

EDUCATING THE NEXT GENERATION OF COMPLEXITY EXPERTS

2013 ANNUAL EDUCATION REPORT





“ Our patient education model is about involving the patients and teaching them to self-manage their health conditions. Our focus is on empowering patients and their families to be active participants in their care, from the time they enter the hospital to when they return to the community.”

- KIM MEIGHAN, DAY TREATMENT CASE MANAGER,
BRIDGEPOINT HOSPITAL

BY THE NUMBERS

75,000 HOURS OF STUDENT EDUCATION.



THIS IS ALMOST 9 SOLID YEARS OF NON-STOP LEARNING

41% OF OUR NEW CLINICAL HIRES
ARE FORMER BRIDGEPOINT STUDENTS



3X LAST YEAR WE **TRIPLED** THE AMOUNT OF EDUCATION
PROVIDED TO NON-CLINICAL STAFF

MORE THAN **250** STUDENTS PARTICIPATED IN
INTERPROFESSIONAL EDUCATION LUNCHES



12 AFFILIATION AGREEMENTS

WITH ACCREDITED COLLEGES AND UNIVERSITIES

14 BRIDGEPOINT EDUCATORS

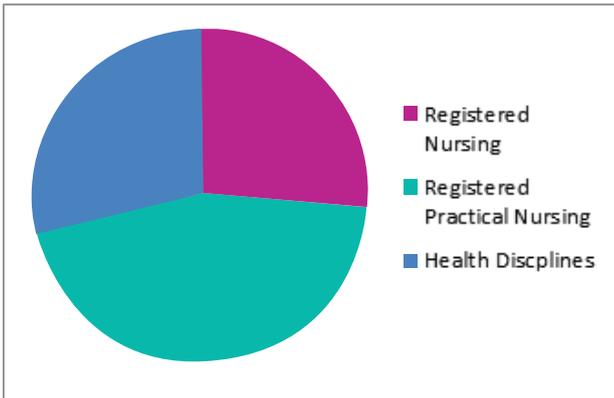
RECEIVED EXTERNAL AWARDS FOR EDUCATION



79 ACADEMIC AND CLINICAL RESEARCH APPOINTMENTS

2X DOUBLE THE AMOUNT OVER 4 YEARS

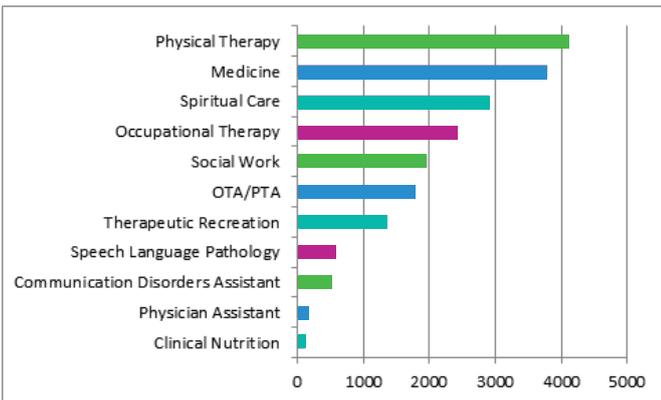
BY THE NUMBERS



Clinical Student Hours in 2013

Approximately 500 Nursing staff, supported by our academic partners, provided almost 50,000 hours of student supervision.

Approximately 160 Health Discipline staff provided almost 20,000 hours of student supervision.



Student Volumes by Total Hours in 2013

In 2013, Medicine and Physiotherapy had their highest ever student hours.

OUR ACADEMIC PARTNERS IN 2013:

- | | |
|----------------------|-----------------------|
| Brock University | Manchester University |
| Centennial College | OCAD |
| Durham College | Ryerson |
| George Brown College | Seneca College |
| Georgian College | University of Toronto |
| Humber College | York University |

MESSAGE FROM OUR PRESIDENT & CEO

MARIAN WALSH, PRESIDENT & CEO, BRIDGEPOINT ACTIVE HEALTHCARE



Everyone at Bridgepoint Active Healthcare is focused on one goal: to transform the healthcare world for people with complex health conditions.

We live that goal every day through the unique care we deliver for patients who often manage multiple chronic conditions, all at once. We have impact well beyond our own walls through cutting edge research, to enable interventions that improve care while reducing the cost curve. And all of this is underpinned by our education mission – teaching the next generation of health professionals, putting continuing education at the centre of our learning organization, and defining an approach to education that embraces complexity.

The last year has been one of enormous, transformative progress, even by Bridgepoint’s standards. We moved into our new, purpose-built hospital last April – the first of its kind in Canada, built from the ground up for complex patients. We were recognized with both exemplary status and Stroke Distinction by Accreditation Canada, and received a gold-level Quality Healthcare Workplace Award from the Ontario Hospital Association.

Less visible but even more important is the tremendous acceleration of our education work. The scale of our impact continues to grow – we now welcome over 500 students, and we have more than tripled the amount of education provided to non-clinical staff. Even more important than the numbers we are taking the lead in defining the approach to complexity education.

We are developing an inter-professional curriculum on complex health conditions – the first of its kind in Canada. Health professional students and trainees will be central to our new complexity clinics and day hospital. And with our education partners, Bridgepoint is at the forefront of defining the role of “complexity specialists”, and putting them at the core of inter-disciplinary teams.

Through our clinical work, our leading-edge research, and our distinctive approach to education, we are making great progress on “changing the world” for complex patients.

**“EDUCATION IS THE KINDLING OF A FLAME, NOT THE FILLING OF A VESSEL.”
- SOCRATES**

THE INTERPROFESSIONAL EDUCATION COUNCIL: ENSURING LEARNING HAPPENS EVERYWHERE

Education is part of everything we do. And to ensure that learning is embedded into our everyday activities, we created the Interprofessional Education Council (IPEC).



IPEC covers all areas of education, from all angles, including clinical, administrative, family health, and research. Together, we're creating a comprehensive strategy to embed learning and knowledge as a core principle in every initiative across our organization.

At the centre of this strategy is our belief that learning happens with each interaction, whether it's in the classroom, at the bedside, or an informal discussion with a colleague. And learning isn't just clinical in nature. Whether it's a nurse at the bedside or an IT technician ensuring our system can support our teams, continued education helps each one of our patients live better.

MESSAGE FROM OUR CLINICAL LEADERS

DR. REVA ADLER, VICE PRESIDENT, MEDICAL & ACADEMIC AFFAIRS, BRIDGEPOINT ACTIVE HEALTHCARE

JANE MERKLEY, VICE PRESIDENT, PROGRAMS, SERVICES & PROFESSIONAL AFFAIRS AND CHIEF NURSING EXECUTIVE, BRIDGEPOINT ACTIVE HEALTHCARE

Caring for the increasing number of patients living with complex health conditions is a new frontier in healthcare requiring a new philosophy of care, broad knowledge base and varied experience. That's what is unique about Bridgepoint Active Healthcare...we are preparing clinicians for a future in healthcare complexity.



We believe that education is a pillar of transforming healthcare. When nursing, medical and health discipline students come to Bridgepoint, they don't just learn about their own area of specialization, they learn from an interprofessional team that specializes in providing care to some of the most complex patients in our healthcare system.

Our strong interprofessional approach, collaborative links to local universities and colleges, and the opportunity to use applied research, all combine to give students an enriched clinical experience in caring for people with complex health conditions. It's a fresh approach, and one that's working.

We envision – and have started building – a model of care that encompasses not just the technical aspects of care, but the physical, emotional and social needs of our patients and their families. This is a largely uncharted territory in our healthcare system, and we welcome the chance to share our real-time learning with students.

WHAT IS COMPLEXITY?

BY DR. LESLIE NICKELL AND DR. ROSS UPSHUR

The rise in the number of “medically complex” Canadians is largely a result of medical advancements keeping people alive longer. These life-extending advancements often don’t address the resulting long-term physical, social, emotional and vocational domino effects on people’s lives.

It’s no secret that medically complex patients are poorly served by the current healthcare system; it isn’t set up to seamlessly coordinate care between providers, or transition between health facilities and the community. The result is that once patients return to the community, they often can’t cope with the day-to-day challenges of living with complexity.

While this issue has risen to the top of health policy and research agendas globally, there is little evidence-based expertise on complexity. We’re working to change that – and are inspiring the next generation of healthcare professionals to join us in taking up this challenge.

Bridgepoint is one of the few healthcare organizations worldwide that addresses the specific needs of medical complexity. This is why we, as physicians with a passion for simplifying complexity, joined Bridgepoint in 2013. Understanding the urgency of this growing need, and with a new purpose-built hospital, Bridgepoint is poised to become a world leader in developing, researching, implementing and evaluating care that helps address these challenges.



We believe an interprofessional, team-based approach helps patients and family caregivers better understand their many conditions, and how they can live better with a comprehensive treatment plan. When healthcare providers feel connected to a broader care team – and when they can share insights across this team – they can have a much bigger impact on patients’ long-term well-being than any solo clinician.

As emerging complexity specialists, our role at Bridgepoint is to empower new and existing healthcare colleagues to feel confident amid complexity. We see a future where interprofessional teams help care for complex patients by supporting them, their families and primary care providers to work more efficiently, enhance well-being, and ensure a seamless flow of information between providers. The result will be better outcomes for patients, fewer transitions in care, and a sustainable healthcare system.

This is the future of healthcare, and we’re excited to be paving the way – and inspiring the next generation of complexity experts.

BEST-PRACTICE CARE FOR STROKE PATIENTS

In September 2013, Accreditation Canada recognized Bridgepoint's Stroke Rehabilitation Program with an award for "Stroke Distinction." We are only the second rehabilitation hospital, and the fourth hospital in all of Ontario to receive this honour. It confirms our commitment to excellence, and demonstrates national leadership in stroke care.

STROKE EDUCATION PROGRAM

One cornerstone of our stroke rehabilitation program is empowering patients and families with knowledge. Patients, families, and caregivers need help preparing for transitions between care environments. They need access to information, education, and training, as well as emotional support and community services. That's why education is an integral part of our stroke program, for both patients and care providers.

In 2013, we introduced our orientation program for stroke patients, to help them transition from inpatient to outpatient care. Eligible patients scheduled for discharge – who are identified by their care team – attend twice-weekly orientation sessions, either individually or as part of a group. In these sessions, patients are introduced to the outpatient stroke program, learn about the services provided, find out what to expect from the program, and receive an in-depth tour of the Christine Sinclair Ambulatory Care Centre. In addition, we offer six education modules to stroke patients and their families. Sessions are led by members of our ambulatory care team and our stroke unit. The goal is to help patients learn about their recovery, from rehabilitation to finding resources in the community like stroke support groups.

Research shows that the optimal time for recovery from a stroke is in the first six months. When patients hear this, they want to be as proactive as possible in their recovery. The Stroke Education Program helps patients become fully involved and engaged in their recovery process.

STROKE EDUCATION: BY THE NUMBERS

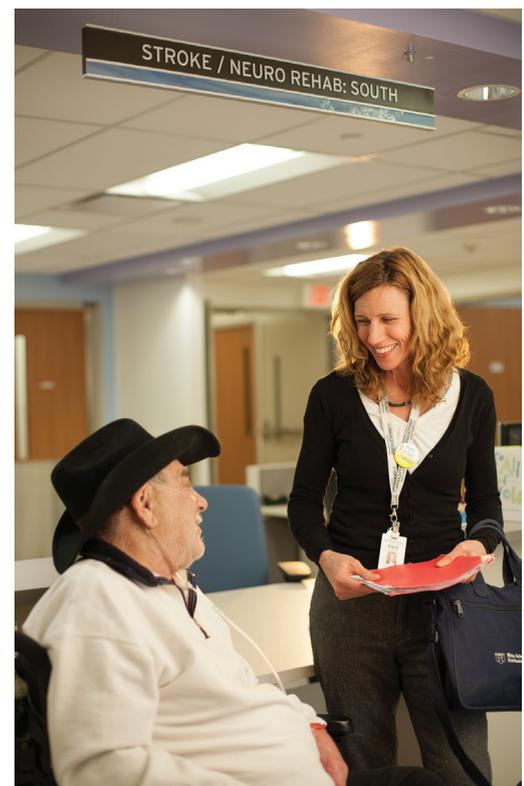


6 WEEK CYCLE OF SIX DIFFERENT TOPICS

CO-LED BY STAFF FROM AMBULATORY CARE AND
OUR STROKE & NEUROLOGICAL REHABILITATIVE CARE TEAM



251 ATTENDED BY **251** PATIENTS AND VISITORS LAST YEAR



BEST-PRACTICE CARE FOR STROKE PATIENTS

DEVELOPING A DEFINITION OF COMPLEXITY FOR CLINICIANS

Patients become frustrated when they have to give the same information to multiple healthcare providers: doctors, nurses, therapists, pharmacists, and the list goes on. Since we can't change the reality of Ontarians' increasing health complexity, we need to change the way we provide care.

In Dr. Michelle Nelson's unique program of research at Bridgepoint, she focuses on understanding patient complexity from the clinician's perspective. Our research in this area focuses on better understanding complex patients, establishing how clinical teams currently manage the issue of complexity, and identifying how healthcare professionals can improve our practices to provide the best care possible. Ultimately, this research will allow us to better equip, inform and educate all health professionals to work together for the patient, rather than providing separate pockets of specialized care.

Our research has already resulted in changes in the way we care for stroke patients. We now have a better understanding of how clinical teams describe stroke patient complexity, and its influence on clinical practice – allowing us to identify and share how to best provide rehabilitative care for stroke patients with complex health conditions.

By improving collaboration within care teams, developing evidence to inform best practices, and training healthcare professionals to manage complexity, we can help complex patients achieve better outcomes. And by sharing what we know with students, we can change the way health professionals see – and treat – complex patients.



“OUR RESEARCH ISN'T JUST THEORY. WE GET THE CHANCE TO APPLY IT IN A REAL HOSPITAL SETTING, WITH REAL PATIENTS. THAT'S HOW WE'RE INFORMING, DEVELOPING AND INSPIRING THE NEXT GENERATION OF COMPLEXITY EXPERTS THROUGH HANDS-ON EDUCATION.”
– MICHELLE NELSON, RESEARCH SCIENTIST, BRIDGEPOINT COLLABORATORY FOR RESEARCH & INNOVATION

BRIDGEPOINT DESIGNS THE CURRICULUM

Understanding how to speak with families about healthcare needs is critical to treating complex patients. That's why we've joined with the University of Toronto, to create an Interprofessional Education Elective with students from nine professions.

FAMILY MEETINGS: LEARNING TO LISTEN TO PATIENT AND FAMILY NEEDS

Students complete an online module on Traumatic Brain Injury, then prepare and participate in face-to-face role-play family meetings. Bridgepoint staff act as facilitators, honing their skills as leaders and educators.

This blended learning model helps prepare students with critical listening skills, teaches them the value of an interprofessional approach, and prepares them for the vast and varied family needs of those with multiple health issues.

EDUCATIONAL TECHNOLOGY: PILOTING TECHNOLOGY-ENHANCED TEACHING TOOLS

A new pilot course at University of Toronto called [Educational Technology for Healthcare Professional Education](#) is currently being held at Bridgepoint, and involves local and international learners. The course provides a background of evidence, theory and especially practical application of various technology-enhanced teaching tools that can be used in healthcare education.

BRIDGEPOINT IS WIRED



OUR NETWORK HAS OVER **400** ACCESS POINTS,
GUEST SERVICES, WIRELESS SCANNERS FOR JIT AND GLUCOMETERS

OVER **1400** PHONE SETS AND WIRELESS HANDSETS



PATIENT ENTERTAINMENT SYSTEM:
404 BEDSIDE TERMINALS, **40** TVs

AV EQUIPMENT IN **47** MEETING ROOMS



INTERNATIONALLY EDUCATED NURSES: A UNIQUE CURRICULUM FOR UNIQUE NEEDS

In 2013, internationally educated nursing (IEN) staff from Bridgepoint participated in three pilots to develop language courses for the unique needs of IEN students. The work was supported by a grant via George Brown College through the Ontario Ministry of Citizenship and Immigration. In addition to contributing to the curriculum for the next generation, staff found the courses extremely valuable for their own growth and learning.

**"IT WAS VERY HELPFUL TO US, VERY PRACTICAL AND ADAPTED TO THE NEEDS OF IENS. THIS WILL REALLY HELP STUDENTS, AND SO IT'S GREAT FOR PATIENTS AND FAMILIES."
- PILOT PARTICIPANT**

PARTNERS IN CARE: OUR PATIENT SAFETY EDUCATION PROGRAM

Our commitment to safety improvements by PSEP-certified staff has had a positive impact on our overall patient safety culture. The 2012 Patient Safety Culture Survey confirmed that 73% of Bridgepoint staff rate our organization's patient safety "excellent" or "very good." This represents a 25% improvement from the 2009 survey.

**"INITIATING A UNIT-RELATED PROJECT OPENS UP A DOOR TO PATIENT SAFETY AWARENESS ON THE UNIT. IT ALSO ENCOURAGES PSEP TRAINEES TO THINK OF SAFETY IMPROVEMENTS BEYOND THE INDIVIDUAL LEVEL."
- REGISTERED NURSE AND PSEP PARTICIPANT MARY ZHENG**



FOSTERING SYSTEMS THINKERS AND LEADERS

Evolving the healthcare system to meet the needs of complex patients requires evolving the way we think as health practitioners. Over the past year in our new building, Bridgepoint has continued to develop knowledge that's leading to best-practice system changes. Perspective-altering learning opportunities challenge us to look at our patients through a different lens.

SEEING THE SYSTEM THROUGH THE EYES OF ENGINEERING STUDENTS

BY DR. TAMMY SIMIENOWSKI

What do you get when you meld the minds of engineers and healthcare practitioners? At Bridgepoint, you get a system-wide perspective on how engineering principles can be applied to improve the quality of care for complex patients.

Through an Engineering Student Pilot Program with the University of Toronto, interdisciplinary teams on our neurological rehab units have been working with professors, undergraduate, and graduate engineering students. Together, they help improve healthcare for our patients, and the flow of patients through the system.

One of our ongoing projects is integrating new technology into therapy. Final-year industrial engineering students are working with Occupational Therapists to explore the use of touchscreen tablet devices for patients. They're also designing apps to aid recovery and help patients reintegrate into the community.

Other projects bring systems engineering principles and practices to complex processes like forecasting functional recovery, and streamlining discharge and admission. Healthcare providers learn to think about the multitude of stakeholders, inputs, and effects on the system involved in every decision.

The interaction of engineering students and healthcare professionals benefits everyone. Students bring fresh ideas, new perspectives and tools to long-standing challenges in the healthcare environment. The students, in turn, are guided by the expertise of experienced healthcare providers.



Ultimately, we're all working towards improving the quality of care for patients and families.

MAKING BEHAVIOR MANAGEMENT PART OF THE CARE PLAN

Our teams who work with complex patients wanted to find a way to address some very complex behaviours of patients with dementia, mental health, and substance abuse concerns. So, using the model of our falls/safety huddles, our Transitional Care Team initiated behavioural huddles – a 5-10 minute daily team touch-base.

Collaboratively pioneered by **Social Worker Joan Borja, Occupational Therapist Meridith McClenaghan, Patient Care Manager Wanda McColl, Nurse Educator Maya Nikoloski, and Registered Practical Nurse Melissa Taylor**, each huddle is guided by a standard set of questions designed to identify areas of concern for patients and practitioners. During the huddles, staff are asked to document both positive and negative behaviours they observe with patients.

During these huddles, the teams explore pharmacological and non-pharmacological solutions to behavioral issues, and encourage ongoing assessment of behaviour management. Finding ways to de-escalate or prevent negative behaviours is also a core part of the team’s strategy.

This 5-10 minute daily time investment has had a profound and positive impact. Our interprofessional team can now better assess and monitor patients. Thanks to improved communication and teamwork, our teams are using consistent behaviour management strategies, and are better equipped to manage critical incidents.

Encouraged by the success of this strategy, our Transitional Care Team has been actively sharing their learnings with others in the healthcare community. Members of the team have presented at numerous local and national conferences.

“ Students at Bridgepoint get to learn about all aspects of a patient's care. The ability to participate in interprofessional rounds where they get to hear the perspectives of all members of the healthcare team, is invaluable. Equally valuable are the regular educational sessions where students get exposed to all areas of the healthcare continuum - from ethics to speech language pathology. ”
- NURSE EDUCATOR



THE MOVE: THE ULTIMATE TRAINING EXERCISE

Moving over 400 patients and 1,100 staff to a new building required a comprehensive and creative educational plan. The focus was always on “net new”: understanding that while our location was new, our staff were bringing their existing professional expertise and operating under the same care model.

Our comprehensive education program focused on training staff on new equipment, new locations, and new procedures, while creating a new language and feeling for the space.

One of our key challenges – with just five weeks between getting the keys to our new hospital, and moving into our new space – was limited access to new spaces for real-world training. So our training and orientation program used photos, diagrams, videos and floor plans to create a virtual experience within a classroom in our old hospital. This meant that our short window of opportunity for hands-on pre-move training in the new hospital could be 100% dedicated to real time on the floor: a chance to get a sense of space – such as the distance between areas such as medication room and linen room. It was also a chance to reinforce the interprofessional “team station” concept, which has now replaced the language of the “nurses’ station.”

Our pre-move training was essentially a textbook example of our interprofessional education approach in action – an approach that is the cornerstone of learning at Bridgepoint Active Healthcare.

BY THE NUMBERS



3 DISTINCT LEARNING STREAMS:

FULL-DAY CLINICAL, HALF-DAY CLINICAL, 90-MINUTE NON-CLINICAL

1,094 STAFF COMPLETED PRE-MOVE TRAINING



89% FELT READY FOR THE MOVE AFTER LEARNING PROGRAM

95% SATISFIED WITH THE OVERALL TRAINING EXPERIENCE



95% OF OUR LEADERS IMPLEMENTED A BEST PRACTICE FRAMEWORK TO ENABLE THEM TO LEAD CHANGE AT THE LOCAL LEVEL



A HOSPITAL BUILT FOR LEARNING

Less than a year ago, we opened the doors to our purpose-built hospital. It was a physical transformation, yet just the next step on our path to helping patients with complex conditions live better.

Our new facility is a testament to our focus on education and lifelong learning. Dedicated spaces for education – like our learning laboratory and Health Sciences Library – were specifically designed to help us build a new generation of healthcare leaders. These educational spaces bring diverse groups together, and enable us to host learning events that welcome our partners and the community.

WELCOME TO THE LEARNING LAB

An observation room and a high-tech, gender-switching mannequin that’s programmed to have various medical issues sounds like something from sci-fi, but it all exists in our Learning Lab on the 5th floor.

“With state-of-the-art technology now available to us, the possible uses are endless,” notes Nurse Educator Carla Gibson. “We can use the simulation mannequin to train specific skills or to observe interactions of an interprofessional team during programmed simulations.”

Bridgepoint is the only rehabilitation and complex care hospital with a simulation mannequin onsite for training. Our nurse and allied health education specialists are discovering how to use the mannequin most effectively to enhance our learning potential.

INNOVATIVE TRAINING TOOLS

Annual glucometer certification completed for new machines during pre-move training and orientation

Safety tours for clinical staff of the new hospital to augment in-class sessions

Job aides to reinforce some elements of training –including a Staff Welcome Guide, Clinical Process Toolkit, and Emergency Codes Guide

Leading Change leadership training on best-practice change framework and methodology

WHMIS and Code Red e-learning as an option for learners who prefer independent online learning



CLINICAL FACULTY

Clinical faculty are those who have taken primary responsibility for evaluation and supervision of student in placements. The list does not include the tremendous work of our teams who enrich every placement that happens at Bridgepoint or the work of all our nurses who act as informal preceptors to the hundreds of junior students who come in groups. We thank them all.

MEDICINE

Bob Bernstein	Jaime Lui	Karen Chu	Stephen Tepper
Erin McCarvill	James Kitchens	Lora Cruise	Tammy Sieminowski
Glenn Sheiner	Jody Widman	Milan Unarket	Edward Robinson
Heather MacNeill	John Fowler	Peter Kopplin	Jan Kraus (DOCHII)
Ignazio La Delfa	John Goldsand	Sheldon Berger	Peter Allatt (DOCHII)

PHYSICIAN'S ASSISTANT

Heather MacNeill
Jody Widman

CLINICAL NUTRITION

Clarissa Leslie

IT

Jack Ranieri

OCCUPATIONAL THERAPY

Andrea McKellar	Lesley Collins
Carolyn Alma	Melinda Cox
Catherine Kerry	Meridith McClenaghan
Heather Marshall	Natalie Rennie
Jennifer Tomlin	Richard Kellowan
Joanne Vella	Stephanie Maddock
Ken So	

PHYSICAL THERAPY

Alan Le	Ellen Leung
Brenda Elliot	Heather Kwok
Christine Davies	Louisa Leong
David Stoyanoff	Mae Kotsios
Donna Matheson	Martha McKay

SOCIAL WORK

Akiko Okamoto
Joan Borja
Brenda Stein
Joanne Guy
Melissa Cutler

SPIRITUAL CARE

Kosu Boudreau
Jan Kraus

WELLNESS

Susan Himel

HEALTH DISCIPLINES CDA

Aviva Joel
Bridget Lauricella
Kelly Dymond
Maureen Matheson
Robin Mowforth

OTA/PTA

Cecilia Soleyn
Debra Gratto
Genona Ungurean
Haleh Amirbakhtiary
Kirk Kerr
Rachel Ballarino
Sandra Djurasek
Sandy Ramdin

Maude Fallon-Davesne
Paula Shing
Richard Duarte
Roslyn Jang
Ryan Vergara

SPEECH LANGUAGE PATHOLOGY

Aviva Joel
Dimitra
Chantziantoniou
Tasneem Wallani
Ryan Wood

HEALTH INFORMATICS

Alexi Sparaggis
Elizabeth Hanna
Kate Wilkinson
Katherine Brown

FINANCE

Francis Chiu
Parvinder Walia

NON-CLINICAL SYSTEMS ENGINEERING

Tammy Sieminowski

FOOD SERVICES

Karen Foster

Selda Canoglu
Shauna Hurnanen
Stephanie Lau

THERAPEUTIC RECREATION

Jennifer Ridgway
Leila Khunysir
Melissa Byers

NURSING - BSCN (RN)

Amirul Islam	Constancia Desta	Jane Tooze	Sheila Deluna
Ana marie Parrilla	Elizabeth Ilbe	Juliet You	Shirin Aratia
Andrea Williams	Fatemeh Reyhanido	Linda Shi	Sussetta DeGuzman
Annie Li	Fe Abella	Abel Marie Pilorin	Tega Binitie Cassidy
Barbara Loy Spence	Grace Akhigbe	Martha Matthew	Tenagne Geretsadik
Bushra Shah	Howard Guo	Mary Elyn Alanan	Vanessa Manabat
Charlene White	Imelda Estrada	Michael Clark	Vivian Canete

NURSING (RPN)

Andrea Valderrama
Annie Espada
Dan Valiente
Dhondup Nangestsang
Gwladys Eta-Ndu
Hannah Jonah

Jane Pineda
Jemila Sala
Jennifer Sanchez
Lauralee Irvine
Marissa Mantuano
Marjorie Apiit

Michael Bocru
Michelle Marki
Pema Dolker
Petelyn Recaido
Simret Tewolde
Tenzin Gama

Tenzing Dakpa
Tony Odusote
Tsering Dorgee
Tsering Yangdon
Xueni Zheng

ACADEMIC AND CLINICAL RESEARCH APPOINTMENTS

ETHICS

Peter Allatt

SOCIAL WORK

Brenda Stein

PUBLIC LEGAL ADMINISTRATION

Bozenna Karczewska

MEDICINE

Cathy Kamens
Dina Reiss
Edward Robinson
Erin McCarvill
Glenn Sheiner
Heather MacNeill
Ignazio La Delfa
James Kitchens

Jaime Lui
Janet Roscoe
Jeffrey Wulffhart
Jody Widman
John Fowler
John Goldsand
Josephine Somerville
Karen Chien

Karen Chu
Karen D'Silva
Ken Berger
Leslie Nickell
Lora Cruise
Maria Zorzitto
Mark Lachmann
Milan Unarket

Peter Kopplin
Reva Adler
Robert Bernstein
Ross Upshur
Sheldon Berger
Stephen Tepper
Suzy Mallouh
Tammy Sieminowski

NURSING

Jackie Eli
Jane Merkley
Kate Pettapiece
Kim Chow
Leonardo Alfaro
Mary McAllister
Suetying Yu
Wanda McColl

OCCUPATIONAL THERAPY

Jaisa Sulit
Jennifer Spencer
Kara Ronald
Ken So
Lesley Collins
Lynne Race-Head
Manuela Ocrainschi
Melinda Cox

Meridith McClenaghan
Monique Lyn
Richard Kellowan
Sandy Duncan

RESEARCH

Celeste Alvaro
Kerry Kuluski
Michelle Nelson
Paula Gardner
Renee Lyons

PHYSICAL THERAPY

Alan Le
Anita Osika
Brenda Elliot
David Stoyanoff
Donna Matheson
Ellen Leung
Heather Kwok
Maxine Louie

Megan Au
Meredith Smith
Paula Shing
Richard Duarte
Steve Hall
Shauna Hurnanen
Steve Hall

SPEECH LANGUAGE PATHOLOGY

Aviva Joel
Elizabeth Hanna
Tasneem Wallani

SPIRITUAL CARE

Jan Kraus
Kosu Boudreau

AWARDS AND ACHIEVEMENTS IN 2013

Kosu Boudreau: Distinguished Educator Award, Bridgepoint Active Healthcare

Meridith McClenaghan: Distinguished Educator Award, Bridgepoint Active Healthcare

Danielle La Pointe: Leadership in Education Award, Bridgepoint Active Healthcare

Speech Language Pathology: Collaboration in Education Award, Bridgepoint Active Healthcare

Heather MacNeill: CEPD Fred Fallis Award for Excellence in Online Education

James Kitchens, Canadian Society of Internal Medicine's Osler Award

Bridgepoint Active Healthcare: Gold Award for 2013 Quality Healthcare Workplace Award with OHA – which describes a culture of collaboration and excellence in learning

Brenda Elliott: University of Toronto, Department of Physical Therapy as a Clinical Instructor

Megan Au: University of Toronto, Department of Physical Therapy as a Small Group Facilitator and a Clinical Instructor

Louisa Leong: University of Toronto, Department of Physical Therapy as a Clinical Instructor

Ellen Leung: University of Toronto, Department of Physical Therapy as a Clinical Instructor, Small Group Facilitator and Clinical Patterns Facilitator

Paula Shing: University of Toronto, Department of Physical Therapy as a Clinical Instructor at Bridgepoint Health for their contributions as a Clinical Instructor

Richard Duarte: University of Toronto, Department of Physical Therapy as a Clinical Instructor

Stephanie Lau: University of Toronto, Department of Physical Therapy as a Clinical Instructor

Ken So: Department of OS & OT 2013 Community Partners Fieldwork Teaching Award

Joni Miller: Department of OS & OT 2013 Community Partners, Fieldwork Supervisor Recognition Award

Natalie Rennie: Department of OS & OT 2013 Community Partners, Fieldwork Supervisor Recognition Award

Richard Kellowan: Department of OS & OT 2013 Community Partners, Fieldwork Supervisor Recognition Award



“I get them to look at that view. It keep the patients on track and brightens their mood. They come in sad and leave happy.”
- PHYSIOTHERAPY STUDENT



Bridgepoint Active Healthcare
14 St. Matthews Road
Toronto, ON M4M 2B5

Telephone: 416.461.8252
www.bridgepointhealth.ca

