A world of possibility through teaching & learning
2009 – 2014
TEACHING & LEARNING INSTITUTE’S FIVE YEAR ACCOMPLISHMENT REPORT

Holland Bloorview
Kids Rehabilitation Hospital
A world of possibility through teaching and learning
Dear friends,

With generous support from the Holland Bloorview Foundation, the Teaching and Learning Institute at Holland Bloorview Kids Rehabilitation Hospital is proudly celebrating five years of accomplishments. Since the Institute’s inception in 2009, it has played a vital role in ensuring excellence in the care of children and youth with childhood disabilities. We have worked towards our goal to inspire, enable and support employees to educate the next generation of health professionals in paediatric rehabilitation.

At our core is teaching others; 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. Our work has been guided by the Teaching and Learning Strategic Plan 2009 – 2014 and within these pages we celebrate achievements across all five of the key strategic pillars of the Teaching and Learning Institute.

Centralized Student Services established a one-stop shop for all student needs and aims to provide every student with the optimal learning experience. Faculty Development has ensured that Holland Bloorview employees have the leading practice skills needed to best supervise and teach their students. Interprofessional Education has facilitated opportunities for students from various professions to learn about, from and with each other to provide better collaborative family centred care. Simulation has been implemented as a powerful learning tool in areas such as client and family centred care, point of care documentation and in organizational procedures such as mock codes. Finally, Evidence to Care has promoted knowledge translation across the hospital by identifying the best available research evidence and developing strategies to influence direct client care.

As the Teaching and Learning Institute embarks on a new strategic direction for 2015 - 2020, we do so with eager anticipation. We look forward to joining with you, our education partners and champions, to set our course for the next five years. At Holland Bloorview, we are creating a world of possibility through teaching and learning.

Golda Milo-Manson MHSc, MD FRCPC
Vice-President Medicine and Academic Affairs

Photo above: Teaching and Learning Institute leadership team. Front row from left to right: Kathryn Parker, Golda Milo-Manson; back row from left to right: Shauna Kingsnorth, Darlene Hubley, Kimberlea Jones-Galley

Thank you to the Foundation for its generous support.
Centralized Student Services provides one point of contact for all student needs. In 2011, students and other members of the Holland Bloorview community co-created a plan to ensure that all students are provided with the optimal student experience.

Over the past two years, administrative structures such as a centralized student registration, student name badges, orange lanyards and collection of student documentation have all been put in place. There is now personalized communication to the student before they arrive and a student-specific orientation that is offered on their first day of placement. Centralized Student Services has also paid attention to the importance of feedback from our students; conducting exit interviews with many of our students and asking them to complete the Learning Engagement Survey following their time with us. We continue to strive for the optimal student experience for all learners through the restructuring of our student coordinator role and through the piloting of our student ideas project next year.

![Summer 2014 Medical Students.](image)

**NUMBER OF STUDENTS**

- **Research**
- **Medical**
- **Nursing**
- **Clinical**

<table>
<thead>
<tr>
<th>Year</th>
<th>Research</th>
<th>Medical</th>
<th>Nursing</th>
<th>Clinical</th>
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<tbody>
<tr>
<td>2011-2012</td>
<td>200</td>
<td>300</td>
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<td>2012-2013</td>
<td>250</td>
<td>250</td>
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<tr>
<td>2013-2014</td>
<td>300</td>
<td>300</td>
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**SERVING STUDENTS**

The extent to which students feel that they received appropriate assistance to address any questions or concerns they had about their placement (percentages reported from Learner Engagement Survey 2013-2014)

- **Very Often** 45%
- **Often** 44%
- **Sometimes** 10%
- **Rarely** 1%

**QUALITY OF STUDENT EXPERIENCE**

The overall rating of quality of the student experience (percentages reported from Learner Engagement Survey 2013-2014)

- **Excellent** 28%
- **Very Good** 8%
- **Good** 6%
- **Fair** 3%
- **Poor** 8%

“I received the best preparation possible to start in the work world.”

– Student
WHAT OUR CLIENTS AND FAMILIES SAY ABOUT OUR STUDENTS

Creating a world of possibility for our clients and families is why we do what we do. Clients and families are key collaborators with Teaching and Learning; as educators they provide a critical perspective in the building of simulations, interprofessional education, and faculty development opportunities and as teachers they provide invaluable learning opportunities for our students. As such, feedback from our clients and families about the quality of care provided by our students is important for both students and our organization.

PERCENTAGE OF FAMILIES WHO AGREE THAT OUR STUDENTS

<table>
<thead>
<tr>
<th></th>
<th>2013-14 results</th>
<th>2014-15 results</th>
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<tbody>
<tr>
<td>Listen and understand our needs</td>
<td>90%</td>
<td>88%</td>
</tr>
<tr>
<td>Share information</td>
<td>92%</td>
<td>90%</td>
</tr>
<tr>
<td>Help us to make choices</td>
<td>88%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Source: Tell Us Survey

“The students are often young and animated, bringing new energy and excitement. After learning that Elizabeth loved the movie Frozen, one student included Frozen-themed activities in every session. It was a new burst of energy for her weekly appointments.”

– Jean Hammond, Parent

Lisa Kakonge, speech language pathologist, and student Christine Raftopoulos combine knowledge to help clients like Cristina reach their goals.

A VERY SPECIAL THANKS TO OUR STUDENT COORDINATORS

Front row from left to right: Laura Hughson, Kimberlea Jones-Galley, Janet Quintal, Lorry Chen, Chitra Gnanaabesam, Kelly Brewer, Linsey King, Janet Woodhouse. Back Row from left to right: Val Lusted, Natalie Timbrell, Temine Fedchak, Claire Tasker, Nermin Dervis, Sarah Bogner, Pam Crosby, Darlene Hubley.
Staff at Holland Bloorview are highly engaged in teaching activities and faculty development aims to inspire, enable and support the development of their skills and identity as educators. We work collaboratively with internal and external partners to offer innovative and high quality faculty development opportunities for staff. We are driven to transform care through excellence in teaching.

IN ADDITION TO TEACHING AND LEARNING DAY, THE TEACHING AND LEARNING INSTITUTE COORDINATES OTHER FACULTY DEVELOPMENT ACTIVITIES:

**Accessible Resource for Teaching (ART)**
- An online faculty development resource created by Centre for Faculty Development (CFD)
- Each module of the program incorporates a teaching video, reflection questions and resources and can be completed within 30 minutes
- We are facilitating ART sessions with small groups to invite further discussion about the topics presented

**Best Practice in Education Rounds (BPER)**
- Co-sponsored by CFD and The Wilson Centre
- Presentations originate from St. Michael’s Hospital and are video-cast to various GTA locations
- Opportunity for learning and discussion with the local community

**Knowledge Connection**
- Interprofessional grand rounds
- Interactive presentations touch on current clinical, education and research topics

**Teaching for Learning and Collaboration (TLC)**
- A series of six workshops based on leading educational theory, developed and offered by CFD
- Brought to Holland Bloorview to increase accessibility to the series, to tailor it to pediatric rehabilitation and to nurture interprofessional faculty development
- Our staff have been trained to facilitate the workshops: Darlene Hubley, Occupational Therapist, Simmy Kassam, Occupational Therapist, Anne Kawamura, Developmental Pediatrician and Kim Moody, Physiotherapist

**FACULTY DEVELOPMENT WORKSHOPS**

“I got some great ideas to take back to my teaching practice. Thanks for this great training.”

– TLC Participant

Dr. Brian Hodges, VP Education, University Health Network, addresses staff at Teaching and Learning Day 2014.
Teaching and Learning Day is an internal event held annually at Holland Bloorview. Teaching and Learning Day provides opportunities for employees to celebrate teaching, develop skills as educators and engage with the teaching community at Holland Bloorview. The Teaching and Learning Institute Recognition Awards are presented at this event.

1st annual T&L Day
Formal launch of the Teaching and Learning Institute
Keynote: Dr. Mike Evans

2nd annual T&L Day
Introduction of Simulation at Holland Bloorview
Keynote: Dr. Amitai Ziv

3rd annual T&L Day
Focus on Faculty Development
Keynote: Dr. Yvonne Steinert & Dr. Ivan Silver

4th annual T&L Day
Inspire, Enable and Support Excellence in Teaching
Keynote: Dr. Brian Hodges


“Teaching and Learning Day was very valuable and it helped me to reconnect to my learning self, discover that I am an information broker and inspire my future supervision of students.”
– Teaching and Learning Day Participant

2014 award winners – Erin Wilkie, Therapeutic Recreation and Life Skills (featured left) and Nick Joachimides, Manager of Patient Safety (featured right)

2013 award winners – Kim Moody, Physiotherapist and Lorry Chen, Dietician (featured left) and Kim Bradley, Collaborative Practice Leader (featured right)

2012 award winner – Janice Hansen, Psychologist, Child Development Program (featured left), Centralized Equipment Pool Education Team: Anne-Marie Renzoni, Occupational Therapist, Tracy Sheppard, Education Coordinator and Nahum Sloan (featured middle) and Chitra Gnanasabesan, Complex Continuing Care (featured right)
Students who come to Holland Bloorview have many opportunities during their clinical placement to observe and participate in a collaborative, client and family centred model of health care. In addition, students are invited to engage in formal and informal interprofessional education (IPE) sessions and activities during their clinical placement so that they can develop collaborative competencies.

In the summer of 2007, Holland Bloorview became the first Toronto Academic Health Sciences Network (TAHSN) partner to pilot an IPE structured clinical placement for students. Based on the success of the pilot project an IPE Leader role was established and an IPE program was developed in close alignment to the University of Toronto’s IPE curriculum. Presently, formal IPE placements, formal IPE elective sessions and informal IPE opportunities are available. Because there are so many employees and students from such a wide range of healthcare professions, Holland Bloorview is an exciting environment for students to learn about, from and with each other.

We also welcome students as members of the interprofessional education (IPE) facilitation team for the development and delivery of our elective sessions. And we embrace the role of clients and family members as IPE educators through our partnership with the Family Leadership Program.

“Participating in IPE at Holland Bloorview allowed me to gain more knowledge of other professionals and their practice. It allowed me to speak more about my discipline and gain comfort with explaining what I do.”

– IPE Student

IPE PLACEMENTS AND ELECTIVES

Number of IPE placements and electives offered

IN COLLABORATION WITH

WE CELEBRATE THE FOLLOWING EMPLOYEES WHO HAVE BEEN ACTIVE AS IPE FACILITATORS AT HOLLAND BLOORVIEW:

Trish Geisler, Occupational Therapist
Amy Hu, Pharmacist
Andrea Lamont, Music Therapist
Breanne Mathers, Child Life Specialist
Chitra Gnanasabesan, Respiratory Therapist
Darlene Hubley, Occupational Therapist
Dolly Menna-Dack, Youth Facilitator
Erin Wilkie, Therapeutic Recreation Specialist
Helen Donnelly, Therapeutic Clown
Janet Woodhouse, Occupational Therapist
Jennifer Ryan, Physiotherapist
Jessica Votruba, Occupational Therapist
Lorry Gravel, Social Worker
Margaret Ettorre, Speech Language Pathologist
Michelle Champagne, Therapeutic Recreation Specialist
Nadine Sunarich, Social Worker
Nick Joachimides, Nurse
Robyn Persaud, Therapeutic Recreation Specialist
Sarah Bogner, Speech Language Pathologist
Sarah Davidson, Occupational Therapist
Sharon Vilcini, Social Worker
Tamara Milicevic, Pharmacist
Val Lusted, Social Worker

HOLLAND BLOORVIEW
CENTER FOR
INTEGRATED CARE

HOLLAND BLOORVIEW
CLIENT AND FAMILY
INTEGRATED CARE

IN COLLABORATION WITH

*Range of IPE opportunities have expanded beyond placement and electives
In 2011, Evidence to Care (EtC) was established as a catalyst for knowledge translation to lead the hospital in tackling priorities in childhood disability by sourcing the best evidence and developing strategies to influence care.

In the hospital’s 2012-17 Strategic Plan Leadership in Childhood Disability, Evidence to Care has a pivotal role in supporting the development and adoption of clinical practice guidelines.

Since its launch, Evidence to Care has:

• Developed a 3-year Strategic Plan for 2013-16 based on findings from a multi-pronged internal baseline assessment of use and attitudes around research evidence.

• Established a working model based on the Knowledge-to-Action Cycle© and introduced specialized knowledge translation roles within the hospital.

• Embraced an integrated knowledge translation philosophy, partnering with 33 interprofessional stakeholders and Family Leaders to identify priorities and inform work plans.

• Secured matched funding from the Ministry of Health and Long-Term Care for a two-year best practice project targeting caregiver stress among families of children with medical complexity.

• Fostered 6 unique knowledge translation capacity building opportunities provided to 265 staff and trainees.

Clinical Practice Guidelines at Holland Bloorview:

Centre for Leadership in Child Development
Evidence to Care has generated a Chronic Pain Assessment Toolbox for Children with Disabilities based on a systematic review and expert consensus to support uptake of the 2013 Assessment and Management of Pain Best Practice Guideline, developed by the Registered Nurses’ Association of Ontario (RNAO), in the hospital’s cerebral palsy outpatient clinics.

Centre for Leadership in Acquired Brain Injury
Evidence to Care has guided implementation of recommendations from the 2014 Guidelines for Diagnosing and Managing Pediatric Concussion, developed by the Ontario Neurotrauma Foundation, in the hospital’s launch of a new outpatient concussion service.

Inpatient Rehab & Complex Continuing Care
Evidence to Care has partnered with Collaborative Practice to develop a knowledge translation strategy for uptake of recommendations from the 2014 Primary Prevention of Childhood Obesity Best Practice Guideline, developed by the Registered Nurses’ Association of Ontario (RNAO), supporting the hospital’s designation as an RNAO Best Practice Spotlight Organization.

“In 2012 Holland Bloorview took the first steps to ensuring that clinicians have access to a standardized toolbox for assessing chronic pain…we really want to ensure that every child who is seen at a clinic at Holland Bloorview is asked about pain using a standardized tool to effectively assess, manage and track pain over time.”

– Tessa Gresley-Jones, Nurse Practitioner, Complex Care Neuromotor

IN COLLABORATION WITH

EtC Steering Committee
Pain Working Group
Pain Implementation Group
CMC Project Steering Committee
Obesity Working Group
Concussion Clinic Partners
Simulation is a powerful educational tool that allows healthcare providers the opportunity to recreate challenging situations and to learn from these experiences in a safe and controlled environment. As leaders in simulation in paediatric rehabilitation, we are always looking for ways to expand simulation within the healthcare community.

Since the official launch of simulation at Holland Bloorview in 2012, the program has grown to include the development of 25 simulation scenarios ranging in topics from client and family centred care, the use of electronic health records and patient safety.

Below is a list of some of the individuals who are championing simulation across the organization:

- **Client and Family Integrated Care** – Amir Karmali, Becky Quinlan, Kimberley Siu-Chong, Laura Williams

- **Collaborative Practice Leadership** – Kim Bradley, Kim Krog, Nicole Thomson

- **Clinicians** – Anne Marie Renzoni, Darlene Hubley, Janet Woodhouse, Lisa Kakonge, Tracy Shepherd

- **Researchers** – Anne Kawamura, Gillian King, Heidi Schwellnus, Mohammad Zubairi

"What I enjoy about simulation is that we step away from the traditional computer and screen education, and we are challenged as healthcare educators to create a robust and realistic environment that challenges the learners to react to the situation."

– Nick Joachimides, Manager of Patient Safety

Professor Amitai Ziv, world renowned simulationist and founder of the Israeli Centre for Medical Simulation, highlights how simulation can be used to build a culture of patient safety at Holland Bloorview’s Teaching and Learning Day 2012.
We believe that getting our work out to the broader community is important to lead the system in teaching and learning in childhood disability. The map illustrates where we have presented our work in Teaching and Learning over the past three years.

**WHERE IN THE WORLD IS TEACHING AND LEARNING?**

Our belief is that collaboration is crucial to improve teaching and learning in childhood disability. The map below illustrates where we have presented our work in Teaching and Learning over the past three years.

**OUR LEADERSHIP**

**Our Leadership:**
- Dr. Golda Milo-Manson, MHSc, MD, FRCPC – Vice President, Medicine and Academic Affairs
- Dr. Kathryn Parker, MA, PhD – Senior Director, Academic Affairs and Simulation Lead
- Dr. Shauna Kingsnorth, MSc, PhD – Evidence to Care Lead
- Darlene Hubble, MScCH, BScOT, OT Reg. (Ont.) – Interprofessional Education Leader
- Kimberlea Jones-Galley, BPhEd, MEd – Student Coordinator

**Evidence to Care team:**
- Hilary Edelstein, BEd, MEd, PhD – Knowledge Translation Specialist
- Taryn Orava, BKin, MA – Knowledge Translation Specialist
- Christine Provvidenza, BPHE, MSc, RKin – Knowledge Translation Specialist
- Ashleigh Townley, BSc, MA – Knowledge Broker
- Julia Schippke, BHSc, MA – Knowledge Broker

**Administrative Support team:**
- Merlene Chin
  Executive Assistant
  Medicine and Academic Affairs
- Barbara Smith, BA
  Administrative Assistant
  Teaching and Learning Institute

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International Conference on Faculty Development in the Health Professions: Glasgow
Knowledge Mobilization Forum: Saskatchewan
International Meeting on Simulation in Healthcare: San Francisco
All Together Better Health: Sydney
MAJOR MILESTONES

2007 – THE FIRST INTERPROFESSIONAL EDUCATION (IPE) STRUCTURED CLINICAL PLACEMENT AT HOLLAND BLOORVIEW

2008 – IPE LEADER ROLE ESTABLISHED

2009 – THE BOARD APPROVED THE CREATION OF THE TEACHING AND LEARNING INSTITUTE

2010 – EVIDENCE TO CARE (ETC) CONCEIVED AS AN ORGANIZATIONAL STRATEGY

2011 – INAUGURAL TEACHING AND LEARNING DAY AND FORMAL LAUNCH OF THE TEACHING AND LEARNING INSTITUTE

2011 – DIRECTOR ACADEMIC AFFAIRS AND SIMULATION LEAD ROLE ESTABLISHED

2012 – ETC INTEGRATED WITHIN THE TEACHING AND LEARNING INSTITUTE

2012 – LAUNCH OF OUR TEACHING AND LEARNING RECOGNITION AWARDS

2012 – CREATED THE TORONTO ACADEMIC HEALTH SCIENCE NETWORK STUDENT COORDINATOR GROUP

2012 – LAUNCH OF THE SIMULATION PROGRAM

2012 – STUDENT COORDINATOR ROLE ESTABLISHED

2013 – LAUNCH OF THE CENTRALIZED STUDENT SERVICES (CSS)

2013 – STRATEGIC PLAN FOR ETC DEVELOPED

2013 – CLINICAL STUDY INVESTIGATOR – EDUCATION LAUNCHED IN COLLABORATION WITH THE BLOORVIEW RESEARCH INSTITUTE

2014 – LEARNING MANAGEMENT SYSTEM LAUNCHED

2014 – MEDICAL, RESEARCH, AND BLOORVIEW SCHOOL AUTHORITY STUDENTS INTEGRATED INTO CSS

2014 – ETC PARTNERSHIP WITH THE MINISTRY OF HEALTH AND LONG-TERM CARE AROUND CHILDREN WITH MEDICAL COMPLEXITIES (CMC)
<table>
<thead>
<tr>
<th>Achieved</th>
<th>Goals</th>
<th>Implementation Actions</th>
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| ✓ | 1. Enhance the student and trainee experience at Holland Bloorview | a. Plan and implement actions to meet new student standards with respect to orientation, student space/facilities and student supports  
b. Establish a comprehensive student orientation for all students and trainees  
c. Develop and refine approaches to gathering-seeking out student feedback on their experiences at Holland Bloorview  
d. Create opportunities for learning with and from other professions during the Holland Bloorview student experience  
e. Revised the student coordinator role to enhance student learning |
| ✓ | 2. Innovate in teaching and learning approaches | a. Build simulation in targeted areas, e.g., family team goal planning, delivering bad news, client and family centred care, collaborating with Sim-ONE to test and implement  
b. Explore online learning opportunities, developing specific modules to facilitate e-learning  
c. Create a forum for curriculum development and a place to test content before extending its reach nationally and around the world |
| ✓ | 3. Lead interprofessional education (IPE) in childhood disability | a. Expand IPE placements to all program and service areas including all professions  
b. Embed IPE into organizational activities, i.e., performance report card, human resource practices, staff satisfaction survey  
c. Establish appropriate indicators and measures for IPE activity  
d. Work with partners to apply for one to two new grants to support evaluation and research in IPE |
| ✓ | 4. Increase training capacity for future healthcare providers in childhood disability | a. Work with Holland Bloorview healthcare professionals to identify the barriers and needed supports to increase training capacity  
b. Identify innovative approaches for sharing teaching and increasing capacity |
| ✓ | 5. Extend teaching and learning to clients and families; embrace families as faculty | a. Pursue curriculum that supports families as equal partners  
b. Draw on family member's contributions and expertise in developing childhood disability curriculum  
c. Explore models of leading practice for engaging family as faculty in teaching students or other care givers |
| In Progress | 6. Equip our staff to be excellent supervisors and educators through faculty development and mentoring | a. Establish an organizational commitment to and strategy for faculty development and mentoring  
b. Develop a Holland Bloorview definition and principles for faculty development and mentoring, informed by the University of Toronto’s Centre for Faculty Development  
c. Undertake a needs assessment to determine specific priority needs of staff and faculty across the health professions  
d. Examine methods of evaluating teaching, including ways of incorporating feedback and informing annual reviews  
e. Explore and provide organizational supports for faculty development, e.g., protected time, administrative support, financial support  
f. Celebrate and recognize faculty development and achievement, including establishing specific education awards |
| ✓ | 7. Build the infrastructure and resource base to support the development of a Teaching and Learning Institute | a. Establish a Holland Bloorview Teaching and Learning Council to guide and oversee the strategies and plans to expand and strengthen teaching and learning  
b. Engage with and seek support from University of Toronto’s Faculty of Medicine Hospital University Education Committee  
c. Develop a multi-year strategy for establishing a Holland Bloorview Teaching and Learning Institute |
Daniel Scott is a kid at heart. So it’s no surprise that the Ronald McDonald therapeutic playroom coordinator at Holland Bloorview also relishes his role as a clinical educator, and mentor, to students like Nicole McAdams. “We have quite a lot of new clients coming in all the time,” says Scott. “It’s a great environment to help students learn how to plan activities on the fly and to teach them to make activity plans accessible for such a broad spectrum of kids. Part of my job is to teach students how to connect with kids using play-based therapy in support of other goals they might be working on in the hospital.”

Partnerships like the one between Scott and his student-in-training aren’t just about having fun. They’re also an integral part of the Teaching and Learning Institute’s commitment to excellence in education as part of Canada’s largest pediatric rehabilitation and continuing care teaching facility. By sharing lessons learned within the walls of Holland Bloorview—and beyond—the hospital has become internationally recognized as a leader in client- and family-centered care. Ongoing opportunities for mentorship and professional development—including simulation workshops designed to introduce new staff to real-life patient scenarios—means everyone benefits.

And the best part? Teaching and learning isn’t limited to just staff and students. Thanks to an innovative suggestion from McAdams during her student placement at Holland Bloorview, visitors to the playroom can now access an informative newsletter full of useful information on the benefits of play-based learning. “I thought it might be a good idea to let parents know what was going on in the playroom,” says the recently-graduated early childhood educator. “We also included mini-activity plans on the back, including instructions on how to make your own ball pit at home. It was intended to bring play-based learning into a home environment. Parents loved it since they’re always looking for ideas on how to keep their kids entertained in a stimulating way.”

Working alongside a clinical educator like Scott has been an invaluable opportunity for McAdams. “Daniel and the other staff made it such a safe environment that I felt I could take risks and make mistakes,” she says. “It was such a great learning experience. If I made a mistake, Daniel was there to reflect with me and help me put a better foot forward next time. It was always a team effort.” It’s been an equally rewarding journey for Scott. “Two brains are always better than one. I absolutely benefit from having students like Nicole come in with a fresh set of eyes,” he says.

Being a client or family member at Holland Bloorview isn’t always easy. “But if we can learn from each other how to create a space where kids can just be kids, then we’re on the right track,” says Scott.
“My teaching philosophy stems from the knowledge that our students are our future colleagues,” says Amy Hu, pharmacist at Holland Bloorview. “I strongly believe in investing in the future of our profession, and helping our students gain the skills they need to succeed.”

With this approach to students, it’s no surprise that Danielle Paes, a former pharmacy student is quick to say, “I truly feel lucky and privileged to have been a student at Holland Bloorview.”

The pharmacy department takes both pharmacy and pharmacy technician students throughout the year. Over the course of the past few years, they have increased their student activity from 7 to 12 students annually – a significant increase given the department’s small size.

As Nathan Ho, manager of the pharmacy department explains, “Our model is to integrate each student into the team. The whole team takes on the student, and is involved in teaching them, making it a real team effort.”

For students, the learning environment is positive and safe. The department tailors the experience for each student depending on their learning goals and optimal learning style. “We do not take a one size fits all approach,” says Nathan.

For Danielle, the placement at Holland Bloorview exposed her to a unique client population. “I was able to get experience in aspects of pharmacy practice that you can’t get in class or through reading a textbook,” she says. “Specifically, speaking with parents and handling drug therapy problems like when medications aren’t being tolerated.”

Tamara Milicevic, pharmacist at Holland Bloorview, is part of the ambulatory care initiative that is looking to expand pharmacy services and optimize medication use for the outpatient population. As part of the initiative, students have an opportunity to truly experience interprofessional collaboration, all with the intent to improve patient care.

The students assisted staff pharmacists in doing the literature search, actively working through the needs assessment phase and determining the project design. The students feel incredibly proud to be part of the initiative, as it is not only new at Holland Bloorview, but also in the field of pharmacy practice.

“Having our students engaged in the process allows them to be directly involved in shaping pharmacy practice in non-traditional settings. It’s also inspiring for us because students always bring new ideas,” explains Tamara.

In reflecting on her time at Holland Bloorview, Danielle says, “I can honestly say it was life-changing for me. Holland Bloorview is incredibly inspiring and a true benchmark for a model of care. It changed my view on what institution-based care delivery can look like. My placement helped me see the potential for collaborative interprofessional care, which I will hold with me for my entire career.”