



South Western  
Academic  
Health Network

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**SWAHN Conference 2019:**  
***Promoting and Sustaining Psychological  
Wellness in Health Care Clinicians,  
Learners, and Educators***

**Thursday, October 17, 2019**

Parkwood Institute  
St. Joseph's Health Care London  
London, Ontario

**Conference Proceedings**

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## OVERVIEW:

The SouthWestern Academic Health Network (SWAHN) engages health care, academic, research, and community organizations in the South West and Erie St. Clair Local Health Integration Network regions, as well as the School of Pharmacy at the University of Waterloo (located within the Waterloo-Wellington Local Health Integration Network region). Together, these organizations work towards fulfilling SWAHN's purpose to transform health in Southwestern Ontario through integrating excellence in research, education, and clinical practice, while facilitating interprofessional collaboration, networking, and knowledge-sharing opportunities. SWAHN is guided by the voices of patients, families, caregivers, researchers, learners, educators, and health service providers in its work.

In tandem with its core strategies, SWAHN's Conference on October 17, 2019 was designed to provide an opportunity for SWAHN's contributors, volunteers, and other stakeholders to participate in knowledge sharing and networking around the theme of psychological wellness. This full-day event began with a keynote presentation by Dr. Javeed Sukhera, Interim Chair & Associate Professor, Division of Child & Adolescent Psychiatry, Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University, focused on "*Stigma in the Mirror: Addressing Psychological Wellness through Implicit Bias Recognition and Management.*"

Mr. Andrew Harkness, Workplace Safety & Prevention Services, discussed the National Standard for Psychological Health & Safety in the Workplace, and was followed by Ms. Debra Miller who provided an overview of how St. Joseph's Health Care London has worked to implement the Standard. Mr. Neil Mackenzie and Ms. Alexis Erickson of the Department of Chronic Disease and Injury Prevention, Windsor-Essex County Health Unit, discussed the development of a program to address training, education, and support needs of first responders to help build their mental health literacy and resiliency given the mental and post-traumatic stress they regularly encounter in their work.

Following a presentation by Mr. Andrew Williams (President & CEO, Huron Perth Healthcare Alliance; Member, SWAHN Secretariat and Network Contributor) who shared SWAHN updates with the audience, a panel presentation was assembled. The panel, focused on psychological wellness in health care learners, was facilitated by Dr. Gillian Kernaghan (President & CEO, St. Joseph's Health Care London; Co-Chair, SWAHN Secretariat and Network Contributors' Roundtable). Panelists included Dr. Donald Farquhar (Assistant Dean, Learner Equity & Wellness, Schulich School of Medicine & Dentistry, Western University) and current students Ms. Nastaran Keshmiri, School of Pharmacy, University of Waterloo, and Mr. Zachary Weiss, Schulich School of Medicine & Dentistry, Western University. This panel highlighted the importance of embedding learner wellness principles within the culture of health care programs.

The day closed with Dr. Mithu Sen, Acting Vice Dean, Faculty Affairs, Schulich School of Medicine & Dentistry, Western University, who discussed faculty wellness. In her presentation, Dr. Sen highlighted the importance of acknowledging the variant needs of individuals as they progress through the different stages of their careers. She also spoke to the challenges of burnout among health care professionals. In an effort to address faculty wellness, the Schulich School of Medicine & Dentistry has developed and implemented an award-winning framework, which includes increased resources focused on wellness and self-awareness as well as mentorship programs, which offer career guidance.

Slide-deck presentations are available on SWAHN's website: <http://www.swahn.ca/41/Resources/>

In their evaluation of the conference, attendees noted that:

- They enhanced their understanding of psychological wellness and its importance in the workplace. (Participants collectively rated the conference as an effective learning experience with a Likert score of 4.5 out of 5.)
- The SWAHN region has a vast network of local individuals who are conducting projects and who have expertise in the area of wellness. We have great resources locally that should be optimized.
- Positive steps toward improving overall psychological wellness are underway. However, this topic requires continued attention and progress.

The following conference themes came to light through the question and answer periods after each presentation as well as through evaluation form responses:

- There is value in collaboration and networking with respect to psychological wellness.
- There is a need for continuous culture and system change in organizations to improve psychological wellness.
- Addressing implicit bias contributes to improved patient care.

## CONFERENCE HIGHLIGHTS:

- SWAHN was pleased to hold its annual conference at Parkwood Institute, St. Joseph's Health Care London.
- Conference objectives:
  - To engage SWAHN's contributors in knowledge sharing regarding the promotion and sustainability of clinician, learner, and educator psychological wellness.
  - To provide an opportunity for SWAHN volunteers and stakeholders to network.
  - To highlight SWAHN's new strategic plan, recent activities, and successes.
- Mr. Andrew Shure, (a fourth-year medical student from the Schulich School of Medicine & Dentistry; a SWAHN volunteer and a member of the Interprofessional Education Project Team and IPE Day Planning Committee), provided assistance in compiling this document. We thank Andrew for his efforts to record the information shared by presenters.
- The conference engaged 65 attendees from 20 organizations, faculties, divisions, and programs across the SWAHN region.
- The conference was devoted to thematic presentations related to promoting and sustaining psychological wellness in health care clinicians, learners, and educators.
- Slide-deck presentations from the conference can be found on SWAHN's website:  
<http://www.swahn.ca/41/Resources/>

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## CONFERENCE AGENDA: Thursday, October 17, 2019

<b>9:30 a.m. – 9:45 a.m.</b>	<b>REGISTRATION / NETWORKING</b>
9:45 a.m. – 9:50 a.m.	<b>Greetings / Land Acknowledgement / Conference Overview</b>  <i>Dr. Ken Blanchette, Co-Chair, SWAHN Network Contributors' Roundtable; Associate Vice President, Academic, St. Clair College</i>
9:50 a.m. – 10:30 a.m. (Audience Q&A – 10 minutes)	<b>Key note – Stigma in the Mirror: Addressing Psychological Wellness through Implicit Bias Recognition and Management</b>  <i>Dr. Javeed Sukhera, Interim Chair &amp; Associate Professor, Division of Child &amp; Adolescent Psychiatry, Department of Psychiatry, Schulich School of Medicine &amp; Dentistry, Western University; Senior Designate Physician Lead, Child &amp; Adolescent Psychiatry, Children's Hospital, London Health Sciences Centre</i>  <i>Introduction and Q&amp;A Facilitator: Dr. Ken Blanchette</i>
10:30 a.m. – 11:05 a.m. (Audience Q&A – 10 minutes)	<b>National Standard for Psychological Health &amp; Safety in the Workplace</b>  <i>Mr. Andrew Harkness, Strategy Advisor, Workplace Safety &amp; Prevention Services</i>  <i>Introduction and Q&amp;A Facilitator: Dr. David Edwards, Hallman Director, School of Pharmacy, University of Waterloo</i>
11:05 a.m. – 11:30 a.m.	<b>St. Joseph's Health Care London presentation on the National Standard</b>  <i>Ms. Debra Miller, Psychological Health &amp; Safety Working Group, St. Joseph's Health Care London</i>  <i>Introduction: Dr. Gillian Kernaghan, Co-Chair, SWAHN Network Contributors' Roundtable; President &amp; CEO, St. Joseph's Health Care London</i>
11:30 a.m. – 12:10 p.m. (Audience Q&A – 15 minutes)	<b>First responder curriculum project</b>  <i>Mr. Neil Mackenzie, Manager; Ms. Alexis Erickson, Mental Health Specialist, Department of Chronic Disease and Injury Prevention, Windsor-Essex County Health Unit</i>  <i>Introduction and Q&amp;A Facilitator (for both projects): Dr. Ken Blanchette</i>
<b>12:10 p.m. – 12:40 p.m.</b>	<b>LUNCH / NETWORKING</b>
12:40 p.m. – 12:55 p.m.	<b>SWAHN updates</b> <ul style="list-style-type: none"> <li>• Strategic plan refresh</li> <li>• Stream activities</li> <li>• Other</li> </ul> <i>Mr. Andrew Williams, President &amp; CEO, Huron Perth Healthcare Alliance</i>
12:55 p.m. – 1:40 p.m. (Audience Q&A – 10 minutes)	<b>SWAHN region panel – Psychological Wellness in Health Care Learners</b>  <i>Facilitator, Dr. Gillian Kernaghan</i>  <b>Panelists:</b> <i>Dr. Donald Farquhar, Assistant Dean, Learner Equity &amp; Wellness, Schulich School of Medicine &amp; Dentistry, Western University</i>  <i>Ms. Nastaran Keshmiri, Student, School of Pharmacy, University of Waterloo</i>

	<p><i>Ms. Rachel Lager, Graduate, Gerontology Interprofessional Practice Program, School of Community Studies, Fanshawe College; Current Student, Occupational Therapy, Faculty of Health Sciences, Western University (NOTE: Ms. Lager was unable to attend the conference due to illness.)</i></p> <p><i>Mr. Zachary Weiss, Medical Student, Schulich School of Medicine &amp; Dentistry, Western University</i></p>
<b>1:40 p.m. – 1:50 p.m.</b>	<b>BREAK</b>
<p>1:50 p.m. – 2:25 p.m. (Audience Q&amp;A – 10 minutes)</p>	<p><b>Faculty wellness</b> <i>Dr. Mithu Sen, Acting Vice Dean, Faculty Affairs, Schulich School of Medicine &amp; Dentistry, Western University</i></p> <p><i>Introduction and Q&amp;A Facilitator: Dr. Davy Cheng, Acting Dean, Schulich School of Medicine &amp; Dentistry, Western University</i></p>
<b>2:25 p.m. – 2:30 p.m.</b>	<b>CLOSING REMARKS</b>

## **KEYNOTE – Stigma in the Mirror: Addressing Psychological Wellness through Implicit Bias Recognition and Management**

**Speaker: Dr. Javeed Sukhera, Interim Chair & Associate Professor, Division of Child & Adolescent Psychiatry, Department of Psychiatry, Schulich School of Medicine & Dentistry, Western University; Senior Designate Physician Lead, Child & Adolescent Psychiatry, Children's Hospital, London Health Sciences Centre**

Dr. Sukhera began his presentation with an association exercise for the audience. He asked participants to note the first thing that came to mind when hearing the following words: depression, wellness, suicide, burnout, anxiety, and psychology. Participants then shared their thoughts, initially at their tables, and then with the larger group. This was an intentional exercise to demonstrate that our perspective towards wellness is often fundamentally flawed (i.e., we have a “wellness fetish,” i.e., a perfect destination that is only achieved if we just work harder).

Dr. Sukhera explained that many health care professionals have the wrong attitude towards psychological wellness. Conversations regarding depression and suicide are rarely held, and there is a reluctance among professionals to access services given the associated stigma. While mental health stigma is an example of discrimination and prejudice, it is not addressed particularly well within health care settings.

A video by Brené Brown, PhD., was shared ([https://www.youtube.com/watch?v=RZWf2\\_2L2v8](https://www.youtube.com/watch?v=RZWf2_2L2v8)), which highlighted the concept of blame as a “discharging of discomfort and pain” that is inversely related to accountability. This video noted that in order to move forward, we need to go beyond the notion that there are only “good people” and “bad people.” Using this mindset, Dr. Sukhera indicated the need for a shift in thinking within health care, where patients and healthcare workers recognize their commonalities, shared flaws, and strengths.

The Implicit Association Test helps individuals identify their own implicit biases (<https://implicit.harvard.edu/implicit/canada>) which can be automatic and unrecognized in spite of the best intentions. Three core themes were identified with respect to addressing (if not overcoming) one's biases: challenging norms (stereotype modification, counter-stereotype imaging), cultivating compassion (mindful practice, individuation), and enhancing empathy (practicing perspective taking, seeking social contact). These three areas align to courage, compassion, and connection. A longitudinal follow-up of implicit bias training created space for teams to increase their vulnerability to their own mental health stressors (Sukhera et al., 2018).

Another video from Dr. Brown (<https://www.youtube.com/watch?v=1Evwgu369Jw>) illustrated the difference between sympathy and empathy, noting that empathy cultivates an environment of compassion and connection.

Dr. Sukhera shared his final thoughts, highlighting the need to look at policies, structures, and societies in order to achieve organizational change, and that the focus needs to be on mental health, not just on mental illness. Programs for change will require transferability, leadership, and additional funding (it is estimated in Ontario mental health is underfunded by \$1.5 Billion), but change is possible.



# National Standard for Psychological Health & Safety in the Workplace

**Speaker: Mr. Andrew Harkness, Strategy Advisor, Workplace Safety & Prevention Services**

On any given week, at least 500,000 employed Canadians are unable to work due to mental illness, and every year there is an estimated \$51 Billion in costs to the Canadian economy due to absenteeism, disability claims, and acquired medical services. Given these statistics, the Mental Health Commission of Canada asked the CSA/BNQ Group to develop a framework to address mental injury in the workplace. The goal was to establish and maintain an effective psychological health and safety system. Released in 2013, the National Standard, “Psychological health and safety in the workplace – Prevention, promotion and guidance to staged implementation,” was the first of its kind worldwide.

This voluntary program is focused on workplace practices and processes, not on individual health issues. Developed by various stakeholders, including employers, workers, and regulators, the Standard encourages shared responsibility and active participation among all workplace stakeholders, with demonstrated commitment from senior management. It is designed for integration with organizational decision-making that focuses on health, safety, awareness, and promotion. The suggested framework should be implemented with continuous adjustments and improvements as appropriate.

This evidence-based standard identifies thirteen psychosocial risk factors to consider in the workplace given their impact on organizational health, employee health, and the financial health of the organization. The Plan, Do, Check, Act review process is embedded within the Standard as a means of continuous improvement. Workplaces do not need to use the entire framework, but can rather tailor it to their needs. To date, there have been over 41,000 downloads of the Standard:

<https://www.mentalhealthcommission.ca/English/what-we-do/workplace/national-standard>

## St. Joseph's Health Care London presentation on the National Standard

**Speaker: Ms. Debra Miller, Psychological Health & Safety Working Group, St. Joseph's Health Care London**

Ms. Debra Miller described the process that St. Joseph's Health Care London (St Joseph's) undertook to implement the National Standard for Psychological Health & Safety. St. Joseph's adopted the CSA Standard in 2015, as part of its strategic plan (2015-2018), with the intent to create a culture that enables its workforce to flourish by attending to the wholeness of individuals: body, mind and spirit.

The Mental Health Commission of Canada identifies 13 psychosocial risk factors including but not limited to civility and respect; organizational culture; recognition and reward; and involvement and influence. Ms. Miller explained that for a health care organization, there are an additional two factors to include: moral distress and psychological self-care. St. Joseph's used these factors to develop an initial policy statement with the intention to identify and mitigate hazards; find strategies for prevention of risk and prevention of harm; and recommend manageable ways to resolve issues and incidents. With the understanding that there are three dimensions of psychological safety (organizational work environment, local work environment, and individual health), St. Joseph's sought to build strategies that reinforced its '*vital behaviours*': speak up, hold each other accountable, and ask for help (in order to do so).

Strategy development for implementing the Standard was data-driven, primarily with employee and physician surveys, but also through the analysis of disability claims, where 30% of the organization's claims were related to mental illness/stress (i.e., comparable to musculoskeletal issues). St. Joseph's uses employee and physician survey data from the *Psychological Health Action Report* (a sub-report NRC Health survey processes used since 2013). 2017 data showed that 96% of leaders felt they were respected at work; in comparison, only 77% of non-leader workers (Registered Nurses, allied health professionals, and other administrative staff) indicated they felt respected at work. This data brought to light the differences between the perceptions of leaders and the perceptions of the teams working with them.

For continued improvement, St. Joseph's developed a working group with four priorities to:

- address the experiences of lack of civility and disrespect in the workplace;
- ensure there is a "systems view" for psychological safety;
- build on our sense of community and strengthen our culture;
- support leaders and teams to better understand mental health issues in the workplace, and the resources that are available to support everyone.

In addition to a "Civility Strategies Action Plan," the working group has developed the "R4 Strategy" (Respect, Relationships, Resilience, and Recognition) to support community and culture building for teams in the workplace. At present, the working group is focusing on identifying metrics for year over year improvement, contributing to accreditation readiness, testing new tools to advance civility (and use of the policy in place), and implementing a new resource toolkit for psychological health. An evaluation plan to review all of the strategies is also underway.

## First Responder Curriculum Project

**Speakers: Mr. Neil Mackenzie, Manager; Ms. Alexis Erickson, Mental Health Specialist, Department of Chronic Disease and Injury Prevention, Windsor-Essex County Health Unit**

A Canadian survey found that 44.5% of first responder participants reported one or more symptoms consistent with mental health disorders (Carleton et al., 2018). Additionally, the Mental Health Commission of Canada (2016) found that 23 first responders and five military members died by suicide in 2013. Given this data, in 2016, the Ministry of Labour (MOL) amended the Workplace Safety and Insurance Act with Bill 163: Supporting Ontario's First Responder Act, Post-Traumatic Stress Disorder (MOL, 2016). In 2017, the Ministry of Labour issued a call for program proposals as part of the Occupational Health, Safety, and Prevention Innovation Program (OHSPiP) (MOL, 2017). Focus areas for the OHSPiP program included: 1) training and education for occupations where on-the-job traumatic mental/post-traumatic stress can be prevalent and 2) the development of programs or services to support workers dealing with mental health issues (MOL, 2017).

In 2017, the Canadian Mental Health Association - Windsor-Essex County Branch (CMHA W-ECB), the Windsor-Essex County Health Unit (WECHU), several first responder organizations, and other agencies across Windsor-Essex County formed a First Responder Mental Health Coalition (FRMHC) to prepare an OHSPiP program proposal for an *Innovative Approach to Promoting and Supporting Mental Health in Windsor-Essex County First Responders*. The program proposal was submitted and approved for funding by the Ministry of Labour. Mr. Mackenzie and Ms. Erickson discussed the WECHU's role in the First Responder Mental Health Coalition (FRMHC) and the OHSPiP Ministry of Labour Grant.

The WECHU supported the CMHA W-ECB and first responder organizations in the following ways:

- writing the OHSPiP grant application;
- assisting Family Services Windsor-Essex (FSWE) with the development and dissemination of a First Responder Family Member Survey that assessed the mental health needs of first responder family members;
- developing a mental health literacy and resiliency-based training module to embed into first responder curriculum programs at local post-secondary institutions in Windsor-Essex County.

The First Responder Family Member Mental Health Survey, first initiated in the fall of 2018, had a fantastic response, with 2,691 survey respondents. FSWE presented the results of the survey at the First Responder Mental Health Coalition meeting on October 17, 2019.

The goal of the First Responder Curriculum Project is to develop a mental health literacy and resiliency-based curriculum module to embed into post-secondary programs for first responder students in Windsor-Essex County. The project intends to enhance resiliency in first responder students through modules that explore topics such as occupational stress, self-care, and confronting stigma. The WECHU plans to work with St. Clair College and the University of Windsor to implement the curriculum, potentially extending it to other first responder and post-secondary organizations in the future. An initial needs assessment is currently underway to develop an understanding of the key concepts related to mental health literacy for first responder students, barriers to implementation of a training module into first responder post-secondary programs, and considerations for sustainability and scaling of the training module. Data collection includes a stratified sampling approach through one-hour in-person and/or telephone interviews. Targeted groups include senior administrators, peer support members/experienced leaders (with five or more years of experience), and front line first responder staff (with less than two years of experience). Targeted groups also include senior administrators, program coordinators/departments heads or equivalent, and professors/course instructors at post-secondary institutions in Windsor-Essex County, as well as senior administrators and emergency room nurses/physicians at healthcare organizations in Windsor-Essex County. Interviews are currently in process. This project is still in its early stages. Future steps include synthesizing the needs assessment results and writing a final report, developing the modules, reviewing with the FRMHC, piloting the project, and evaluating the training modules.

## SWAHN Region Panel – Psychological Wellness in Health Care Learners

**Panelists:** Dr. Donald Farquhar, Assistant Dean, Learner Equity & Wellness, Schulich School of Medicine & Dentistry, Western University; Ms. Nastaran Keshmiri, Student, School of Pharmacy, University of Waterloo; Mr. Zachary Weiss, Medical Student, Schulich School of Medicine & Dentistry, Western University

**NOTE:** *The summaries below are the paraphrased responses to each question.*

### ***What wellness concerns are you hearing from students?***

**Educator's perspective:** The biggest concern is the high expectations for learners in a compressed timeframe. Learners feel that expectations, compounded by a new form of evaluation (competency-based medical education) make them subject to more observation and scrutiny.

**Learners' perspective:** Learners are expected to thrive in a competitive environment when they are already burnt out. Issues faced now are different from the past and there is a disconnect about this change between students and faculty, leading to a lack of wellness supports. It is also difficult to find a balance between the workload and self-care. More resources are needed to support students and to teach them coping mechanisms for the stresses of school.

### ***What is your perception of the faculty's impression of what learners may need? Do you think there is a gap between what students need and the perception of your faculty and what they think you may need?***

**Educator's perspective:** What faculty think they need for themselves is very much what students need as well. The set of pressures is different but the buy-in for wellness is the same. We need to focus on identifying ways of building resilience for both students and practicing physicians. Wellness is a combination of personal resilience and a system that values well-being, so the systems and cultures in place need to emphasize wellness too. We need a system that focuses on creating greater efficiencies to reduce burnout.

**Learners' perspective:** There is a willingness for the administration to change but it is not focused enough on wellness. Wellness initiatives should not be another thing to add on top of schedules but should be embedded in our education. With respect to the University of Waterloo, there have been more mental health resources available to students. However they are not accessible to students who are located at sites off of the main campus.

### ***What resources and services are you aware of that are in place to help at Schulich?***

**Learners' perspective:** At the Schulich School of Medicine & Dentistry, there is the Learner Equity Wellness (LEW) Office, which is a psychological support service built into the medical school. It offers career and psychological counselling, and students can book an appointment at any time. Turnaround appointment times are under a week, so it has a relatively shorter waiting list than other support services.

### ***In follow up...Is there any stigma about using it? How well is the service accessed?***

**Educator's perspective:** As Assistant Dean of the LEW, support is provided to residents who are suffering and have been referred by either a preceptor or peer, or the individuals themselves. There is a steady stream of users of the LEW. Health promotion is important for learners – people do not want to sit through lectures of wellness. Debriefs can be facilitated to address feelings and emotions of residents, for example, after major traumatic events.

**Learners' perspective:** People who use the LEW really enjoy it. Support is often helpful and timely. There is an issue however with data collection. The LEW does not collect enough data to truly understand the problems students are facing. There is a disconnect: no communication in either direction regarding what is being done and what problems are being faced. There is animosity between the students and the LEW because students think the LEW is not listening, but at the same time, students are not communicating the best they can. This miscommunication leads to the offering of resources that may not be needed, while other services that would be helpful, are not offered. With respect to pharmacy students, counseling services are available off-site but they are generally booked solid and highly used.

***What are 2-3 changes that you suggest we should be looking at that would improve the psychological wellness of learners - both while at school and as they enter the work environment? What would you be looking for as changes?***

**Educator's perspective:** There needs to be more focus on role modeling and the learning environment. There needs to be methods of measuring well-being in the learning environment – note that these environments are all unique microenvironments. Also, we should look towards role modeling with individuals who model a good work-life integration. Students are often looking to speak with others who have struggled with the same issues, but have built resilience and overcome them.

**Learners' perspective:** First, there needs to be acknowledgement of the severity of the problem. Inattention to one's training will impact one's ability to optimize health care. A systemic change needs to occur, starting with acknowledgement. We also need to change the framing of wellness education to one that is a staple of the curriculum – every lecture should include wellness. There also needs to be better communication and data collection between students and their institutions to figure out what the problems are in order to find solutions. In addition, students need to find a way to balance their own mental health while caring for patients. Preceptorships and managers can be helpful. There are barriers to access for some resources where the wait times are long or the availability (timing) of resources does not work with student co-op schedules. That said, educators should teach students how to cope with challenges in order to build resiliency.

#### **Audience Q&A:**

**Are there student groups for support or studying for school? Are there internal support groups, as opposed to external support from the school?** There are student groups that work alone or alongside the LEW Office that speak to wellness events. Talking with peers may be helpful, but it does not address the underlying issue. The system causes issues in the first place and help only comes when individuals are already ill, so there needs to be more proactive, systemic solutions.

**Are many of the mental stresses during school intrinsic or extrinsic factors? How can we indirectly address issues students are facing outside of school that can influence their performance?** Stresses come from both intrinsic and extrinsic factors – the most common being burnout. Part of burnout is intrinsic, but there are definitely extrinsic values. For example, organizational inefficiencies and malalignment of values between organizations and individuals can lead to burn out. Quoting Rabbi Hillel:

- "If I am not for myself, who is for me?" As health care professionals, we often confuse self-interest with selfishness.
- "But if I am only for myself, then what am I?" You have to be an individual fitting into an organization, so we need to work on the culture, framework, and develop relationships to make the system work.
- "If not now, when?" Implies that if we identify a problem, we need to start solving it right away.

**Are Schwartz Rounds worth exploring for learners?** Schwartz Rounds, originating from the United States, are a form of critical incident rounds, giving more space to emotions and being able to talk about vulnerabilities. Sunnybrook Hospital is the only hospital in Ontario right now that has embedded these rounds as part of their culture.

## Faculty Wellness

**Speaker: Dr. Mithu Sen, Acting Vice Dean, Faculty Affairs, Schulich School of Medicine & Dentistry, Western University**

Dr. Mithu Sen introduced the Faculty Wellness Program at the Schulich School of Medicine & Dentistry, noting that wellness in the workplace can lead to overall life wellness. In order to address faculty wellness, it is important to acknowledge the various stages of the faculty career life cycle and that individuals will have different goals and needs at different points in the cycle. Dr. Sen explained that the CanMEDS 2015 professional framework highlights the importance of milestones and competencies to optimize work-life integration.

One particular burden that hinders faculty wellness is burnout. The rates of burnout are particularly high within academic medicine. Christina Maslach, PhD., an American social psychologist and professor emerita, developed the *Maslach Burnout Inventory*, which describes the symptoms of burnout as emotional exhaustion, depersonalization, and a low sense of personal accomplishment. All work settings have reported symptoms of burnout (>40%). The data shows that lack of control and respect are commonly reported elements as are concerns with career satisfaction, work-life integration, and presenteeism. In the United States, 19,000 physicians were surveyed, with a reported 14% having previous thoughts of suicide (with no attempt), and 1% having attempted suicide. In a National Population Health Survey of the Canadian Medical Association, 82% of respondents said they had high resilience. However, rates of burnout (30%), depression (34%), and suicidal ideation (19%) were significant. This highlights the need for system approaches. (Note: In Canada, there is no comprehensive data on faculty working in the areas of dentistry or basic medical sciences.)

Using the results of Western University's 2012 "We Speak" survey (where 62% of respondents highlighted a need for work-life balance), a Faculty Wellness Committee was created in 2014 with attention to three areas: body, mind, and spirit. The Faculty Wellness Framework was established to focus on individual, organization, and systems-level wellness. Implementation has involved increased resources on the faculty website, motivational speakers, conferences focused on wellness and self-awareness, time specifically to attend to oneself, as well as mentorship programs. Over the past year, exceptional faculty mentorship was recognized through three individual awards. In addition to these awards, the Schulich School of Medicine & Dentistry at Western University is continuing to take active steps to enhance its faculty wellness program – a program that has received national and international recognition, including "Best in Class" awards in 2016, 2017, and 2018 from the Association of American Medical Colleges.

## CONFERENCE THEMES

The following conference themes came to light through the question and answer periods after each presentation as well as through evaluation form responses submitted by attendees:

- There is a need for continuous culture and system change in organizations, as well the implementation of role modelling, to improve psychological wellness.
- Addressing implicit and explicit bias contributes to improved patient care.
- Implementation of the National Standard for Psychological Health and Safety in the Workplace is key. The Standard is available for download and the Mental Health Commission of Canada has created several resources (including a free toolkit) which can assist in implementation.
- There is value in collaboration and networking with respect to psychological wellness.
- Psychological wellness needs to be embedded in the curriculum as well as in training to reduce learner burnout; to assist in building resilience in future clinicians; and improve the future of health care

## **APPENDICES**



## **APPENDIX 1: OVERVIEW OF THE SOUTHWESTERN ACADEMIC HEALTH NETWORK (SWAHN)**

SWAHN's purpose is to transform health in Southwestern Ontario through integrating excellence in research, education, and clinical practice while facilitating interprofessional collaboration, networking, and knowledge-sharing opportunities. We are guided by the voices of patients, families, caregivers, researchers, learners, educators, and health service providers in our work.

SWAHN's catchment area includes the South West and Erie St. Clair Local Health Integration Network regions as well as the School of Pharmacy at the University of Waterloo.

SWAHN's Network Contributors' Roundtable (NCR) includes representation from the Network's 19 financial contributors, ensuring that they have an opportunity to participate equally in priority setting and strategic planning. The NCR is Co-Chaired by Dr. Gillian Kernaghan, President and Chief Executive Officer of St. Joseph's Health Care London, and Dr. Ken Blanchette, Associate Vice President, Academic at St. Clair College in Windsor.

Financial support is provided to fund SWAHN's operations from the following organizations (in alphabetical order):

- Bluewater Health
- Chatham-Kent Health Alliance
- Erie St. Clair Local Health Integration Network
- Fanshawe College
- Grey Bruce Health Services
- Hotel-Dieu Grace Healthcare
- Huron Perth Healthcare Alliance
- Lambton College
- Lawson Health Research Institute
- London Health Sciences Centre
- McCormick Care Group
- St. Clair College
- St. Joseph's Health Care London
- South West Local Health Integration Network
- University of Waterloo, School of Pharmacy
- University of Windsor
- Western University, Faculty of Health Sciences
- Western University, Schulich School of Medicine & Dentistry
- Windsor Regional Hospital

Dr. William (Bill) Sischek, Integrated Vice President, Medical & Academic Affairs, London Health Sciences Centre and St. Joseph's Health Care London, and Dr. Davy Cheng, Acting Dean, Schulich School of Medicine & Dentistry at Western University are SWAHN's Co-Leads in the areas of Interprofessional Collaboration and Knowledge Generation & Translation. Projects in these two streams align to SWAHN's focus on research, education, and clinical practice. These projects address priorities for the region including palliative care, interprofessional education, Choosing Wisely, and nutrition.

SWAHN's strategic plan is available on our website: <http://swahn.ca/41/Resources/>

## APPENDIX 2: CONFERENCE EVALUATION FORM



**SWAHN 2019 CONFERENCE EVALUATION**  
**Thursday, October 17, 2019**  
*Promoting and Sustaining Psychological Wellness  
in Health Care Clinicians, Learners, and Educators*

SWAHN would like to receive your feedback and constructive recommendations in order to improve events like this one in the future. Please be as specific as possible in your ratings and comments. Thank you.

**Conference objectives:**

- To engage SWAHN's contributors in knowledge sharing regarding the promotion and sustainability of clinician, learner, and educator psychological wellness.
- To provide an opportunity for SWAHN volunteers and stakeholders to network.
- To highlight SWAHN's new strategic plan, recent activities, and successes

**In your opinion, how would you rate this event on the following factors? (Please circle the appropriate number)**

Please use the scale: 5 = strongly agree to 1 = strongly disagree					
a) The event's contents were relevant to me.	5	4	3	2	1
b) The event satisfied my personal expectations.	5	4	3	2	1
c) The event allowed me to network with people from other organizations.	5	4	3	2	1
d) The event has motivated me to connect with others from different organizations to potentially collaborate on projects post-conference.	5	4	3	2	1
e) The event increased my awareness and understanding of SWAHN's function, activities, and successes.	5	4	3	2	1
f) The event increased my understanding of the value of SWAHN.	5	4	3	2	1
g) The content delivered by the speakers increased my understanding of promoting and sustaining psychological wellness.	5	4	3	2	1
h) Overall, the event was an effective learning experience.	5	4	3	2	1
i) I hope to attend future SWAHN events based on my experience today.	5	4	3	2	1
j) Commercial influence did not bias today's event.	5	4	3	2	1

**1. What was the most important thing that you learned today?**

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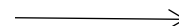
**2. Describe at least one thing that you will do differently based on what you learned today.**

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**Please turn the page over**



**3. Specify any changes that you think would have made this SWAHN event more effective.**

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**4. What advice do you have for SWAHN regarding its role in spreading knowledge on psychological wellness across Southwestern Ontario to provide value to its stakeholders?**

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**5. What topics would you like addressed at future SWAHN events?**

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**6. Please provide any additional comments about today's program.**

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**Thank you for completing this evaluation form.**

**If you would like to be involved with SWAHN in its work, please let us know!**

## APPENDIX 3: CONFERENCE EVALUATION FORM RESPONSES

**Responses to Likert Scale Questions:** Using the following scale (5=strongly agree to 1=strongly disagree), participants responded as follows.

In your opinion how would you rate this event on the following factors? (Please circle the appropriate number)

Please use the scale: 5 = strongly agree to 1 = strongly disagree	
a) The event's contents were relevant to me.	4.59 (39 responses) 92%
b) The event satisfied my personal expectations.	4.41 (39 responses) 88%
c) The event allowed me to network with people from other organizations.	3.92 (39 responses) 78%
d) The event has motivated me to connect with others from different organizations to potentially collaborate on projects post-conference.	3.67 (39 responses) 73%
e) The event increased my awareness and understanding of SWAHN's function, activities, and successes.	4.38 (39 responses) 88%
f) The event increased my understanding of the value of SWAHN.	4.38 (39 responses) 88%
g) The content delivered by the speakers increased my understanding of promoting and sustaining psychological wellness.	4.62 (39 responses) 92%
h) Overall, the event was an effective learning experience.	4.54 (39 responses) 91%
i) I hope to attend future SWAHN events based on my experience today.	4.63 (38 responses) 93%
j) Commercial influence did not bias today's event.	4.84 (37 responses) 97%

### ***Verbatim Narrative Responses:***

#### **1. What was the most important thing that you learned today?**

- Steps are being made towards improving overall psychological wellness but there is still a long way to go
- The first responders program in WEC
- Implicit bias in the workplace and how it contributes to the care patients receive in health care
- What is happening with our health network right now at different facilities. Really great to hear about other facilities programs and progress
- Difference between mental health/illness. Dr. Sukhera was excellent.
- Great speakers and PowerPoints. Super important issues.
- Perfectionism is toxic – we don't encourage people to learn from progress. We need to change that.
- How important the "wellness" definition is.
- St. Joe's implementation of standards – concrete examples, strategies, experience
- Engaging families of workers in feedback is incredibly valuable (Emergency response)

### **APPENDIX 3: CONFERENCE EVALUATION FORM RESPONSES (continued)**

- Psychological wellness is an ongoing process and we need to incorporate resiliency training early on.
- How to connect/network with professionals at different organizations for our project, opportunities to collaborate
- Key note speaker really set the tone and template for all the other speakers
- How we need to embed a focus on wellness into every aspect of our life
- Great speakers
- The importance of avoiding mental injury due to workplace/school factors
- Directly hearing from students
- Implicit bias
- Blame – accountability relationships. Speak up. First responder survey to family members. Interesting
- Presentation by Dr. Sukhera – "concept of wellness – what does it mean to us"
- We need to have a systemic approach to improving wellness
- The struggle is real and everyone has a reason to be part of the solution
- The need for continuous culture change, not just a wellness "program"
- Need to consider more discussion about the hard topics (depression, suicidal ideation, mental illness) as part of the overall conversation
- Mental illness, wellness, awareness of mental illness to learners, faculty and health care
- The issue of mental health and wellness is being addressed in many contexts within our community and I intend to reach out to see how the work already being done could help our organization
- Dr. Sukhera's comments on look at mental illness differently, NOT a workshop, and focus on the roles of leaders modelling behaviours
- Learning needs assessment for coping/resilience curriculum for first responders
- There is a common desire amongst medical professionals for strategies and policy changes to support the mental wellbeing of those in our industry
- The existence of the CSA National Standard for Psychological Health & Safety
- A reminder about implicit-explicit bias
- Dr. Sukhera's presentation was extremely thought provoking. Wellness programs will not be effective if we don't address stigma. Very powerful.
- It was great to see that so many people and organizations are committed to human wellness.

**2. Describe at least one thing that you will do differently based on what you learned today.**

- Speak up for mental health, advocate whenever an opportunity presents itself
- I will become more aware of resources offered for mental health for the population I work with (i.e. children)
- Some more focus on actionable items and suggestions on what's working
- Some reference materials to explore
- Will read Standards.
- Motivated to be more empathetic, not so much sympathetic.
- Take info back to our organization's working group
- [First responders project] Take this to wellness committee.
- I will be a role model for wellness that my students can look up to.
- Break in the morning – short break, maybe 10 minutes
- Eliminate the break in the afternoon
- Be accountable... don't blame
- New lens to understand how I can implement more wellness initiatives in my unit
- Better self-care. More empathy towards students
- Sustain our character strengths training in student orientation at the placement site
- Allow first and last speakers more time. Schedule a morning break. You saw how many people walking out to go to the washroom and them missing parts of presentations.
- Continue to build on bias, stigma, understanding [sic] and teaching.
- All good

### **APPENDIX 3: CONFERENCE EVALUATION FORM RESPONSES (continued)**

- Schedule may need to afford at least a couple of stretch opportunities between speakers – integrate wellness needs!
- Think more about culture change to ensure workplace psychological safety
- Consider blame vs accountability and share this with my team as a way to encourage reflection and mindful decisions around responses.
- Empathy than sympathy. Less blame, more accountability.
- To consider my own bias in my attitude towards others.
- Ask more genuinely about mental health
- Personal wellness in balance with systemic interventions
- I will advocate for and work to implement more peer and mentor-based psychological support sessions at my university
- Be aware of extension of stresses to family members
- Continue to practice self-care and to ensure I maintain my prayer and medication practice
- Be more mindful and help others to reflect more. To create those opportunities. Role modeling is key.
- In my own teaching, I will consider implementing more wellness time and will consider my own wellness more in relation to my life and career.

#### **3. Specify any changes that you think would have made this SWAHN event more effective.**

- Include a variety of learners, not just medical students
- Have more interactive or active learning activities
- More inclusion of other work settings/specialties within health care, specifically academia
- It seems nursing was under-represented in attendance. Wonder if interdisciplinary an aim?
- Will be interesting to see role of SWAHN as LHINs are phased out
- Practical advice on where to start, what to implement at an organization with employees. Know that a one-size fits all solution doesn't work (e.g. to promote empathy – how?)
- Plentiful networking activities. Provide contact information, roles and employer email addresses for all participants.
- Better integration between presenters (data would have been helpful upfront). Key note was good but would have liked to hear more from this presentation regarding what's working in wellness and what is not.
- More roundtable discussions and learning from attendees.
- Slides in materials would be nice as some were hard to read
- Opportunity to know roles in the room and to network. Purposeful time set aside to share one key aspect of how each of our roles intersect with academia.
- Some interactivity
- No!
- Facilitate more networking. Increase presence of other healthcare professionals like pharmacists.
- Some table discussions about what we were learning – a bit more interaction
- Perhaps for more interactive/table/small group sessions.
- A quick stretch break between speakers would have helped with focus on later speakers.
- I will look forward to receiving the slides afterwards.
- Some prompt/encouragement to network. More opportunity to ask questions.
- Maybe some presentation from Sarnia/Chatham/STEGH
- More time for audience questions, comments, and feedback. Also making more sessions interactive and interdisciplinary like panel presentations.
- Having a psychologist be a part of the event.
- I think more strategies to take home back into our everyday teaching and lives would be appreciated.

### **APPENDIX 3: CONFERENCE EVALUATION FORM RESPONSES (continued)**

#### **4. What advice do you have for SWAHN regarding its role in spreading knowledge on psychological wellness across Southwestern Ontario to provide value to its stakeholders?**

- Engage with local organizations within different areas in SW Ontario and increase scope to reach a wider audience (e.g. university students)
- Tight package of reference materials and papers
- Keep in the eye of the students in healthcare/professions on regular basis. Young generations are super important.
- Target key leaderships in academic and health care facilities to promote uptake and implementation
- Go to students
- Gathering more organizations trying to implement standards/wellness to share practical experiences and data to allow for knowledge sharing.
- More sharing tools? Web area?
- Keep sharing success stories and research/articles that can be translated
- Have it as an enhanced area of focus moving forward
- Continue step by step
- Sending out information via leadership- Senior executives and through occupational health departments
- There is no 1 right way. Collecting or devising a network with people who are focused on this in their workplace.
- Keep disseminating info – good job today!
- Team communication.
- I will reach out to presenters to get further information.
- Spread Dr. Sukhera's message especially.
- Would it be useful to rotate the site such as Windsor?
- Better communicate the dire reality of this problem to convince people to come to the table to discuss and enact change
- How close of a relationship does SWAHN have with the College of Psychologists of Ontario? There would be good networking and advocating that could happen with the College and psychologists in Ontario. Psychologists need to be supported to be accessible to people that need them.
- More public awareness events.

#### **5. What topics would you like addressed at future SWAHN events?**

- Addressing mental health in other practitioners e.g. OT/PT, gradual development of mental health issues not marked by a single traumatic event
- Relationships of mental health and lifestyle – physical activity and nutrition
- Look at/discuss academic and mental health
- We can all agree about the importance of psych health and wellness, but more examples of actioned programs and how they were implemented/evaluated would be helpful
- Interprofessional education, palliative care, aging populations/care
- Multiple generations in workplace. Changes in dynamics.
- Self-compassion and mindfulness, system integration strategies for sustainable change
- Health system changes (OHT) – how to align research with new/changing system.
- Action plan suggestions for wellness programs
- Canadian data – physician wellness
- Mental health and wellness for individuals working in the mental health fields (e.g. social workers, psychologists, etc)
- Key focus on how best to translate research activities into our day-to-day lives
- IPE – learning activities, debriefing, assessment
- Emotional intelligence
- Managing the front lines (all staff, volunteers, etc) safety (psychological and risk of violence) with the ability to manage patient/client care needs. E.g. how you manage "hard to care" for patients without stigmatizing them.

### **APPENDIX 3: CONFERENCE EVALUATION FORM RESPONSES (continued)**

- Academic teaching and research collaboration in OHT
- The issues of opioid addictions and the declining population of Canada as a result
- Caregiver focus. Unpaid helpers vs PSWs, LHIN
- What does OHT mean to SWAHN?
- The systemic and institutional issues that lead to lower quality patient care, increased wait times, and growing healthcare costs
- The future of international students in healthcare. Too many students are brought in and educated with nowhere to go.

**6. Please provide any additional comments about today's program.**

- Great speakers, great variation of topics
- First SWAHN program I have attended. Opening everyone introducing themselves would have been helpful to know who was in the room
- Great day. Thank you for all your hard work.
- All speakers were excellent. Really appreciated Dr. Sukhera's keynote address. Could have listened more to him. Thank you.
- Any chance of creating some interactional activities to make it more experiential.
- Still unclear how someone could get involved with SWAHN if they have clinical/research/academic background.
- Thank you!
- Really enjoyed the panel!
- Great conference!
- Well done Catherine!!
- Well done!
- Morning washroom break needed.
- Well done. Liked 3 questions: 1) If I'm not for myself, who is? 2) But if I am only for myself, than what am I? 3) If not now, when?
- Great conference – nice start and end time. I did not feel rushed.
- Thank you!!
- Speakers were well informed and engaging.
- Thank you to Catherine and her team.
- Well done
- Excellent location.
- Excellent.
- A very enjoyable, educational, and intimate conference. Thank you for organizing!
- Panel was a great idea. Future panels to incorporate other disciplines: nursing, social work, psychology, etc.
- Excellent job overall.



## APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES

*(In order of appearance)*

### Dr. Ken Blanchette



Dr. Ken Blanchette is currently the Associate Vice President Academic for St. Clair College. His portfolio encompasses the operational oversight and delivery of the academic programming for all three of the college's campuses.

When he joined the college as Chair for the School of Health Sciences in 2010, Ken became the school lead for a \$32 million Centre for Applied Health Sciences building completion and purchasing of state-of-the-art simulation and lab equipment. In 2011, he became responsible for creating and providing opportunities for our local professionals and health care organizations to have the space, resources and continuing education and competency training. Since 2011, he has established collaboration with local hospitals, allied health professions, nurses and physicians and has implemented three new academic programs (Cardiovascular technologist; Diagnostic Medical Sonography; and Respiratory Therapy), to address the local and national needs for health care professionals.

Prior to joining St. Clair College, Dr. Blanchette spent 12 years practicing in Michigan. Ken has a Doctor of Chiropractic, Bachelor of Science in Human Biology, advanced training in Phytochemical and Botanical medicine from the National University of Health Sciences in Lombard, Illinois and a Bachelor of Science from the University of Windsor. He has extensive teaching experience at numerous institutions including Everest College in Windsor, Michigan Board of Education, and the National University of Health Sciences in Lombard, Illinois.

Ken is actively involved in the Windsor and Essex County communities. He is the past Vice Chair of the board of directors for the Windsor-Essex County Health Unit, past Chair for the Quality and Strategic Advisory Committee and the Vice Chair of the Board for Hotel Dieu Grace Healthcare, , Co-Chair for the Health Standards Organizations Academic Health Centers and Clinical Research Technical Committee and Co-Chair for the South Western Academic Health Network (SWAHN). He has also served his home town community as a Coach for the Amherstburg Minor Hockey Association for the past 13 years.

### Dr. Javeed Sukhera

Dr. Javeed Sukhera is Interim Chair and Associate Professor in the Division of Child and Adolescent



Psychiatry and is cross-appointed to the Department of Paediatrics. He is also Senior Designate Physician Lead, Child and Adolescent Psychiatry at London Health Sciences Centre, and a Scientist at the Centre for Education Research and Innovation at Western University. His interdisciplinary research program explores novel approaches to stigma reduction and implicit bias recognition and management in health professionals.

Since 2012, Dr. Sukhera has secured over 2 million dollars in grant funding and over 60 conference presentations. His research has been published in high impact journals and he is routinely interviewed by local and national media for his expertise. He teaches in all four years of Schulich's Undergraduate Medical Program where he also served as Academic Director, Global Health Curriculum from 2013-2016. He also teaches psychiatry, child and adolescent psychiatry, and paediatrics residents, and led the psychiatry residency's ethics portfolio from 2013-2018.

Dr. Sukhera is also involved in numerous committees and councils at local, national, and international levels. He is a member of the London Police Services Board, the Board of the Canadian Academy of Child and Adolescent Psychiatry, and a former member of the Association of American Medical Colleges Board of Directors. He has been recognized for his work by the May Court Champion for Children's

## APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES (continued)

Mental Health by Vanier Children's Centre, Schulich Award of Excellence in Undergraduate Education, AMS-Phoenix Fellowship, and Department of Psychiatry Clinical Innovation Award.

### Dr. David Edwards



Dr. David Edwards is Professor and Hallman Director, School of Pharmacy, at the University of Waterloo. He received his undergraduate pharmacy degree from the University of Toronto, completed a pharmacy residency at Sunnybrook Medical Centre and graduated from the Doctor of Pharmacy program at the State University of New York at Buffalo where he did postdoctoral research in pharmacokinetics and drug metabolism. He also completed a Master in Public Health (MPH) degree at Wayne State University in Detroit where he was a faculty member and Chair of the Department of Pharmacy Practice.

Dr. Edwards is the author of over 100 scientific papers, review articles and book chapters related to pharmacokinetics, drug metabolism, therapeutic drug monitoring, bioequivalence and drug interactions, and is a co-author of the textbook *"Evaluating Drug Literature: A Statistical Approach"*. Research in his laboratory identified the mechanism by which drugs interact with grapefruit juice as well as the compounds in grapefruit juice responsible for this interaction.

Dr. Edwards is a member of the board of the Ontario College of Pharmacists, the Canadian Council for the Accreditation of Pharmacy Programs (CCAPP), Association of Faculties of Pharmacy of Canada (AFPC) and the Canadian Foundation for Pharmacy. He received the Honorary Life Award from the Canadian Pharmacists Association in 2018.

### Mr. Andrew Harkness



Andrew Harkness is the Strategy Advisor-Organizational Health Initiatives at the Workplace Safety and Prevention Services (WSPS) of Ontario. He has been with the health and safety association since 1988.

Andrew has Bachelor of Arts degrees in Economics and Labour Studies and a postgraduate diploma in Occupational Health and Safety from McMaster University. Andrew is a Certified Health and Safety Consultant and a Professional Member of the Canadian Society of Safety Engineering.

He is a member of the CSA/BNQ technical committees CSA Z1003 -13, the National Standard for Psychological Health and Safety in the Workplace, and sits on the Canadian technical committee in support of the development of ISO 45003, Occupational health and safety management – Psychological health and safety in the workplace – Guidelines.

Andrew is an auditor for the R.W. Campbell Awards program for Environmental, Health and Safety Management Excellence.

## APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES (continued)

### Dr. Gillian Kernaghan



Dr. Gillian Kernaghan was appointed the President and Chief Executive Officer of St. Joseph's Health Care London (St. Joseph's) in 2010. St. Joseph's is a multi-sited, academic health care organization serving London and region. Her passion for integrated patient care, leadership and performance excellence has inspired the organization to focus on the vision to "earn complete confidence in the care we provide."

Prior to assuming this role, Dr. Kernaghan served for 17 years as the Vice President, Medical for various hospitals in London and led the medical staff during complex restructuring in which four hospitals merged to form St. Joseph's. Through this restructuring and various program transfers between organizations, the roles of the London hospitals

dramatically changed.

In 1984, Dr. Kernaghan joined the medical staff of St. Joseph's, Parkwood Hospital and London Health Sciences Centre as a family physician. She completed her residency at St. Joseph's Hospital in 1984 upon graduation from Western University and was awarded her Fellowship in 2000. Degrees and certifications include: MD (with Honours), CCFP, FCFP, and CCPE.

She currently serves on the Ontario Hospital Association Board, is Chair of the Catholic Health Association of Ontario, serves on the CAHO Executive and Council, is a member of the Premier's Council on Improving Healthcare and Ending Hallway Medicine and Co-Chair of the Southwestern Academic Health Network. Prior appointments include Co-Chair of the Canadian Health Leadership Network (2014-2018) and Past President of the Canadian Society of Physician Executives (2010-12). In addition, she has also served on numerous regional, provincial and national committees/boards.

Academic appointments include: Associate Professor, Schulich School of Medicine and Dentistry, Western University; Adjunct Professor, Arthur Labatt Family School of Nursing, Western University; and Faculty, Physician Leadership Institute, Canadian Medical Association.

Dr. Kernaghan is a frequent speaker at conferences and a certified trainer in Crucial Conversations, Crucial Accountability and Influencer leadership courses. She is also the recipient of the YMCA Women of Excellence Award in Health, Science and Technology, the Studer Group Fire Starter Hall of Fame Award 2017, and the Canadian Society of Physician Leaders Excellence in Medical Leadership Award, which she received in 2018.

Dr. Kernaghan has been married for 39 years and is the proud mother of three sons, three daughters-in-law and two little grandsons.

### Ms. Debra Miller



Deb Miller, Director of Organizational Development and Learning Services (ODLS) has been with St Joseph's Health Care London since 1982, serving in roles of staff and charge nurse and Educator in NICU, staff Educator focusing on Quality Improvement; she has been Director of ODLS since 1999. She was a proud member of the MHCC National Collaborative "*By Health For Health*" which has developed a tool kit for psychological health and safety in health care environments. She is the chair of the Psychological Health and Safety Working Group at St Joseph's Health Care London, working with a strong team to foster corporate commitment to create and implement strategies to advance our focus on psychological health and safety.

## APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES (continued)

### Mr. Neil Mackenzie



Mr. Neil MacKenzie is a Manager in the Chronic Disease & Injury Prevention Department in the Health Promotion Division of the Windsor-Essex County Health Unit. His responsibilities include overseeing the planning, development, implementation, and monitoring of the Mental Health, Sleep, Nutrition, Physical Activity, Injury Prevention, and Workplace Wellness programs. Neil has been a manager with the Windsor-Essex County Health Unit since July 1992. He works out of the Health Unit's Essex Office where he is the management representative on the Joint Health and Safety Committee. Neil's education consists of an Undergraduate degree in Physical Education from Laurentian University and a Master's degree in Applied Human Nutrition from the University of Guelph. Professionally, Neil is a Registered Dietitian. In his off time, Neil is a Doping Control Officer with the Canadian Centre for Ethics and Sport.

### Ms. Alexis Erickson



Ms. Alexis Erickson is a Mental Health Specialist in the Chronic Disease & Injury Prevention Department and Health Promotion Division of the Windsor-Essex County Health Unit. She is responsible for planning, developing, implementing, and monitoring community mental health promotion programs, projects, and strategies designed to meet the needs of various target groups in the community. Ms. Erickson has been a Mental Health Specialist at the Windsor-Essex County Health Unit since July of 2019. Her education consists of both a Bachelor's of Social Work and a Master's of Social Work from the University of Windsor. In her off time, Ms. Erickson is a Dance Instructor and Choreographer at Cathy's Dance Studio in Windsor, Ontario.

### Mr. Andrew Williams



Andrew Williams is the President & Chief Executive Officer of the Huron Perth Healthcare Alliance (HPHA), a voluntary alliance of the hospitals in Clinton, St. Marys, Seaforth and Stratford, a position he has held since the organization's formation in 2003.

Throughout his 30+ year career in healthcare leadership, Andrew has had the opportunity to work in and with numerous healthcare organizations locally, and across Canada. His experience spans small, community, teaching and research hospitals, the community sector, regional systems, and private clinics. He is a passionate advocate for patient and family-centred care, and believes our healthcare system should be less about its structures and more about ensuring the individual needs of those who use the system and who provide care and service are met in the safest and most appropriate manner.

Andrew holds an Honours Degree in Biology and Masters in Health Services Administration, both from Dalhousie University. He is an active Member of the Canadian College of Healthcare Leaders and the American College of Healthcare Executives and is a Surveyor with Accreditation Canada.



## APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES (continued)

### Dr. Donald Farquhar



Dr. Donald Farquhar is a Professor of Medicine in the Divisions of Respiriology and Internal Medicine, and Assistant Dean for Resident Wellbeing at the Schulich School of Medicine and Dentistry, Western University. He obtained his medical degree from Queen's University, and completed residency education and specialty certification in internal medicine and respiriology at Western. He later obtained a master's degree in Health Policy and Management from the Harvard School of Public Health, with concentration in Quality of Care.

Since 2016, Dr. Farquhar has served as Medical Director of the COPD and Pulmonary Rehabilitation Program at St. Joseph's Health Care London, leading and collaborating in the development of services in clinical care, education, exercise, psychosocial support, and advance care planning for patients with moderate to severe COPD. He attends regularly on the inpatient Respiriology service at the London Health Sciences Centre, and is actively engaged in the education of medical students, residents, family physicians and allied health professionals.

### Ms. Nastaran Keshmiri



Nastaran Keshmiri is a third year Doctor of Pharmacy candidate at the University of Waterloo's School of Pharmacy. Through the well-established cooperative education program at the University of Waterloo, Nastaran has been able to work in an outpatient cancer centre, a hospital as well a corporation. She has held various leadership roles during her time at the School of Pharmacy including President of the Oncology Pharmacy Interest Group, Interprofessional Representative, Student Ambassador and Finance Officer of the Canadian Association of Pharmacy Students and Interns (CAPSI).

She received the 2019 Canadian Pharmacists' Association Centennial Leadership Award, which is presented to one student from each pharmacy school in Canada who has actively promoted the profession of pharmacy and his/her faculty. After graduation, she hopes to continue advocating for the pharmacy profession and is excited to become part of the future of pharmacy.

### Mr. Zachary Weiss



Zachary Weiss is a second-year medical student at the Schulich School of Medicine & Dentistry at Western University. Zach has a deep passion for politics and policy, and has spent way more hours listening to political podcasts than he is willing to admit. At Schulich, he has grown particularly interested in learner mental wellness, having been diagnosed with a psychiatric disorder himself. Zach has used this curiosity and personal experience to create Proaction on Mental Health (Pro-MH), a student group of over 20 members actively working to identify, discuss, and solve the structural issues within medical education that lead to students becoming mentally unwell. Zach also works with several other student groups at Schulich to promote discussion around the impact of politics and policy in the field of medicine. In these roles, Zach works tirelessly to highlight how proper advocacy can better the lives of our patients and our healthcare system as a whole.

## APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES (continued)

### Dr. Davy Cheng



Dr. Davy Cheng is the Acting Dean and a Distinguished University Professor at the Schulich School of Medicine & Dentistry, Western University. He is also the co-founder and Medical Director of the Centre for Medical Evidence, Decision Integrity Clinical Impact. Previously, he served as the Vice Dean, Faculty Affairs at Schulich Medicine & Dentistry and the Chair/Chief for the Department of Anesthesia & Perioperative Medicine.

He holds a BSc (Hon) in Biochemistry from the University of Ottawa, an MSc in Biochemistry from Western University, and his MD from the University of Toronto, where he completed his internal medicine internship and anesthesia residency in 1987.

Dr. Cheng joined the faculty at the University of Toronto following a Clinical Research Fellowship and a Cardiovascular Anesthesia Fellowship at the University of Iowa Hospitals and Clinics. Prior to joining Western in 2001, he was a Professor and Deputy Chief of Anesthesiology at Toronto General Hospital and he also served as Medical Director of the Cardiovascular Surgery Program for the University Health Network in Toronto.

An accomplished scientist and physician, Dr. Cheng has published more 156 peer reviewed scientific papers in high impact journals and 52 book chapters. He serves as the Chair of the Scientific Affairs Committee; is a Council Member of the World Federation Societies of Anesthesiologists; and Vice Chair of the Innovation Fund Provincial Oversight Committee, as part of the Ministry of Health and Long Term Care in Ontario.

Dr. Cheng has been recognized for his outstanding accomplishments by many organizations. He received the Canadian Anesthesiologists' Society Gold Medal, was inducted as an honorary member of the German Society of Anesthesiology and Intensive Care Medicine, and was awarded the Excellence in Medical Leadership Award by the Canadian Society of Physician Executives, to name a few.

### Dr. Mithu Sen



Dr. Mithu Sen is the Acting Vice Dean, Faculty Affairs and Assistant Dean, Faculty Equity & Wellness at Schulich School of Medicine & Dentistry, Western University.

Dr. Sen graduated from Queen's University with a BSc First Class Honors in 1991. She completed medical school at the University of Calgary in 1995, and continued in Calgary to complete her Internal Medicine Residency. She completed her fellowships in Respiriology, Critical Care, and Sleep Medicine at Schulich Medicine & Dentistry.

In 2003, Dr. Sen joined the Divisions of Respiriology and Critical Care Medicine, in the Department of Medicine at Schulich Medicine & Dentistry as an Assistant Professor. She has been involved in undergraduate, postgraduate, and continuing professional development since 2004. In 2010 she was promoted to Associate Professor, and to Full Professor in 2019. She has served as director of Undergraduate Education, Postgraduate Education, Program Director in Critical Medicine (Adult), and the founding Chair of the Canadian Critical Care Review Course. She has been the inaugural Assistant Dean, Faculty Equity and Wellness since 2014. She has been the Chair of the Mentorship Oversight Committee and established and chairs the Faculty Affairs Advisory Committee and the Faculty Wellness Committee. Her work led the creation of an international award-winning Association of American Medical Colleges (AAMC) Faculty Wellness Program at our school in 2016, 2017, and 2018.

#### **APPENDIX 4: CONFERENCE SPEAKER BIOGRAPHIES (continued)**

Dr. Sen serves on The Associated Medical Service Board of Directors, which oversees many aspects of education nationally including the Hannah Chair in the History of Medicine and the AMS Phoenix Project and is the Chair of the AMS Grants Committee. She is an experienced Royal College of Physicians & Surgeons of Canada (RCPSC) appointed external surveyor for postgraduate training programs nationally. She serves on the Fellowship Affairs Committee of the RCPSC. Dr. Sen also served on the Board of Directors at London Health Sciences Centre (LHSC), Professional Staff Organization, and was the President, and Medical Advisory Committee member, as well as Chair of LHSC Resuscitation Committee.

Dr. Sen was elected to the Chair of the Association of Faculties of Medicine of Canada Physician Health and Wellness Group, bringing undergraduate, postgraduate, and faculty affairs work in this area and leading this initiative nationally. She serves on The RCPSC Specialty (Nucleus) Committee and is the past Director of Education for The Canadian Critical Care Society. She was the Chair of the Ontario Thoracic Society Better Breathing Conference in 2016 and has also been an instructor for Crucial Conversations (VitalSmarts) for over a decade.

Dr. Sen is a fellow in the Executive Leadership in Academic Medicine (ELAM) (Drexel University). She was the recipient of The Cameron Gray Award, Ontario Thoracic Society in 2000, the Junior Teaching Award of Excellence in the Department of Medicine in 2008, and the Dean's Award of Excellence for Postgraduate Education in 2013. She received the Association of American Medical Colleges Best in Class international award from 2016 to 2018 for her leadership at Schulich Medicine & Dentistry in faculty wellness, resilience, and work life integration.

## APPENDIX 5: CONFERENCE ATTENDEE LIST

SWAHN would like to thank the following individuals who attended the conference. Any errors or omissions are unintended. In recognizing these individuals, please note that the content and analysis of these proceedings should in no way be interpreted as a reflection of their individual opinions or those of their organizations.

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