2026 Northern Interprofessional Collaborative in Education (NICE) Conference

Thursday, November 12, 2026 - 9:00 - 13:30

Zoom Link: https://us06web.zoom.us/meeting/register/cu2EYrMRSU2WMFwh0gUI0w



Virtual Conference Program

Theme: *IPE Rural, Northern, and Remote Realities*

Time	Activity	Presenters	Abstracts
9:00 – 9:05	**Land Acknowledgement**	**Dr. Trevor Holmes**, Director Administrative Departments - Centre for Teaching and Learning, Nipissing University	
9:05 – 9: 10	**Welcome & housekeeping**	**Dr. Steve Cairns**, Assistant Professor, School of Nursing, Nipissing University	Please celebrate IPE excellence among your colleagues, students, and community members by adding a brief "shout-out" to them through this form. We want to recognize the positive leaders and mentors who inspire interprofessional education in Northern Ontario and beyond: NICE Conference Shout Outs! Celebrating IPE Excellence in Northern Ontario! – Fill out form
9:10 - 9:30	**Welcome Address**	**Dr. Roger Strasser**, AM, FCAHS, FRCPSC(hon), Professor of Rural Health, Founding Dean Emeritus, Northern Ontario School of Medicine (NOSM)	In a video address, Dr. Roger Strasser, a founding member of NICE, opens the conference by reflecting on NICE's origins and the shared vision that brought northern partners together. He highlights why interprofessional education matters in the North, where health professionals in rural and remote communities depend on strong collaboration to meet community needs.
9:30 - 10:00	**Keynote address** *The Space Between Us: What Interprofessionalism Asks of Us*	**Dr. Sarah Sbrega**, pediatrician, interprofessional leader, Northern Ontario advocate, NOSM graduate	Dr. Sarah Sbrega is a pediatrician who grew up in Sudbury and trained at the Northern Ontario School of Medicine and Queen's University. She has led interprofessional work for 12 years. She started in 2014 as a grant writer and community developer with Independent Living Sudbury Manitoulin, then helped lead the growth of the Reach Accès Zhibbi Interprofessional Student-Led Clinic (RAZ) during medical school. During the COVID-19 pandemic, she brought together teams from across northern Ontario to run a pan-northern PPE manufacturing and distribution program. As chief resident, she led an initiative to address harmful workplace culture within interprofessional teams. Dr. Sbrega speaks openly about both successes and her challenges. Her aim is to encourage others to pursue meaningful change, keep going through setbacks, and use interprofessional education to advance goals and resolve conflict. She lives with her spouse, a nurse, their three young children and a quirky dog.

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10:10 – 11:00	**Presentation group A** – Conference Stream: *Experiential learning (simulation, standardized patients, reflective practice, debriefing, gaming)* **Facilitator:** Scott Dunham, DC, MSc, EDD., Associate Professor, Director, Education - Year I & Curriculum Faculty Development		
10:10 – 10:30	**Setting the Tone: Online Icebreaker Games for Interprofessional Case-Based Learning**	**Dr. Steve Cairns**, Assistant Professor, Nipissing University, School of Nursing	Students from different disciplines and institutions who meet online for interprofessional education (IPE) often begin as strangers. Online participation can be limited, and communication barriers are common, especially for students in northern and remote communities. Well-designed icebreaker strategies can encourage broader, more equitable participation. This presentation focuses on setting a collaborative tone for effective group work in preparation for case-based IPE. Participants will take away five short, well-structured games that require little or no equipment and can be run on a standard video platform. The games model what active online engagement looks like. Humour and non-verbal improvisation are combined with concentration and active listening, producing a broad range of learning outcomes. A brief debrief after each game helps students name these skills and connect them to working with other professions. The final game, Status Conversations, opens discussion of professional hierarchy and the importance of recognizing group processes in team-based care.
10:30-10:40 - Refreshment Break			
10:40 – 11:00	**Trust, Relationship, and Two-Spirit Knowledge: Transforming HIV and STI Prevention in Ontario**	**Shiva Acharya**, PhD Candidate, Laurentian University **Keith McCrady**, Ontario Network Environment for Indigenous Health Research	In Canada, Indigenous people experience disproportionately higher rates of HIV and other sexually transmitted infections (STIs) compared to the non-Indigenous population. This community-led study examines how a Two-Spirit pharmacist serving Two-Spirit, Indigiqueer, and transgender (2SIQT) communities enhanced learning, trust, and confidence related to pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and doxycycline post-exposure prophylaxis (Doxy-PEP) in Ontario, Canada. Three culturally grounded learning circles were held at the 2-Spirited People of the 1st Nations. Through relational dialogue, shared reflection, and accessible clinical teaching, the Two-Spirit pharmacist provided information about HIV and STI transmission, prevention, treatment effectiveness, and pathways for accessing PrEP, PEP, and Doxy-PEP. Pre- and post-learning evaluations were conducted. Of 150 attendees, 100 participants completed surveys included in the analysis. All 100 survey participants reported feeling safe and comfortable learning from the Two-Spirit pharmacist and sharing their questions, concerns, and perspectives within the circles. All the participants expressed confidence in knowing where and how to access PrEP, PEP, and Doxy-PEP, and approximately 90% expressed confidence in their understanding of the effectiveness of PrEP and PEP. These findings show that 2SIQT leadership can radically alter the learning environment. HIV and STI prevention information becomes more meaningful when shared by trusted community members who understand participants' identities and realities. Indigenous health transformation depends not only on what information is shared, but also on who carries it and the relationships through which it is shared. Investing in Two-Spirit providers and community-led learning strengthens Indigenous sovereignty and offers a model for improving equitable health outcomes.

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11:00 – 12:00	**Presentation group B** – Conference Stream: *Student leadership in IPE* - **Facilitator**: Steve Cairns, RN, BScN, Bed, MEd, PhD, Assistant Professor, Nipissing University, School of Nursing		
11:00 – 11:20	**Exploring Perceived Barriers to Colorectal Cancer Screening in Northern Ontario: Study Design and Early Findings**	**Amy Lefebvre**, project lead, Northern Ontario School of Medicine **Emma Harland:** Project coordination and implementation support through Compass North; assisted with study logistics and project activities **Hannah Shortreed:** Project coordination and implementation support through Compass North; assisted with study logistics and project activities **Ankitkumar Parmar:** Participant recruitment and study implementation; assisted with recruitment-material/poster distribution and study logistics **Bianca Zussino:** Project implementation and operational support; contributed to coordination of study activities **Jessica Lorentson:** Project implementation and operational support **Dr. Gayle Adams-Carpino**, Project supervisor, Faculty, Interprofessional Education Division of Human Sciences, Northern Ontario School of Medicine	**Background:** Colorectal cancer (CRC) screening can facilitate early detection and reduce CRC-related morbidity and mortality. However, participation in screening remains influenced by individual, geographic, socioeconomic, and healthcare-system factors. These challenges may be particularly relevant in Northern Ontario, where rurality, geographic distance, and differences in healthcare access may affect screening participation. This study aims to identify perceived barriers and facilitators to CRC screening among average-risk adults in Northern Ontario. **Methods:** This ongoing cross-sectional, community-based study uses an anonymous survey to examine CRC screening experiences and perceptions among average-risk adults aged 50–74 living in Northern Ontario. Participants are recruited through community and healthcare settings using approved recruitment materials and access the survey electronically through Qualtrics. The survey assesses previous participation in CRC screening and explores demographic, socioeconomic, geographic, healthcare-access, knowledge, and psychosocial factors that may influence screening participation. Participants may also identify factors that could facilitate future screening. Responses will be analyzed using descriptive and inferential statistical methods to characterize barriers and explore associations between participant characteristics and screening participation. **Results:** Data collection is currently underway. Findings will characterize the prevalence and distribution of perceived barriers and facilitators to CRC screening among participating Northern Ontario adults and identify factors associated with screening participation. **Conclusion:** Understanding barriers experienced by Northern Ontario residents may help identify opportunities to improve CRC screening accessibility and participation. Findings may inform future community-based interventions, healthcare delivery strategies, and public health initiatives tailored to the needs of Northern and rural populations.
11:20 – 11:40	**Mental Health Literacy in First-Year Nursing Student: A Pre-Post Study of Knowledge and Attitudes**	**Tina Benevides,** Assistant Professor, Nipissing University. **Karey McCullough,** Professor, Nipissing University, School of Nursing	Mental health literacy (MHL) is increasingly recognized as an essential component of nursing education because nurses in all practice settings are expected to identify, respond to, and support individuals experiencing mental health concerns. Jorm et al. (2000) originally defined mental health literacy as knowledge and beliefs about mental disorders that aid their recognition, management, or prevention, including the ability to recognize disorders, seek information, understand risk factors and treatments, and hold attitudes that support appropriate help-seeking.

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		Kirsten Ferguson, Interim Associate Dean, Nipissing University	Among nursing students, MHL has become a significant concern because moderate literacy, uncertainty in mental health practice, and persistent stigma may limit preparedness for patient care. The Mental Health Literacy Scale (MHLS), developed by O'Connor and Casey (2015), offers a comprehensive 35-item measure of MHL and has been widely used to examine knowledge, beliefs, and attitudes relevant to mental health. In nursing education, the use of MHL measures is especially valuable because they help identify learning needs and evaluate whether curricular and clinical experiences improve students' readiness for practice. This study examines changes in mental health literacy and attitudes toward mental illness over one academic year among nursing students at a small, northern university. By using both the MHLS and the Mental Illness: Clinicians' Attitudes Scale (MICA-4), the study aims to assess not only growth in knowledge and confidence, but also whether attitudes toward mental illness shift over one year of nursing school. Because attrition is common in small cohort studies, this project also provides a realistic view of the feasibility of conducting longitudinal mental health education research in undergraduate nursing programs. Results will be shared regarding preliminary findings of this study.
11:40 – 12:00	Preparing Medical and Nursing Students for Team-Based Practice: Lessons Learned from a Collaborative Interprofessional Education Curriculum Case Study in Canada	**Gayle Adams-Carpino**, Faculty, Interprofessional Education Division of Human Sciences, Northern Ontario School of Medicine **Emily Donato**, RN, BScN, M.Ed., PhD Associate Professor, Laurentian University School of Nursing **Kim McNab**, RN, BScN, MScN Professor, Cambrian College **Diana Urajnik**, PhD Assistant Professor, Director of Centre for Rural and Northern Health Research (CRaNHR), Laurentian University **Taylor McCharles**, MPH Research Associate, Centre for Rural and Northern Health Research (CRaNHR), Laurentian University **Marion Maar**, PhD Professor, Northern Ontario School of Medicine University (NOSM U)	Amid growing gaps in health care, professional medical and nursing associations have called for expanded interprofessional team-based care to improve access to primary care, support early diagnosis, and reduce hospital overcrowding. Practice-relevant clinical scenarios are particularly important for students preparing to work in underserved regions disproportionately affected by the health care crisis. Interprofessional education (IPE) has become a central pedagogical strategy, with health professions programs increasingly required to prepare graduates for collaborative practice. Despite widespread adoption, evidence informing the design, implementation, and sustainability of effective IPE curricula amid competing curricular priorities remains limited. We piloted a 12-hour collaborative IPE curriculum in fall 2020, 2021, and 2022 with 369 medical and nursing students across three academic institutions. The curriculum was designed to prepare students for northern and rural practice. We evaluated the development, implementation, and perceived impact of an online, synchronous interprofessional curriculum delivered collaboratively across the three institutions. Student perspectives were collected through a voluntary, anonymous Qualtrics survey comprising open-ended questions. These findings highlight considerations for designing sustainable, practice-relevant IPE that prepares learners for collaborative team-based care in northern and rural contexts.

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12:00 - 12:30 - Lunch break			
12:30 – 12:45	**E-poster presentations** (optional break-out rooms for Q&A) – **Facilitator**: **Emily Donato**, RN, BScN, M.Ed., PhD Associate Professor, Laurentian University School of Nursing		
	The Impact of Telehealth Interventions for Managing Hypertension in Rural Adults: A Student-Led Rapid Review	**Sydney Richards**, BScN Student, Nipissing University **Laura Killam,** RN, PhD	**Background:** Adults with hypertension in rural and northern communities face barriers to care such as limited follow-up care, unreliable access to transportation, and challenges with medication adherence, increasing the risk of poor health outcomes. Equipping learners with the skills to support self-management in these settings is a key priority for interprofessional education in northern Ontario. **Purpose:** This student-led limited rapid review asked whether education sessions, compared with standard care, improve self-management of hypertension among adults in rural communities. **Methods:** A structured CINAHL search was conducted during a course and updated in Fall 2026. Studies published from 2017 to 2025 were included. We summarize the interventions, delivery by one or more professions, and evidence. **Findings:** Education embedded in ongoing relationships improved patient knowledge, self-efficacy, and communication. Team-based and non-physician-led models reached rural patients and appeared sustainable. Rural residence was associated with lower access to management support and nonpharmacological treatment. **Implications:** Interprofessional interventions remain needed in rural and remote practice. These may include shared decision-making, community follow-up, and attention to isolation and access. The project also demonstrates student engagement in evidence-informed practice grounded in northern realities.
	Teaching Strategies for Supporting Interprofessional Practice in BScN Courses	**Kathryn Ewers,** Assistant Professor of Nursing, Nipissing University	**Background:** The Nipissing University School of Nursing recently implemented a concept-based curriculum. The author adopted teaching strategies to support interprofessional practice for nursing students enrolled in two fourth-year mandatory courses: Advanced Care of Individuals with Multi-System Challenges and Professional Practice, where a case-based pedagogy is used in a traditional classroom setting. The Professional Practice course is an online, asynchronous course that students complete at the same time as their final clinical preceptorship. **Methods:** 1. Advanced Care of Individuals with multi-system Challenges and Professional Practice: • Advancing awareness of the need for interprofessional care via conscious case selection. • Promoting in-class discussion/sharing about interprofessional care experiences

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			2. Professional Practice • Components of Assignments focus on Interprofessional Competencies and Professional Attributes. • Self-assessment of Entry to Practice Competency Collaborator: Rating of 9 competencies and 2 reflective questions • Completion of Professional Practice Portfolio includes reflection on three attributes of Collegiality and Professionalism **Outcomes:** It is unclear how students view the inclusion of interprofessional care within the case study classroom context. Students tend to ask more questions related to technical aspects of care. The assignments related to professional practice demonstrate a beginning self-awareness of their competency level related to interprofessional care. **Implications:** A barrier to student learning may be that the nursing licensing exams focus more on assessment of nursing knowledge related to pathophysiology and pharmacology rather than interprofessional care. The role of clinical faculty in supporting interprofessional competencies should be explored to minimize the theory-practice gap.
12:45 – 13:15	**Panel Discussion Topic: *"where we are now" in IPE across northern institutions - sharing current updates, challenges, and successes.*** **Facilitator**: David Thompson, RN, PhD, Associate Professor - School of Nursing, Adjunct Professor - Faculty of Education, Lakehead University		
13:15 – 13:20	**2026 NICE Celebration of Achievement Award -** Teri-Lynn Christie, RN, BSc, MScN		
13:20 – 13:25	**IPE Shout Outs & Closing Remarks**		
13:25 – 13:30	**Conference Evaluation** 		