

AFMC Faculty and Learner Wellness Working Group

April 7th, 2021

The AFMC Wellness Working Group was established by the Board of the Association of the Faculties of Medicine of Canada (AFMC). The aim was to establish a working group consisting of leads from the relevant AFMC Committees and Networks to develop a compendium of best practices to support wellness amongst physicians including medical learners, graduate students and faculty members.

The AFMC Board had reviewed the 2018 Report on Mental Health Activities which focused on the current state of physician health and expressed their concern about this situation. Hence, this working group was established. The working group would gather leads from multiple AFMC Committees and Networks engaged in physician wellness activities and engage partners from other national medical organizations including the Canadian Medical Association, the College of Family Physicians of Canada, Resident Doctors of Canada, the Royal College of Physicians and Surgeons of Canada, the Canadian Medical Protective Association, the Fédération Médicale Étudiante du Québec (FMEQ) , Canadian Federation of Medical Students (CFMS) and representation from provincial Physician Health Programs.

Given the importance of faculty and learner wellness as a topic of concern, the working group was charged with the task of identifying programs and structures that should be included at each Faculty of Medicine in order to support students, residents, fellows, graduate students and faculty members. The promotion of a healthy learning and work environment is necessary across the continuum for learners and faculty members. Wellness remains paramount in discussions with the goal of enhancing sustainability in medicine. The extraordinary circumstances of the past year have brought this idea to a heightened focus. The Co-chairs of the committee were appointed by the AFMC's VP Education. The representatives from the following AFMC Committees and Networks and national organizations were approached and invited to participate on the working group.

Participants	Organization
Dr. Cathy Vardy	Memorial University, Network on Faculty Affairs
Dr. Leslie Flynn	Queen's University, Vice-Dean Education
Dr. Allan Kaplan	University of Toronto, Committee on Graduate Affairs
Dr. Tara Riddell	RDoC
Dr. Victor Do	CFMS, Board Chair
Dr. Stephanie Smith	CFMS
Dr. Joanne MacDonald	Dalhousie University, Committee on Student Affairs
Dr. James Goertzen	NOSM, Associate Dean of CEPD & AFMC CPD Committee
Dr. Michelle Elizov	McGill University, Network on Faculty Development
Dr. Cloé Rochefort-Beaudoin	FMRQ
Sylvain Schetagne	Director, Research and Sociopolitical Action and responsible for the Resident Wellness Committee.
Gabrielle Vandal-Gélinas	FMEQ
Dr. Patricia Houston	UG Deans
Dr. Taylor McFadden	CMA
Dax Bourcier	CFMS
Dr. Anna Karwowska	VP Director Education, AFMC (Observer)

The Working Group would also like to acknowledge the contribution of: Dr. Seyara Shwetz, Dr. Gurdeep Parhar, Dr. Maggie Rebel, Dr. Donald Farquhar and Éloïse Caterina Passerella.

Based on the 2018 Report and further discussion between Dr. Sarita Verma (who was the VP Education at the inception of this working group) and the Working Group's Co-chairs, the following guidelines were developed to inform the work of the group. Specifically, the working group was asked to:

1. Make recommendations to the Deans of the 17 Canadian Faculties of Medicine about what should be included at each institution with respect to physician wellness.
 2. Identify key actions that should be undertaken in order to support and sustain the academic medical organization.
 3. Propose a means of holding the Deans and the institutions responsible for adopting physician wellness strategies.
- * *Initially the focus was on physician wellness, but with time transitioned to a broader mandate to look at faculty and learner wellness.*

The Terms of Reference were developed and approved by the working group in April 2019. Monthly meetings ensued to develop the working document.

The working group has met via teleconferencing, Zoom and face-to-face at the annual Canadian Conference on Medical Education (CCME). The initial meeting in January 2019 included an introduction from Dr. Verma and the need to focus on best practices in physician wellness as there was variability in how this was being addressed across the Canadian Faculties of Medicine.

The working group had their first face-to-face meeting in April 2019 as part of the annual CCME. At that time, we heard reports from different members of the working group regarding the current activities in the respective groups and organizations they represented. It was noted that this was a topic that affects all across the continuum of medicine including medical students, residents, faculty members and graduate students. The latter group has traditionally not been considered in our Faculties of Medicine with respect to their wellness. Therefore, increased awareness of their specific needs is required. These learners may be at increased vulnerability because of their one-to-one relationship with a supervisor over a lengthy period of time.

This set the stage for the four break-out groups (Faculty, Medical Students, Postgraduate trainees and Graduate Students) which were charged with developing a proposal of four to six action items that they deemed to be instrumental for the implementation of wellness programming for their particular cohort. In July 2019, the co-chairs met to review the action items from the face-to-face meeting. This was followed by a teleconference in September 2019 to discuss next steps and content of report. The Co-chairs then met face to face in October 2019 to review the action items and draft the report and its recommendations.

Key Recommendations for Faculties of Medicine:

- **Mentorship:** Consensus across all groups was that mentorship programs need to be established for all levels of learners as well as faculty members. A good starting point will be to do a comprehensive Needs Assessment (at each institution and/or nationally) regarding existing mentorship programs that may exist with respect to both wellness and professionalism.
- **Wellness Leadership:** Wellness for the entire community should be included in the administrative leadership at each Faculty of Medicine. This requires an understanding of faculty and learner wellness and liaises with both the learning environment and the work environment across the continuum of learners and faculty members.
- **Wellness Research:** It is well understood that further focused research is required to develop a comprehensive understanding of the current situation with respect to faculty and learner wellness in Faculties of Medicine in Canada. The leadership in medical education should advocate to create sustainable research funding from recognized agencies such as CIHR.
- **Outcome Measures:** While it is recognized that wellness activities currently exist in most Faculties of Medicine, there is a paucity of specific goals and outcome measures in the area of faculty and learner wellness. It is recommended that each Faculty of Medicine develops wellness goals and respective outcome measures.
- **Collaboration:** Faculties of Medicine should participate in enhanced collaboration and communication with the multiple stakeholders engaged in wellness initiatives.
- **Support during Transitions:** It is known that learners and faculty are at their most vulnerable during the time of transitions. Educational preparation and support of our learners and our faculty members as they move from one stage to the next must be a focus of attention.
- **Addressing Mistreatment:** Recognizing that mistreatment and inequity continue to occur in medicine, Faculties should have a specific policy and process to address any issues of learner or faculty mistreatment, with an accessible and secure means of reporting if the need should arise.
- **Access to Resources:** Access to supportive resources must be available and equivalent for all learners and faculty at both their home institution and at distributed sites, in keeping with accreditation standards (e.g. individual counselling, peer support program, mindfulness-based stress reduction, etc.). These could be provided face-to-face or remotely utilizing technology.
- **Health Promotion/Wellness:** A health promotion/wellness lens and evaluation should be consistently applied across programs and policies, e.g. leave policies, scheduling of work and learning experiences.
- **Reporting on physician wellness strategies:** The dean at each Faculty of Medicine will report on the implementation of their faculty and learner wellness strategies on a biannual basis to the AFMC Board of Directors.

Recommendations for each individual Group:

1) Faculty

- Decanal support in each Faculty of Medicine is required to provide leadership and direction for faculty wellness.
- Faculty must be provided with programming and education to assist them with the recognition of stress/distress in self and others, developing skills in mindfulness/resilience, and provision for services in crisis management.
- A comprehensive orientation and onboarding process for new faculty members must be provided.

- Programming to support career progression from early career through mid and end of career should be available. This includes faculty development, EAP support, as well as guidelines, such as promotions and tenure workshops and retirement planning.

2) Graduate students

- Establish liaisons between the Faculties of Medicine and the Schools of Graduate Studies to ensure good communication and collaboration.
- The Faculty of Medicine needs to assume an advocacy role for their graduate students to ensure that their wellness needs are being taken into consideration.
- Ensure the students are aware of resources available to them and have access to these resources.
- Advocate for counsellors who understand their context.
- Ensure that appropriate policies and procedures exist to allow flexibility in their training and appropriate leaves of absence.

3) Residents

- Each Faculty of Medicine should have an office that deals with resident wellness that is distinct from the PG office.
- The office of resident wellness should have mechanisms to engage residents in consultation and representation in order to ensure learner input regarding the development and delivery of wellness programs.
- Advocate for fairness and equity in training programs in the context of current disparities (i.e. duty hours, accommodation policies, flexibility in training, leaves of absence), understanding that the agreements are under provincial jurisdiction
- Faculties of Medicine should also advocate for fairness and equity for their other Postgraduate trainees, such as those who are in fellowships or non-certification training programs, in accordance with their counterparts in residency programs.

4) Medical Students

- Each Faculty of Medicine should have an office that deals with student wellness that is distinct from the UG office.
- Evidence-informed wellness curriculum is implemented with input from medical students at each Faculty of Medicine in keeping with current accreditation standards.
- The office of learner wellness should have mechanisms to engage learners regarding the delivery of wellness events and activities.
- The survey completed by all medical students upon graduation (Graduate Student Questionnaire) should be reviewed by the AFMC bi-annually to ensure that the questions posed adequately capture the appropriate information with respect to student wellness.
- Each faculty regularly surveys their medical students, in consultation with the students, with respect to wellness. This complements the information acquired from the national Graduate Student Questionnaire.

Conclusion:

The Working Group was national in its constitution with representation from experts across the continuum of medical education, practice and expertise in physician wellness. The Working Group is aware that the recommendations align with the AFMC Strategic Plan (2021-2023). These recommendations will be brought forward to the Standing Committee on Education for their consideration. If there is a favourable response, they will be presented to the AFMC Board of Directors for their deliberation. We are therefore hopeful that this report and its recommendations will be implemented across the Canadian Faculties of Medicine.