

## **WIN 6.1 - Creating a Positive Work Environment**

### **Lesson 4 - Key Programs**

#### **Staff Training**

Gurwinder Gill, William Osler Health System:

One of our deliverables is to ensure that we're planning and delivering training and education, providing resources to our staff, to ensure not only is there inclusive and respectful service delivery to our patients, but that there is a respectful and inclusive work environment for our staff as well.

Rhonda Lewis, The Scarborough Hospital:

Our training is really focused on working in a diverse environment. And we've made that training mandatory for our leaders and for our staff. It's a very important part of our culture.

Dr. Umberin Najeeb, Sunnybrook Health Sciences Centre and University of Toronto:

Our organization felt that they were trying to figure out how to integrate their internationally-educated professionals because they—it's not just the physicians; we have nurses, we have social workers, we have physiotherapists, we have pharmacists; we have so many other non-professional healthcare staff members who are coming as well and working in our organizations.

#### **William Osler Health System**

Gurwinder Gill, William Osler Health System:

What we do is make sure that we cover the values of our organization, and two of those five values—one of them is respect, and the other one is diversity. Those two values are key in this particular training. There's a lot of self-assessment that's done, self-reflection; there's a lot of discussion that goes on to ensure that we are not only providing the training but there is some significant change that comes about. It's e-learning that we have, tools and resources that were developed in-house. For example, providing care and working with the Sikh population, or the Hindu population, or Jehovah's Witnesses, etc etc. The senior leadership team want to hear

updates on health equity and inclusion; how we're doing in the organization. At one of these formal updates I pointed out there have been some challenges in working in teams, so the senior leadership team recommended that we work with our managers, with the directors of those particular areas or that particular unit, and plan a training that was specific; that would meet the needs of that particular team. And that's what we did.

We do have quarterly health equity forums. It gives staff, employees, physicians, volunteers, the chance to drop in and learn about different topics and themes that have—we've become aware of, that has been identified as a need. Anything that really impacts staff and employees impacts patients in our diverse working environment. We do put together a—when we deliver our training, pre-assessments, post-assessments, evaluations—track what kind of behaviours have changed, if any, and that really gives us a good idea if the training has been effective or not.

## **The Scarborough Hospital**

Waheeda Rahman, The Scarborough Hospital:

We really, at the Scarborough Hospital, wanted to look at staff education related to diversity in different ways. Really, at the end of the day, mandatory staff education that talks about compliance and legislation, really is not a compelling enough reason for people to change behaviours and attitudes.

Rhonda Lewis, The Scarborough Hospital:

All our staff have been through diversity training over the past two years, and it's part of our ongoing training and approach, so every year we have a diversity focus and a learning and development needs for our staff. There is a classroom session just on what diversity means and what inclusion means, what equity means.

Waheeda Rahman, The Scarborough Hospital:

Since 2011 we have ran a series called Embracing Diversity Through Personal Journeys. We've invited our staff, and our community and patients as well, to attend these sessions. And our staff have also participated in sharing their stories. And what really has been amazing is that staff—other of their colleagues that listen to their story really recognize and learn from their experiences some of the challenges and obstacles that they might not have recognized or realized that their colleagues has faced. It's a powerful

tool. And it's one that we have found, you know, so much of our staff have been so engaged in, and we've had great participation and engagement around it.

We have made mandatory for all of our leaders to do bias-aware education. And we found it was really important that they—we move beyond legislation and compliance, to really being able to spend some time better understanding my own biases, because we all have biases, but it's about being aware of those biases and being able to mitigate it before it becomes discriminatory practices.

Rhonda Lewis, The Scarborough Hospital:

Last year we introduced a certificate program for our staff. You're constantly getting new staff in the door, so it's important to make sure that on a constant basis you're providing that training and refreshing it on an annual basis.

### **Sunnybrook Hospital**

Dr. Umberin Najeeb, Sunnybrook Health Sciences Centre and University of Toronto:

You always think about what does the system need, what does the professionals need, but what about the internationally-educated professionals themselves? What are they—what do they want? We hired an organizational expert, and she and I collaborated and designed workshops focusing on communication, and focusing on understanding the feedback. And the difference about that workshop was because we were not talking about communication and feedback in a Canadian context, but what is the impact of culture on it.

Shamena Maharaj, Sunnybrook Health Sciences Centre:

What are those strategies that are important in a Canadian culture, are at the same time a Sunnybrook culture.

Dr. Umberin Najeeb, Sunnybrook Health Sciences Centre and University of Toronto:

We were surprised by how much interest there was. Like we got people who were working in Sunnybrook for 13 years, 15 years came to attend our workshops. And since then—I mean now we have consolidated them into

two workshops: one on communication and one on feedback, and we were offering them twice a year - so this is our fifth year.

Shamena Maharaj, Sunnybrook Health Sciences Centre:

These two programs—they are three hours in length and they allow for those rich discussions while at the same time taking away some key tools on how to integrate.

Dr. Umberin Najeeb, Sunnybrook Health Sciences Centre and University of Toronto:

And I think the workshops have gone beyond the boundaries of Sunnybrook because two of the training programs at University of Toronto, the hospitalist fellowship programs - one at Sunnybrook and one at Toronto General—now they send their IMG fellows to attend our workshops.

### **Hamilton Health Sciences HHS IEN and ESL Nurse Integration Project**

Daniela Beckford, Hamilton Health Sciences:

What we do, we have—we do language communication for nurses advance. It's a workplace communication specifically set up for the internationally-educated nurses. Job shadowing with them to the second general nursing orientation, which are usually for people who are hired at HHS, so they come in contact with people that have succeeded in their hiring, so they feel encouraged now. Cause they will see among those people some of their colleagues, IENs or ESLs, so that's a bonus for them. They understand. And also we have a career progression, and the career progression we do different lunch-and-learns; we have an office where we have an e-lounge, where they come and they see—they are able to access different skills, review their skills, different policies that we have at HHS. We developed a learning plan for them—that's another intervention. So we do a job coaching mock interview—that's another thing that we do—and we gave a networking program called Nurses Nurturing Nurses. It's based on the American model—it comes from the Medical/Surgical Association of Nurses in the States. It's called N3, and we try to divide—to develop this one into an IEN network. With this, people—what we prepare through this network are the clinical integrators, the informal mentors who are the supporters of the IEN/ESL participants.

Jane Hastie, Hamilton Health Sciences:

The program in particular has done a lot of work to help you understand how you are entitled to basic human rights here, and you're allowed to ask for those things.

Daniela Beckford, Hamilton Health Sciences:

And after they are being hired, the most important thing is workplace integration and retention, within the team community that they have, within the hospital as well. But I'm taking it a step further: it's integrating in the community where they live as well.

Jane Hastie, Hamilton Health Sciences:

But some of it, educating is not just to our IENs, it's to our staff group to say, "How do you welcome someone who has some differences?" Well we try to reinforce mutual purpose, we try to reinforce mutual respect as key components.