ORIGINAL RESEARCH

Embedding fundamental care in the Canadian context: Insights from the leadership and mentoring program pilot study

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Received: August 3, 2026 **Accepted:** September 3, 2026 **Online Published:** September 29, 2026
DOI: 10.63564/jnep.v16n10p29 **URL:** https://doi.org/10.63564/jnep.v16n10p29

ABSTRACT

Missed Fundamental Care (FC) is eroding the morale of nurses, resulting in burnout, human health resource (HHR) shortages, and poor patient outcomes and experiences. Effective nursing leadership is central to facilitating high-quality fundamental care delivery. In this context, the International Learning Collaborative (ILC) developed the Leadership and Mentoring Program (LAMP), underpinned by the internationally validated Fundamentals of Care (FoC) Framework. Aimed to evaluate the ILC LAMP Canada pilot, a mixed-methods evaluation was undertaken to explore the implementation of the program offered February 2025 - March 2026 including a program evaluation survey and qualitative data collected from open-ended responses of program evaluation; 6-month and 12-month post-intervention focus groups. Overall, the survey results showed promising signs of LAMP Canada participants increasing their understanding and preparing them to advocate for FC; as well as increased confidence and skills to speak out and advocate for FC, and enhanced abilities to lead improvements in FC. Four themes were identified: 1) sharing diverse voices in interactive collaboration conversations; 2) making the action plan come alive, staying on track, and having dedicated time; 3) taking time to socialize FC into culture, integrate into practice and embed into infrastructure; and 4) being in a holding pattern, scaling back, and struggling to hardwire. Challenges to implement or sustain efforts associated with action plans over the year-long program were experienced. Overall, LAMP is showing promising signs of preparing nurses to revalue and embed FC into organizations and daily nursing practice.

Key Words: Fundamental care, Leadership, Mentorship, Nursing, Professional development

1. INTRODUCTION

The delivery of fundamental care, defined as the integration of physical, psychosocial, and relational patient care needs, is core to high-quality nursing care.[1–3] Globally, despite this centrality within nursing practice, patients continue to experience negative outcomes when fundamental

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care is missed, infrequent, or the delivery is of poorer quality. For example, neglect, pressure injuries, falls, infections, readmissions, and death have been associated with missed fundamental care.[3–8] These negative outcomes were amplified amid the COVID-19 pandemic and continue as a result of the global health human resources shortages.[9,10] Further, the pandemic further eroded the morale of nurses and other health care providers as they experienced mistrust with leaders, lower job satisfaction and higher moral distress when they could not provide the required level of quality nursing care, resulting in burnout and some nurses leaving the profession.[6,11]

In post-pandemic recovery, there have been renewed efforts by nurse leaders to enhance the resilience of the nursing workforce to respond to evolving changes in innovative ways.[12] Nurses need to be inspired and supported by nurse leaders to provide evidence-informed person-centred care that revalues, restores, and rebuilds the delivery of high-quality fundamental care.[13–15] Despite leadership being identified as essential to developing person-centred care, the influence of leadership on advancing fundamental care beyond a task-oriented approach remains relatively understudied.[16,17] There is also limited guidance to support nursing leaders across all sectors and levels within our health care systems to champion change and situate fundamental care as valued, prioritized, and actioned.[18]

Sustained deficits in fundamental care experienced worldwide demonstrate that existing leadership interventions are not translating to improved fundamental care outcomes and experiences.[7,8] This may be in part because traditional leadership programs typically focus on general leadership capabilities acquisition rather than on prioritizing fundamental care.[18] Achieving visibility and sustained system-level impact associated with fundamental care requires leadership programs to focus specifically on fundamental care and how to influence entire healthcare systems – research, education, clinical practice, and policy.[15,17,19,19] In this context, the International Learning Collaborative (ILC) developed the Leadership and Mentoring Program (LAMP)[17] underpinned by the internationally validated Fundamentals of Care (FoC) Framework.[1–3,20–23] The main aim of LAMP is to equip nurses to revalue and embed fundamental care into organizations and daily nursing practice. A mixed methods program development evaluation was undertaken to explore participants' experiences and perceptions associated with LAMP Canada.

2. METHODS

2.1 Evaluation design

A mixed-methods program developmental evaluation of the initial pilot of LAMP Canada was conducted.[24,25] This involved an immediate post-workshop survey analysed quantitatively and open-ended responses to the post-workshop survey and follow-up focus groups analysed qualitatively. Survey completion and participation in the focus groups served as implied consent. The initial pilot ran was offered in Toronto, Ontario, from February 2025 - March 2026.

2.2 Intervention description

The ILC LAMP has been co-designed in partnership with various partners and subject matter experts across organizations globally, including in Australia, Canada, the United States, Denmark, the Netherlands, New Zealand, Italy, and Sweden.[17] The FoC Framework (see Figure 1) identifies the integration of a supportive care context and compassionate nurse-patient relationships (relational care) to facilitate the physical and psychosocial care required to meet patients' fundamental care needs (e.g. nutrition, hydration, skin integrity, mobility, hygiene, and emotional well-being).[1] This framework has been derived and evolved through theoretical and empirical studies, including scoping and systematic reviews and consumer input.[1–3,20–23]

Figure 1 illustrates the FoC framework developed by ILC and available at `https://ilccare.org/the-fundamentals-of-care-framework/`

In February 2025, LAMP Canada was launched in Toronto, Ontario, drawing from participants mainly located in Ontario and Quebec, in Canada, with a few participants from the United States. The LAMP Canada 12-month pilot program consisted of a 3-day face-to-face workshop run by expert faculty and then followed by 12 months of mentoring by the faculty. See Table 1 for learning outcomes and workshop content. Faculty/mentors included representation from Canada, Australia, Denmark, and the United States. Faculty/mentors had participated in previous global ILC LAMPs hosted in the United Kingdom, Australia, New Zealand, Italy, and the United States. ILC promoted participation in LAMP through their respective networks.

Presented in Table 1 is the ILC LAMP Learning Outcomes and Workshop Content.

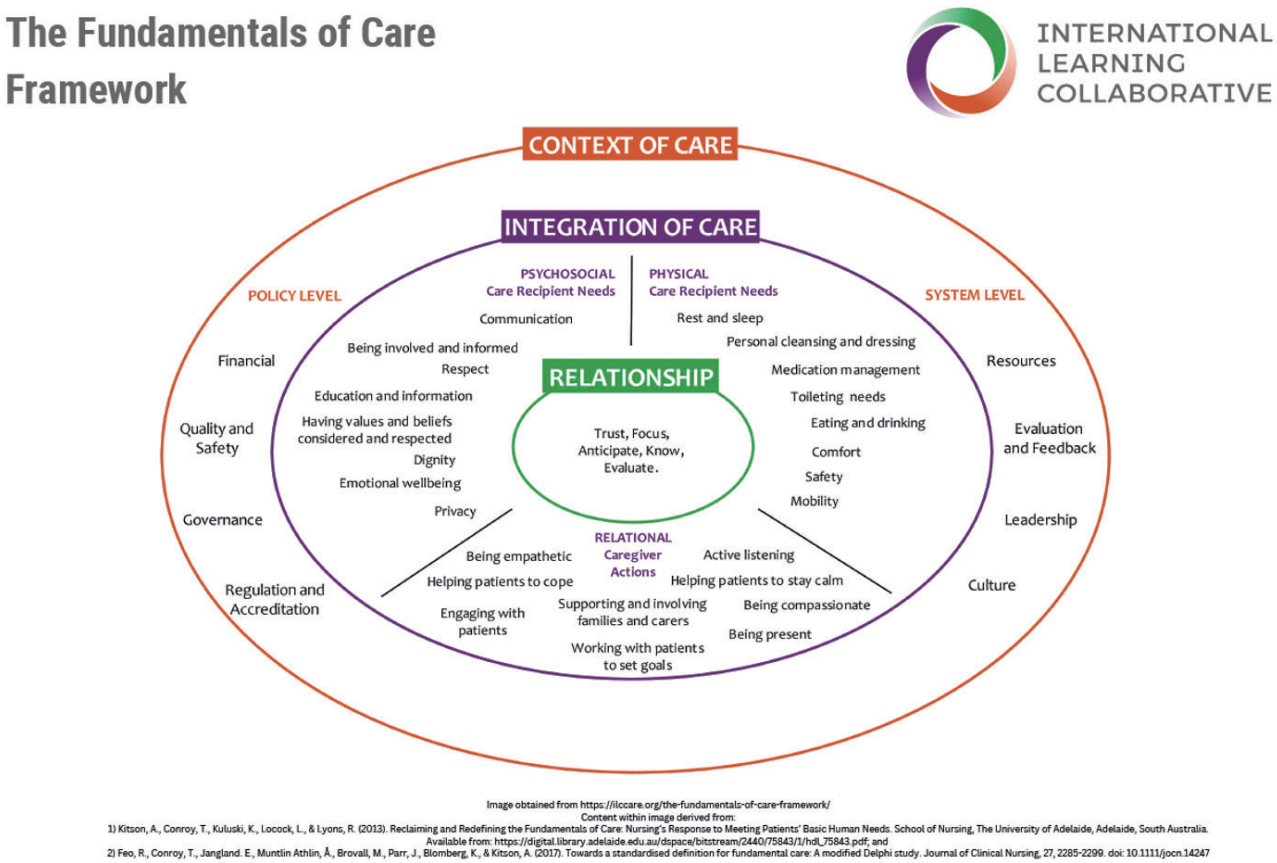


Figure 1. Fundamentals of Care (FoC) framework

Table 1. International learning collaborative leadership and mentoring program (ILC LAMP)

LAMP	Description
Program Learning Outcomes	Participants will: 1) Improve their understanding of fundamental care and the FoC Framework. 2) Have the tools and knowledge to advocate and take action for fundamental care. 3) Gain confidence to speak out for fundamental care. 4) Gain a better understanding of individual, organizational barriers and enablers to implementing change for fundamental care. 5) Be better equipped to implement change for fundamental care in their workplace 6) Have a global perspective of strategies for implementing fundamental care.
Workshop Content	Day 1 • Why We Need to Focus on Fundamental Care • The Fundamentals of Care Framework: A Framework for Reflection and Action • Program Logic and Planning
	Day 2 • Leadership through Experience • Knowledge Translation and Implementation Session • Mentoring
	Day 3 • Action Plan Development and Participant Presentations

2.3 Quantitative data collection and analysis

All participants were invited to complete the survey using a QR code that was provided at the end of Day 3 of the in-person session. The survey used was adapted from a previous study that evaluated a nation-wide quality improvement learning collaborative intervention (changing the intervention description to LAMP Canada) asking participants to rate a series of 16 statements on a 5-point Likert scale ranging from 1 (Strongly Disagree to 5 (Strongly Agree).[26] Descriptive statistics were used to calculate arithmetic means for survey components.[27]

2.4 Qualitative data collection and analysis

Qualitative data were collected from three different sources: 1) open-ended responses to survey, 2) 6 month post intervention focus group; and 3) 12 month post intervention focus group. Inductive thematic analysis[28] of the qualitative datasets was employed. Focus groups were facilitated by ILC staff and faculty mentors and involved asking participants to provide successes and challenges associated with implementing their action plans within their respective organization. Each focus group was one hour in length and recorded and transcribed verbatim by research team members who observed the focus groups to produce the final two transcripts. Three members of the research team independently reviewed the open-ended survey responses and the two transcripts and identified codes, categories, and themes. Through a series of analytical meetings, a coding schema was developed through consensus with discrepancies resolved through discussion with the principal investigator.[29]

2.5 Ethics approval

This study received ethical approval from the Sinai Health Research Ethics Board (REB# 24-0164-E) on October 25, 2024. All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

3. Results

3.1 Participants characteristics

The LAMP Canada pilot post-workshop evaluation survey was completed by 97% (32/33) of participants, with 85% of them (28/33) also completing the qualitative component. No demographic data (beyond position) was collected. Participants either worked individually or in a group on their action plan projects. The 6-month focus group session (T1) involved 6 faculty/mentors and 15 LAMP Canada participants from 8 teams who presented on implementation of their projects within their respective organizations. Participants ranged from director-level positions (e.g. professional practice, clinical operations); advanced practice nurses; quality support; graduate students; academic faculty; and staff nurses. The 12-month focus group session (T2) involved participants from 5 of the 8 teams that participated in T1 teams (n = 7) and 5 faculty/mentors, including director-level positions and managers (e.g. professional practice, clinical operations); advanced practice nurses; a nurse educator; academic faculty; and a staff nurse.

3.2 Quantitative results

The mean scores were high for all 16 survey statements (out of a score of 5), ranging from participants reporting acquiring an improved understanding of fundamental care (4.72) to pre-readings preparing them for the face-to-face workshop (4.19), with the overall experience of the workshop scored at 4.56. Resources provided, including the toolkit and information delivered in the workshop, were averaged at 4.56 and 4.50, respectively. Forming a partnership with an appropriate mentor was scored at 4.56. Overall, the workshop was perceived by participants to be well organized (4.5); well-structured and easy to follow (4.47); with overall objectives of LAMP clearly explained (4.47). Participants reported feeling better prepared to advocate for fundamental care (4.5); perceived improvements in fundamental care in their organization (4.41) and gaining more confidence and skills to speak out for fundamental care (4.47). Participants also shared feeling they had an improved understanding of implementation approaches (4.41) that enabled them to identify organizational barriers and enablers to leading change for fundamental care (4.28). Table 2 provides the survey questions and mean calculations.

3.3 Qualitative findings

Four themes were identified from the qualitative analysis of open-ended comments from survey participants, 6 month and 12 month focus group session participants: 1) sharing diverse voices in interactive collaboration conversations; 2) making the action plan come alive, staying on track, and having dedicated time; 3) taking time to socialize fundamental care into culture, integrate into practice and embed into infrastructure; and 4) being in a holding pattern, scaling back, and struggling to hardwire.

3.3.1 *Sharing diverse voices in interactive collaborative conversations*

This first theme captures how participants emphasized the value of *"having collaborative conversations"* (Survey Participant 8) with faculty/mentors and participating teams. The hands-on exchanges with faculty mentors fostered reflection,

inspiration, motivation, and a shared sense of community. The sharing of stories of how faculty/mentors have embedded FoC concepts into practice was highlighted as one participant who described the faculty/mentors as *"knowledgeable speakers with real-life experiences in FoC"* (Survey Participant 24). Faculty/mentors played a critical role in supporting participants' learning and engagement, as described by one participant: *"assistance from the facilitators/mentors while working through the activities/tools… their input was invaluable – having super engaging and great moderators – loved the passion they provided"* (Survey Participant 18). Opportunities to share and listen across teams were described as central, as one participant noted *"it was most helpful to hear from the group and project [action plan] presentation"* (Survey Participant 16). Similar to the quantitative findings, participants shared that the interactive nature of the workshop enabled supported learning, as described by a participant as providing *"hope to refocus the value and approach to care"* (Survey Participant 22). Another participant reflected, *"I appreciated the ability to reflect and discuss the models shared immediately following a presentation about said model/framework"* (Survey Participant 12).

Table 2. Post LAMP program evaluation results

Survey Item	Mean
The workshop improved my understanding of fundamental care	4.72
My overall experience of the workshop was positive	4.56
The toolkit resources were helpful for developing my fundamental care action plan	4.56
I was able to identify and form a partnership with an appropriate mentor	4.56
The workshop was well-organised	4.5
The amount of information provided during the workshop series was appropriate	4.5
The workshop prepared me to advocate for fundamental care in my organization	4.5
The objectives of the overall Leadership and Mentorship Program were clearly explained	4.47
The workshop was well-structured and easy to follow	4.47
The workshop gave me confidence and skills to speak out for fundamental care when needed	4.47
The workshop improved my understanding of implementation approaches	4.41
The workshop prepared me to lead improvements in fundamental care in my organization	4.41
The workshop met my expectations	4.41
The workshop helped me to identify my specific leadership skills in relation to fundamental care, including areas for strength and areas for growth	4.31
The workshop helped me to identify organizational barriers and enablers to leading change for fundamental care	4.28
The pre-readings prepared me for the face-to-face workshop	4.19

3.3.2 *Making the project come alive, staying on track, and having dedicated time*

This second theme reflects how participants noted the importance of time dedicated to attending LAMP Canada and the practical tools (e.g., logic models, action plans) in helping them move from theory to action within the FoC Framework. As one participant noted, "using various tools to make a project come alive" (Survey Participant 3), while another noted tools can be used to "assess current state" (Survey Participant 17) and "guide our project ideas" (Survey Participant 6). These tools enabled participants to understand the "framework and the relationship between physical, psychological, relational" (Survey Participant 6) and "progress through the FoC loop [Fundamentals of Care Action Loop Session 3] over the course of the first two days" (Survey Participant 4). Participants strongly valued the "embedded time in the workshop to formulate an action plan" (Survey Participant 8) and "defined program elements" (Survey Participant 13). At the 12-month LAMP Canada focus group, having funds for protected time to support action plan implementation was helpful, as noted by the following participant:

"We were able to leverage some grants from x was actually very helpful for us to be able to dedicate staff to be on this working group and co-design and roll out this personhood tool. So this Getting to Know Me board does focus on what's the most important thing to the patient that is something that's not captured in our medical records." (T2 Focus Group Participant 5)

Overall, participants described the benefit of being able to *"learn about the framework and [be] provided with tools to support advancement of a key initiative"* (Survey Participant 22). The action-oriented nature of the workshop was fre-

quently cited as a strength, especially when linked with the FoC Framework, as one participant summarized: *"Having to come up with a project output was really great."* (Survey Participant 23) However, there were concerns raised about the pace at which participants were expected to apply these tools. One participant expressed feeling overwhelmed: *"It was a bit overwhelming learning the models and arriving to an action plan in such a short timeframe without practicing or applying the foundational skills and fine-tuning our understanding of the frameworks"* (Survey Participant 12). Another participant shared, *"I felt a bit rushed in completing the tools and forming a project proposal"* (Survey Participant 24).

This theme also captures how participants described being able to stay on track and move their projects forward using the program logic model template from the in-person session coupled with ongoing project team meetings. As one participant noted:

"We've come together to set a recurrent meeting so we would meet every other week and through that meeting were able to create our logic map [model] to revisit our logic map [model], how practical and feasible our work breakdown is in terms of deliverables" (T1 Focus Group Participant 5).

Ongoing mentorship was also shared as a key enabler to keeping participants on track with their fundamentals of care action project, and one participant shared: *"we've been fortunate to meet with our mentors at least, I think three times, which has helped us stay on track, moving us forward, having those deadlines"* (T1 Focus Group Participant 3).

3.3.3 *Taking time to socialize into culture, integrate into practice, and embed into infrastructure*

This third theme reflects how focus group participants applied their learnings to socialize, integrate and embed fundamental care and the FoC Framework into their organizational culture, practice and infrastructure. The following excerpt illustrates the time and complexity associated with this leadership work:

"It's taken us this long to socialize this with our organization because x is a really big place and different types of inpatient units. It's taken us this long to help everyone understand how we can apply this framework in our inpatient settings . . . how do we make this plan of care relational to the patient, not only touching on the physical aspects, but also the relational aspects" (T1 Focus Group, Participant 1).

This participant further added that despite the time and complexity, they were encouraged by their progress: *"I think everyone's starting to see that we can tie in many different initiatives with this work so that it all becomes a package and not just one-offs; I'm encouraged"*. The tying in with other initiatives was shared by another participant:

"Any initiative that goes through, the [FOC] framework has been integrated into that charter. We will be asking all new initiatives to seek to integrate, be able to talk about implementation. At the same time, integrating it into our practice-based research and innovation model" (T1 Focus Group, Participant 7).

Participants described a variety of strategies, including socializing by embedding into education activities, as one participant noted: *"having to socialize FoC there's an opportunity to really integrate this within their unit or program education as well"* (T1 Focus Group, Participant 5). They further added, *"everyone who attended our education can now start really demonstrating and highlighting what FOC is"* (T1 Focus Group, Participant 5). Another participant described plans for sharing the Fundamentals of Care Framework throughout their organization beyond their action plan project unit: *"our six pilot units [are] having some online education about the fundamentals of care and how to tie that into their everyday practice and as we expand to our other 18 units, it's going to be embedded into our formal education"* (T1 Focus Group, Participant 10). Aligning with other initiatives also was highlighted by participants in the 1-year post-LAMP focus group, as noted:

"The project was looking at how we can incorporate some of the fundamentals of care in targeted ways to this patient population and anchoring it in a compassionate care survey that we conducted back in September of 2024. So we tied some of those efforts together." (T2 Focus Group Participant 3)

FoC discussion was also embedded into monthly check-ins with managers (T1 Focus Group, Participant 1, T1 Focus Group, Participant 9) and a newsletter, as noted: "around the start of spring, we've introduced FoC within our organization's newsletter" (T1 Focus Group, Participant 5). Examples of embedding fundamental care into monthly check-ins with the addition of a compliance check were provided in the 12-month post-LAMP Canada focus group, including, as one participant shared:

"We have standard touch points for this [fundamentals of care framework] now . . . at Managers Council, the work group that meets monthly, and they talk about what they've learned and what they need to do and what needs to change moving forward. We have an accountability process quarterly at our nursing leadership board, where the groups have to report out on their progress. We do have some spreadsheets where we're trying to capture their compliance with just their

tactics." (T2 Focus Group Participant 1)

3.3.4 *Being in a holding pattern, scaling back, and struggling to hardwire*

Focus group participants shared that they felt they were in a holding pattern, having to pause in response to restructuring in the organization and wanting to ensure alignment and sustainability of their action plan and identified project. As one project team member (T1 Focus Group Participant 6) described:

"We've come to a pause in our project. Our organization is restructuring some internal committees. So we're waiting for that to happen so that we can align our work with the right committee and we can have the appropriate approval, and we can make it sustainable . . . and it's just in a holding pattern".

Another team shared that they had to pause and scale back their action plan project due to competing priorities (T1 Focus Group Participant 5):

"[project] had to take a back burner . . . because we have other things that we have that will take priority first . . . changed thinking going a whole building to then settling onto one unit and then from thinking all everything of that framework to only four key areas".

Scaling back was also noted in the 12-month follow-up LAMP Canada focus group:

"We had a number of plans that we had hoped to do and then realized, like, we just can't. It's just way too much to do within the timelines that we had hoped for. You can't really focus enough attention on everything. . . So we had to kind of prioritize what we wanted. So this one is put on the back burner again, something potentially for the unit council to look at, but not right now." (T2 Focus Group Participant 3)

Further, at the 12-month LAMP Canada follow-up focus group, some teams shared challenges to hardwire and embed fundamentals of care into their organization:

". . . wish we could do all the fundamentals on every floor, all the time, all at once. We're struggling to hardwire . . . our hope was that we would be able to get to a point where now we've learned we know what the best practice is and what we can do and what we should modify and be able to switch that up and go to the next another fundamental." (T2 Focus Group participant 1)

"What we've realized is standardizing care has been difficult. I don't think anyone has really figured out what the magic bullet is for any of these things. We are still working on it. I think the win here is that we are putting attention on these things because they deserve our attention." (T2 Focus Group Participant 2)

4. Discussion

Overall, our study showed that LAMP Canada participants increased their understanding of fundamental care and became better prepared to advocate for fundamental care in their organization. This is an important finding given the erosion of fundamental nursing care that was reported in the Canadian context during and post-pandemic recovery.[9] Our findings that participants gained confidence and skills to speak up and advocate for fundamental care—and strengthened their ability to lead improvements—align with evidence from a scoping review on leadership characteristics and person-centred care.[13–16]

This theme highlights the complex leadership work required to socialize, integrate, and embed fundamental care into culture, practice, and infrastructure, further illuminating both structural and individual barriers. Acknowledgement of the time, complexity, and importance of visible, structured nursing leadership at both an individual and organization level is paramount to ensure the delivery of person-centred fundamental care is embedded into everyday practice.[30,31] For example, a recent qualitative study exploring the In-CHARGE programme demonstrated that leadership development grounded in the FoC Framework can create meaningful shifts in staff thinking and practice.[30] In our present study, some participants shared that aligning fundamental care with other priorities was a key enabling factor to successful early implementation efforts. This finding is similar to what has been reported by clinical leaders[14] and nurse managers[15] in their efforts to embed fundamental care within their organization, demonstrating that strategies are most effective when they align with the context of the healthcare system's culture, infrastructure, and practices.[31] Our finding that LAMP Canada participants shared that their action plan projects were paused, scaled back, and faced challenges with embedding fundamental care within organizations may reflect individual and structural barriers that exist, including the view that fundamental care is "extra" work in environments.[16]

Participants described the ILC Faculty as inspirational global experts who brought core concepts, domains, and approaches to life through collaborative conversations—sharing their experiences, clarifying LAMP tools (e.g., logic models, action plans), and helping keep projects on track—similar to other learning collaborative approaches.[24,32–35] Within this emerging body of literature, access to facilitators with expertise in specific content areas is instrumental in supporting participating teams in their change efforts within their organizations and enables reflective learning aimed at bridging real-world practice.[24,32–35] The inspiring, engaging and

supportive description of the ILC LAMP faculty/mentors by participants is also reflective of tenets of aesthetic leadership, including embodiment, empathy, and relational presence, to generate meaning and make sense of the core fundamental care concepts, leadership domains, and implementation approaches.[36] In our study, collective learning and sense-making also occurred with the LAMP Canada participants themselves during the presentations within the workshop and project updates at 6 months.

Ongoing research of LAMP Canada is being conducted that will provide further insights and elucidate what has worked well (or not), including attention to contextual factors (e.g. organizational culture, leadership, and infrastructure); scale and sustainability of the Action Plan projects; and its impact.

4.1 Implications

Study findings have the following implications for future leadership and mentorship professional development opportunities. First, a multi-pronged approach that includes having an interactive and reflective learning space guided by expert faculty is paramount. Second, having an action plan that is initially developed and guided by ongoing mentorship over the year period makes the FoC framework and the value of fundamental care operational in practice. Third, having protected time to engage in the learning activities and implementation and monitoring of the action plan is essential. There are promising signs that LAMP increased participants' understanding of fundamental care and made them better prepared to advocate for fundamental care in their organization and embed it in daily nursing practice. Leadership must ensure that LAMP participants have the dedicated time and support required to implement their action plan projects and participate in research and evaluation activities.

4.2 Limitations

Study findings are to be interpreted with the following limitations: 1) small sample size and loss of participants over the three data points; 2) lack of baseline data to measure the impact of LAMP Canada on learning and implementation, outcomes with no direct measures of nursing practice, patient experience, or patient outcomes; 3) self-reported data, self-selection, and social-desirability biases; 4) limited demographic data; and 5) influences of faculty/mentors who facilitated the focus groups. These limitations may affect the generalizability of survey results and the transferability of qualitative findings.

5. Conclusions

The evaluation of the LAMP Canada pilot yielded several positive outcomes, including improved understanding and confidence in participants' ability to advocate and speak out for fundamental care. Faculty/mentors were instrumental in enabling participants to operationalize their projects grounded in fundamental care. Qualitative findings further elucidated how fundamental care was either integrated into practice or embedded into infrastructure where efforts were paused or scaled back due to challenges. Further, challenges to implement or sustain efforts associated with action plans over the year-long program were experienced. Study findings support the need for ongoing leadership support to ensure that LAMP participants have dedicated time and resources required to carry out implementation of their respective action plan projects and participate in research and evaluation activities. Ongoing research is required to examine and explore the impact of LAMP Canada on learning and fundamental care outcomes. Further, an exploration of contextual factors and how best to equip senior nurse leaders to support nursing in their efforts to embed and sustain fundamental care within their organizations in the Canadian context is required.

Acknowledgements

Authors would like to acknowledge LAMP Canada participants for their time and valuable contributions to this study.

Authors contributions

LJ, AK, SR, JM, SS were responsible for study design and revision. LJ, IV, FB were responsible for data collection. LJ, IV, FB conducted the data analysis, and LJ drafted the manuscript. All authors read and approved the final manuscript.

Funding

This work was supported by the Canadian Institutes of Health Research - Strengthening the Health Workforce for System Transformation Competition [Grant # HWS – 194146].

Conflicts of Interest Disclosure

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Declaration of generative AI and AI-assisted technologies in the writing process

The author(s) did not use generative AI or AI-assisted technologies in the writing process. The author(s) take(s) full responsibility for the content of the publication.

Informed consent

Obtained.

ETHICS APPROVAL

The Publication Ethics Committee of the Association for Health Sciences and Education. The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

PROVENANCE AND PEER REVIEW

Not commissioned; externally double-blind peer reviewed.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

DATA SHARING STATEMENT

No additional data are available.

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