

Final Report

December 2025

TRILLIUM HEALTH PARTNERS
Nursing Innovator Award Project – WeMentor⁺

PREPARED FOR
REGISTERED NURSES' FOUNDATION OF ONTARIO

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1.0 Executive Summary

Overview. Trillium Health Partners (THP) implemented an innovative digital health solution to support mentorship in the nursing profession, aiming to address job satisfaction and job retention. The WeMentor* project successfully co-designed, implemented, and evaluated a web-based application that fosters mentorship relationships, delivers real-time support and resources, and promotes workforce retention, inclusivity, and psychological safety.

Project Goals & Objectives. The primary objective was to implement a scalable digital platform connecting a diverse mentorship community with novice nurses and other clinicians seeking mentorship support. Secondary objectives included providing "in-the-moment" point-of-care support, fostering staff wellness, and removing structural barriers to inclusion for equity-deserving groups.

Major Achievements & Operational Impact

- **Workforce Retention:** During the project, a significant operational impact in the pilot units was observed in that turnover rates dropped from **17.9% in 2023 to 8.9% in 2024**.
- **User Adoption:** App registration grew rapidly from **14 to 572 active users in 10 months**, with a **96.1% active engagement rate** reported during the soft launch in June 2025.
- **Funding & Partnerships:** After the THP project leads were awarded the largest Registered Nurses' Foundation of Ontario (RNFOO) grant of \$50,000, an additional \$190,000 was received from the CAN Health Network to partner with the Canadian software company: MentorCity.
- **Technical Excellence:** Fully integrated the app across THP desktops, THP mobile devices (iPhone iOS) and personal devices with Single Sign-On (SSO) capabilities while maintaining high cybersecurity standards.

Key Evaluation Findings

A mixed-methods evaluation involving 208 survey participants and 16 in-depth interviews revealed high satisfaction levels:

- **83% of users** rated the app as moderately to extremely effective for real-time support.
- **48% of participants** confirmed the app helped them achieve professional development goals.
- **Psychological Safety:** Qualitative data showed the app nurtured a safe environment for nurses to express vulnerability and seek social connection.
- **Reciprocal Mentorship:** A unique "dual-role" culture emerged, with over **200 users** acting as both mentors and mentees.

Recognition & Dissemination

WeMentor* received the **2025 Sustainable Innovation Award** at THP. The project has gained international visibility through presentations at the **International Council of Nurses (ICN) Congress in Helsinki, Finland** and the **Canadian Nursing Informatics Association (CNIA) conference, and**

Registered Nurses' Association of Ontario Best Practice Spotlight Organization Global Summit.

The Road Ahead

The WeMentor+ roadmap for 2026–2027 focuses on "hardwiring" the platform into standard THP operations and expanding to provincial and global markets. Future efforts include ongoing evaluation, commercialization through vendor partnerships, and exploring licensing opportunities to support the global healthcare workforce.

2.0 Project Goals & Objectives

2.1 Primary Project Objective

The core objective of the WeMentor⁺ innovation was to co-design, implement, and evaluate a web-based digital health solution to establish and foster mentorship relationships while providing resources to strengthen recruitment and workforce retention.

2.2 Secondary Project Objectives

- **Strengthen Onboarding and Retention:** Aim to support the novice workforce (1–5 years post-licensure) by providing access to support and mentorship, recognizing 50% of new hire nurses at THP are novice.
- **Establish Mentorship Relationships:** Create a digital platform to connect an experienced and diverse mentorship community with clinicians seeking growth and professional development (i.e. novice, mid-career) as mentorship is evidenced to improve job retention (Health Canada, 2024).
- **Provide In-the-Moment Support:** Offering real-time access to expert clinicians and educational resources, especially after hours or during weekends when resources are typically scarce.
- **Support Equity-Deserving Groups:** Ensuring the platform is designed to support clinicians from diverse backgrounds, removing structural barriers to inclusion, and fostering a sense of psychological safety.
- **Enhance Clinician Growth and Confidence:** Increasing the confidence of new hires through networking and professional development opportunities.
- **Foster Wellness:** Integrating wellness features and access to resources to help staff manage stress and maintain a healthy work-life balance.
- **Develop a Scalable Prototype:** To co-design and build an interactive web-based app prototype that could eventually be scaled across the organization and potentially expanded provincially or globally.

2.3 Anticipated Impact

The project identified several intended outcomes for the organization and its staff:

- **Retention:** Reduce turnover rates, particularly among novice nurses.
- **Co-Design:** Utilize a human-centered design approach to ensure the final product meets the actual needs and requirements of clinicians.
- **Accessibility:** Provide THP-approved clinical resources and mentorship accessible at the fingertips of nursing staff through various devices [THP desktops, THP mobile devices, and personal devices].
- **Sustainability and Scale:** Establish a model that can be expanded across the entire organization and disseminated to other healthcare institutions provincially and globally.

3.0 Project Key Deliverables & Phases

The WeMentor⁺ project, formerly known as iMentor, is a digital health innovation designed to support mentorship. The following phases describe the project journey:

Phase 1. Initiation

In December 2023, the Registered Nurses' Foundation of Ontario (RNFOO) presented the Nurse Innovator Award (\$50,000), the largest award ever granted, to project leads Kamini Kalia, Charissa Cordon, and Farah Khan. An additional \$190,000 was received from the CAN Health Network to pursue a Call for Innovation in partnership with a Canadian software company, MentorCity. Thereafter, the project team established the project governance structure, including a Project Steering Committee, Working Groups, and Executive Sponsors, followed by a formal project kick-off. Two Working Groups were established focused on Design and Implementation, and Evaluation respectively. Membership representation included point-of-care clinicians, educators, Professional Practice, and research expertise. See Appendix A and B.

Two pilot units (1J and 4J) were identified at this time in the Neuro-Musculoskeletal (Neuro-MSK) clinical program at the THP Mississauga site with strong leadership support. The team also engaged with the hospital equity team, communications team and completed early engagements with both ONA and CUPE. An environmental scan of the literature was conducted by graduate students (Master of Health Informatics) to review existing digital solutions for nursing mentorship, which in turn influenced the next phase on co-design of the application and its implementation. The environmental scan was both an academic and grey literature review guided by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews) and Joanna Briggs Institute (JBI) Scoping Review methodologies (Tricco et al., 2018).

Phase 2. Design, Build & Test

Between January and October 2024, the Design and Implementation Working Group met monthly. The Working Group used a human-centered co-design approach to ensure the platform met the specific needs of THP's diverse clinical workforce. By May 2024, the vendor (MentorCity) and CAN Health Network representatives joined the co-design sessions. Facilitated workshops where clinicians identified high-priority features such as "in-the-moment" support, wellness tools, and resources for equity-deserving groups were conducted using leading practice methodology. The project team employed co-design activities leveraging equity-centered design thinking such as use case identification, user persona development (i.e. Mentor, mentee, both), journey mapping of the day-in-the-life of a nurse, role specific empathy maps, prototype validation, as well as "How Might We" and TRIZ methods to problem-solve perceived challenges to adoption (IDEO).

By August 2024, the technical development of the interactive web-based prototype was finalized with the vendor, which included the migration of clinical educational resources and the establishment of formal mentorship and preceptorship workflows within the app. Education and training related to the software occurred from August to October 2024, focusing on bridging the gap between technical development and clinical adoption. The Working Group developed a comprehensive suite of educational resources, including communication plans and "how-to" tip sheets for both mentors and mentees. To ensure a smooth transition, the team engaged with department leaders in the pilot units and trained unit-level champions and superusers from 1J and 4J Neuro-MSK units. Champions and superusers were identified from all areas to serve as onsite support during the implementation.

Phase 3. Pilot & Evaluation

The implementation of the app occurred on November 29, 2024, and was implemented in the pilot units 1J and 4J to start. A mixed-methods evaluation strategy approved by the THP Research Ethics Board (REB) was initiated thereafter to assess usability and operational impact. Two additional areas (the Clinical Resource Team and Emergency Department) were invited to participate in the implementation starting June 2025 from the THP Credit Valley Hospital site with full leadership engagement.

By August 2025, the evaluation data collection was completed in all pilot areas. By December 2025, data analysis was mostly completed, and the findings were used to make essential refinements to the app's functionality and its integration into daily clinical practice, ensuring the tool was truly optimized for point-of-care clinicians.

Phase 4. Sustainability & Expansion

In mid-2025, the project team began plans to scale the innovation across the broader THP organization and externally. The team presented preliminary findings from the evaluation at the ICN Congress in Helsinki, Finland, the Canadian Nursing Informatics Association conference in Toronto, the Registered Nurses' Association of Ontario (RNAO) 2025 Best Practice Spotlight Organization (BPSO) Global Summit in Toronto, and the THP Advanced Practice Nurse conference in Mississauga. In September 2025, the WeMentor+ project team were awarded first place in the "Sustainable Innovations Award" at THP. Apart from these accomplishments, this final phase includes the dissemination of findings through academic journals and healthcare conferences, which are ongoing. Looking ahead to 2026 and beyond, the roadmap details further expansion beyond THP to provincial and global markets, pursuing international opportunities to support the clinical workforce on a larger scale.

For the full WeMentor+ project timeline, see Appendix C.

4.0 Major Project Achievements

4.1 Evaluation Results

A. SUMMARY

a. Methodology & Methods

The WeMentor⁺ project utilizes the RE-AIM framework to conduct a mixed-methods evaluation. This framework was used to study or investigate the project's reach, effectiveness, adoption, implementation, and maintenance within the pilot areas (Glasgow et al, 1999). All nurses in the pilot areas, Professional Practice representatives, and leaders who were WeMentor⁺ users were invited to participate in the study. Individuals who met the criteria to as a mentor, a mentee, or those who identified as both mentors and mentees of the WeMentor⁺ app were invited to participate. Agency staff and nursing students were not included in this study. Participants were asked to complete a questionnaire (available online or on paper) on their experience and use of the app, and semi-structured interviews (either in-person, or virtual) were conducted to investigate experiences using WeMentor⁺. with the WeMentor⁺ users (mentors and mentees).

B. QUESTIONNAIRES

In total, 208 participants completed the questionnaire. The majority of survey respondents were female (82.2%), with most participants aged between 30-54 years old (46.6%) and 18-29 years old (41.8%). Most survey respondents had 0-5 years of nursing experience (52.9%) while 7.2% had over 21 years of nursing experience. The largest race/ethnic background of survey participants were East/Southeast Asians (24%) and South Asians (24%) respectively. Forty-nine per cent of respondents indicated that they were a mentee on the WeMentor⁺ app, 20% identified as a mentor, and 31% identified as both mentor and mentee.

Regardless of whether they were a mentee (75%), mentor (64%), or both (72%), had used the WeMentor⁺ app for less than 1 month at the time of survey completion. Most mentees who had used the app had 0 to 5 years of experience (75.9%). Mentors showed a more balanced distribution between the app and years of nursing experience, with highest representation among novice nurses (0-5 years at 36.4%, 6-10 years of experience at 24.2%), followed by those with over 21 years of experience at 21.2%. Individuals who used the app as both mentor and mentee mainly fell within 0 to 5 years (35.8%) and 6 to 10 years (34%) of experience.

Respondents highlighted several perceived benefits of using WeMentor⁺, including networking opportunities (53%), improved clinical skills (48%), better understanding of organizational culture (43%), enhanced career development opportunities (37%), and improved patient care (30%). Perceived benefits were rated more highly with longer duration of use. The participants who used the app for 4 months showed the highest positive perception with half the number of participants rating WeMentor⁺ as *extremely beneficial*. For participants who used WeMentor⁺ for 2 to 3 months, the majority rated the app as *very beneficial* (34.4%).

Participants who used WeMentor⁺ for less than 1 month rated WeMentor⁺ as *very beneficial* (35.4%) or *moderately beneficial* (28.5%). Perceived benefits were also rated highest by respondents who used WeMentor⁺ daily (68% extremely beneficial). 57% of respondents rated the effectiveness of WeMentor⁺ in providing "in-the-moment support" as *extremely effective* or *very effective*. Participants who said they achieved their professional goals found WeMentor⁺ effective with about

84% of participants rating the app as *extremely to very effective*. Only about 3% of participants found it *slightly or not at all effective*. Participants that were comfortable speaking with their mentor or mentee about their challenges or goals rated WeMentor⁺ as *effective*. About 64% of participants rated it *extremely or very effective*. The largest barrier to use of WeMentor⁺ was the lack of time (57%). Finally, most respondents indicated additional training (57%) and access to Mentorship resources (40%) as resources/supports to improve the WeMentor⁺ experience.

For more detailed questionnaire results, see Appendix D.

C. INTERVIEWS

a. Participants and Setting

The study invited participants from the two inpatient units of the Neuro-MSK program who used WeMentor⁺. These units were selected due to the considerable number of new graduate nurses, representing a common trend across THP inpatient units. These units were expected to provide findings that were generalizable to the entire hospital system given similarities in patient demographics and operational procedures with other programs. According to the latest THP report from the Human Resources department prior to the pilot starting (November 2024), the current breakdown of nurses in the Neuro-MSK program were 44.6% novice (1-5 years), 43.5% mid-career (6-19 years), and 11.9% (20+ years). Additionally, in May 2024 the 12-month rolling turnover for Neuro/MSK was identified to be at 10.8%.

b. Recruitment

Participant Inclusion and Exclusion Criteria

All nurses in the Neuro-MSK program, within Professional Practice, and leaders who are WeMentor⁺ users were invited to participate in the study. Both individuals who met the criteria to participate as mentor, mentees, and those who identify as both mentors and mentees of the WeMentor⁺ app were invited to participate. Agency staff and nursing students were not included in this study. WeMentor⁺ users were invited to participate in the study 4 months after launching the WeMentor⁺ app (November 2024). Potential participants who met the inclusion criteria outlined above were invited by email and the WeMentor⁺ app via an announcement to complete an online questionnaire focused on the usability and impact of the WeMentor⁺ app. Additionally, members of the study team (Research Assistant and/or Project Coordinator) attended meetings to encourage questionnaire completion and offer paper copies to support accessibility as required, promotion via the app, and through study recruitment posters. An email reminder after 2 weeks of the initial invitation to participate went out to potential participants to encourage additional participation. The questionnaires were anonymous, but each email invitation contained a unique link to ensure that only one response is submitted per person. After the online questionnaire was completed, participants could opt in to be contacted for a follow-up interview. The target sample size was 10 mentees and 10 mentor participants, but the sample size was determined by thematic saturation of participant responses (Kerr, Nixon, & Wild, 2010). As an incentive to participate in the survey, participants may choose to enter their email into a draw to win one of 8 Amazon gift cards valued at either \$100 (2) or \$50 (6).

c. Semi-structured Interviews

At the end of the questionnaire, participants were given the option to consent to being contacted by the Research Team for the qualitative part of the study, which involves a private interview. Semi-structured individual interviews were conducted with 10 mentees and 10 mentors using realist methodology to investigate experiences of nurses using WeMentor⁺. A semi-structured interview guide was used to understand the impact and experiences of using WeMentor⁺ in terms of professional development and connection, as well as opportunities for improvement of the app. In addition, the interviews aimed to elicit the elements of compassionate digital mentorship, and the

contexts and mechanisms by which compassionate digital mentorship is enacted to enable human connection, trust, and social support.

d. Data Analysis

We used descriptive statistics to summarize the quantitative data collected from questionnaires. This involved calculating measures of central tendency (such as mean, median, and mode), dispersion (including standard deviation, variance, and range), and creating frequency distributions. We also utilized the app dashboard to understand general utilization of the WeMentor⁺ app. If we received consent from interview participants to link their interview data to their survey and system-level data, we conducted exploratory mixed methods analysis to identify if themes derived from interviews were associated with different user profiles. Interviews were conducted in English, audio-recorded via tape recorder or Microsoft Teams, encrypted, and securely stored on a THP server accessible only to the study team. Recordings were transcribed verbatim, with identifiers replaced by numbers, reviewed for accuracy within a week, and destroyed after confirmation. Transcripts were imported into MAXQDA and NVivo for coding, where initial codes were generated from repeated patterns and grouped into themes through thematic analysis. Open coding and pattern coding are being applied to identify composite patterns and further synthesis. Results will be organized into thematic findings and accounts of how compassion is delivered and received using the WeMentor⁺ app.

g. Interview Results

For the qualitative component, a total of 16 (9 mentees, 7 mentors) were interviewed. Analysis is ongoing; however, preliminary qualitative analysis has been conducted to explore participants' experience with WeMentor⁺. This involved the development of an initial codebook. A few preliminary codes were identified from the analysis. Reasons for use or non-use and motivation for use captured why participants chose and what motivated them to use the app. One mentee noted "*The app sounded really nice that there are more experienced nurses offering help, that's kind of the main reason. I just wanted to further my own development.*" This statement illustrates how the app helps nurses connect with more experienced nurses and has an opportunity for self-development and growth in their careers. For mentors, there was more of an emphasis on wanting to be there for novice nurses, as one mentor stated "*So it gave me an opportunity to do what I like to do, which is to work with people, talk with people, and inspire people. Whatever they need from me, I try and let them grab it out of me. So as a mentor, I'm not there to pass judgement or anything. I'm there for them, and the app is really nice.*" In addition to reasons for use or non-use and motivation for use, another code that appeared frequently was mentor-mentee interaction. This code referred to participants' descriptions of interacting with either a mentor or a mentee. The benefits captured what participants felt were advantages of the app. Some participants highlighted how convenient the app was. One mentor noted, "*So one of the good things is that with the We Mentor app, you can download it on your own. I have it on my personal phone.*" A mentee stated, "*I think the app overall is a positive thing because it's open for staff at their own convenience if they need help with something or a skill, if they need to learn something.*" Lastly, interviews revealed that the app allowed nurses to express vulnerability and seek social connections, which are critical for navigating the high-stress environment of clinical practice.

4.2 Key Project Accomplishments

- **Increasing User Adoption:** The project achieved rapid expansion from 14 to 574 users in just 10 months. By September 2025, the team began hardwiring into THP Internationally Educated Health Professionals (IEHP) bridging program for non-nursing health disciplines, Invitation to Leadership Program (ITL) for formal mentorship across the organization, Professional Practice, and other clinical units.
- **REB Approval:** The project successfully developed an evaluation strategy and received Research Ethics Board (REB) approval, enabling a formal mixed-methods study of the app's impact on nursing retention and experience.

- **Operational Impact:** Early results showed a significant decrease in turnover within pilot units. For example, the Neuro-MSK turnover rate dropped to 8.9% in 2024 from a baseline of 17.9% in 2023.
- **Technical Implementation:** Successfully integrated the app onto multiple platforms, including THP desktops, THP mobile devices, and personal devices ensuring clinicians have "in-the-moment" access at the point of care. The WeMentor⁺ is also single sign-on ready, so users can access the platform without hassle. And finally, a dedicated domain allows users to access the platform anytime and anywhere.
- **Knowledge Dissemination:** The Project Team has been accepted for research presentations at local, national, and international conferences. See Appendix E.
- **Support Effectiveness:** Survey results indicate that 83% of participants rated the app as *moderately to extremely effective* in providing in-the-moment support.
- **Goal Achievement:** Approximately 48% of participants confirmed that the WeMentor⁺ app helped them achieve their professional goals.
- **Psychological Safety:** Preliminary qualitative findings from 16 in-depth interviews revealed that the app fosters social connection and vulnerability, nurturing a psychologically safe environment where nurses feel comfortable discussing challenges.
- **Scholarly Recognition:** The project gained national and international visibility.

4.3 Awards, Recognition and Dissemination

The WeMentor⁺ Project has been recognized through significant awards and has established a roadmap for the dissemination of its findings and innovative model.

A. Awards and Recognition

- **Sustainable Innovation Award (2025):** The project received the 2025 Sustainable Innovation Award for its role as a transformative tool enabling digital mentorship at Trillium Health Partners (THP).
- **Domino Puson (Project Coordinator)** received the CNIA Award for Diversifying & Strengthening Nursing Informatics 2025 featuring WeMentor⁺
- **Provincial and Global Interest:** The project has sparked significant interest within Ontario and internationally, with nursing and practice leaders from various academic and health sectors vocalizing support for the scalable digital solution.

B. Knowledge Dissemination and Scholarly Output

The project team has actively shared their findings through various high-profile platforms and has planned publications for late 2025 and 2026.

a. Conference Presentations

- **International Council of Nurses (ICN) Congress:** Research findings were presented at the ICN Congress in Helsinki, Finland (June 9–13, 2025).
- **Canadian Nursing Informatics Association (CNIA) Conference:** The team presented "WeMentor⁺ Digital Mentorship – A Transformative Tool for the Modern Day Nurse" in Toronto, Ontario (June 2025).
- **Registered Nurses' Association of Ontario Best Practice Spotlight Organization 2025 Global Summit:** A presentation titled "WeMentor⁺: Empowering Nurses through Digital Access to Mentorship" was delivered in Toronto, Ontario (September 23–25, 2025).

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- THP Advanced Practice Nursing (APN) Conference: The innovation was featured at the APN Conference at THP (October 27, 2025).
- b. Planned and Current Publications/Presentations
- A paper on the application of PRISMA for the grey and white literature review of mentorship apps and equity literature (To be submitted to: *Canadian Journal of Nursing Informatics*). [In Progress]
 - *Journal of Advanced Nursing (Special Issue): "Compassion in Practice: A Realist Review of Mentorship as a Catalyst for Healthy Workplaces"* [In Progress]
 - A mixed-methods evaluation focusing on design, implementation, and user experience. (To be submitted to: *Canadian Journal of Nursing Leadership*). [In Progress]
 - A planned publication focusing on the co-design process and the partnership with the CAN Health Network (To be submitted to: *JMIR Human Factors*). [In Progress]
 - eHealth 2026 Conference in Halifax, Nova Scotia [Accepted Oral Presentation]

5.0 Lessons Learned

The WeMentor⁺ project has identified several key lessons learned throughout the phased journey. These insights, derived from both operational experiences and the formal evaluation results, provide a roadmap for future sustainability and expansion.

A. Technological and Integration Lessons

The technical implementation of the app revealed that accessibility is a primary driver of success. The team learned that providing multiple access points, including personal devices, THP desktops and mobile devices (iPhone iOS), was essential for nurses to receive "in-the-moment" support. A major technical takeaway was the necessity of a custom internal domain and Single Sign-On (SSO) integration, which was successfully launched in September 2025 to streamline the user experience. With cybersecurity being a top priority of many organizations, the project team worked closely with the vendor to ensure organizational security and privacy standards were met. Furthermore, the co-design process highlighted that features must be prioritized based on clinician-identified use cases, wellness tools, and resources specifically for equity-deserving groups, to ensure the platform remains relevant at the point of care.

B. Engagement and Mentorship Dynamics

Evaluation results from the WeMentor⁺ pilot provided profound insights into how mentorship is perceived and utilized within a digital framework. One of the most significant lessons observed from the app dashboard was the value of "reciprocal mentorship" as 200 users opted to act as both mentors and mentees, suggesting that professional support in nursing is often a fluid, two-way relationship rather than a top-down hierarchy. The project team also discovered that the platform acts as a catalyst for psychological safety between colleagues.

C. Operational and Strategic Insights

From a project management perspective, the team learned the importance of blending structured governance with flexible, "champion-led" implementation. Utilizing the ADKAR change management framework (Hiatt, 2006) helped prepare staff for the transition, but it was the training of unit-level "superusers" that truly drove adoption on the pilot units via social influence. Strategically, the project demonstrated that high-impact innovation requires diverse funding and partnerships. More specifically, by identifying a Canadian vendor partner via CAN Health Network's Call for Innovation the app development was expedited and able to be iterative in terms of development. The project team has developed a strong relationship with the vendor MentorCity through this collaboration and has presented at the CAN Health Network monthly spotlight as well. See Appendix F.

D. Sustainability and Future Scaling

The evaluation data, which showed a significant turnover reduction in the Neuro-MSK unit (from 17.9% to 8.9%), provided the proof-of-concept necessary for long-term sustainability. This success taught the team that data-driven refinements are essential. The team used pilot data to iterate on the app's functionality before planning the broader expansion to other departments or units. Working closely with the vendor, THP will continue to test the latest functionality of the app with engaged users benefiting both the vendor and THP goals. Finally, the international interest and successful dissemination at conferences like the ICN Congress reinforced the lesson that the challenges of nursing retention are universal, and digital mentorship is a highly scalable solution evidenced by the Nursing Retention Toolkit (Health Canada, 2024). See Appendix G.

E. Lessons for the administration

For administration, the lesson is that when innovation is co-designed by point-of-care clinicians to be accessible "at their fingertips" across multiple devices—including THP desktops and mobile devices—it achieves high engagement, as evidenced by a 96.1% active member rate among its 572 users. Supporting these digital solutions not only leads to operational efficiencies but also empowers a dual-role culture of "reciprocal mentorship," where users chose to act as both mentors and mentees to support collective learning.

6.0 The Road Ahead: Sustainability & Future Outlook

The future of the WeMentor⁺ project is defined by a strategic roadmap focused on expanding its reach from select pilot areas to THP-wide implementation, provincial and eventual global dissemination. In the immediate, the project aims to continue to hardwire the platform into standard THP operations for nurses by integrating it with Professional Practice, Human Resources, and expanding it to other health disciplines via the Internationally Educated Health Professionals (IEHP) bridging program. The goal is to grow the user base to an initial target of 1,000 clinicians across all THP clinical areas before scaling further and continue to evaluate WeMentor⁺ adoption and usability.

Beyond internal expansion, the project's "future" outlook for 2026-2027 explores opportunities beyond THP walls to benefit other healthcare settings. The leadership team is actively exploring commercialization opportunities through a revenue-generating model established with their vendor, MentorCity, to ensure long-term sustainability. This includes pursuing licensing opportunities with other healthcare organizations and international nursing associations, such as the United Kingdom and Taiwan who the project leads have met with since ICN Congress. Ongoing research will focus on global market need analysis and the delivery of compassionate digital mentorship via WeMentor⁺, supported by peer-reviewed scholarly publications and presentations at major international forums.



Appendices

Appendix A: WeMentor+ Project Photo Journey

Appendix B: Project Team Names and Roles

Appendix C: WeMentor+ Timeline

Appendix D: Evaluation Results Table

Appendix E: Recognition and Scholarly Dissemination

Appendix F: Graphic User Interface of the App

Appendix G: Promotional Materials & Media Presence

Appendix A: WeMentor+ Project Photo Journey

Initiation: Project Team and Governance

Figure 1, featuring Project Leads Farah Khan, Kamini Kalia, alongside Domino Puson, who would later become the Project Coordinator.

Figure 2 introduces the Steering Committee and Executive Sponsors, including leaders like Terri Irwin, Danielle Sanagan (former Chief of People Services) and Dr. Amir Ginzburg, who provided the strategic oversight and governance necessary to navigate the project's complex roadmap.



Figure 1. From left Farah Khan & Kamini Kalia (Project Leads) and Domino Puson (WeMentor+ Project Coordinator)



Figure 2. WeMentor+ Executive Sponsors, Steering & Working Group Members

Design, Build, & Test



Figure 3. Design and Implementation Working Group in co-designing and developing the app.



Figure 4. Design and Implementation Working Group.

The project's heart is its "human-centered" approach. Figure 3 shows the Design and Implementation Working Group in deep discussion, figuring out the app's requirements based on real-world clinician use cases. This collaborative spirit continued into the Build and Testing phase in mid-2024, depicted in Photos 4 and 5, where the team finalized the interactive web-based prototype to ensure it met the high standards required for point-of-care use.



Figure 5. The Design and Implementation Working Group finalizing the app prototype & creation of educational materials

Pilot & Evaluation

Figure 6 highlights the leaders in the 1J and 4J pilot areas supporting the Go-Live of WeMentor⁺ as a milestone, which helped in providing "in-the-moment" support to point-of-care staff.



Figure 6. Leaders from 1J / 4J Pilot areas and Professional Practice.

Figure 7 captures the extended implementation into the Credit Valley Hospital Emergency and Clinical Resource Team, marking the beginning of the project's broader scaling within the organization



Figure 7. Credit Valley Hospital Emergency Department and Clinical Resource Team

Appendix B: Project Team Names and Roles

Project Leads	Role
Kalia, Kamini (Kama)	Director Health Information and Informatics Solutions Clinical Systems and Informatics (CSI) Quality, Risk & Patient Experience
Khan, Farah	Senior Vice President Patient Care Services

Project Coordinator	Role
Puson, Domino	Registered Nurse

Project Sponsors Executive Committee	Role
Harrington, Simone	SVP, Talent and Chief People Officer
Irwin, Terri	EVP- Patient Care Services & Chief Nursing Executive Patient Care Services/Senior Leadership Team
Ginzburg, Dr. Amir	EVP Quality, Risk and Patient Experience

Design & Implementation Working Group	Role
Ahmed, Asha	Clinical Educator Clinical Resource Team
Barnett, Krista	Communications Specialist Communication & Public Affairs
Bruton, Michaela	OTA/PTA Project Team CSI
Butt, Mubina	Registered Nurse Neuro-MSK - Inpatient
Cass, Mike	Manager Clinical Resource Team
Dunkley, Rene	Communications Advisor Content Production
Harber, Terilyn	Registered Nurse Clinical Educator Professional Practice
Manorathevan, Vaishnavi	Registered Practical Nurse (RPN) Orthopaedics 1J
McGregor, Jessica	Practice Leader CSI Operations
Mirasol, Antoinette	Clinical Educator Professional Practice
Mohammed-Ali, Noor	Lead, HR Strategy & Organizational Design Learning & Organizational Development
Nugent, Jackie	Program Director Infection Prevention and Control
Pannag, Jasprit	Consultant Professional Practice
Pannag, Simran	Registered Nurse Emergency Department
Park, Debbie	PT Professional Practice Leader
Pedroza, Cassandra	Nurse Practitioner Team Lead People Safety and Support
Ramchatesingh, Anissa	Registered Nurse Clinical Resource Team
Taffe, Colleen	Manager Equity, Anti-Racism & Inclusion
Vail, John	Director CAN Health Network

Steering Committee	Role
Abankwah, Bryan	Director Education Office
Anderson, Brian	Accounts Manager MentorCity
Bird, Dr. Marissa	Registered Nurse Assistant Scientist Institute for Better Health
Campbell, Wendy	Manager Clinical Resource Team
Carter, Lyndsay	Manager Communications
Dykstra, Kathleen	Manager Cardiac Health/Professional Practice
El-Rahi, Noor	Analyst Enterprise Risk
Guth, Andrea	Director Neuro-MSK
Mintz, Shawn	CEO MentorCity
Nugent, Jackie	Interim Director Professional Practice
Palmer, Nikki (Elke)	Director People Services
Somji, Mehdi Director	Director Institute for Better Health
Tang, Dr. Terence	Researcher, Physician Institute for Better Health/ CSI
Vail, John	CAN Health Network
Williams, Dian	Director Human Resources

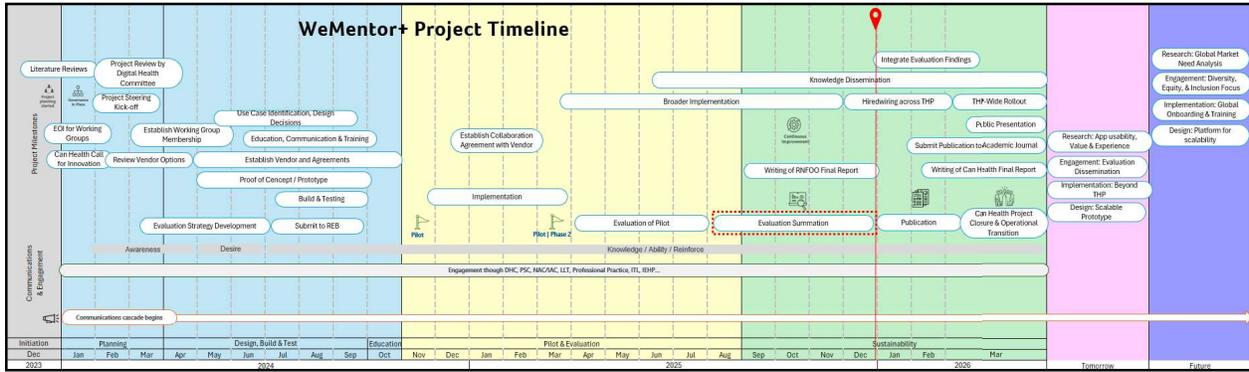
Evaluation Working Group	Role
Bird, Dr. Marissa	Registered Nurse Assistant Scientist, Institute for Better Health
Campbell, Wendy	Evaluation Co-Lead, Manager Professional Practice
Ceja Hernandez, Paulina	Project Team CSI Projects Team
Tang, Dr. Terence	Evaluation Co-Lead, Researcher, Institute for Better Health
Rahman, Rubama	Research Assistant Institute for Better Health
Verma, Yatin	Project Team CSI Projects Team

Champion and Superusers	Role
Bains, Rubal	Registered Nurse Clinical Resource Team
Fajeyisan, Kehinde	Registered Practical Nurse Clinical Resource Team
Kennel, Caroline	Registered Nurse Emergency
Khanal, Lata	Registered Nurse Clinical Resource Team
Loncar, Marijana	Clinical Educator Medicine
Mangan, Jessica	Registered Nurse Emergency
Pannag, Simran	Registered Nurse Emergency
Ramchatesingh, Anissa	Registered Nurse Clinical Resource Team
Roldan, Elbert Jann	Registered Nurse Clinical Resource Team
Shin, Allison	Student Placement Coordinator Clinical Resource Team
Youngdon, Reem	Registered Nurse Emergency

Members (Active/Inactive)	Role in the Project / Contribution
Afendi, Rina	Former Evaluation Working Group Equity component in WeMentor+
Cordon, Charissa	Former Lead
Dlugoz, Desa	Former Steering Committee Member
Joshi, Jayshree	Former Steering Committee Member
Loncar, Marijana	Former Project Coordinator
Maier, Shannon	Former Executive Sponsor & Steering Committee Member
McGregor, Jessica	Former Lead
Nijjar, Raman	Former Working Group for Design & Implementation
Rondolo, Kriseele	Former Working Group for Design & Implementation
Sanagan, Danielle	Former Executive Sponsor
Stewart, Tina	Former Working Group for Design & Implementation



Appendix C: WeMentor+ Timeline



Appendix D: Evaluation Results Table

Table 1. Gender Identity of Survey Participants

Gender Identity	Total Number of Responses
Man	30 (14.4%)
Woman	171 (82.2%)
Prefer not to answer	6 (2.9%)
No response (blank)	1 (0.5%)

Percentages were calculated using the total number of survey respondents (n=208).

The table above summarizes the gender identity of the total number of survey participants. Most participants were women (82.2%), followed by men (14.4%), with a smaller proportion of participants preferring not to answer (2.9%).

Table 2. Age Group of Survey Participants

Age Group	Total Number of Responses
Under 18 years	1 (0.5%)
18-29 years old	87 (41.8%)
30-54 years old	97 (46.6%)
55-64 years old	10 (4.8%)
Prefer not to answer	13 (6.25%)

Percentages were calculated using the total number of survey respondents (n=208).

The table above summarizes the age group of the total number of survey participants. Many of the participants were in the age group 30-54 years old (46.6%), followed by the age group 18-29 years old (41.8%), suggesting that the app may be more likely to be used by these two age groups. A small number of participants were in the age group of 55-64 years old (4.8%). There were also a small number of participants who preferred not to answer their age group (6.25%) and an exception of one participant who was under the age of 18 years old (0.5%).

Table 3. Years of Nursing Experience of Survey Participants

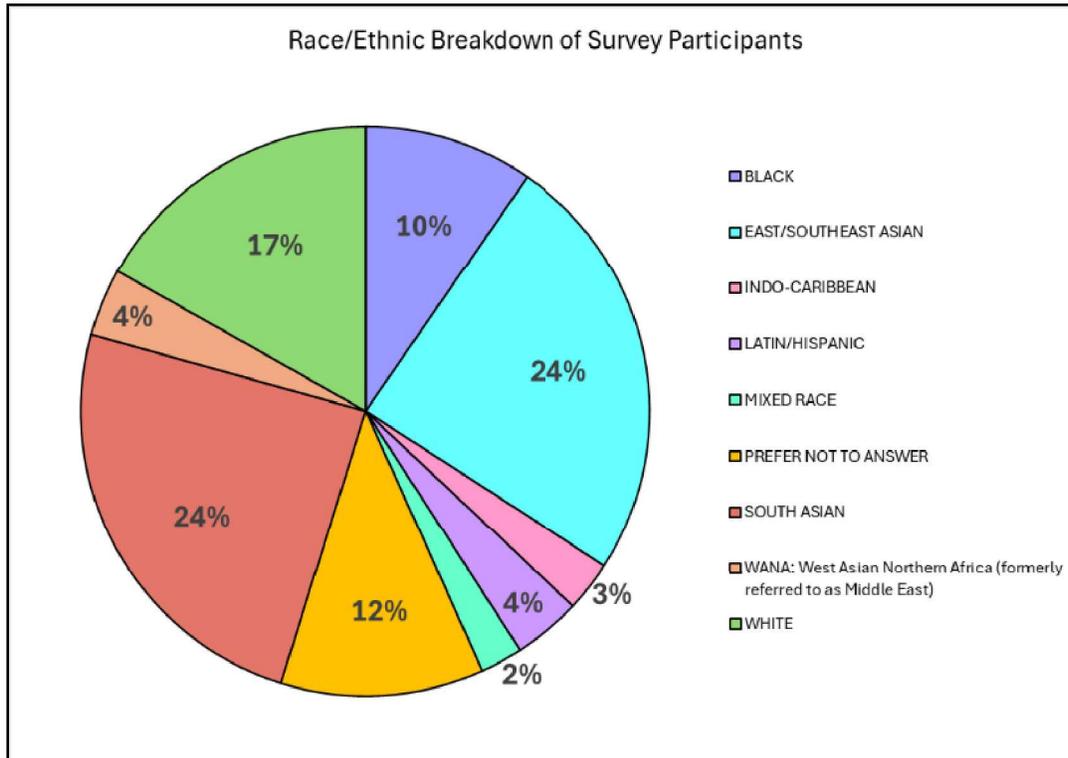
Years of Nursing Experience	Total Number of Responses
0-5 years	110 (52.9%)
6-10 years	40 (19.2%)
11-15 years	24 (11.5%)
16-20 years	9 (4.3%)
21+ years	15 (7.2%)

Percentages were calculated using the total number of survey respondents (n=208).

The table above summarizes the years of nursing experience of the total number of survey participants. About half of the participants had 0 to 5 years of nursing experience (52.9%),

highlighting the app’s potential role in supporting early-career nurses. This is followed by 6 to 10 years of nursing experience (19.2%). A small proportion of participants were in the 11 to 15 years of nursing experience category (11.5%), followed by the 21+ years of nursing experience (7.2%). The 16 to 20 years of nursing experience category had the lowest number of participants (4.2%).

Figure 8. Race/Ethnic Breakdown of Survey Participants



The figure 8 summarizes the distribution of racial identity among the total number of survey participants. East/Southeast Asian and South Asians equally represented equal proportions (24%), following White (17%). Smaller proportions identified as Black (10%), while a small proportion of participants preferred not to answer (12%). WANA: West Asian Northern Africa and Latin/Hispanic also equally represented equal proportions (4%). An even smaller proportion of participants identified as Indo-Caribbean (3%), and Mixed Race (2%).

Table 4. Experience with WeMentor+ by gender identity

WeMentor+ User Type	Gender Identity			
	Man	Woman	Prefer not to answer	No response (Blank)
Mentee (n=83)	14 (16.9%)	66 (79.5%)	3 (3.6%)	
Mentor (n=33)	3 (9.1%)	29 (87.9%)		1 (3.0%)
Mentor and Mentee (n=53)	10 (18.9%)	41 (77.4%)	2 (3.7%)	

Percentages were calculated using the number of participants in each category by row.

The table above shows a cross tabulation that summarizes participants' experiences with WeMentor⁺ by gender identity. Across all three user types, women were the majority with 79.5% as mentees, 87.9% as mentors, and 77.4% as mentor and mentee. For men, 16.9% participants were mentees, 9.1% as mentor, and 18.9% as mentor and mentee. For participants who preferred not to answer their gender identity, 3.6% were mentees and 3.7% were mentors and mentees.

Table 5. Experience with WeMentor⁺ by age group

WeMentor ⁺ User Type	Age Group			
	18-29 years old	30-54 years old	55-64 years old	Prefer not to answer
Mentee (n=83)	49 (59.0%)	30 (36.1%)		4 (4.8%)
Mentor (n=33)	5 (15.1%)	24 (72.7%)	3 (9.1%)	1 (3.0%)
Mentor and Mentee (n=53)	18 (34.0%)	24 (45.3%)	7 (13.2%)	4 (7.5%)

Percentages were calculated using the number of participants in each category by row.

The table above shows a cross tabulation that summarizes the experience of WeMentor⁺ participants by age group. Mentees were most represented in the 18- to 29-year-old age group (59.0%). Mentors were most represented in the 30- to 54-year-old age group (72.7%). The user type of a mentor and mentee were also most represented by the 30- to 54-year-old age group (45.3%). A small number of participants that were a mentor and mentor/mentee user type were in the age group of 55 to 64 years old (9.1% and 13.2% respectively).

Table 6. Experience with WeMentor⁺ by duration of use

WeMentor ⁺ User Type	Duration of Use			
	Less than 1 month	2-3 months	4 months	No response (Blank)
Mentee (n=83)	62 (74.7%)	19 (22.9%)	1 (1.2%)	1 (1.2%)
Mentor (n=33)	21 (63.6%)	4 (12.1%)	8 (24.2%)	
Mentor and Mentee (n=53)	38 (71.7%)	10 (18.9%)	5 (9.4%)	

Percentages were calculated using the number of participants in each category by row.

The table above summarizes the experience of WeMentor⁺ participants by the length of time using the app. Using WeMentor⁺ for less than 1 month was most reported by mentees (74.7%), mentors (63.6%), and mentor/mentee (71.7%). A smaller number of participants using WeMentor⁺ for 2 to 3 months was reported by mentees (22.9%), followed by mentor/mentee (18.9%), and mentors (12.1%). Using WeMentor⁺ for 4 months was most reported by mentors (24.2%), with a smaller number of mentees (1.2%) and mentor/mentees (9.4%) reported.

Table 7. Years of Experience in Nursing Practice and Engagement with WeMentor⁺

User Type	Years of nursing experience				
	0-5 years	6-10 years	11-15 years	16-20 years	21+ years
Mentee (n=83)	63 (75.9%)	9 (10.8%)	7 (8.43%)	2 (2.41%)	2 (2.41%)
Mentor (n=33)	12 (36.4%)	8 (24.2%)	4 (12.1%)	2 (6.06%)	7 (21.2%)
Mentor & Mentee (n=53)	19 (35.8%)	18 (34.0%)	8 (15.1%)	3 (5.66%)	5 (6.02%)

Percentages were calculated using the number of participants in each category by row.

The table above shows a cross tabulation that illustrates the relationship between years of nursing experience and engagement with WeMentor⁺ as a mentor, mentee, or both. Most mentees who have used the app have 0 to 5 years of experience (75.9%), highlighting the app's potential role in supporting early-career nurses. Mentors show a more balanced distribution between the app and years of nursing experience, with the highest representation among newer nurses (0-5 years at 36.4%, 6-10 years of experience at 24.2%), followed by those with over 21 years of experience at 21.2%. Individuals who used the app as both mentor and mentee mainly fell within 0 to 5 years (35.8%) and 6 to 10 years (34%) of experience, suggesting that nurses who were in their earlier years were most likely to engage in dual roles on the app.

Table 8. Perceived benefits of WeMentor⁺

Perceived Benefits	Total Number of Responses
Improved clinical skills	100 (48.1%)
Better understanding of organizational culture	89 (42.8%)
Enhanced career development opportunities	77 (37.0%)
Increased job satisfaction	59 (28.4%)
Improved patient care	63 (30.3%)
Networking opportunities	111 (53.4%)
Emotional support	56 (26.9%)
Other	11 (5.3%)

Percentages were calculated using the total number of survey respondents (n=208).

The table above summarizes the perceived benefits of WeMentor⁺ reported by participants of the survey. The most reported perceived benefits were “*Networking opportunities*” (53.4%), followed by “*Improved clinical skills*” (48.1%), and “*Better understanding of organizational culture*” (42.8%). A moderate proportion was reported for “*Enhanced career development opportunities*” (37.0%), followed by “*Improved patient care*” (30.3%), “*Increased job satisfaction*” (28.4%), and “*Emotional support*” (26.9%).

Table 9. Overall Perceived benefits of WeMentor+ based on Duration of Use

Length of using WeMentor+	Perceived Benefits				
	Extremely beneficial	Very beneficial	Moderately beneficial	Slightly beneficial	Not at all beneficial
Less than 1 month (n=130)	33 (25.4%)	46 (35.4%)	37 (28.5%)	10 (7.80%)	4 (3.08%)
2-3 months (n=32)	9 (28.1%)	11 (34.4%)	8 (25.0%)	2 (6.25%)	2 (6.25%)
4 months (n=14)	7 (50.0%)	1 (7.14%)	6 (42.9%)		

Percentages were calculated using the number of participants in each category by row.

The table above summarizes how participants perceived the benefits of WeMentor+ across different lengths of use. Participants who used the app for less than 1 month rated WeMentor+ as *Very beneficial* (35.4%) or *moderately beneficial* (28.5%). For participants who used WeMentor+ for 2 to 3 months, the majority rated the app as *Very beneficial* (34.4%).

The participants who used the app for 4 months showed the highest positive perception with half the number of participants rating WeMentor+ as *Extremely beneficial*.

Table 10. Perceived Benefits of WeMentor+ based on Frequency of Use

Frequency of using WeMentor+	Perceived Benefits				
	Extremely beneficial	Very beneficial	Moderately beneficial	Slightly beneficial	Not at all beneficial
Daily (n=19)	13 (68.4%)	4 (21.6%)	1 (5.3%)	1 (5.3%)	
2-3x /week (n=17)	3 (17.6%)	6 (35.3%)	6 (35.3%)	2 (11.8%)	
1x /week (n=18)	6 (33.3%)	9 (50.0%)	3 (16.7%)		
A few times a month (n=45)	12 (26.7%)	18 (40.0%)	11 (24.4%)	3 (6.67%)	1(2.22%)
1x /month (n=33)	5 (15.2%)	13 (39.4%)	11 (33.3%)	2 (6.7%)	2 (6.7%)
1x /several months (n=45)	10 (22.2%)	10 (22.2%)	18 (40.0%)	4 (8.9%)	3 (6.7%)

Percentages were calculated using the number of participants in each category by row.

The table above shows a cross tabulation that summarizes participants' frequency of using WeMentor+ by their rating of how beneficial they find the app. For participants who use the app "Daily", most rated WeMentor+ as "Extremely beneficial" (68.4%). A few participants rated "Very beneficial" (21.6%), and there was a balanced distribution of participants rating the app as "Moderately beneficial" and "Slightly beneficial" (5.3%).

Table 11. Effectiveness of WeMentor+ in providing in-the-moment-support

Effectiveness of WeMentor+	Total Number of Survey Response
Extremely effective	45 (24.9%)
Very effective	58 (32.0%)
Moderately effective	48 (26.5%)
Slightly effective	18 (9.9%)
Not at all effective	12 (6.6%)

Percentages were calculated using the total number of survey responses to the survey question (n=181).

The table above summarizes how effective participants felt WeMentor+ was in providing in the moment support. Most participants found WeMentor+ to be “Very effective” (32.0%), followed by “Moderately effective” (26.5%), and “Extremely effective” (24.9%). A small number of participants reported WeMentor+ as “Slightly effective” (9.9%), and “Not at all effective” (6.6%).

Table 12. Effectiveness of WeMentor+ providing in-the-moment support achieving professional development goals

Achievement of Professional Goals	Effectiveness of WeMentor+				
	Extremely effective	Very effective	Moderately effective	Slightly effective	Not at all effective
Yes (n=87)	36 (41.4%)	37 (42.5%)	11 (12.6%)	2 (2.3%)	1 (1.1%)
No (n=17)		1 (5.9%)	5 (29.4%)	5 (29.4%)	6 (35.3%)
Prefer not to answer (n=72)	9 (12.5%)	19 (26.4%)	29 (40.3%)	11 (15.3%)	4 (5.6%)

Percentages were calculated using the number of participants in each category by row.

The table above shows a cross tabulation that summarizes participants’ achievement of professional goals with the help of the app by their rating of WeMentor+’s effectiveness. For participants who answered “Yes”, the most rated WeMentor+ as “Very effective” (42.5%) followed by “Extremely effective” (41.4%). Several participants rated the app as “Moderately effective” (12.6%), and a very small number of participants rated the app as “Slightly effective” (2.3%) and “Not at all effective” (1.1%).

Most participants who did not achieve their professional goals rated the app as “Not at all effective” (35.3%), followed by “Slightly effective” and “Moderately effective” (29.4%). Only one participant rated the app as “Very effective” (5.9%).

For participants who preferred not to answer if the app helped achieve their professional goals, most rated the app as “Moderately effective” (40.3%), followed by “Very effective” (26.4%). Several rated the app as “Extremely effective” (12.5%) and “Slightly effective” (15.3%). A very small number rated the app as “Not at all effective” (5.6%).

Table 13. Effectiveness of WeMentor⁺ and comfort discussing challenges and goals with mentors/mentees

Comfort discussing challenges or goals with mentor/mentee	Effectiveness of WeMentor ⁺				
	Extremely effective	Very effective	Moderately effective	Slightly effective	Not at all effective
Yes (n=119)	40 (33.6%)	36 (30.3%)	26 (21.8%)	12 (10.1%)	5 (4.2%)
No (n=8)	1 (12.5%)	5 (62.5%)	1 (12.5%)		1 (12.5%)
Prefer not to answer (n=51)	4 (7.8%)	16 (31.4%)	19 (37.3%)	6 (11.8%)	6 (11.8%)

Percentages were calculated using the number of participants in each category by row.

The table above shows a cross tabulation that summarizes participants' comfort of discussing their challenges and goals by their rating of WeMentor⁺'s effectiveness. Most participants who were comfortable rated WeMentor⁺ as *"Extremely effective"* (33.6%), followed by *"Very effective"* (30.3%), and *"Moderately effective"* (21.8%). A few participants rated WeMentor⁺ as *"Slightly effective"* (10.1%).

For participants who were not comfortable, most participants rated WeMentor⁺ as *"Very effective"* (62.5%).

Most participants that preferred not to answer if they were comfortable discussing their challenges/goals, rated WeMentor⁺ as *"Moderately effective"* (37.3%), followed by *"Very effective"* (31.4%). The same number of participants rated WeMentor⁺ as *"Slightly effective"* and *"Not at all effective"* (11.8%). A very small number of participants rated the app as *"Extremely effective"* (7.8%).

Table 14. Barriers of WeMentor⁺ Reported from Survey Participants

Barriers	Total Number of Survey Responses
Lack of time	119 (57.2%)
Lack of available mentors/mentees	31 (14.9%)
Inadequate support from management	10 (4.8%)
Lack of structured program	26 (12.5%)
Unclear expectations	38 (18.3%)
Other	11 (5.3%)

Percentages were calculated using the total number of survey participants (n=208).

The table above summarizes the barriers of WeMentor⁺ participants experienced. The most reported barrier was *"Lack of time"* (57.2%). A moderate proportion of participants experienced other barriers such as *"Unclear expectations"* (18.3%), *"Lack of available mentors/mentees"* (14.9%), and *"Lack of structured program"* (12.5%). A small number of participants reported the barrier *"Inadequate support from management"* (4.8%).

Table 15. Resources/Support to improve WeMentor+ Reported from Survey Participants

Resources/Support to improve WeMentor+	Total Number of Survey Responses
Additional training	118 (56.7%)
Access to mentorship resources	84 (40.4%)
Improvement on the app usability	43 (20.7%)
Other	7 (3.4%)

Percentages were calculated using the total number of survey respondents (n=208).

The table above summarizes the resources/support participants feel would improve WeMentor+. The most reported resource was “Additional training” (56.7%), followed by “Access to mentorship resources” (40.4%), and “Improvement on the app usability” (20.7%). A small number of participants answered “Other” for resources that could help improve the app, with one participant stating “*Get a % probability match based on questions/scenarios and individual answers. Kinda like a dating app, but specific to industry, overarching values, clinical interests*”. Another participant suggested that protocols and procedures have easier access.

Appendix E: Recognition and Scholarly Dissemination

Figure 9 shows the team at the RNFOO Gala 2025, celebrating one of the team members' awards, while Figure 10 features Farah Khan and Kamini Kalia at the ICN Congress in Helsinki, Finland where their poster presentation sparked international interest. The team's commitment to scholarly activity is further shown in Figure 11 with an oral presentation at the Canadian Nursing Informatics Association and Figure 12, where the team presented WeMentor+ to the Toronto Academic Health Science Network (TAHSN) Chief Nursing Executives.



Figure 9. The WeMentor+ Team during the RNFOO Gala 2025



Figure 10. Farah Khan & Kamini Kalia in their poster presentation at ICN Conference 2025 in Helsinki, Finland



Figure 11. Domino Puson and Kamini Kalia presenting at the CNIA Conference 2025



Figure 12. Farah Khan, Kamini Kalia and Domino Puson at TAHSN

Figure 13 shows Domino Puson and Wendy Campbell presenting at a RAO 2025 BPSO Global Summit event, while Figure 14 captures a moving moment at the annual THP "Back to School" event. Back to School is THP's largest organizational education day offered to all employees where Domino Puson shared his journey as an Internationally Educated Nurse (IEN) finding his dream job as project coordinator, an experience that resonated deeply with the audience and increased organizational awareness about the innovation.



Figure 13. Domino Puson, Wendy Campbell (Working Group for Evaluation) and THP colleagues in RNAO 2025 BPSO Global Summit



Figure 14. WeMentor+ Booth at Back-to-School 2025

Figure 15 depicts Domino Puson presenting at the Advance Practice Nurse (APN) Conference drove high attendee engagement. This phase of the journey was punctuated by the team receiving the THP Sustainable Innovations Award, recognizing the project's lasting impact (Fig 16).



Figure 15. Domino Puson presenting in APN Conference 2025



Figure 16. The WeMentor+ team receiving the award as first in the Sustainable Innovations Award 2025 at THP

Figure 17 represents the future of WeMentor+. Domino Puson is pictured with the Internationally Educated Health Professional (IEHP) Team, signaling the project's expansion beyond the nursing profession. As the project moves ahead, the roadmap focuses on sustaining this innovation through new funding streams, expanding to provincial markets, and pursuing global opportunities to support the healthcare workforce worldwide.



Figure 17. Domino Puson (WeMentor+ Project Coordinator) with the Internationally Educated Health Professionals

Appendix F: Graphic User Interface of the App

A. Mobile Devices

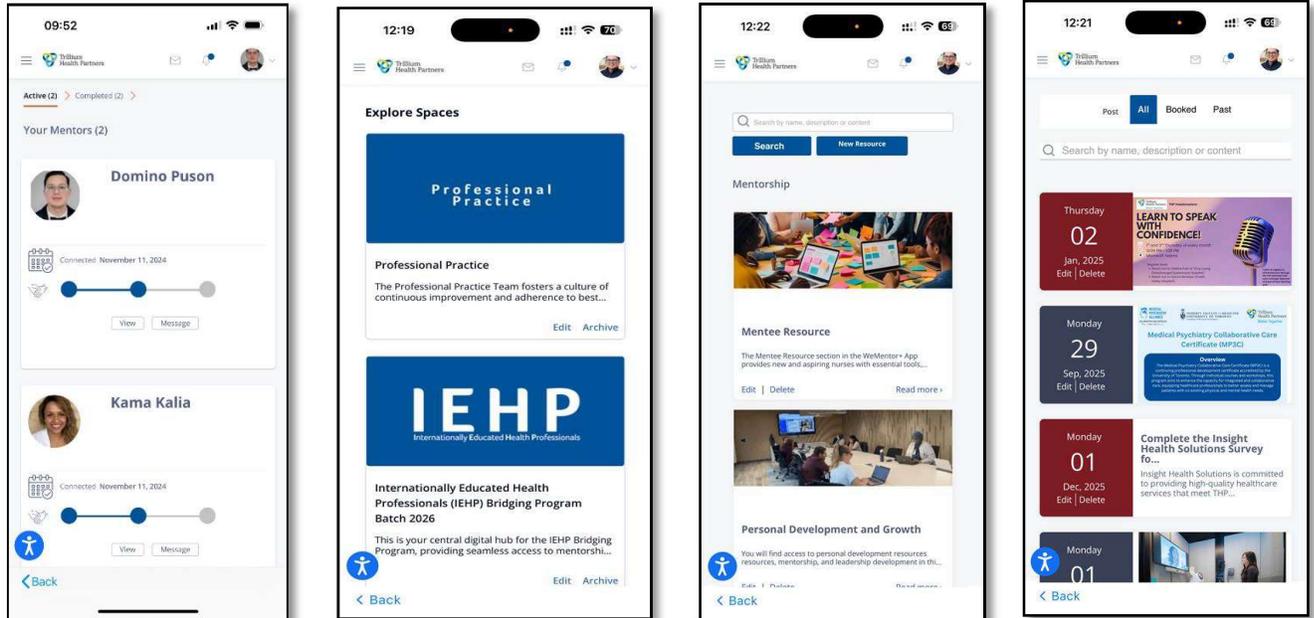


Figure 18. Mobile device graphic user interface (GUI) of the WeMentor+ application

B. Desktop

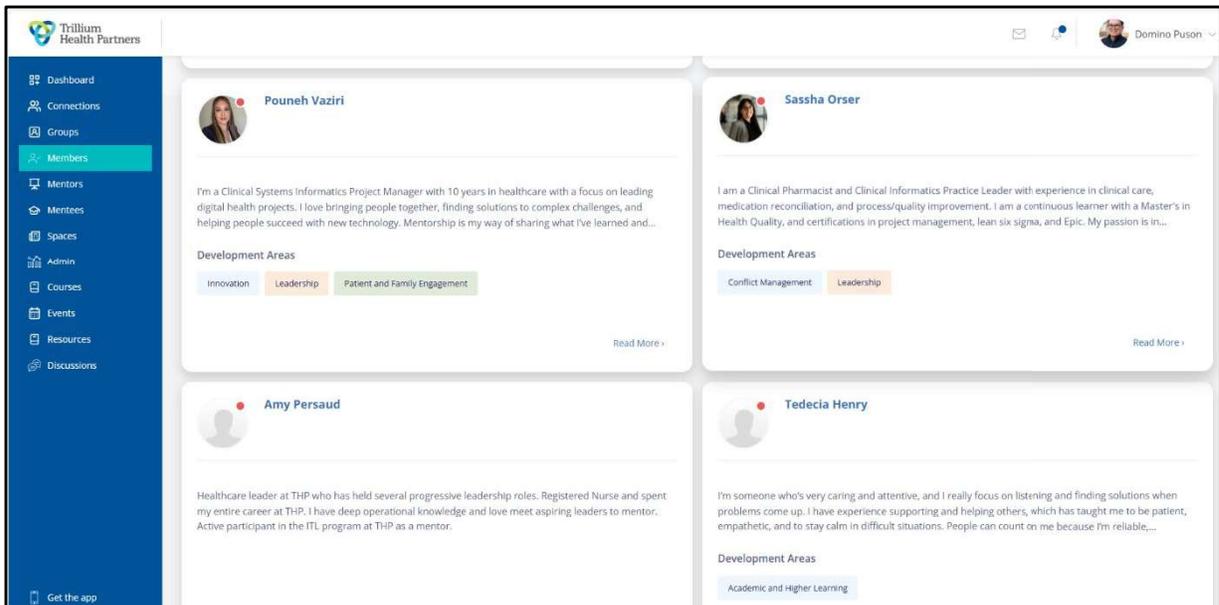


Figure 19. Desktop graphic user interface of the WeMentor+ App showing the users of the app.



Appendix G: Promotional Materials & Media Presence



Figure 20. WeMentor+ Brochure (Front)



Figure 21. WeMentor+ Brochure (Back)



Figure 22. 30-Second WeMentor+ Promo Video

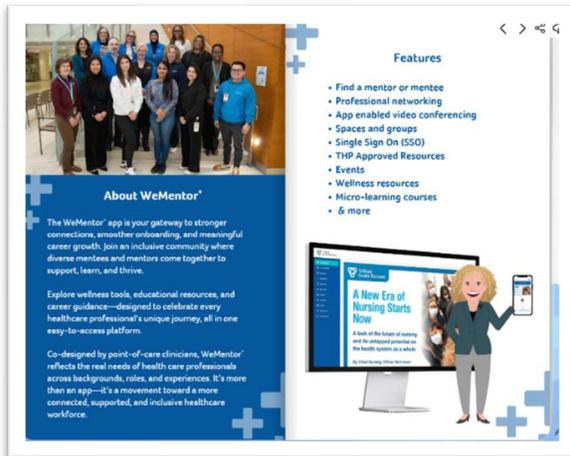


Figure 23. WeMentor+ Flipbook

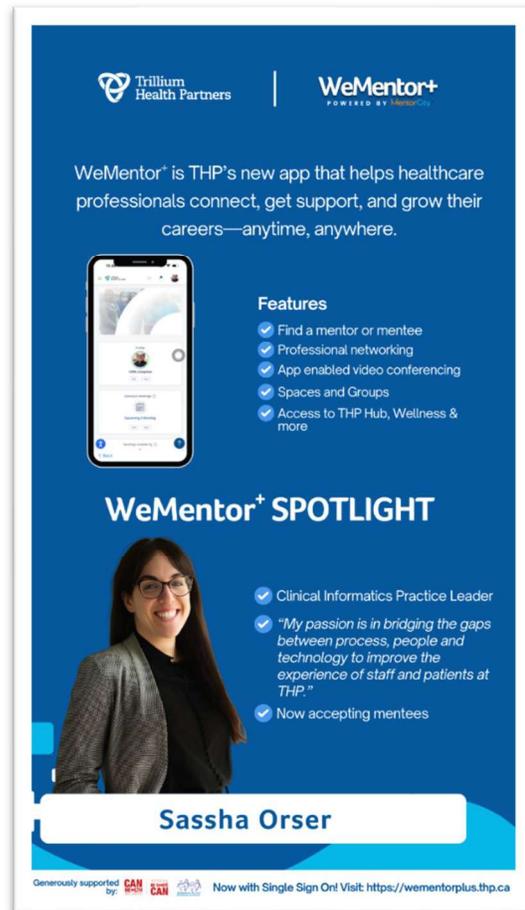


Figure 24. WeMentor+ Promo Signage



Figure 25. WeMentor+ LED Promo



Figure 27. THP social media post featuring WeMentor+



Figure 26. WeMentor+ Live Open House



Figure 28. WeMentor+ Podcast

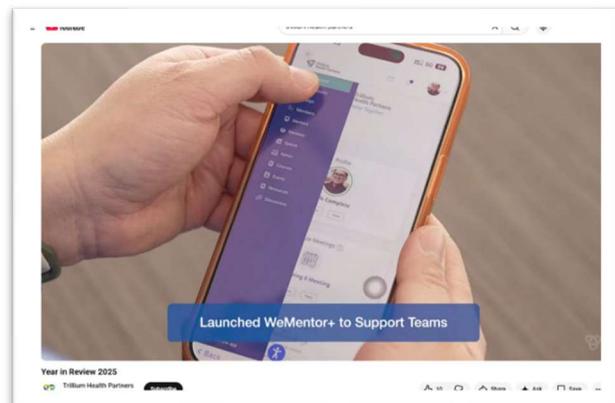


Figure 29. WeMentor+ featured in THP Year in Review 2025 video

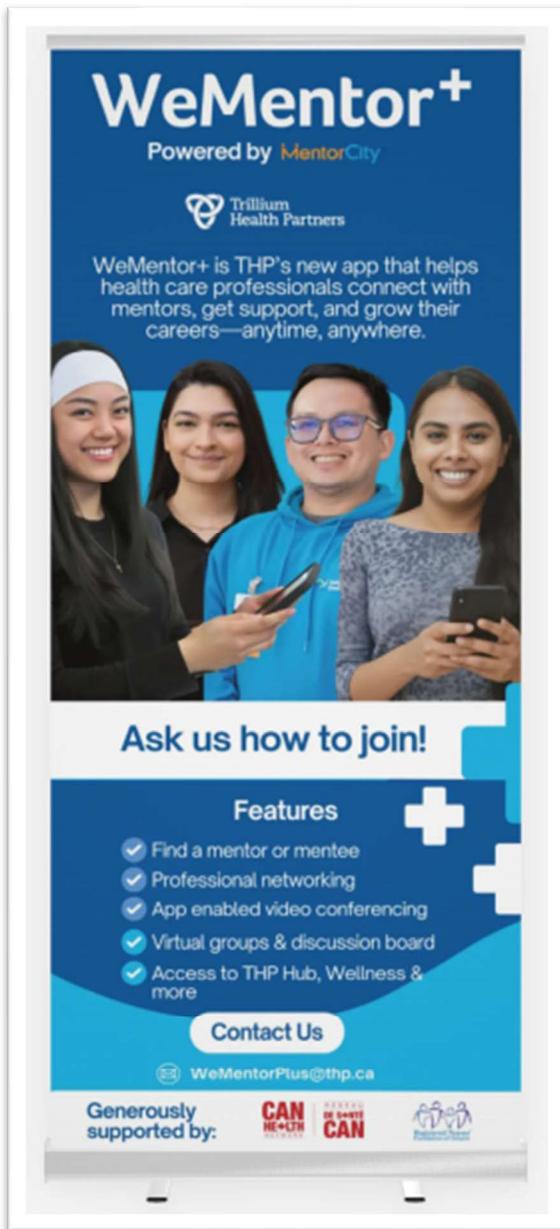
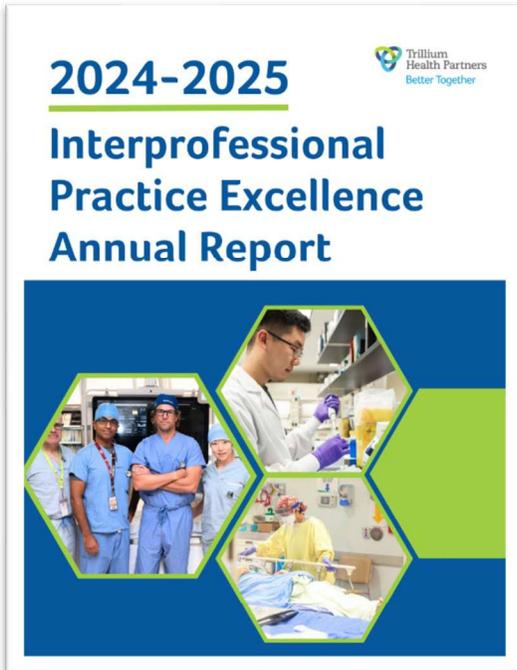


Figure 30. WeMentor+ promotional materials e.g. retractable banners, posters, water bottles and pens



2024-2025

Interprofessional Practice Excellence Annual Report



Featured Article
WeMentor+ - A Digital Solution for Inclusivity, Mentorship, and Guidance

Authors: Farah Khan, RN MN, Senior Vice President, Patient Care Services; Kamini Kalia, RN, MScN, CPMHNC, Director, Health Information and Informatics Solutions and Domino Puson, RN, Project Coordinator



Nurse recruitment and retention are critical challenges in health care often intensified by burnout and high turnover rates. To address this, Trillium Health Partners (THP) launched the WeMentor+ app in November 2024, a groundbreaking digital solution designed to connect nurses at all stages of their careers. Funded by the Registered Nurses Foundation of Ontario (RNFOO) and the CAN Health Network, the app platform allows nurses to easily find mentors or mentees, fostering community and collaboration. More than a connection tool, the app offers resources, educational materials, and real-time support, aiming to enhance the onboarding experience and improve workforce retention.

Members of the WeMentor+ team, alongside THP senior leadership, executive sponsors, members of the steering committee and the project's working group, gather to strengthen mentorship and professional development initiatives.

The WeMentor+ app is built on the principles of equity, diversity, and inclusion, offering features that support professional development and wellbeing. Nurses can create personalized profiles, discover networking opportunities, access educational resources, establish mentorship relationships, and track career goals. The platform also includes discussion boards for idea sharing, real-time support from colleagues, scheduling tools for video calls with mentors, and resources to promote emotional wellbeing and work-life balance.

Since its soft launch, WeMentor+ has received positive feedback from over 59 mentees and 58 mentors. Early adopters have praised WeMentor+ for its user-friendly design, valuable resources, and ability to strengthen connections within the THP nursing community.

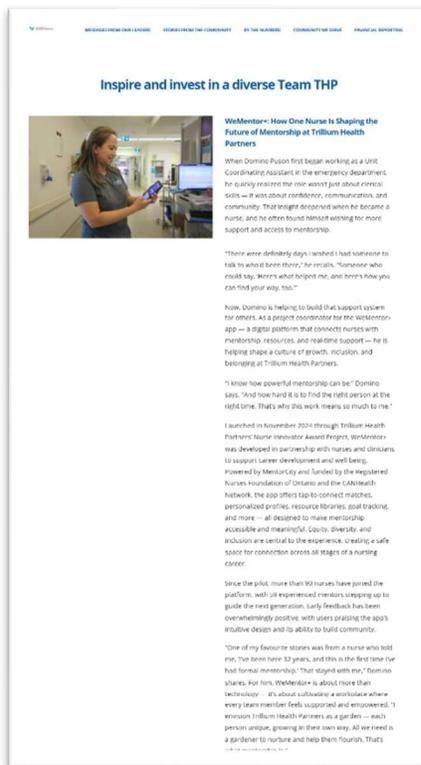
Looking ahead, the app utilization will expand by September 2025, incorporating user feedback to introduce updated features and extend its reach across nursing and interprofessional teams at THP.

"The WeMentor+ is a game changer for all nurses and all stages of their careers – offering real-time support, resources, and access to experienced mentors to help you feel confident in every situation."
– Mubina Butt, Champion & Superuser from 4J at MH*



Relevant Publications:
Kalia, K., Khan, F., Puson, D., & Irwin, T. (2025). Digital Mentorship - A Transformative Tool for the Modern Day Nurse. [Oral Presentation] Canadian Nursing Informatics Association Conference. Toronto, ON, Canada. <https://onia.ca/>
Kalia, K., Khan, F. & Irwin, T. (2025). WeMentor+: An Innovative Digital Mentorship App for Nurses. [Poster Presentation] International Council of Nurses Congress 2025 Helsinki, Helsinki, Finland. <https://www.icn.int/website/icc-congress-2025-helsinki>

Figure 31. WeMentor+ featured in the Interprofessional Practice Excellence Annual Report



Inspire and invest in a diverse Team THP



WeMentor+: How One Nurse is Shaping the Future of Mentorship at Trillium Health Partners

When Domino Puson first began working as a Unit Coordinator Assistant in the emergency department, he quickly realized the role wasn't just about clerical skills – it was about mentorship, communication, and consistency. That insight resonated when he became a nurse, and he often found himself asking for more support and access to mentorship.

"There were definitely days I wished I had someone to talk to when I wasn't there," he recalls. "Someone who could say, 'Here's what helped me, and here's how you can find your way too.'"

Now, Domino is helping to build that support system for others. As a project coordinator for the WeMentor+ app – a digital platform that connects nurses with mentorship, resources, and real-time support – he is helping shape a culture of growth, inclusion, and belonging at Trillium Health Partners.

"I know how powerful mentorship can be," Domino says. "And how hard it is to find the right person at the right time. That's why this work means so much to me."

Launched in November 2024 through Trillium Health Partners' Nurse Innovator Award Program, WeMentor+ was developed in partnership with nurses and clinicians to support career development and well-being. Powered by MentorCity and funded by the Registered Nurses Foundation of Ontario and the CAN Health Network, the app offers tools to connect matches, personalized profiles, resource libraries, goal tracking, and more – all designed to make mentorship accessible and meaningful. Equity, diversity, and inclusion are central to the experience, creating a safe space for connection across all stages of a nursing career.

Since the pilot, more than 90 nurses have joined the platform, with 48 experienced mentors stepping up to guide the next generation. Early feedback has been overwhelmingly positive, with users praising the app's intuitive design and its ability to build community.

"One of my favourite stories was from a nurse who told me, 'I've been here 32 years, and this is the first time I've had formal mentorship.' That stayed with me," Domino shares. "For him, mentorship is about more than technology – it's about cultivating a workplace where every team member feels supported and empowered. I envision Trillium Health Partners as a garden – each person unique, growing in their own way. All we need is a gardener to nurture and help them flourish. That's

Figure 32. WeMentor+ featured in THP website



NURSING WEEK
SUPPORTED

Ensuring nurses have the supports they need to stay healthy

Organizations and hospitals offer health, mental health, training and mentoring programs to ensure those who care for others are also being cared for.

Updated May 12, 2025 at 10:16 a.m. | May 10, 2025 | 3 min read



Organizations and hospitals offer several programs to ensure nurses have the supports they need to stay healthy and safe while also caring for others.

By Kathy Buckworth Special to the Star

Erin Ariss, provincial president of the Ontario Nurses Association (ONA), said that nursing is the most dangerous job in health care. "The prevalence of injuries, assaults, psychological violence in nursing exceeds all other professions put together, which shows why we need so many supports," she said.

May 12 to 18 marks National Nursing Week, an annual week of recognition that is timed to coincide with the birthday of one of the most famous nurses in history, Florence Nightingale, an English social reformer from the late 1800s who is considered the founder of modern nursing.

This year, the theme of nursing week is "The power of nurses to transform health." But, the transformation of health, and by extension health care, also requires that our nurses are able to protect and take care of their own well-being, Ariss said.

"We represent over 60,000 nursing healthcare professions across all sectors of health care and beyond," said Ariss. "In our collective agreements, there's a number of things that we've certainly fought for and achieved where in some sectors, for some individuals, they receive unlimited mental health benefits."

But Ariss said she does not necessarily see this as a win. "It's actually quite telling that we require unlimited mental health benefits because of our working conditions." Beyond their collective agreement, Ariss said there are additional supports available for nurses.

"The most important thing that we're seeing develop over the past few years in particular is this sense of community and togetherness," she said. "Because we know that isolation doesn't improve anyone's health. We're seeing thousands of nurses joining together in the sense of community in this sense of in the spirit of camaraderie, to take action, and to advocate for themselves and our patients, and that is huge."

"(This is) a huge improvement over where we were before, where we suffered, were abused and neglected in silence and in isolation."

Ariss said there is still work to be done. "We are seeing the fallout. We know that burnout rates are higher than any other sector. We know that. There's been disruption in families, in childcare and elder care and that is a result of the exhaustion that nurses face."

The ONA is not the only organization looking at how it can support its members. Hospitals also recognize the stresses that their nurses are under and are constantly improving the resources they provide to nurses. Terri Irwin is the chief nursing executive and executive vice-president of patient care services, for Trillium Health Partners (THP).

"I have to start by saying how incredibly proud we are of over 4,500 nurses here at THP and recognize that their work is not only complex and demanding, but also completely emotional."

Irwin said Trillium is working hard to create an environment where nurses feel supported, valued and empowered to grow, through three main targeted strategies.

"The first thing is support for mental health. The second thing is mentorship. And the third thing is professional growth," said Irwin. "In terms of mental health, we have our regular supports that are offered through our benefit programs. But in addition to that, we do offer additional mental health counseling sessions through our partnership with Insight Health Solutions."

Irwin said this is in addition to the supports that its staff has available through its employee, family and assistance program, which is something that it fairly consistently offered across hospitals in Ontario. Within THP's People Services Team there is also a wellness team that provide individuals or team leads with several counseling sessions per calendar year.

On the mentorship side of things, Irwin said, the hospital has partnered with the federal government in launching the Nursing Retention Toolkit. Started in March 2024, it is a national program meant to support and retain the 450,000 members of Canada's largest group of regulated health professionals.

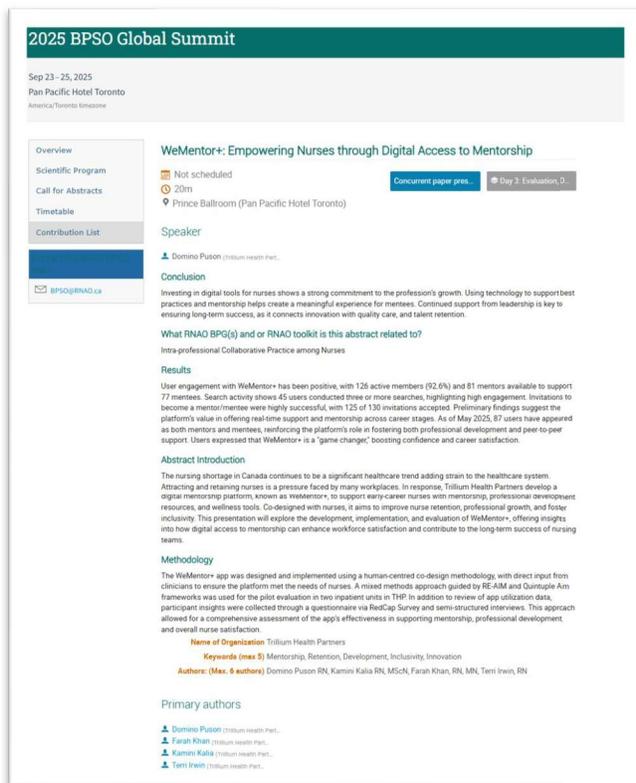
"We have paid a lot of attention to this in terms of ensuring that we have support for novice nurses who are entering into the workforce to ensure that they feel supported to transition because we know through evidence that novice nurses are most likely to leave the profession within the first couple of years because of the stress that they face," said Irwin.

THP, she said, has also incorporated technology as part of their support plan, with the introduction of the WeMentor+ app for its members, through the support of the Registered Nurses Foundation of Ontario. This app is designed to connect experienced nurses with novice nurses to provide mentorship in the moment, or after the medical situation has been dealt with.

THP has also launched its TIPS — Transition to Independent Practice Support — program which allows for novice and experienced nurses to learn through a simulation-based environment. Irwin said that while it is important for THP to focus on novice nurses, it also wants to support and retain all its nurses.

"For our mid-career and experienced nurses here at THP, we have a program that's called Investing in our People. Nurses who have a certain amount of experience under their belt are supported to develop and attend formal education and training," Irwin said.

Figure 33. The Toronto Star mentions WeMentor+



2025 BPSO Global Summit
Sep 23 - 25, 2025
Pan Pacific Hotel Toronto
America/Toronto (timezone)

WeMentor+: Empowering Nurses through Digital Access to Mentorship

Not scheduled
20m
Prince Ballroom (Pan Pacific Hotel Toronto)

Speaker
Domino Puson (Trillium Health Part.)

Conclusion
Investing in digital tools for nurses shows a strong commitment to the profession's growth. Using technology to support best practices and mentorship helps create a meaningful experience for mentees. Continued support from leadership is key in ensuring long-term success, as it connects innovation with quality care, and talent retention.

What RNAO BPQ(s) and/or RNAO toolkit is this abstract related to?
Intra-professional Collaborative Practice among Nurses

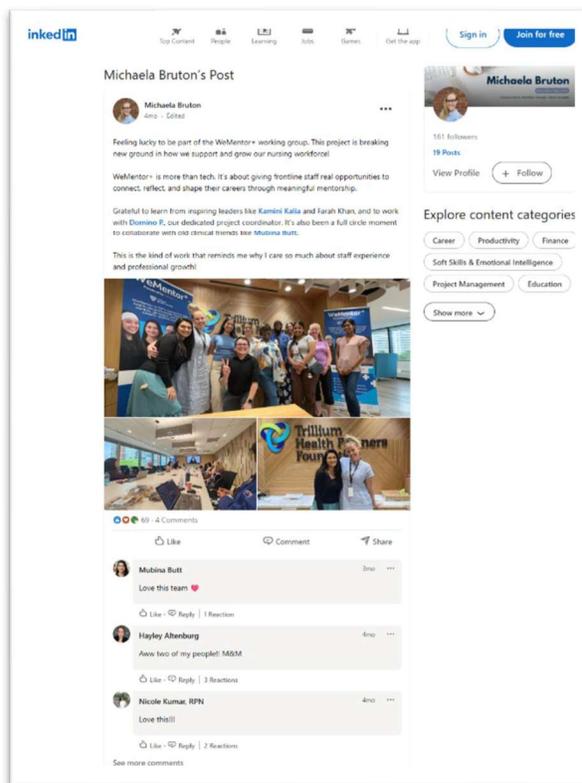
Results
User engagement with WeMentor+ has been positive, with 125 active members (92.6%) and 81 mentors available to support 77 mentees. Search activity shows 45 users conducted three or more searches, highlighting high engagement. Invitations to become a mentor/mentee were highly successful, with 125 of 130 invitations accepted. Preliminary findings suggest the platform's value in offering real-time support and mentorship across career stages. As of May 2025, 87 users have appeared as both mentors and mentees, reinforcing the platform's role in fostering both professional development and peer-to-peer support. Users expressed that WeMentor+ is a "game changer," boosting confidence and career satisfaction.

Abstract Introduction
The nursing shortage in Canada continues to be a significant healthcare trend adding strain to the healthcare system. Attracting and retaining nurses is a pressure faced by many workplaces. In response, Trillium Health Partners develop a digital mentorship platform, known as WeMentor+, to support early-career nurses with mentorship, professional development resources, and wellness tools. Co-designed with nurses, it aims to improve nurse retention, professional growth, and foster inclusivity. This presentation will explore the development, implementation, and evaluation of WeMentor+, offering insights into how digital access to mentorship can enhance workforce satisfaction and contribute to the long-term success of nursing teams.

Methodology
The WeMentor+ app was designed and implemented using a human-centred co-design methodology, with direct input from clinicians to ensure the platform met the needs of nurses. A mixed methods approach guided by RE-AIM and Quintuple Aim frameworks was used for the pilot evaluation in two inpatient units in THP. In addition to review of app utilization data, participant insights were collected through a questionnaire via RedCap Survey and semi-structured interviews. This approach allowed for a comprehensive assessment of the app's effectiveness in supporting mentorship, professional development, and overall nurse satisfaction.

Name of Organization: Trillium Health Partners
Keywords (max. 5): Mentorship, Retention, Development, Inclusivity, Innovation
Authors (Max. 6 authors): Domino Puson RN, Kamini Kalia RN, MScN, Farah Khan, RN, MN, Terri Irwin, RN

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Michaela Bruton's Post

Feeling lucky to be part of the WeMentor+ working group. This project is breaking new ground in how we support and grow our nursing workforce!

WeMentor+ is more than tech. It's about giving frontline staff real opportunities to connect, reflect and shape their careers through meaningful mentorship.

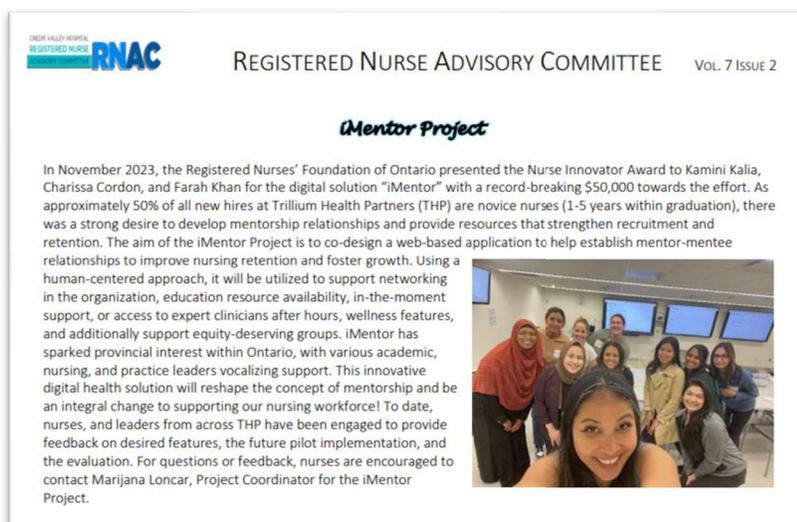
Grateful to learn from inspiring leaders like Kamini Kalia and Farah Khan, and to work with Domino P., our dedicated project coordinator. It's also been a full circle moment to collaborate with our clinical trends team *Muhsina Butt*.

This is the kind of work that reminds me why I care so much about staff experience and professional growth!

Comments:
Mubina Butt: Love this team!
Hayley Ahenburg: Aww two of my people! M&M
Nicole Kumar, RPN: Love this!!

Figure 34. WeMentor+ Presentation in RNAO 2025 BPSO Global Summit

Figure 35. LinkedIn post that mentions WeMentor+



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REGISTERED NURSE ADVISORY COMMITTEE VOL. 7 ISSUE 2

iMentor Project

In November 2023, the Registered Nurses' Foundation of Ontario presented the Nurse Innovator Award to Kamini Kalia, Charissa Cordon, and Farah Khan for the digital solution "iMentor" with a record-breaking \$50,000 towards the effort. As approximately 50% of all new hires at Trillium Health Partners (THP) are novice nurses (1-5 years within graduation), there was a strong desire to develop mentorship relationships and provide resources that strengthen recruitment and retention. The aim of the iMentor Project is to co-design a web-based application to help establish mentor-mentee relationships to improve nursing retention and foster growth. Using a human-centered approach, it will be utilized to support networking in the organization, education resource availability, in-the-moment support, or access to expert clinicians after hours, wellness features, and additionally support equity-deserving groups. iMentor has sparked provincial interest within Ontario, with various academic, nursing, and practice leaders vocalizing support. This innovative digital health solution will reshape the concept of mentorship and be an integral change to supporting our nursing workforce! To date, nurses, and leaders from across THP have been engaged to provide feedback on desired features, the future pilot implementation, and the evaluation. For questions or feedback, nurses are encouraged to contact Marijana Loncar, Project Coordinator for the iMentor Project.



Figure 36. THP's RNAC featured WeMentor+

Acknowledgements

We extend our deepest gratitude to the dedicated leaders and project team members whose vision and commitment brought the WeMentor⁺ project to life. Our sincere thanks begin with the Executive Sponsors, including Terri Irwin, Dr. Amir Ginzburg, Danielle Sanagan, and Simone Harrington, whose strategic oversight and unwavering support cleared the path for innovation. We are equally grateful to the Steering Committee for their high-level guidance on human-centered design and integration, as well as the Working Groups—on Evaluation and Design & Implementation—who translated complex ideas into a functional, equity-centered digital reality.

This achievement was built upon a foundation of collaboration that began during the initiation phase, where Dr. Charissa Cordon also contributed in shaping the project's early direction and securing the initial project momentum of which the project team is grateful for. The project's growth was further fueled by the essential contributions of the Communications team, who amplified the vision, and the Equity team, who ensured the platform remained inclusive and accessible. We also want to recognize the critical partnership of Human Resources (HR) and our union colleagues from ONA and CUPE, whose early engagement ensured the project aligned with the professional and operational needs of our diverse workforce. We thank the Institute for Better Health (IBH) who is a critical strategic and research partner in the WeMentor⁺ Project.

We owe the success of our real-world testing to the point-of-care leaders and staff in our pilot areas, specifically thank the directors, managers and the clinical educators in the Neuro-MSK program: 1J & 4J in Mississauga site and the Credit Valley Hospital Emergency Department and the Clinical Resource Team (CRT) for their hands-on leadership and support.

This journey was made possible through the generous support and partnership of the RNFOO, whose Nursing Innovator Award provided the catalyst for this work, and CAN Health Network, whose collaboration has been instrumental in scaling this innovation. We are grateful to the MentorCity team (Shawn Mintz and Brian Anderson) who has technically brought our vision to life. By integrating WeMentor⁺ into THP daily workflows, our clinical teams and partners have transformed a digital concept into a transformative tool for nursing mentorship and professional growth.

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