the recommendations outlined in this plan. Greater integration across education themes will require some focused attention on people and processes.

The Institute will need to confirm the enablers and key resources that are required to support several of the ambitious goals, including formalizing its approach to educational scholarship and expanding a number of core education activities to engage more staff, family and learners.

Measurement and evaluation will be important competencies for the Institute as it becomes more rigorous in its assessment of the impact of its educational programs and services.

Concluding Remarks

The Teaching and Learning Institute has outlined an exciting future that will draw on the collective talents of its staff, students, clients and families and expanding networks of faculty and learners. It will build on its reputation as a best practice model for teaching and learning in faculty development, student services, interprofessional education, evidence to care and simulation.

It will continue to lead and create future advocates in childhood disability by inspiring all of the learners, staff, clients and families who have engaged in a teaching and learning experience at Holland Bloorview.

Appendix A: Strategic Retreat Objectives

1. Learn from students and families as to why teaching and learning is integral to Holland Bloorview.
2. Explore key changes in the environment or future trends likely to have an impact on our education plans.
3. Learn about the Institute's achievements of the past five years and discuss aspirations for the future.
4. Confirm draft goals, actions and implementation priorities for moving forward with the new strategic plan.
5. Provide an opportunity for information sharing and networking with educators and those interested in advancing teaching, learning and scholarship.

Appendix B: Teaching and Learning Strategy Refresh to drive No Boundaries – October 12, 2017

With the creation of No Boundaries in 2017, the Teaching and Learning Institute refreshed their strategic plan to help drive the new strategic vision for Holland Bloorview.

To achieve this refresh, we convened representatives from all areas of the hospital on Thursday, October 12 to achieve the following objectives;

1. To articulate the role that Teaching and Learning plays in No Boundaries.
2. To map how to move the Teaching & Learning Institute forward to drive No Boundaries.

PROCESS

We engaged in small group discussions around the following questions;

1. What has been coming to life in teaching and learning in the past 6 months?
 2. Where do you see teaching and learning activities already aligned with or serving No Boundaries? What work is already alive and moving?
-

We then listed the three impact areas of No Boundaries; Personalized pathways, Discover for action and Connect the system. Small tables of participants then chose an area of impact that they wanted to discuss. Each table asked the following questions;

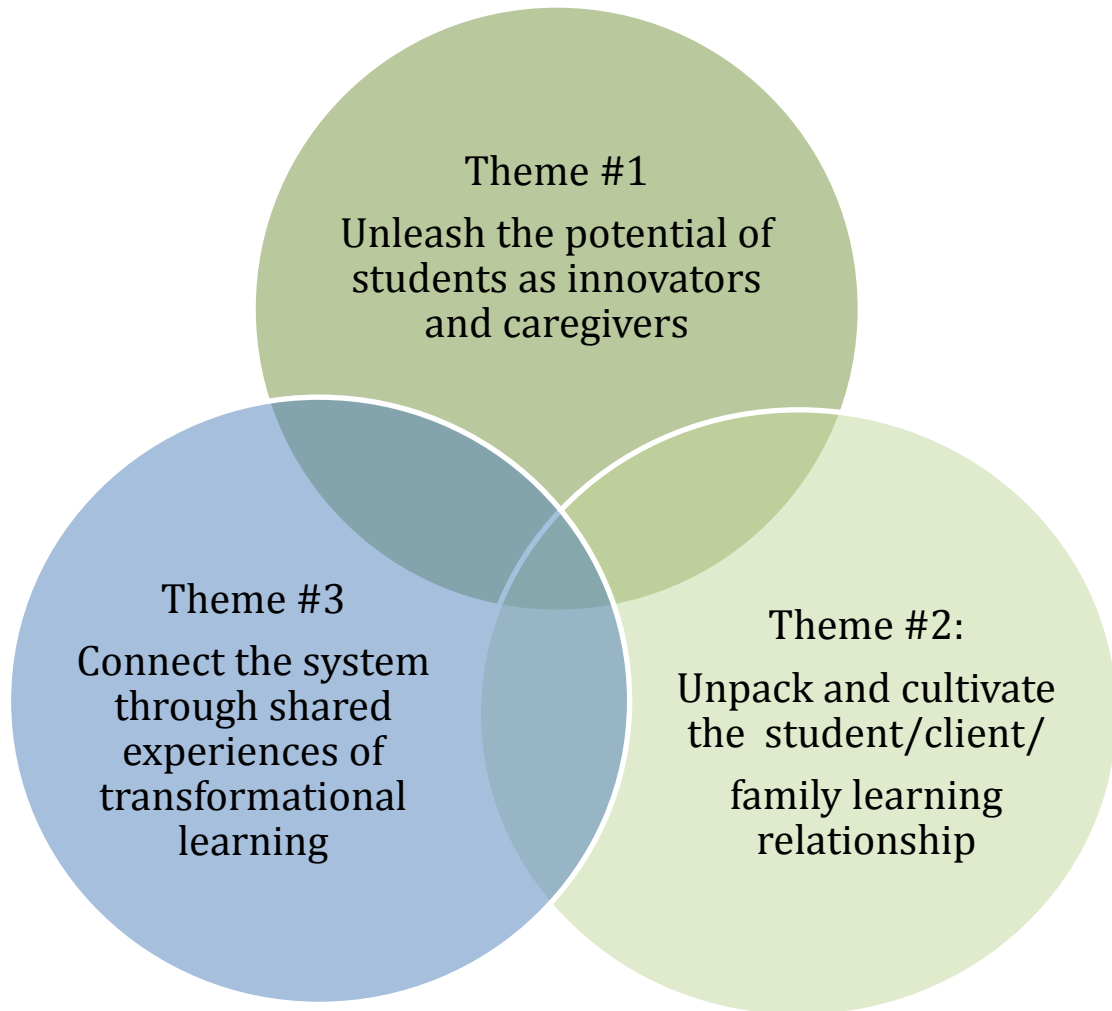
1. As you review the impact area that you chose, what teaching and learning activities are we already doing to achieve this impact?
2. What key teaching and learning activities do we need to complete over the first three years to achieve impact in this area?

Tables captured their discussion on flipcharts and findings were summarized.

RESULTS

Three strategic themes for Teaching and Learning emerged out of that discussion. These

three themes were identified as areas of work that leverage our strengths, build on the work that is already underway and that are critical to drive No Boundaries forward. They are;



We then mapped each strategic theme to No Boundaries and determined what work we will build on and expand over the next 18-24 months. They are as follows;

Theme #1: Unleash the potential of students as innovators and caregivers

| DRIVING No Boundaries/18 month priorities | Inspired by and building on... | ...we will... |
|---|--|---|
| Innovation Hub Personalized Pathways Discover for Action Evolve and embed “ No Boundaries ” culture, processes and supports across Holland Bloorview. Reimagine first point of contact to enable a meaningful and personal experience for every child, youth and family | On-Track student-led program Stories of students as innovators Existing structures to support students as innovators and caregivers (BRI, CfL, TLI) Innovative IPE learning opportunities | Pursue strategic partnerships to build our organizational capacity Continue to deliver Faculty development offerings to support staff to enable students as caregivers Partner to nurture the development of other student-led environments within HB |

Theme #2: Unpack and cultivate the student/client/family learning relationship

| DRIVE No Boundaries/18 month priorities | Inspired by and building on... | ...we will... |
|---|--|---|
| Personalized Pathways Discover for Action Evolve and embed “ No Boundaries ” culture, processes and supports across Holland Bloorview. | The theory of impact for the On-Track student-led program Existing collaborations with CFIC The theory of impact for IPE | Test the concept of clients/families as co-supervisors Conduct further research on the learning relationship |

Theme #3: Connect the system through shared experiences of transformational learning

| DRIVE No Boundaries/18 month priorities | Inspired by and building on... | ...we will... |
|---|--|--|
| <p>Connect the System</p> <p>Discover for Action</p> <p>Evolve and embed “No Boundaries” culture, processes and supports across Holland Bloorview.</p> | <p>Existing collaborations with CFIC, CfL</p> <p>Existing IPE learning opportunities</p> <p>Simulation</p> | <p>Continue to embed simulation-based education</p> <p>Continue to provide IPE learning opportunities for students that emphasize collaboration across the system.</p> <p>Collaborate with the Anti-Stigma group to bring CFCC simulations to the Toronto District School Board.</p> |