

The Culture of Academic Medicine Initiative

Towards Improved Provider Safety (CAMI-TIPS)

WELLBEING MATTERS



WM

An Okanagan Charter Implementation Toolkit

A practical resource designed to support health-promoting learning and working environments across Canadian medical education.



CAMI

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About This Publication

Wellbeing Matters: An Okanagan Charter Implementation Toolkit was developed through the Culture of Academic Medicine Initiative – Towards Improved Provider Safety (CAMI-TIPS) to support Canadian academic medicine institutions in advancing Physical, Psychological, and Cultural (PPC) Safety and creating respectful, inclusive, and health-promoting learning and working environments.

Canadian academic medicine encompasses the environments where learners, faculty, researchers, educators, clinicians, and administrative staff learn, train, and work.

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This Toolkit is intended as a practical resource to support reflection, planning, implementation, and continuous improvement. It does not prescribe a single approach to wellbeing or institutional change and should be adapted to local contexts. Users are responsible for ensuring that their use of the Toolkit aligns with applicable organizational policies, legal requirements, professional standards, and other relevant obligations.

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How the Toolkit is Organized

The toolkit is organized into sections that reflect the Okanagan Charter's focus on creating health-promoting environments

This Toolkit Includes 3 Central Parts

Introduction | The “who, what, why, and how” of the Toolkit

Foundations | Shared principles and ways of thinking about wellbeing

Six Strategic Directions | A practical guide to implementing the Charter

Policy | Embedding wellbeing into structures and decision-making

Spaces | Designing environments that support health promotion

Culture | Shaping respectful, inclusive learning and work cultures

Personal Development | Supporting growth across the career lifecycle

Health Services | Ensuring access to care and support

Continuous Improvement | Learning, adapting, and sustaining change

Tools and Resources

Each strategic direction includes practical tools, implementation examples, and resources to support planning, reflection, action, and continuous improvement. These materials are intended to be flexible and may be adapted to meet local priorities, contexts, and needs.

A note on language and terminology



Care has been taken throughout this Toolkit to use language that is respectful, inclusive, and decolonized. We have intentionally avoided terms that may be rooted in extractive or exclusionary traditions, or that carry associations with past or ongoing harms.

We recognize that terminology varies across institutions and regions (e.g. EDIA vs. EDIB), and that the language of wellbeing, equity, and inclusion is not universal. Similarly, roles and disciplines may differ in meaning and scope depending on local context.

Language is living and continues to evolve through scholarship, practice, and lived experience. While we have consulted diverse perspectives in developing this material, and we have the best intentions of ensuring that our language is appropriate, accessible, and inclusive, we acknowledge that this work is not, and cannot be, perfect.

We invite readers to approach this toolkit with flexibility and to interpret it in ways that best reflect their own context. We also welcome feedback on how our language and concepts can be strengthened to better reflect the communities and environments in which this Toolkit is used.

Part 1:

Introduction

An introduction to the ethos of this Toolkit; information about its creators and collaborators; and guidance on who it's for and how to use it.

- Why Wellbeing Matters
- The Culture of Academic Medicine Initiative (CAMI)
- The Okanagan Charter Collaborative (OCC)
- What is the Okanagan Charter?
- What is PPC Safety?
- About this Toolkit
- How to use this Toolkit
- Who is the Toolkit for?

Why Wellbeing Matters

For generations, medicine has been shaped by a quiet but powerful narrative, one of endurance, sacrifice, and placing the needs of the profession above one's own. Wellbeing has often been framed as a personal responsibility, something to attend to once the demands of academic and clinical medicine have been met. But the demands are never-ending, and the cost of this narrative has become increasingly visible.

Across Canada's Faculties of Medicine, learners, faculty, and staff have experienced rising levels of burnout, moral distress, disconnection, and inequity.¹ These are not signs of individual weakness or lack of commitment; they are understandable responses to complex systems that have long depended on people giving more than can be sustained.

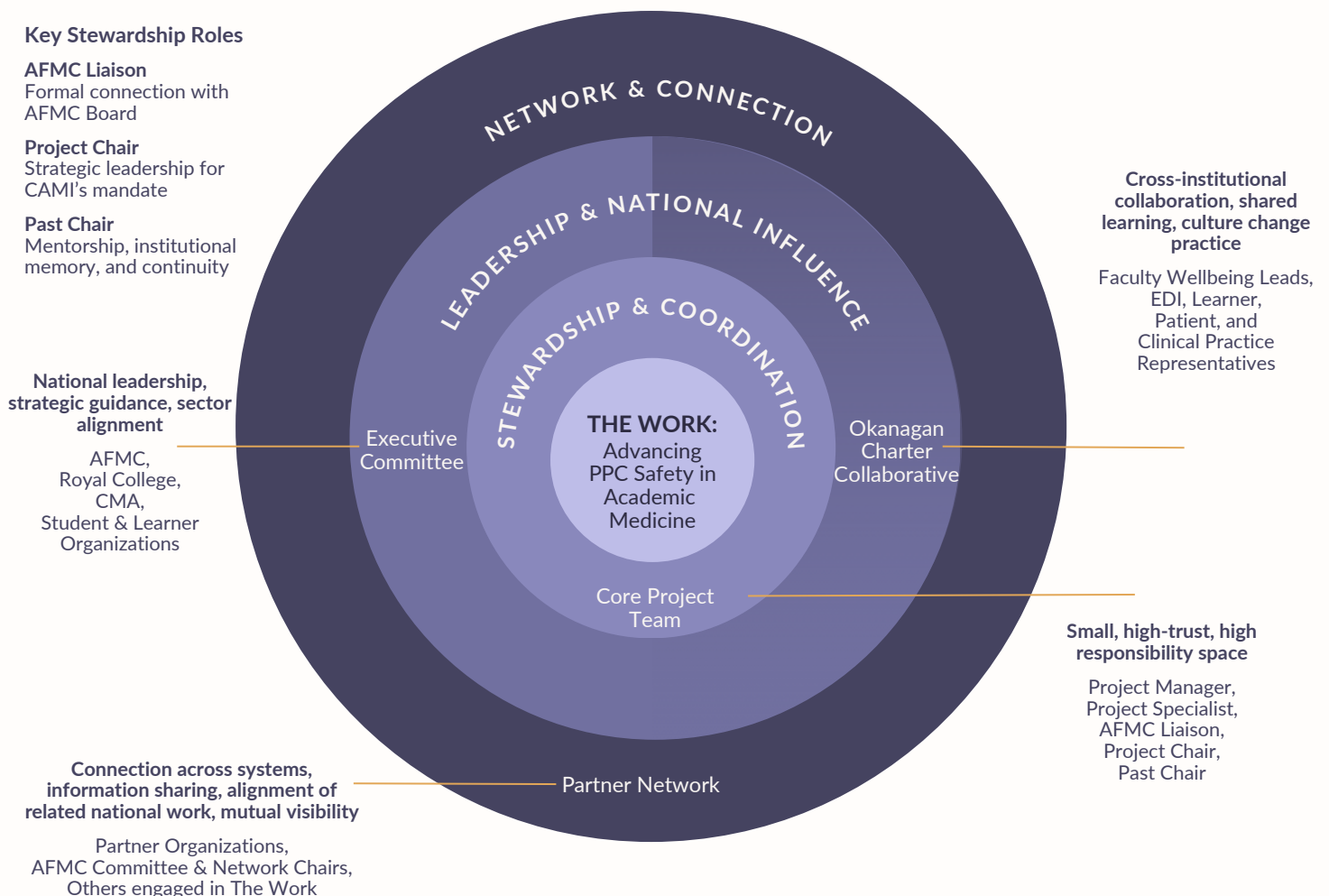
Woven throughout this Toolkit is a central narrative: *wellbeing matters*. It matters for learners navigating formative stages of training, for faculty balancing multiple roles, for staff who sustain our institutions, and for the patients and communities we serve. Wellbeing is not a luxury, nor solely an issue of individual effort. It is a shared responsibility, shaped by leadership, policies, culture, environments, and everyday practices.

Wellbeing Matters was developed to support the faculties of medicine in shifting this narrative. This toolkit invites reflection and action, helping institutions recognize where we are while intentionally shaping where we are going.

The Culture of Academic Medicine Initiative – Towards Improved Provider Safety (CAMI-TIPS)

CAMI-TIPS² aims to advance efforts on Physical, Psychological, and Cultural (PPC) Safety within the faculties of medicine in Canada by leveraging the strategic directions of the Okanagan Charter and adapting ongoing implementation efforts to reflect safer, more inclusive, and health-promoting principles.

CAMI-TIPS Governance Model



The Okanagan Charter Collaborative

In 2022, the AFMC established the “Okanagan Charter Collaborative” (OCC), led by CAMI, with each Faculty of Medicine committing to the Charter principles.² This initiative advances AFMC’s institutional strategy to develop and foster safer, more inclusive, and health-promoting environments in academic medicine where wellbeing, equity, diversity, inclusivity, and social justice are embedded.

The OCC includes representation from:

- Each Faculty of Medicine (FoM) in Canada
- National Equity Group and Learner organizations
 - BPC, IPAC, CAPD, CQMSA, CFMS
- Patient Partners

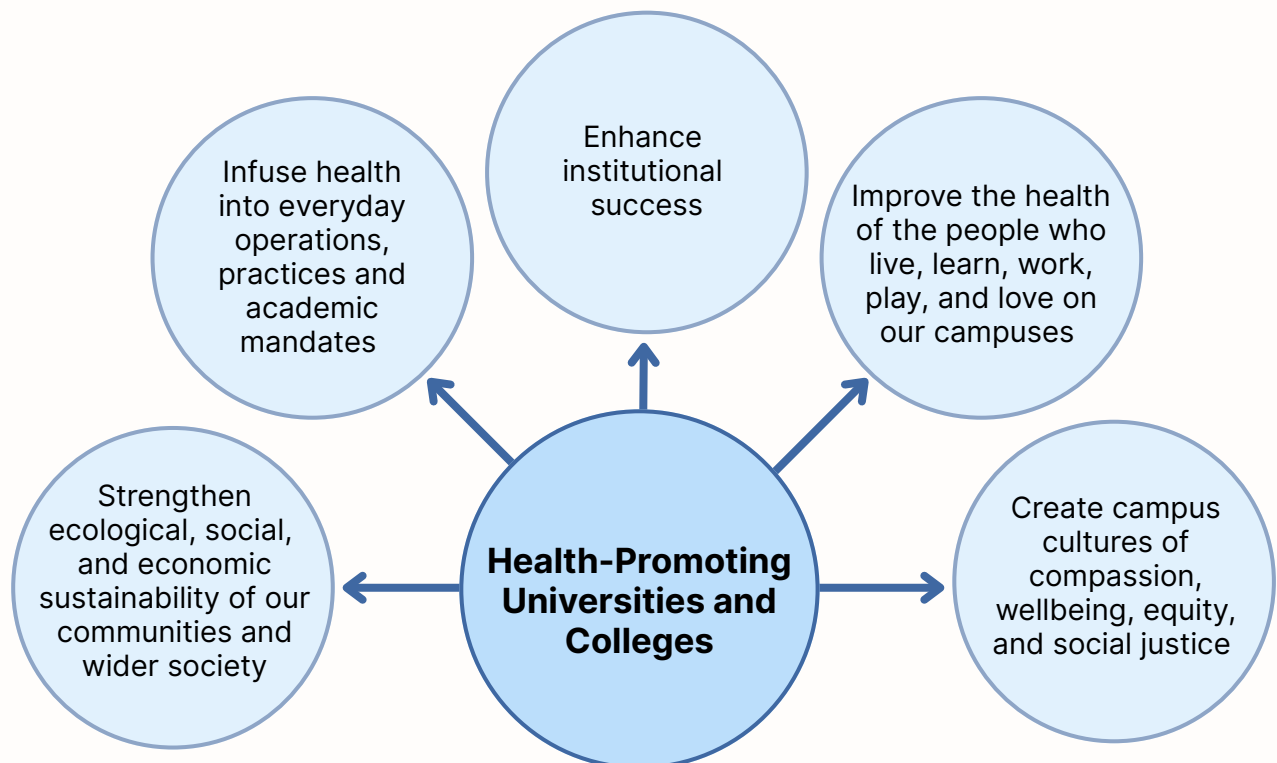


The OCC supports the implementation of the Charter principles by developing practical resources, fostering national collaboration, and sharing best practices across Faculties of Medicine.

What is the Okanagan Charter?

The Okanagan Charter is an International Charter for Health Promoting Universities and Colleges, which calls on post-secondary institutions to embed health into all aspects of campus culture, lead health promotion action, and collaborate locally and globally.³

Shared Aspirations



The Charter offers a shared vision and framework, guiding institutions to create environments that support wellbeing for all - students, faculty, staff, and the broader community.

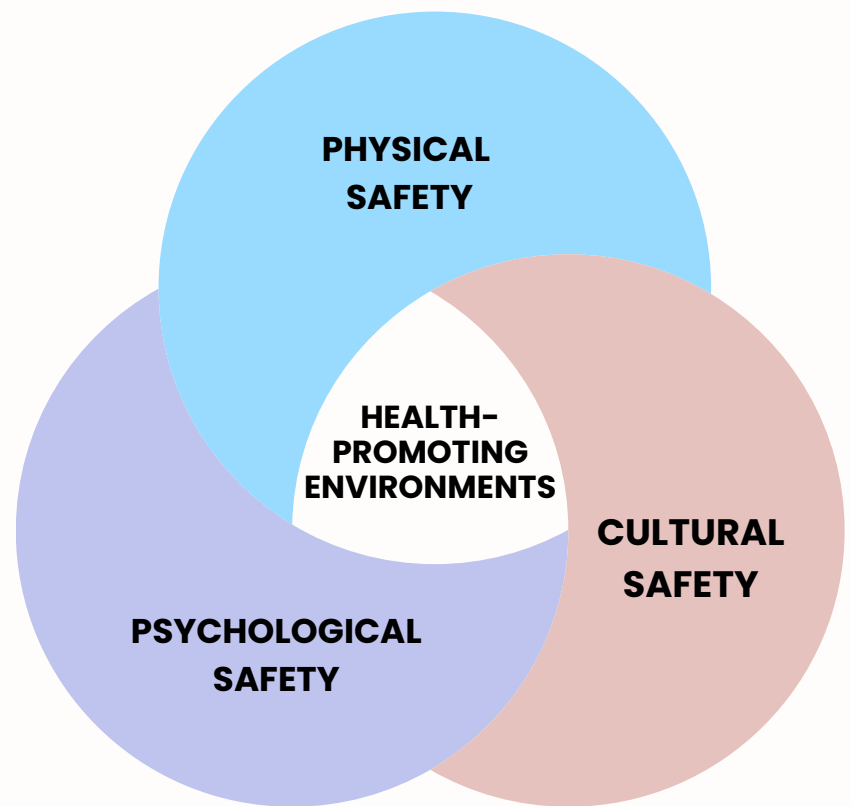
Learn more about the Okanagan Charter in "Foundations of Health-Promotion"

What is PPC Safety?

A health-promoting environment includes the conditions that support people to feel safe, valued, and able to thrive. This includes attention to psychological, physical, and cultural dimensions of safety (PPCS), which are deeply interconnected and mutually reinforcing.

PPC Safety refers to:

- Physical Safety**
Protection from bodily harm and unsafe conditions
- Psychological Safety**
Feeling safe to speak up without fear of reprisal
- Cultural Safety**
Feeling of respect for identity, equity, and belonging



These interconnected dimensions shape how wellbeing is experienced and sustained, and are reflected throughout the strategies and approaches in this Toolkit.

Learn more about the dimensions of PPC Safety in “Foundations of Health-Promotion”

About This Toolkit

This toolkit adapts the Okanagan Charter principles to the Faculty of Medicine context. It provides tangible ways to implement the Charter through a series of tailored resources.⁴

Developed through the Culture of Academic Medicine Initiative (CAMI), an initiative of the Association of Faculties of Medicine of Canada (AFMC), this toolkit supports learners, faculty, staff, physicians, and institutional leaders in translating the Okanagan Charter's principles into meaningful action.

Grounded in a whole-system approach to wellbeing, the toolkit focuses on the policies, environments, cultures, services, and practices that shape everyday experiences in medical education and healthcare settings.

The toolkit is flexible and non-prescriptive. Users are encouraged to engage with sections most relevant to their role, context, and priorities, whether beginning this work or building on existing efforts.

By supporting reflection, collaboration, and continuous improvement, this toolkit aims to advance safer, more inclusive, and health-promoting academic medicine environments across Canada

This toolkit is intended to support health-promoting learning and work environments across Canadian Faculties of Medicine. Because institutional contexts, policies, and legislative requirements vary across jurisdictions, readers are encouraged to adapt the guidance to their local environment and apply it in accordance with applicable legislation, collective agreements, accreditation standards, professional obligations, and institutional policies.

How to use This Toolkit

This toolkit is designed to help medical education communities put the Okanagan Charter for Health Promoting Universities and Colleges into action in practical, meaningful ways.

Whether you are a learner, faculty member, staff person, administrator, or physician, this toolkit is meant to meet you where you are and help you move forward.

Wellbeing is shaped by policies, environments, culture, and services... not just personal efforts. This toolkit reflects that whole-system approach.

What This Toolkit Is (and Isn't)

This toolkit is:

- A practical, action-oriented guide to advancing wellbeing at multiple levels
- Grounded in Canadian medical education and healthcare contexts
- Flexible and adaptable to different roles and settings

This toolkit is not:

- A checklist to complete all at once
- A one-size-fits-all solution
- Focused solely on individual self-care



Getting Started

There is no single “right” way to begin.
Here are a few common starting points:

If you are new to this work:

Start with: **Introduction; Foundations**

These sections provide shared language and context.

If you are leading or supporting change:

Focus on: **Policy; Culture; Continuous Improvement**

These sections are useful for committees and working groups.

If you are looking for practical, immediate actions

Explore: **Spaces; Health Services; Personal Development**

Look for “quick wins” alongside longer-term strategies.

You can also approach the toolkit through your role:

Leaders: Embed wellbeing into strategy and decision-making.

Faculty/educators: Reflect on teaching and learning environments.

Staff: Integrate wellbeing into systems and processes.

Learners: Build understanding and contribute to change.

Learn more about roles and contributions in “Who is This Toolkit For”

Getting Started

Using This Toolkit as a Team

This toolkit works best when used collectively across your institution. You might:

- Review a section together as part of a meeting or retreat
- Use reflection questions to guide discussion
- Identify one or two priority actions to pilot
- Revisit sections over time as your context evolves

Change does not need to be perfect or comprehensive to be meaningful.

Start Where You Are!

You do not need to read everything or do everything in this toolkit!

Start with what feels most relevant, most urgent, or most achievable in your setting and build from there.

If this toolkit helps spark conversation, reflection, or small changes, it's doing its job.

Who is This Toolkit For?

This toolkit is designed for everyone within the Faculties of Medicine and health sciences environments, and can be adapted in broader contexts. While your role may shape how you engage with the content, advancing wellbeing is a shared responsibility.

You may identify with one or more of the following groups:



Senior Leadership & Governance



Operational Leadership & Staff



Academic & Clinical Faculty



Learners & Trainees



Researchers & Scientists



Where do you see yourself?

Exploring Your Role

Throughout the toolkit, we use broad terms such as leaders, faculty, or learners to guide you to relevant content. We recognize that roles are diverse and often overlapping. Many individuals may see themselves reflected in more than one group.

As you explore the toolkit, we encourage you to:

- ✓ Identify your primary role(s)
- ✓ Consider how others in your environment contribute to wellbeing
- ✓ Engage with sections beyond your role to support collective action

Who leads, who enables, and who lives the change?

In practice - everyone! While responsibilities differ, each group plays a meaningful role in advancing wellbeing.

Role Descriptions & Contributions

Senior Leadership & Governance

Deans, Vice/Associate Deans, Presidents, Chief Executive Officers, Executive Directors, Senior Administrators

These decision-making roles shape institutional direction, priorities, culture, and system-level change.



Toolkit starting points: Foundations | Policy | Continuous Improvement

How Senior Leaders can apply the toolkit:

- Set vision and priorities by embedding the Okanagan Charter and PPC Safety principles into strategic plans.
- Allocate resources and FTE support for wellbeing initiatives.
- Integrate wellbeing into policies and accountability frameworks.
- Model visible commitment to wellbeing in leadership practices.
- Adopt Wellbeing Governance structures at the institutional level.

Focus: strategy, governance, system-level change

Role Descriptions & Contributions

Operational Leaders & Staff

Administrators, Managers, Professional Staff, Directors, Coordinators, HR Professionals, Finance Officers, Project Managers, and Project Staff

These roles are responsible for operationalizing strategy and supporting day-to-day functions.



Toolkit starting points: Policy | Health Services | Continuous Improvement

How Operational Leaders & Staff can apply the toolkit:

- Translate strategy into department-level culture and practice.
- Foster physical, psychological, and culturally safe environments.
- Embed wellbeing into team processes and workflows.
- Support flexible work, fairness, and recognition practices.
- Encourage and enable participation in wellbeing activities.
- Identify local wellbeing leaders or peer supports.

Focus: implementation, operations, and local culture

Role Descriptions & Contributions

Academic & Clinical Faculty

Educators, Clinicians, Physicians, Professors, Instructors, Preceptors, Adjunct Faculty

Academic Faculty focus on foundational teaching, research, and curriculum, while Clinical Faculty bridge theory and practice, teaching clinical skills, applying evidence, and serving as role models in care.



Toolkit starting points: Culture | Personal Development | Spaces

How Academic & Clinical Faculty can apply the toolkit:

- Integrate wellbeing into curriculum, mentorship, and clinical practice.
- Foster health-promoting learning and working environments.
- Model balanced, compassionate, professional behaviour.
- Support learners' development, including wellbeing and emotional intelligence as a core competency.

Focus: teaching, mentorship, and learning environments

Role Descriptions & Contributions

Learners & Trainees

Undergraduate Medical Students, Post-graduate Residents, Fellows, Graduate Students (PhD, MSc), Post-Doctoral Fellows, Residents

These roles are the foundation of culture change and embody everyday actions that normalize caring and connection.



Toolkit starting points: Foundations | Culture | Health Services

How Learners & Trainees can apply the toolkit:

- Contribute to a culture of respect, community, and support.
- Engage with and provide feedback on wellbeing initiatives.
- Support peers and speak up when wellbeing is at risk.
- Celebrate and reinforce positive team norms and behaviours.

Focus: learning environments, advocacy, and lived experience

Role Descriptions & Contributions

Researchers & Scientists

Faculty/Clinical Researchers, Research Fellows, Research Students, Biostatisticians, Biomedical Engineers, Specialized Scientists, Investigators

Generate and apply evidence to advance wellbeing, inform practice and policy, and support continuous improvement across education and healthcare systems.



Toolkit starting points: Foundations | Continuous Improvement | Policy

How Researchers & Scientists can apply the toolkit:

- Generate and apply evidence to inform wellbeing initiatives.
- Evaluate programs and contribute to continuous improvement.
- Translate research into practice and policy.
- Mentor others and model healthy, sustainable ways of working.

Focus: evidence generation, translation, and innovation

A Shared Responsibility

Creating a health-promoting learning and working environment is a shared effort that depends on contributions from every role.

Leaders set direction and priorities

Faculty and staff shape everyday environments and experiences

Learners and trainees contribute insight, energy, and change

Researchers strengthen the evidence base that informs action

Bringing Wellbeing to Life

Health promotion comes to life through what we prioritize, how we work together, and the environments we create every day.

Upheld by institutions through governance, policies, and resources

Upheld by individuals through respect and ethical treatment

Upheld by the self through recognizing that wellbeing matters and taking action to support oneself and others

From Intention to Action

Meaningful change begins with intention, but it is sustained through action.

Across the Faculties of Medicine, there is a growing opportunity to embed wellbeing into the fabric of our systems, cultures, and everyday practices in ways that are visible, measurable, and sustainable.

This toolkit invites you to reflect, act, and lead change, wherever you are.

Part 2: Foundations of a Health- Promoting Environment

*A Guide to Building a Solid
Foundation for Health-
Promotion*

Part A: Core Concepts

- Okanagan Charter
- PPC Safety
- EDIA

Part B: Putting Foundations into Practice

- Practical Steps

Core Concepts of a Health-Promoting Environment

This section introduces the shared language and core concepts that underpin a health-promoting environment.

It explores how the Okanagan Charter applies within medical education, and how it connects with physical, psychological, and cultural safety, as well as equity, diversity, inclusivity, and accessibility (EDIA).

Together, these concepts provide a foundation for understanding how environments shape the way people learn, work, and live within the Faculties of Medicine.

This section builds the foundation for the rest of the toolkit. It introduces the key concepts, principles, and approaches that underpin health-promoting environments.

What is a Health-Promoting Environment?

“Environments that deliberately support the skills, aspirations, and challenges of learners, faculty, and staff enabled by wellbeing-centered policy, communities of connection, resources that support patient care and personal growth, nested within inclusive spaces.”

Why This Matters in Medical Education

A safe and health-promoting environment is foundational to the success and wellbeing of all members of the medical community. Medical training is demanding, and learners, educators, and staff face cognitive, emotional, and physical pressures daily. Environments that prioritize safety and health promotion enable everyone to engage fully, collaborate effectively, and develop skills and professional identities without the added burden of preventable stress or harm. Supporting wellbeing is not all about individual effort; it's about intentionally shaping systems, policies, and cultures where everyone can work, learn, and care to their greatest potential.

Health-promoting environments also shape how future physicians practice care. By fostering cultures grounded in respect, inclusion, collaboration, and partnership, they support the development of practitioners who are equipped to engage meaningfully with patients, families, and communities as partners in health. In this way, patient-centred engagement is not only a value, but a core outcome of medical education that extends beyond academic institutions and into clinical practice and community settings.

Health-promoting environments directly influence the future of medicine. When wellbeing is embedded into institutional culture, it models healthier professional behaviours, supports innovation and learning, and helps prepare physicians to contribute to safe, inclusive, and sustainable healthcare systems. By fostering health-promoting cultures within Faculties of Medicine, institutions can influence the learning, work, and care environments experienced by healthcare professionals, patients, and communities across the continuum of care.

The Okanagan Charter

The Okanagan Charter is an international framework that guides post-secondary institutions in becoming health-promoting environments. It calls on campuses to move beyond individual or temporary wellbeing initiatives and instead embed health into all aspects of campus systems and culture.³

Developed in 2015 through a global collaboration of higher education and health promotion leaders, the Charter builds on decades of work in health promotion, including the foundational principles of the Ottawa Charter for Health Promotion (1986).

"Health is created and lived by people within the settings of their everyday life; where they learn, work, play, and love."

– The Ottawa Charter on Health Promotion ⁵



Purpose of the Charter

The Okanagan Charter provides a shared framework to guide institutions in advancing health and wellbeing in intentional, coordinated, and sustainable ways. It supports institutions to:

- Align policies, practices, and environments with health-promoting principles.
- Strengthen collaboration within and beyond the institution.
- Generate knowledge and innovation in health promotion.
- Contribute to broader social, cultural, and ecological wellbeing.

The key is not creating new work but leveraging the Charter to help institutions integrate and align existing efforts, creating cohesion and greater impact across the continuum.

The Charter has two calls to action:

1

Embed health into all aspects of campus culture, administration, operations and mandates

2

Lead health promotion action and collaboration locally and globally

Together, these calls to action position institutions as both stewards of health promotion within their own environments and as collaborative partners in advancing wellbeing beyond institutional boundaries.

A Whole-System Approach to Wellbeing

A defining feature of the Okanagan Charter is its whole-system approach. Health and wellbeing are not viewed as the responsibility of a single program or department, nor as the outcome of individual behaviours alone. Instead, they are shaped by the interaction and intersection of:³

- Institutional policies and governance
- Physical and virtual environments
- Organizational culture and relationships
- Access to services and supports
- Teaching, learning, and working conditions

This perspective shifts the focus from individual perseverance to intentionally shaping environments that support health and wellbeing by design.

Relevance to Faculties of Medicine

Faculties of Medicine are complex systems where education, clinical care, research, and administration intersect. Within these environments, health and wellbeing are influenced by factors such as workload, learning culture, leadership practices, equity and inclusion, and accessibility of support.

Applying the Okanagan Charter in this context means:

- Aligning institutional policies and structures with health-promoting values.
- Embedding health promotion into curricula, clinical training, and academic practices.
- Fostering safer, more inclusive learning and working environments.
- Supporting learners, faculty, and staff across the full continuum of their work and training.

The Charter does not prescribe a single approach. Instead, it provides a flexible framework that can be adapted to local contexts, priorities, and needs.

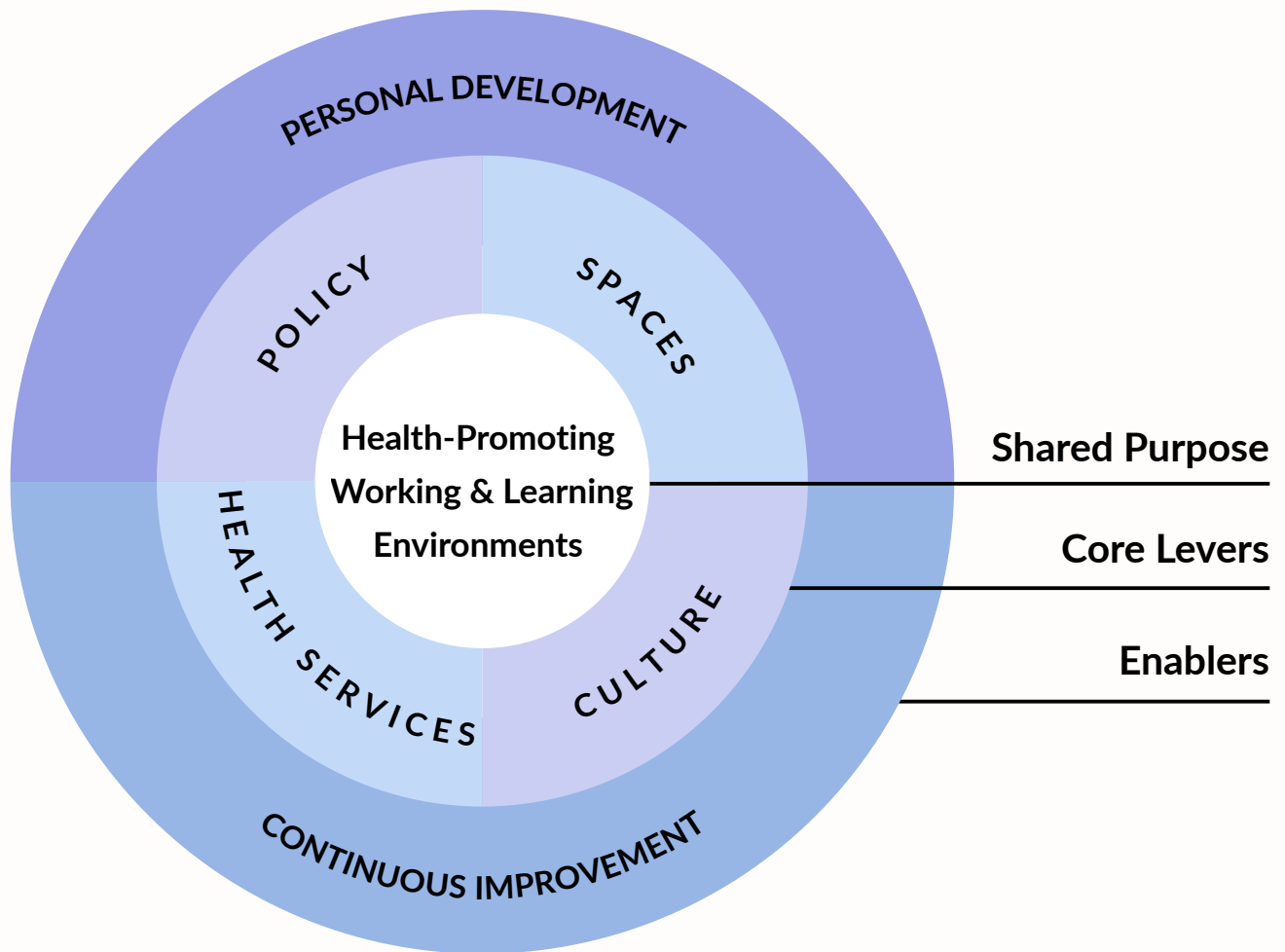
From Framework to Action

The Charter is not meant to remain conceptual. **Its value lies in how it is applied.** This toolkit translates the Charter into practical actions by connecting its principles to realities of the academic medicine environment, providing strategies across policy, culture, spaces, and services, and supporting coordinated, system-level implementation. In doing so, it helps move from shared aspirations to shared actions, and from isolated efforts to sustained, institution-wide change.^{3, 4}

The Okanagan Charter invites Faculties of Medicine to reimagine how health and wellbeing are created. Not as an added priority, but as a foundational element of how we teach, learn, work, and lead.

Okanagan Charter Implementation

At a Glance



These elements are interconnected and often progress in parallel

Key Principles for Creating a Health-Promoting Environment

These guiding principles are embedded throughout the Toolkit

Whole Systems Thinking

Address the full environment: culture, policies, spaces, and relationships.

Evidence-informed Action

Use data, research, and continuous improvement to guide decisions.

Faculty Wide Integration

Embed wellbeing across all roles, functions, and activities.

Strengths-based Approach

Build on what is already working and scale effective practices.

Broad Engagement

Co-create solutions with learners, faculty, staff, and partners.

Local & Indigenous Context

Ground actions in place, culture, and community knowledge.

Cross-discipline Collaboration

Engage across fields and sectors to strengthen impact.

Universal Responsibility

Promote wellbeing through equity, dignity, and social justice.

Health-promoting institutions commit to system-wide action that creates the conditions for individuals and communities to learn, work, connect, and contribute at their fullest potential.

Physical, Psychological, and Cultural (PPC) Safety

Safer and more inclusive health-promoting environments are not only defined by policies and programs, but by how people experience their learning and working conditions every day.

Physical, psychological, and cultural (PPC) safety provides a shared context for understanding the conditions that support wellbeing across the Faculties of Medicine.

Definitions of PPC Safety *as defined by the Canadian Medical Association (CMA)⁶

Physical Safety is the result of an environment that identifies, minimizes, and mitigates harm, injury, and illness, threats of harm or injury, or near harm or injury that may be inflicted by a person, substance, object, hazard, environment, or occupational practice.

Psychological Safety is a climate of trust and respect in which people are comfortable working to their full scope of practice and potential and hold the belief that teammates and leadership will support, and not embarrass or punish, a colleague for speaking up in the line of work.

Cultural Safety is a lifelong practice of self-reflection and respectful engagement that recognizes and accepts unique individual identities, differences, preferences, and social spaces, and strives to address inherent power imbalances in the health care system, resulting in an environment free of racism and discrimination where people feel safe to be their authentic selves.

Psychological security is a broad concept referring to a person's sense of **internal stability, emotional safety, confidence in their own worth**, and belief that they can navigate challenges without fear of emotional harm. It describes an **inner state**, rather than a team or organizational condition. This is different from psychological safety (which is about group dynamics). Psychological security is about how secure you feel inside yourself.

Connecting PPC Safety and the Charter

Physical, psychological, and cultural (PPC) safety defines what a health-promoting environment looks and feels like in practice.

The Okanagan Charter provides the structure and direction to create and sustain those conditions at a systems level.

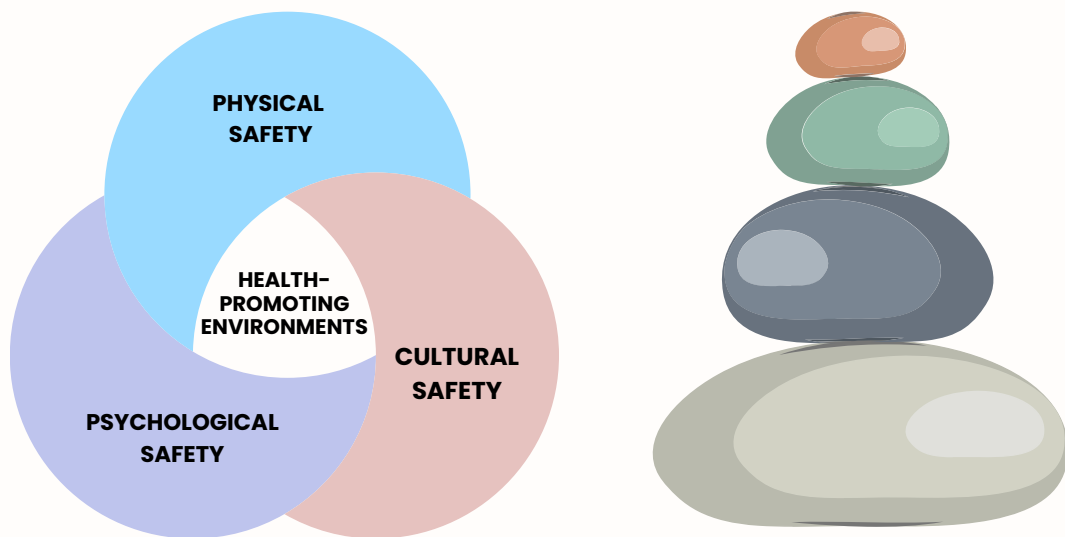
Together, they connect principles to practice - ensuring that health promotion is both intentionally designed and meaningfully experienced across Faculties of Medicine.^{3, 6}

Dimension	What this looks like in practice	Connection to the Charter
Physical Safety	• Safe physical design of spaces • Ergonomics and workload considerations • Access to health supports	The Charter calls for environments that promote physical health, wellbeing, and safety, designing spaces that support the wellbeing of faculty, learners, and staff.
Psychological Safety	• Open communication without fear • Support for mental health and wellbeing • Respectful team dynamics	The Charter calls on faculties to prioritize mental health and wellbeing, creating environments where psychological safety is embedded in the culture and individuals feel supported.
Cultural Safety	• Respect for diverse identities and lived experiences • Addressing power imbalances • Inclusive and equitable environments	The Charter advocates for inclusivity and diversity, promoting environments where cultural safety is embedded and campuses are welcoming to all identities and backgrounds.

Why PPC Safety Matters for Health-Promotion

Physical, psychological, and cultural safety are interconnected and mutually reinforcing. When one dimension is missing, the overall environment is unbalanced.

Together, they create the conditions for individuals and communities to feel safe, valued, and able to contribute to their full potential.



Reflection prompts

- Where do we see strengths in PPC safety within our environment?
- Which dimensions require greater attention or investment?
- How are these conditions experienced differently across roles or groups?
- What small changes could strengthen PPC Safety in our everyday environments?

Equity, Diversity, Inclusion, and Accessibility

Equity, Diversity, Inclusion, and Accessibility (EDIA) are individual, foundational elements to creating health-promoting learning and work environments. Within the context of the Okanagan Charter, EDIA ensures that efforts to support health and wellbeing are experienced equitably across diverse individuals and communities.

As terminology may evolve or differentiate across institutions, the significance does not necessarily lie in what the concept of EDIA is called, but in what it enables: addressing structural inequities, enabling meaningful participation, and supporting the health and wellbeing of all learners, educators, staff, and patients.

EDIA is therefore not an ‘add-on’ to health promotion but a core condition that shapes institutional commitments to wellbeing in a meaningful, effective, and sustained way.

Why EDIA Matters in Health–Promotion

Environments that do not address structural inequities may reinforce barriers to participation, limit access to opportunities, and contribute to exclusion, burnout, and mistrust.

When EDIA is embedded across policies, practices, and culture, institutions are better positioned to support equitable access, foster belonging, and create conditions where individuals can participate fully and safely. *In medical education and healthcare settings, these conditions are directly linked to learner wellbeing, team effectiveness, and the quality and equity of care.

Core Elements of EDIA in Health Promotion

Equity: Addressing Structural Barriers

Equity involves identifying and addressing systemic barriers embedded in policies, practices, and institutional culture. This includes:

- ◆ *Admissions, assessment, and hiring practices*
- ◆ *Access to mentorship and leadership opportunities*
- ◆ *Distribution of resources and support*

Aspirational commitments alone are insufficient. Without corresponding behavioural and structural change, institutions risk disengagement and disillusionment, particularly among those who continue to experience inequities, including women, Indigenous, and Black physicians.

Diversity: Representation and Perspective

Diversity reflects the presence of differences in identity, background, experience, and ways of knowing. In health-promoting environments, diversity is not only about representation, but about:

- ◆ *Whose knowledge is included in curricula*
- ◆ *Whose perspectives inform decision-making*
- ◆ *Whose experiences are recognized as valid*

Diversity without inclusion or equity can reinforce existing power imbalances.

Inclusion: Belonging and Participation

Inclusion is the active and ongoing practice of creating environments where individuals feel respected, valued, and able to contribute meaningfully. This includes:

- ◆ *Addressing power dynamics related to hierarchy, titles, and perception*
- ◆ *Creating space for diverse perspectives and lived experiences*
- ◆ *Supporting everyday practices that signal belonging (e.g., pronoun sharing, visible allyship)*

Inclusion requires more than representation—it requires voice, influence, and psychological safety.

Accessibility: Design, Not Accommodation

Accessibility is most effective when embedded from the outset through universal design, rather than addressed through individual accommodations alone. This involves:

- ◆ *Designing environments that are flexible and accessible to a wide range of individuals*
- ◆ *Reducing barriers proactively rather than retroactively*
- ◆ *Operationalizing evolving technical standards in everyday practice*

Shifting from accommodation to design supports dignity, reduces stigma, and benefits everyone, not just those with disclosed disabilities.

Cross-Cutting Foundations

EDIA relies on several cross-cutting foundations that shape how it is understood and implemented.

Intersectionality and Specificity

Intersectionality recognizes that individuals experience overlapping and compounding forms of inequity. However, when multiple concepts are grouped without clarity, there is a risk of dilution. Effective implementation requires balancing complexity with clarity:

- ◆ *Identifying specific inequities and barriers*
- ◆ *Understanding how they interact with each other and the environment*
- ◆ *Designing responses that reflect the lived realities of individuals across multiple identities rather than generalized categories*

Courageous Dialogue and Shared Understanding

Developing a shared understanding of what EDIA is, and what it is not, is essential, particularly in environments where terminology can be interpreted in different ways.

- ◆ *Terms like “marginalized” can unintentionally reinforce exclusion by defining individuals in relation to a dominant norm*
- ◆ *Institutions should be thoughtful and intentional in how language reflects values, power, and belonging*
- ◆ *Recognizing how hierarchy, titles, and perception shape whose voices are heard*

Cross-Cutting Foundations

Accountability and Evidence-Informed Action

Sustained progress requires moving beyond intention into action:

- ♦ *Embedding EDIA into decision-making structures*
- ♦ *Collecting and analyzing disaggregated data (e.g., admissions, mentorship access, outcomes)*
 - ♦ *Demonstrating impact to maintain momentum and counter denialist narratives*

Integration into Core Work

Equity and wellbeing should not be treated as standalone topics or periodic initiatives. When positioned as add-ons, they risk losing relevance and impact. Instead, EDIA must be embedded across:

- ♦ *Curriculum and assessment*
- ♦ *Organizational culture and leadership*
- ♦ *Policies, processes, and evaluation systems*

Understanding EDIA alongside Physical, Psychological, and Cultural Safety and the core principles of the Okanagan Charter provides a foundation for implementing health-promoting strategies that are both effective and equitable.

Putting Foundations Into Practice

This section translates foundational concepts into practical action.

Building on what you've learned, it outlines a step-by-step approach to help you plan, implement, and sustain a health-promoting environment within your institution.

Through these steps, you will identify priorities, engage your network, and take coordinated action to create meaningful and lasting change.

- 1 Identify Your Priorities
- 2 Build Your Network
- 3 Mobilize Action
- 4 Use the Six Strategic Directions
- 5 Reassess and Revisit

Step 1 Identify Your Priorities

Starting a health-promoting initiative or action across your Faculty can feel overwhelming. Begin by clarifying where to focus your energy and resources.

A needs assessment can be a valuable starting point, helping you understand current strengths, gaps, and opportunities across your environment, ensuring that priorities are informed by data and diverse perspectives.

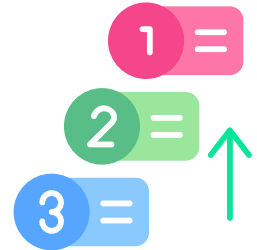
What might a needs assessment include?

- ✓ **Surveys and questionnaires** to gather broad input across learners, faculty, and staff
- ✓ **Focus groups or listening sessions** to explore experiences in greater depth and hear diverse perspectives
- ✓ **Review of existing data** (e.g., engagement surveys, wellbeing metrics, incident reports, evaluations)
- ✓ **Environmental scans** of physical spaces, social dynamics, and organizational conditions
- ✓ **Policy and process reviews** to identify gaps or misalignment with health-promoting principles
- ✓ **Mapping existing initiatives and resources** to understand what is already in place and where gaps or duplication exist

Where possible, ensure the process is inclusive, transparent, and iterative, and share findings with the community to build trust and sustain engagement.

Once you have analyzed your institution's needs, you can begin to define and prioritize your actions.

Consider the following:



- ☐ **Actions:** Identify clear steps to achieve each goal.
- ☐ **Key Partners:** Determine who needs to be involved (faculty leadership, administration, patients, learners, etc.)
- ☐ **Indicators of Success and Reporting:** Define measurable indicators to track progress, and key elements that demonstrate meaningful change.
- ☐ **Resources Required:** Outline the human, financial, and organizational resources needed to support each action.
- ☐ **Prioritization:** Assign relative priority based on impact and feasibility (e.g., *high, medium, low*)
- ☐ **Status:** Establish a simple system to monitor progress e.g., *colour-coding (red=not started, green=in progress, blue=achieved).*

Grounding priorities in thoughtful assessment helps focus efforts and resources where they will have the greatest impact and lays a strong foundation for lasting, impactful change.

Priority Planning Into Action

Example:

A Faculty needs assessment identified a gap in governance, including the absence of a formal structure to coordinate and advance wellbeing efforts. In response, the establishment of a Faculty-wide Wellbeing Committee was identified as a priority. The group followed the planning process and brought their proposal to the Dean for support.

- **Priority Area:** Policy / Governance & Leadership for Wellbeing
- **Actions:** Establish a Faculty-wide Wellbeing Committee with representation across roles; define mandate, terms of reference, and reporting structure
- **Key Partners:** Faculty leadership (Dean's office), program directors, faculty, learners, professional staff, wellbeing offices
- **Indicators of Success:** Committee established with formal mandate; regular meeting cadence (e.g., quarterly); representation across roles; integration into governance structure.
- **Reporting:** Perceived visibility and credibility of the committee; feedback on inclusivity of representation; examples of issues elevated and addressed
- **Resources Required:** Administrative support; dedicated time for members; modest operating budget
- **Priority Level:** High
- **Status:** In progress

Priority Planning Into Action

Example:

The needs assessment also highlighted limitations in available spaces for rest, connection, and informal collaboration. In response, enhancing a central shared space for learners, faculty, and staff was identified as a priority to support wellbeing and community. The group advanced a proposal in partnership with facilities and leadership.

- **Priority Area:** Physical Spaces / Connection
- **Actions:** Renovate and enhance a central lounge space to support rest and connection (e.g., comfortable seating, natural light, access to food, and inclusive design features)
- **Key Partners:** Facilities and operations, faculty leadership, learners, faculty, equity/diversity offices, finance, contractors
- **Indicators of Success:** Space completed and accessible; increased utilization; improved user satisfaction; evidence of interdisciplinary use
- **Reporting:** User feedback on sense of belonging and comfort; examples of informal connection and collaboration; perceived accessibility and inclusivity
- **Resources Required:** Capital funding; design and construction support; ongoing maintenance and operations budget
- **Priority Level:** Medium
- **Status:** **Not started**

Priority Planning Into Action

Once you've identified your needs and detailed your priority list, consider creating a planning document to benchmark and track progress on all of your initiatives and actions. It might look something like this:

Priority Area / Strategic Direction 1 Policy / Governance					
Action(s)	Key Parters	Indicators of Success	Reporting	Resources	Priority & Status
Establish a Faculty-wide Wellbeing Committee with representation across roles; define mandate, terms of reference, and reporting structure	Faculty leadership (Dean's office), program directors, faculty, learners, professional staff, wellbeing offices	Committee established with formal mandate; regular meeting cadence; representation across roles; integration into governance structure	Perceived visibility and credibility of the committee; feedback on inclusivity of representation; examples of issues elevated and addressed	Administrative support; dedicated time for members; modest operating budget	High In Progress
Priority Area / Strategic Direction 2 Physical Spaces					
Action(s)	Key Parters	Indicators of Success	Reporting	Resources	Priority & Status
Renovate and enhance a central learner/faculty lounge to support rest, connection, and informal collaboration (e.g., comfortable seating, natural light, access to food, inclusive design features)	Facilities and operations, faculty leadership, learners, faculty, equity/diversity offices, finance	Space completed and accessible; increased utilization rates; user satisfaction scores; observed increase in interdisciplinary use	User feedback on sense of belonging and comfort; examples of informal collaboration; perceived accessibility and inclusivity of the space	Capital funding; design and construction support; ongoing maintenance and operations budget	Med Not Started
Priority Area / Strategic Direction 3 Culture					
Action(s)	Key Parters	Indicators of Success	Reporting	Resources	Priority & Status
Establish venue and programming for peer support, mentorship coaching and discussion/reflection	Faculty Admin Faculty Dev leads Senior faculty leads Wellbeing office(s) Learners EDIA leads	Regular participation Positive feedback (safety, value) Increased connection/belonging Ongoing mentorship engagement	Attendance & session frequency Participant feedback Mentorship matches & outcomes Brief impact summary	Facilitators Training Space (in-person or virtual) Admin + basic tech support	Med Not Started



Reflection Questions to Guide Priority Planning into Action

- Which areas of impact are most urgent for your Faculty right now? (Refer to the six Strategic Directions.)
- What actions, if taken early, could create momentum elsewhere? (e.g., enhancing shared spaces to support collaboration)
- What existing governance structures, committees, or initiatives can be leveraged or strengthened?
- How will you support implementation through clear collaboration and communication across roles?
- How will you ensure initiatives are visible, measurable, and aligned with your faculty's goals?
- What dedicated resources are required, and how will they be secured?

Needs Assessment - Checklist

What might a needs assessment include?

- ☐ **Surveys and questionnaires** to gather broad input across learners, faculty, and staff
- ☐ **Focus groups or listening sessions** to explore experiences in greater depth and hear diverse perspectives
- ☐ **Review of existing data** (e.g., engagement surveys, wellbeing metrics, incident reports, evaluations)
- ☐ **Environmental scans of physical spaces**, social dynamics, and organizational conditions
- ☐ **Policy and process reviews** to identify gaps or misalignment with health-promoting principles
- ☐ **Mapping existing initiatives and resources** to understand what is already in place and where gaps or duplication exist

Keep in mind:

- ☐ Ensure the process is inclusive and representative
- ☐ Be transparent about purpose and use of findings
- ☐ Share results back with the community to build trust and momentum
- ☐ Revisit and update regularly as part of an ongoing, iterative process

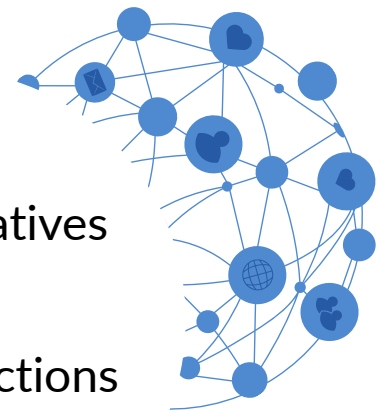
Step 2 Build Your Network

Health-promoting environments are shaped through a network of people and groups who can influence policy, practice, and culture through coordinated, collaborative effort. While everyone contributes to wellbeing, they do so in different ways.

Building on your identified priorities, the next step is to consider who is best positioned to help move this work forward.

Your network may include those who:

- Set direction and priorities
- Design and implement programs and initiatives
- Deliver services and supports
- Influence culture through everyday interactions
- Gather and interpret data
- Experience the impacts of these efforts firsthand



System change does not belong on the shoulders of one person or department; it relies on the collective efforts of many people working together. Recognizing and connecting how these roles contribute is essential to strengthening alignment and impact.

Health promotion is complex and multi-layered; when relationships are intentional and contributions are visible, institutions can move from isolated efforts to coordinated action.

A health-promoting environment embeds EDIA, wellbeing, and social justice not as parallel efforts, but as intentionally integrated elements of how people live, learn, and work within the environment. To achieve this, you need the right levers to move the wheel.

A strong network can:

- Leverage diverse expertise and perspectives across roles and disciplines
- Strengthen collaboration and communication, reducing duplication and gaps
- Advance equity and inclusion by reflecting lived experiences in decision-making
- Foster engagement and shared ownership of wellbeing initiatives
- Support evaluation and continuous improvement through multiple data sources
- Enable more strategic use of resources and build capacity
- Drive culture change across all levels, from leadership to learners

Look beyond your institution! Expanding your network *regionally and nationally* can strengthen impact, shared learning, and amplify change!

Key Aspects of Mapping Your Network

① Identify your levers for change:

All individuals, groups, or entities affected by or capable of influencing this work.

*Who is already invested?
Who will be impacted?
Who can contribute?*

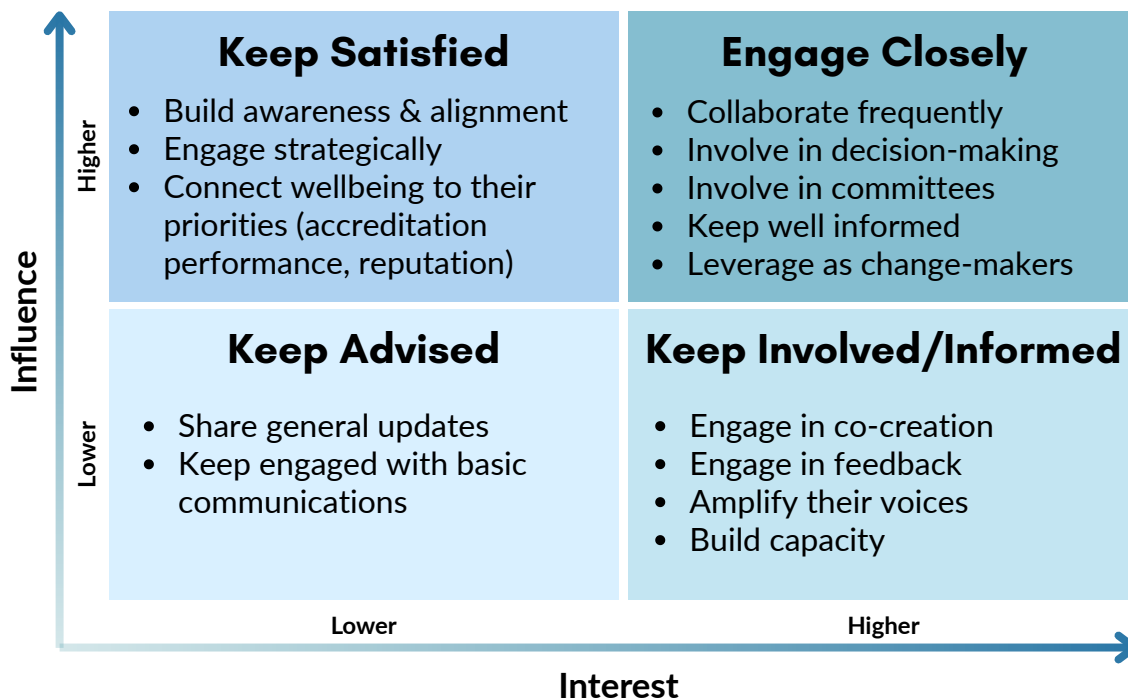
② Determine their levels of:

Influence - how much their actions can affect the outcome

Interest - how much their needs are affected by the outcome

③ Assess their ability to participate and find ways to involve them

Consider using an analysis grid:



Reflection Questions to Guide Mapping Your Network

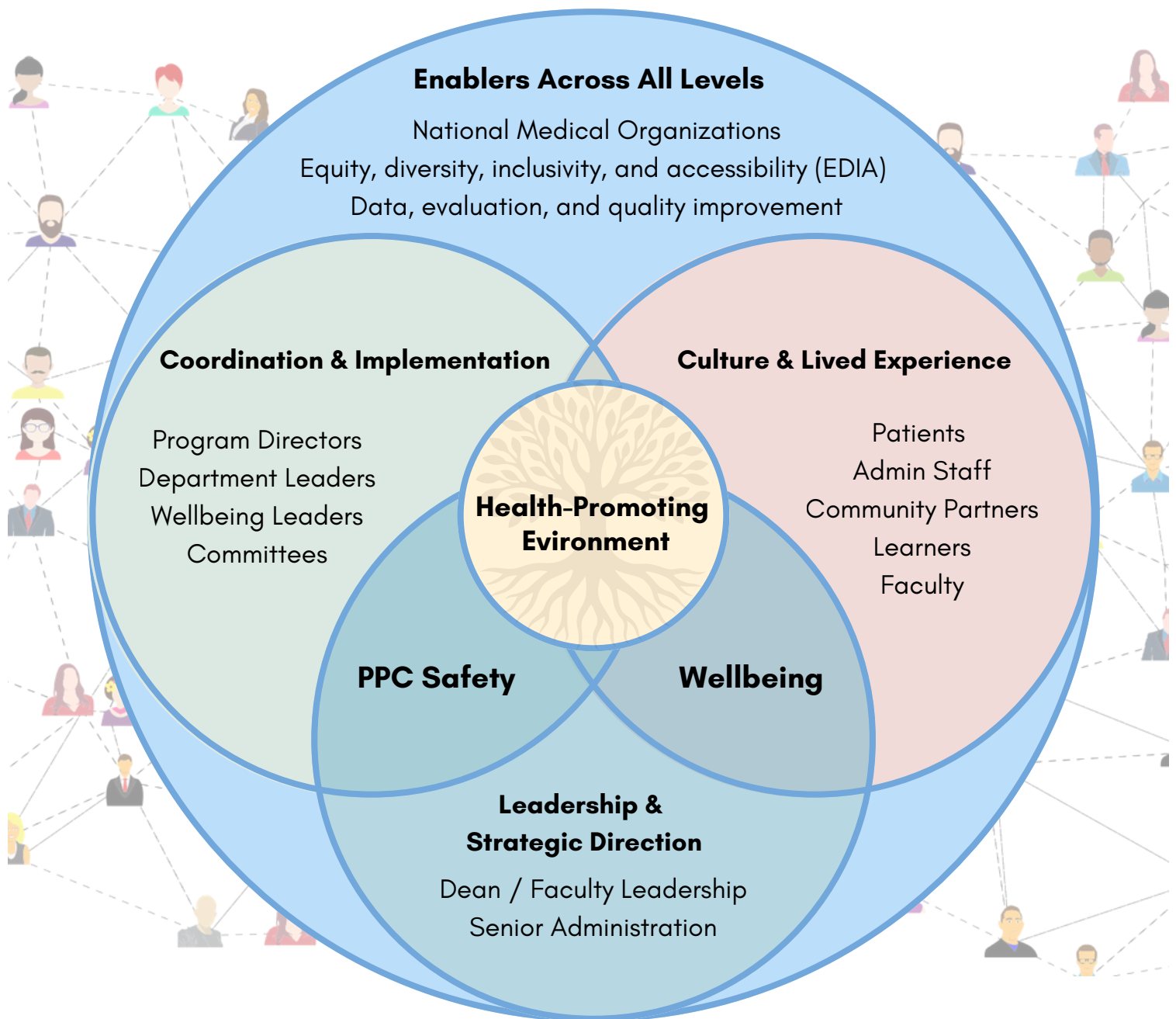


- Who are the key individuals or groups currently contributing to wellbeing and health promotion?
- Who is missing or underrepresented, particularly from equity-deserving groups or less visible roles?
- Where are there strong connections and collaborations already in place?
- Where are connections weak, siloed, or absent?
- Who influences policy, resources, and decision-making?
- Who shapes the day-to-day culture and experiences within your Faculty?
- How are learners, staff, faculty, and patients/communities engaged in your network?
- What mechanisms exist (or are needed) to support communication, alignment, and shared accountability?

Keep in mind:

- Representation fatigue: the same individuals are often asked to contribute repeatedly
- Consider opportunities to mentor and build capacity in new contributors
- Ensure mutually beneficial participation, with clear value for those involved
- Where possible, provide recognition, compensation, or protected time to support engagement

Building a Health-Promoting Faculty Network



Health-promoting faculties are shaped by a network of interconnected roles. While leadership helps set direction, meaningful change is driven through coordinated action and lived experiences across all levels. Enablers such as EDIA and data-informed improvement support alignment and impact throughout the system.

Step 3 Mobilize Action

Change in complex environments takes time, but progress is driven by clear actions, shared accountability, and sustained momentum. Rather than waiting for perfect conditions, focus on taking deliberate, achievable steps that build toward longer-term goals.

With priorities identified and your network in place, the next step is to translate plans into action. This means moving from ideas to coordinated implementation across your Faculty.

Moving from Planning to Action

- ✓ **Start with early actions:** Identify a small number of high-impact, feasible initiatives to build momentum.
- ✓ **Clarify roles and responsibilities:** Ensure your network understands their contributions and accountabilities.
- ✓ **Embed actions into existing structures:** Align with committees, governance processes, and ongoing initiatives where possible.
- ✓ **Communicate clearly and consistently:** Share priorities, progress, and opportunities for engagement across the Faculty.
- ✓ **Resource the work appropriately:** Ensure time, funding, and support are in place to sustain efforts.
- ✓ **Track progress and adapt:** Use data and feedback to refine and improve over time.

Mobilizing action is not a one-time effort—it requires ongoing attention and adjustment.

Sustaining Momentum

- Build regular check-ins and reporting mechanisms to maintain visibility and accountability
- Celebrate early wins and progress to reinforce engagement
- Be prepared to adapt as needs, contexts, and priorities evolve
- Reinforce that responsibility for wellbeing is shared across the system, not held by a single individual or group

Early, visible actions help demonstrate progress, build trust, and create energy for broader change. Focus on what is achievable now while working toward longer-term transformation.

Progress may be gradual, but with coordinated, intentional action, institutions can evolve, creating environments where wellbeing is not aspirational but built into the foundation of how academic medicine is constructed and experienced.

Step 4 Use the Six Strategic Directions

The six strategic directions have been adapted from the Okanagan Charter to serve the medical education context. This toolkit offers guidance and actionable steps to help you implement each of the six directions within your environment, regardless of your role.

With your priorities defined, your network established, and action underway, these directions help ensure your efforts are comprehensive, coordinated, and aligned across the system.

The Six Strategic Directions of the Okanagan Charter

1 Policy

4 Personal Development

2 Spaces

5 Health Services

3 Culture

6 Continuous Improvement

Rather than approaching initiatives in isolation, use the Strategic Directions to organize, strengthen, and expand your work, ensuring that multiple parts of the Faculty environment are working together to support wellbeing.

How to Use the Strategic Directions

- ✓ Map your current initiatives across the six directions
- ✓ Identify gaps or areas of imbalance
- ✓ Ensure actions are mutually reinforcing across domains
- ✓ Use the framework to support planning, communication, and evaluation

Impact is strongest when multiple Strategic Directions are advanced together. For example, changes to policy, spaces, and culture can reinforce one another to create more meaningful and sustained improvements.

Learn about each strategic direction in the next section!

Step 5 Reassess and Revisit

Health-promoting work is ongoing. As your Faculty makes progress, it is important to regularly pause, reflect, and adjust your approach.

Revisit the previous steps to assess what has changed:

- ✓ Are your priorities still the most relevant?
- ✓ Has your network evolved, and are the right people engaged?
- ✓ Are your actions achieving the intended impact?

PROGRESS



Sustaining Progress

- Reassess regularly using data, feedback, and lived experience
- Adjust priorities and actions as needs evolve
- Strengthen or expand your network as new opportunities emerge
- Continue embedding wellbeing into structures, processes, and culture

This is continuous work!

Health-promoting environments are not built through one-time efforts. Ongoing reflection, adaptation, and learning are essential to sustaining meaningful and lasting change.



Part 3: The Six Strategic Directions of the Okanagan Charter

A Practical Guide to
Implementing the Principles
of the Okanagan Charter

- Policy
- Spaces
- Culture
- Personal Development
- Health Services
- Continuous Improvement

THE OKANAGAN CHARTER

An International Charter for Health
Promoting Universities & Colleges

WHAT IS THE OKANAGAN CHARTER?



The Okanagan Charter calls on post-secondary institutions around the world to embed health and sustainability in all aspects of campus culture, across the administration, operations and academic mandates.

PURPOSE



1. Guide and inspire action



2. Generate dialogue and research



3. Mobilize international, cross-sector action

CALLS TO ACTION



1. Embed health into all aspects of campus culture, across the administration, operations and academic mandates.



2. Lead health promotion action and collaboration locally and globally.

SIX STRATEGIC DIRECTIONS



1. POLICY

Embed health and wellbeing into formal policies, governance, and decision-making.



2. SPACES

Design and enhance physical and virtual environments to support wellbeing.



3. CULTURE

Foster inclusive, respectful, and psychologically safer environments.



4. PERSONAL DEVELOPMENT

Build knowledge, skills, and capacity to support wellbeing.



5. HEALTH SERVICES

Strengthen access to supports and services across the Faculty.



6. CONTINUOUS IMPROVEMENT

Use data, evaluation, and feedback to guide ongoing refinement.

Healthy campuses. Healthy people. Healthy planet.

cami-icmu.ca/okanagan-charter

The Six Strategic Directions of the Okanagan Charter

1**Policy**

Embed health and wellbeing into formal policies, governance, and decision-making.

2**Spaces**

Design and enhance physical and virtual environments to support wellbeing.

3**Culture**

Foster inclusive, respectful, and psychologically safe environments.

4**Personal Development**

Build knowledge, skills, and capacity to support wellbeing.

5**Health Services**

Strengthen access to supports and services across the Faculty.

6**Continuous Improvement**

Use data, evaluation, and feedback to guide ongoing refinement.

Okanagan Charter Strategic Directions

At a Glance

Health-promoting learning and work environments are shaped by the combined influence of policies, spaces, culture, personal development opportunities, health services, and continuous improvement efforts. While each Strategic Direction focuses on a different aspect of institutional wellbeing, they are interconnected and most effective when implemented together.

How the Strategic Directions Work Together

The six Strategic Directions are not intended to be implemented in isolation.

Policy establishes expectations, accountability, and priorities.

Spaces shape the environments where people learn, work, teach, research, and provide care.

Culture influences how people experience those environments and interact with one another.

Personal Development supports the knowledge, skills, and capacities needed to contribute to healthy communities.

Health Services provide access to supports and resources that promote health and wellbeing.

Continuous Quality Improvement and Evaluation helps institutions learn, adapt, and strengthen efforts over time.

Together, these Strategic Directions create a comprehensive framework for advancing health-promoting learning and work environments within Faculties of Medicine.^{3, 4}

Getting Started

Institutions do not need to address every Strategic Direction at once. Many begin by identifying existing strengths, priorities, and opportunities for improvement, then selecting one or more areas for action. Progress in any Strategic Direction can contribute to broader organizational change and support advancement across the entire framework.

A Practical Guide to Implementing the Principles of the Okanagan Charter

In Foundations, we reviewed the concepts and practical steps for building the foundation of a health-promoting environment.

In this section, we will explore each of the six strategic directions that will help you implement what you've learned by focusing on these areas:

- 1 Develop and Implement Health-Promoting Policy**
- 2 Create Sustainable, Supportive, and Inclusive Spaces**
- 3 Foster Thriving Medical Communities and Culture**
- 4 Support and Sustain Meaningful Personal Development**
- 5 Review, Develop, and Strengthen Faculty Health Services**
- 6 Invest in Continuous Improvement and Evaluation**

Strategic Direction #1



Develop and Implement Health-Promoting Policy

Review, develop, and coordinate policies and practices that embed health, wellbeing, equity, and sustainability into institutional planning, decision-making, and accountability processes.

Policy: At-a-Glance

What is this strategic direction about?

Embedding wellbeing into all faculty policy.

Why does it matter?

Policy shapes daily experience, equity, and culture.

What will I do here?

Learn how to review, develop, and implement health-promoting policies.

What you'll find in this section

- Overview: Why Policy Matters
- Key Components of Effective Health-Promoting Policy
- Putting Policy into Practice
- Case Studies
- Explore Your Role in Policy
- Tools and Resources

Overview

Why Policy Matters



Policy is one of the most powerful levers for shaping our day-to-day experiences. It determines how decisions are made, how people are treated, and how resources and responsibilities are distributed across an institution. When policies are intentionally designed with wellbeing in mind, they can promote equity, reduce unnecessary burden, and create conditions that support healthy, inclusive, and sustainable learning and work environments.

Embedding health and wellbeing into policy requires a coordinated, systems-level approach. This includes strong leadership commitment, clear governance structures with accountability, and meaningful engagement across the institution and beyond. Health-promoting policy relies on those who can critically assess how policies function in practice, identify unintended harms, and advocate for equitable approaches.

Given the complexity of this work, some institutions have invested in dedicated wellbeing leadership roles and increased resources to support policy review and development. These roles help ensure that wellbeing is not approached as an ‘add-on’ but is embedded in the core functioning of the institution. A well-resourced and strategically aligned approach to policy is essential to advancing a health-promoting working and learning environment.

The Canadian Medical Association recently updated the [CMA Physician Health and Safety Policy & CMA Code of Ethics and Professionalism](#), which can serve as a starting point.^{6, 7}

How Policy Connects to Other Strategic Directions in the Okanagan Charter

Health-promoting policy creates the structures, expectations, and accountability mechanisms that shape wellbeing across the institution. Policy provides the foundation that supports action across all other Strategic Directions.

Spaces

Policies influence how spaces are designed, maintained, accessed, and used to support wellbeing, inclusion, accessibility, and sustainability.

Culture

Policies help establish expectations for respectful behaviour, psychological safety, equity, and accountability, influencing the culture experienced by learners, faculty, staff, and researchers.

Personal Development

Policies can enable protected time, access to development opportunities, mentorship, accommodations, and support for lifelong learning.

Health Services

Policies influence access to health services, leave processes, confidentiality protections, accommodations, and organizational supports.

Continuous Quality Improvement & Evaluation

Policies help establish expectations for measurement, accountability, reporting, and the use of evidence to inform decision-making and improvement.

Key Components of Effective Health-Promoting Policy

Developing and implementing health-promoting policy requires several foundational elements. Together, these components create the conditions for meaningful, sustainable change.

- 1 Governance & Leadership
- 2 People and Participation
- 3 Resources and Infrastructure

The most important component: **A Shared Commitment to Wellbeing**

At its core, health-promoting policy depends on a shared understanding that wellbeing is a collective responsibility. This includes recognizing the influence of institutional structures on individual experiences and committing to policies that promote fairness, dignity, and sustainable ways of working and learning.

1 Governance and Leadership

Effective policy change begins with clear governance and strong leadership. Different roles across the institution contribute in distinct but complementary ways.

Senior Leadership & Governance

Provides strategic direction, ensures alignment with institutional priorities and accreditation, and holds final accountability for policy decisions.

Operational Leadership & Staff

Translate strategy into action by leading policy development, coordinating consultations, and supporting implementation.

Academic & Clinical Faculty

Brings essential insight into how policies function in real-world teaching and care environments, and applying policy in practice.

Learners & Trainees

Contributes lived experience and feedback, helping identify unintended impacts on learning, wellbeing, and equity.

Researchers & Scientists

Ensures policies align with research standards and contribute subject-matter expertise where needed.

A coordinated approach across these levels helps ensure that policies are both strategically aligned and practically effective.

2 People and Participation

Health-promoting policies are strengthened by inclusive and meaningful engagement. Involving a diverse range of perspectives helps ensure policies are relevant, equitable, and responsive to real needs.

Other key contributors may include:

Human Resources & Faculty Affairs

Align policies with employment, equity, accommodations, and legal requirements.

Equity, Diversity, Inclusion & Accessibility Leaders

Identify inequities and ensure policies support fairness, inclusion, etc.

Occupational Health, Safety, & Wellbeing Services

Ground policies in health, safety, and wellbeing considerations.

Bioethics/Ethics Departments

Ensure ethical application of policies and apply biomedical principles.

College or Professional Representatives

Represent collective agreements, standards, codes of conduct, and advocate for member protections.

Engaging these groups supports more comprehensive policy development and helps surface potential unintended consequences early in the process.

3 Resources and Infrastructure

Sustainable policy work requires dedicated resources and support. Without this foundation, policy review and development can become fragmented or deprioritized.

Key resources include:

Time and Protected Capacity: Dedicated time for individuals to participate in policy work in a meaningful way, not “off the side of the desk”.

Skilled People: Access to policy analysts, facilitators, and subject-matter experts (e.g., legal, HR, EDIA, wellbeing, ethics).

Data and Evidence: Use of institutional data, evaluation findings, and research evidence to inform decisions.

Tools and Frameworks: Structured approaches to assess policies through wellbeing, equity, and ethical lenses.

College or Professional Representatives: Represent collective agreements, standards, codes of conduct, and advocate for member protections.

Financial and Operational Resources: Budget to support activities such as consultations, materials, and external expertise where needed.

Investing in these resources signals institutional commitment and enables policy work to be carried out rigorously and effectively.

Putting Policy into Practice

Embedding wellbeing into policy is an ongoing, iterative process, not a one-time initiative. The steps below provide a structured pathway to help you move from intention to action, whether you are just getting started or building on existing efforts.

- 
- 1 Establish Foundations
 - 2 Understand Your Current State
 - 3 Identify Priorities
 - 4 Conduct Structured Policy Reviews
 - 5 Engage and Co-Create
 - 6 Revise and Approve Policies
 - 7 Communicate and Implement
 - 8 Monitor, Evaluate, and Improve



A Continuous Cycle

These steps are not strictly linear. As you evaluate and learn, you may revisit earlier stages, refine your approach, and expand your scope over time. Embedding wellbeing into policy is a continuous cycle of learning, engagement, and improvement.

Step 1 Establish Foundations

Begin by creating the conditions that will enable this work to move forward.

- Identify or confirm leadership accountability for policy review and development.
- Establish a dedicated working group or committee with clear roles and responsibilities.
- Clarify your overall approach or strategy for embedding wellbeing into policy.
- Ensure alignment with broader faculty and institutional priorities.

If these structures are not yet in place, this is your starting point.

Step 2 Understand Your Current State

Before making changes, take stock of what already exists.

- Identify whether there is a formal policy review process in place.
- Map existing policies that impact learners, faculty, and staff.
- Assess current strengths, gaps, and areas of potential concern.
- Gather initial input from key groups to understand lived experiences, pain points, and legalities.

This step helps you move from assumptions to informed action.

Step 3 Identify Priorities

Not all policies can be reviewed at once. Focus your efforts where they will have the greatest impact.

- Identify high-impact or high-risk policies (e.g., those affecting wellbeing, equity, workload, or safety).
- Consider areas of known concern, complaints, or unintended harms.
- Sequence priorities to ensure the work is manageable and sustainable over time.

Start focused. Momentum builds credibility.

Step 4 Conduct Structured Policy Reviews

Undertake a deliberate and consistent review process.

- Apply wellbeing, equity, and ethical lenses to assess policies.
- Examine policy purpose, language, implementation, and impact.
- Identify unintended consequences, barriers, or inequities.
- Document findings and develop clear, actionable recommendations.

Learn more about different wellbeing lenses in the next section.

Step 5 Engage and Co-Create

Meaningful engagement is essential to developing policies that are both effective and equitable.

- Consult with individuals and groups affected by the policy.
- Include voices from equity-deserving and historically underrepresented groups.
- Validate findings, refine recommendations, and identify practical considerations.
- Foster shared ownership of both the problem and the solution.

Policies are more effective and sustainable when co-created.

Step 6 Revise and Approve Policies

Translate insights into action through formal processes.

- Revise policies based on review findings and consultation input.
- Ensure alignment with legal, regulatory, and institutional requirements.
- Bring policies through appropriate governance and approval structures.
- Clearly document changes and their intended impact.

Clarity and transparency at this stage build confidence and accountability.

Step 7 Communicate and Implement

A strong policy is only effective if it is understood and applied in practice.

- Develop a clear communication and dissemination plan.
- Ensure policies are accessible, easy to understand, and widely available.
- Support implementation through guidance, training, or tools where needed.
- Clarify expectations, roles, and available supports.

Implementation is where policy becomes lived experience.

Step 8 Monitor, Evaluate, and Improve

Policy work does not end at implementation. It requires continuous improvement.

- Establish metrics and indicators to assess impact and progress.
- Gather feedback on how policies are functioning in practice.
- Identify emerging issues, unintended consequences, or gaps.
- Commit to regular review cycles and continuous improvement.

Sustainable policy work is adaptive, responsive, and iterative.

Indicators of Progress

The indicators below are aligned with each step in the policy implementation pathway. They can help you assess where you are, identify gaps, and track progress over time.

Establish Foundations: Clear governance structure, leadership accountability, and defined roles are in place and communicated.

Understand Your Current State: Policies are mapped, and strengths, gaps, and lived experiences are understood.

Identify Priorities: Priority policies are identified, sequenced, and aligned with capacity.

Conduct Structured Policy Reviews: A consistent, structured review process is used (e.g., applying wellbeing and equity lenses).

Engage and Co-Create: Diverse partners are meaningfully engaged, and their input shapes policy decisions.

Revise and Approve Policies: Policies are systematically revised, aligned, and approved through formal governance.

Communicate and Implement: Policies are clearly communicated, accessible, and supported in practice.

Monitor, Evaluate, and Improve: Regular reporting, evaluation, and continuous improvement are embedded.

Use the *Policy Implementation Scorecard in Tools* to quickly assess progress across each step of the policy implementation pathway.

Identifying Priority Policies for Review

As you begin your policy review process, it can be helpful to identify which policies to prioritize. Focus on those that have the greatest impact on wellbeing, equity, workload, and day-to-day experiences.

High-impact policies often include those that shape progression, assessment, work expectations, safety, and support.

Common Examples of Policies to Review:

- Leave of Absence Policies
- Attendance Policies
- Promotion and Advancement Policies
- Appeal and Grievance Policies
- Mistreatment and Respectful Learning Environment Policies
- Professionalism Policies
- Service and On-Call Scheduling Policies
- Email and Communication Policies
- Workplace Violence and Harassment Policies
- Mental Health and Psychological Wellbeing Policies
- Equity, Diversity, Inclusion, and Accessibility (EDIA) Policies
- Occupational Health, Safety, and Wellbeing Policies

Consider referencing:

- Canadian Medical Association Physician Health and Safety Policy⁶
- Canadian Medical Association Code of Ethics and Professionalism⁷

Applying Lenses to Policy Review

When reviewing policies, applying different “lenses” helps uncover hidden biases, unintended harms, and missed opportunities to better support wellbeing, equity, and inclusion. Each lens represents a perspective that highlights different aspects of human experience and institutional impact.

Core Lenses for Health-Promoting Policy Review

Equity & Social Justice

Wellbeing & Human Experience

Inclusion, Accessibility & Participation

Organizational Culture & Accountability

Sustainability & Broader Impact

Human Values

You do not need to apply every lens every time. Instead, select a few that are most relevant based on the policy context.

Equity & Social Justice Lens

This lens examines whether policies address or reinforce inequities.

- Does this policy create or perpetuate barriers for certain groups?
- Are historically underrepresented or marginalized groups meaningfully considered?
- Does it promote equitable access to opportunities and resources?
- Does it promote PPC Safety and respect diverse identities and experiences?

Specific lenses within Equity & Social Justice: Anti-racism, gender equity, Indigenous reconciliation, socioeconomic equity, disability inclusion

Wellbeing & Human Experience Lens

This lens centers the human impact of policy on individuals and communities.

- Does this policy support PPC Safety and wellbeing?
- Could it create unnecessary stress, burden, or harm?
- Does it reflect compassion, dignity, and respect?
- Is it trauma-informed and mindful of diverse lived experiences?

Specific lenses within Wellbeing & Human Experience: Mental health, trauma-informed, dignity, belonging

Inclusion, Accessibility & Participation Lens

This lens ensures policies are inclusive in both design and implementation.

- Were the people affected by this policy involved in its development?
- Is the policy accessible and usable for all (e.g., language, format, flexibility)?
- Does it support meaningful participation in decision-making?
- Are multiple perspectives reflected?

Specific lenses within Inclusion & Accessibility: Universal design, inclusive language, participatory governance

Organizational Culture & Accountability Lens

This lens examines how policies shape culture and institutional behavior.

- Does this policy align with stated institutional values and commitments?
- Are roles and responsibilities clearly defined?
- Are decision-making processes transparent and fair?
- Does it foster trust, psychological safety, and accountability?

Specific lenses within Organizational Culture & Accountability: Ethical governance, leadership accountability, psychological safety

Sustainability & Broader Impact Lens

This lens looks beyond immediate effects to consider broader responsibilities.

- What are the long-term impacts of this policy?
- Does it support sustainable ways of working and learning?
- Does it align with commitments to community, environmental, or global wellbeing?
- How might it affect future learners, staff, or systems?

Specific lenses within Sustainability & Responsibility: Climate, global citizenship, intergenerational impact

Human Values Lens

This lens examines the spirit and intention behind the policy.

- Does it reflect core values such as kindness, compassion, humility, and integrity?
- Is it written and enacted in a way that feels human, not purely procedural?
- Does it reinforce a culture of respect, care, and shared responsibility?

Specific lenses within Human Values: Kindness, gratitude, humility, integrity

How to Use A Policy Lens

When reviewing a policy:

1 Select relevant lenses

Choose 2–3 lenses most applicable to the policy
(e.g., equity + wellbeing + accessibility)

2 Ask targeted questions

Use each lens to identify strengths, gaps, and unintended consequences

3 Engage diverse perspectives

Include individuals with lived and professional expertise aligned with each lens

4 Document insights and recommendations

Capture key findings and suggested improvements

5 Apply consistently over time

Use the lenses as part of a standard, continuous quality review process

These lenses are not tools for perfection. They are tools to support better, more thoughtful decision-making over time.

Case Studies

Case studies are powerful learning tools because they can transform complex issues into relatable situations and guide a deeper understanding to tangible solutions. They allow us to explore how policies shape lived experiences and how intentional policy design can foster a health-promoting work and learning environment.

Case Study 1

“Workplace Accommodation and Policy Clarity”

Case Study 2

“Environmental Sustainability in Clinical Education”

The case studies in this toolkit connect the strategic directions of the Okanagan Charter and the pathways for turning principles into practice.

Policy Case Study #1

Workplace Accommodation and Policy Clarity

Scenario

Dr. Chen, a researcher experiencing long COVID, encounters unclear processes for accessing workplace accommodations. Multiple offices (HR, occupational health, faculty affairs) provide conflicting information, resulting in delays, stress, and uncertainty.

The Challenge

Accommodation policies are fragmented, difficult to navigate, and inconsistently applied across the Faculty.

Why This Matters

When policies are unclear or inconsistently applied, they can unintentionally increase burden and contribute to inequity, particularly for individuals already navigating health challenges. Clear, coordinated health-promoting policies are essential to creating a supportive and equitable environment.

Policy Case Study #1

Workplace Accommodation and Policy Clarity

Where This Case Fits in the Policy Pathway

Step 2: Understand Current State - Identify confusion and gaps

Step 3: Identify Priorities - Focus on high-impact policies

Step 4: Review Policies - Assess clarity, equity, coordination

Step 5: Engage & Co-Create - Engage lived experience in design

Step 8: Monitor & Improve - Ensure accountability

Guided Reflection Questions

Understand the Current State

- How easy is it to access and understand accommodation policies?
- Where do confusion, delays, or conflicting information typically occur?
- What legal and labor requirements are involved?

Identify Policy Priorities

- Which aspects of the current process are creating the greatest burden or risk?
- Which policies or procedures should be prioritized for review (e.g., leave, accommodation, return-to-work, workload)?
- Where could a small change have the greatest impact?

Policy Case Study #1

Workplace Accommodation and Policy Clarity

Guided Reflection

Review Policies - General

- Are current policies clear, accessible, and written in plain language?
- Are timelines, expectations, and responsibilities applied consistently across departments or sites?
- Do current policies support confidentiality, protection from retaliation, and legal requirements?

Review Policy - Apply the lenses!

Equity & Social Justice: Does it promote equitable access to opportunities and resources?

Wellbeing & Human Experience: Does the process reduce burden, or harm, or add to it? Is it trauma-informed and mindful of diverse lived experiences?

Inclusion & Accessibility: Were the people affected by this policy involved in its development?

Human Values: Is it written and enacted in a way that feels human, not purely procedural?

Policy Case Study #1

Workplace Accommodation and Policy Clarity

Guided Reflection

Engage and Co-Create

- How are people with lived experience of disability or chronic illness currently involved in shaping policy?
- Are there safe and meaningful ways for faculty and staff to share experiences of barriers or harm?
- Which groups need to work together to create a more coordinated process and ensure legal requirements are met?

Monitor and Improve

- Who is responsible for ensuring the policy is followed?
- How are delays, complaints, or inconsistencies tracked and addressed?
- How will you know whether the revised process is more timely, fair, and effective?

Apply This Case to Your Context

- If Dr. Chen worked in your institution, what would their experience have looked like?
- Where do similar gaps exist in your current system?
- What would a unified and supportive accommodation process look like in your institution?

Policy Case Study #1

Workplace Accommodation and Policy Clarity

From Insight to Action - Tangible Solutions

Applying the policy implementation pathway, you might:

- ✓ Conduct a policy audit to map current processes and identify gaps.
- ✓ Prioritize accommodation-related policies for review.
- ✓ Review policies using wellbeing, accessibility, and equity lenses to assess clarity and consistency.
- ✓ Co-design policy revisions with individuals who have lived experience, including legal expertise.
- ✓ Develop and implement a unified accommodation policy that may include:
 - Clear entry points and contacts
 - Defined timelines and responsibilities
 - Confidential and trauma-informed processes
 - Anti-retaliation protections

Key Takeaway

Health-promoting accommodation policies are clear, coordinated, equitable, and centred on the lived experiences of those they are intended to support without unnecessary barriers.

Policy Case Study #2

Environmental Sustainability in Clinical Education

Scenario

A Faculty of Medicine relies heavily on disposable materials in simulation centres and teaching labs. Students express concern about environmental impact and feel discouraged that healthcare education is contributing to excess waste and emissions.

The Challenge

No formal sustainability policy exists for teaching and educational spaces.

Why This Matters

Environmental sustainability is closely linked to human health and wellbeing. When institutional practices conflict with values of care and responsibility, learners may feel disengaged or conflicted.

Where This Case Fits in the Policy Pathway

Understand Current State: Assess environmental impact

Identify Priorities: Focus on high-impact policies

Review Policies: Review gaps in policy & accountability

Engage & Co-Create: Engage partners across the system

Communicate and Implement: Support behavior change

Monitor & Improve: Measure and sustain progress

Policy Case Study #2

Environmental Sustainability in Clinical Education

Guided Reflection Questions

Understand the Current State

- What environmental impacts are associated with current teaching practices (e.g., waste, energy use)?
- What concerns or values are being expressed by learners and staff?
- Where does the absence of policy create uncertainty or inaction?

Identify Policy Priorities

- Which areas offer the greatest opportunity for impact (e.g., plastics, procurement, waste)?
- What changes are feasible in the short term?
- Where could early wins build momentum?

Review Policies - Apply the lenses!

Wellbeing: How might sustainability efforts support meaning, engagement, and morale?

Equity: Could changes unintentionally burden certain groups (e.g., cost, workload)?

Systems Thinking: How do procurement, operations, and teaching practices interact?

Global Responsibility: How does this align with broader health and climate commitments?

Policy Case Study #2

Environmental Sustainability in Clinical Education

Guided Reflection

Engage and Co-Create

- How are people with lived experience of disability or chronic illness currently involved in shaping policy?
- Are there safe and meaningful ways for faculty and staff to share experiences of barriers or harm?
- Which offices or groups need to work together to create a more coordinated process?

Monitor and Improve

- Who is responsible for ensuring the policy is followed?
- How are delays, complaints, or inconsistencies tracked and addressed?
- How will you know whether the revised process is more timely, fair, and effective?

Apply This Case to Your Context

- What sustainability challenges exist in your Faculty's teaching spaces?
- Where is there existing interest or momentum for change?
- What is one practical step you could take to begin?

Policy Case Study #2

Environmental Sustainability in Clinical Education

From Insight to Action - Tangible Solutions

Applying the policy implementation pathway, you might:

- ✓ Conduct a sustainability or waste audit
- ✓ Prioritize high-impact areas (e.g., plastics, procurement)
- ✓ Identify gaps in existing policies and expectations
- ✓ Co-design policy revisions with individuals who have lived experience.
- ✓ Engage learners, faculty, and operations teams in co-design
- ✓ Develop and implement a sustainable operations policy that includes:
 - Reduced reliance on single-use materials
 - Sustainable procurement practices
 - Clear waste reduction targets
 - Defined roles and accountability
- ✓ Monitor outcomes and refine based on feedback and data

Key Takeaway

Sustainability policies can strengthen both planetary health and a sense of purpose, alignment, and wellbeing within an institution.

Exploring Your Role in Policy

Health-promoting policy depends on more than policy writers and senior leaders. Decisions made across all levels of the institution influence how policies are developed, implemented, interpreted, and experienced in practice. While responsibilities differ, everyone has a role in shaping policies that support wellbeing, equity, safety, and sustainability.

This section explores how different roles contribute to creating accountability, informing decision-making, and advancing health-promoting policy.

Reflect on Your Role



Where do I have influence in policy (formal or informal)?



What perspectives or insights can I contribute?



What is one action I can take to support more health-promoting policy?

Every role can contribute by helping ensure that policies, practices, and decisions support equitable, safe, and sustainable learning and work environments.

Exploring Your Role in Policy

Senior Leadership & Governance

Provides strategic direction, ensures alignment with institutional priorities and accreditation, and holds final accountability for policy decisions.

How Senior Leadership Contributes to Health-Promoting Policy

- Ensure policies undergo appropriate review (e.g., safety, ethics, HR, clinical, research).
- Align policies with legislation, institutional bylaws, and regulatory requirements.
- Approve policies that reflect strategic priorities and support wellbeing.
- Address disputes and identify when policy updates are needed.
- Signal the importance of health-promoting policy through leadership and resourcing.

Tip for Leadership: Signal priorities through what you resource, not just what you endorse.

Exploring Your Role in Policy

Operational Leadership & Staff

Translate strategy into action by leading policy development, coordinating consultations, and supporting implementation.

How Operational Leadership Contributes to Health-Promoting Policy

- Lead policy development, review, and revision processes.
- Ensure policies are clear, feasible, and aligned with workflows.
- Identify unintended consequences, risks, or equity concerns.
- Support teams in understanding and implementing changes.
- Monitor implementation, track issues, and escalate barriers as needed.

Tip for Staff: If a policy isn't workable in practice, it won't be effective. Test it against real workflows early.

Exploring Your Role in Policy

Academic & Clinical Faculty

Brings essential insight into how policies function in real-world teaching and care environments and applying policy in practice.

How Academic & Clinical Faculty Contribute to Health-Promoting Policy

- Identify when policies are not working in real-world settings.
- Highlight risks, gaps, and opportunities for improvement.
- Contribute expertise through consultations and policy review.
- Apply and integrate policies in teaching, clinical care, and practice.
- Model and reinforce the intent of policies with learners and colleagues.

Tip for Faculty: If something feels misaligned in practice, it's worth raising. Your insight is essential for making policy realistic.

Exploring Your Role in Policy

Learners & Trainees

Contributes lived experience and feedback, helping identify unintended impacts on learning, wellbeing, and equity.

How Learners & Trainees Contribute to Health-Promoting Policy

- Share how policies impact learning, wellbeing, and fairness.
- Participate in consultations, focus groups, or feedback processes.
- Identify unintended harms or inconsistencies.
- Raise concerns (directly or through trusted channels).
- Engage with and follow policies once implemented.

Tip for Learners: Your lived experience is critical data. Sharing it can directly improve policies for those who come after you.

Exploring Your Role in Policy

Researchers & Scientists

Ensures policies align with research standards and contribute subject-matter expertise where needed.

How Researchers & Scientists Contribute to Health-Promoting Policy

- Provide input on how policies affect research activities and workflows.
- Identify barriers or unintended impacts on research operations.
- Contribute expertise on areas such as data governance, ethics, and lab practices.
- Raise concerns through appropriate channels.
- Support awareness and adherence to relevant policies within research teams.

Tip for Researchers: Small policy barriers can have large downstream impacts on research. Flagging them early can prevent bigger issues later.

Tools & Resources

This section provides practical tools and resources to support the development, review, and implementation of health-promoting policy.

What you'll find in this section

- Policy Infographic
- Guidelines for Policy Review
- Policy Implementation Scorecard
- Policy Review Survey
- Wellbeing Filters and Lenses

Adapt and use what is most relevant to your context.



STRATEGIC DIRECTION #1

Develop and Implement Health-Promoting Policy

Review, develop, and coordinate policies and practices that embed health, wellbeing, equity, and sustainability into institutional planning, decision-making, and accountability processes.

WHY POLICY MATTERS

Policy is one of the most powerful levers for shaping our daily experiences.

When wellbeing is embedded in policy, it becomes a shared institutional responsibility rather than an individual burden.

POLICY SHAPES:



DECISIONS

How choices are made



EXPECTATIONS

The standards and behaviours we value



RESOURCE ALLOCATION

How resources are distributed



ACCOUNTABILITY

Who is responsible and how progress is measured



ORGANIZATIONAL CULTURE

The environment people experience every day

KEY COMPONENTS OF EFFECTIVE HEALTH-PROMOTING POLICY



1 Governance & Leadership

Establish accountability and oversight for health-promoting policy.



2 People & Participation

Engage diverse perspectives in policy development and review.



3 Resources & Infrastructure

Invest in the resources needed to support implementation and evaluation.



4 Shared Commitment to Wellbeing

Embed health and wellbeing into institutional decision-making.

PUTTING POLICY INTO PRACTICE



REVIEW

Review existing policies through a health, equity, and wellbeing lens.



ENGAGE

Engage learners facility, staff, researchers, and partners to understand needs and perspectives.



IDENTIFY

Identify gaps, barriers, and unintended impacts.



IMPLEMENT

Implement, communicate, and integrate policies into everyday practice and decisions.



EVALUATE

Evaluate effectiveness and make improvements based on feedback and evidence.



KEY TAKEAWAY

Health-promoting policies create the structures, expectations, and accountability mechanisms that shape culture, guide decisions, allocate resources, and support healthier, more equitable, and sustainable learning and work environments for all.

Guidelines for Policy Review

Before you begin

- Clarify the purpose and scope of the policy
- Identify who is impacted (learners, faculty, staff, patients, etc.)
- Gather relevant data, feedback, and existing documentation
- Ensure the right voices are at the table, including lived experience

Core Review Areas

Purpose & Impact

- What is the intent of this policy?
- Who benefits most—and who might be disadvantaged?
- How does this policy support wellbeing, belonging, and fairness?

Representation and Voice

- Were diverse perspectives included in the development or review?
- Are equity-deserving groups meaningfully represented?
- Are there clear pathways for ongoing feedback?

Tone and Language

- Is the language clear, accessible, and free of jargon?
- Is the tone supportive, respectful, and human-centred?
- Does it avoid deficit-based or stigmatizing language?

Equity, Accessibility, and Fairness

- Are expectations applied consistently across roles, departments, or sites?
- Does the policy remove—or unintentionally create—barriers?
- Are accommodations, flexibility, and accessibility considered?

Wellbeing and Human-Centred Design

- Does the policy support psychological safety and manageable expectations?
- Could it unintentionally increase stress, burden, or harm?
- Does it assume trust, dignity, and good faith?

Guidelines for Policy Review

Core Review Areas (continued)

Feasibility and Implementation

- Can this policy realistically be implemented in practice?
- Are roles, responsibilities, and processes clearly defined?
- Are supports (e.g., training, tools) in place?

Accountability and Improvement

- Who is responsible for implementation and oversight?
- How will effectiveness be measured (e.g., uptake, outcomes, experience)?
- Are there clear timelines and processes for review and revision?

Applying Key Lenses

When reviewing policies, consider multiple perspectives to identify hidden gaps or unintended impacts:

- Equity & Inclusion: Does this promote fairness and reduce inequities?
- Wellbeing: Does this support health and psychological safety?
- Accessibility: Can everyone reasonably engage with this policy?
- Organizational Culture: Does this align with institutional values?
- Sustainability: Does this have positive long-term impacts?
- Human Values: Does this respect kindness, compassion, and trust?

From Review to Action

After completing your review:

- Summarize key findings and gaps
- Identify priority areas for change
- Engage partners to co-develop solutions
- Develop a plan to revise, communicate, and implement updates
- Establish mechanisms to monitor and continuously improve

Policy Implementation Scorecard

Use this scorecard to quickly assess your Faculty's progress across each step of the policy implementation pathway.

For each step, check the box that best reflects your current state.

Progress Scale

Emerging – Not yet in place / just starting

Developing – Partially in place / inconsistent

Established – Clearly in place / consistent and sustained

Step 1: Establish Foundations

☐ Emerging ☐ Developing ☐ Established

Clear governance structure, leadership accountability, and defined roles are in place and communicated

Step 2: Understand Your Current State

☐ Emerging ☐ Developing ☐ Established

Policies are mapped, and strengths, gaps, and lived experiences are understood

Step 3: Identify Priorities

☐ Emerging ☐ Developing ☐ Established

Priority policies are identified, sequenced, and aligned with capacity

Step 4: Conduct Structured Policy Reviews

☐ Emerging ☐ Developing ☐ Established

A consistent, structured review process is used (e.g., applying wellbeing and equity lenses)

Step 5: Engage and Co-Create

☐ Emerging ☐ Developing ☐ Established

Diverse partners are meaningfully engaged and their input shapes policy decisions

Step 6: Revise and Approve Policies

☐ Emerging ☐ Developing ☐ Established

Policies are systematically revised, aligned, and approved through formal governance

Step Step 7: Communicate and Implement

☐ Emerging ☐ Developing ☐ Established

Policies are clearly communicated, accessible, and supported in practice

Step 8: Monitor, Evaluate, and Improve

☐ Emerging ☐ Developing ☐ Established

Regular reporting, evaluation, and continuous improvement are embedded

Policy Review Survey

Purpose

To understand how our policies are working in practice and how they affect fairness, inclusion, and wellbeing in our Faculty and hospital environment. Your feedback is anonymous and helps improve how we support our people.

INSTRUCTIONS

Please rate the following “Pulse-Check” questions using the following:

Strongly Disagree

1

Disagree

2

Neutral

3

Agree

4

Strongly Agree

5

Section 1: Awareness and Clarity

1. I understand the key policies that affect my role (e.g., workload, leave, wellbeing).

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

2. Information about policies is easy to find and clearly communicated.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

3. When policies change, updates are shared in a clear and timely way.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Section 2: Fairness and Equity

4. Policies are applied fairly and consistently across departments or teams.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

5. Our policies reflect and support equity, diversity, and inclusion.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

6. Policies take into account the different realities of staff, faculty, and learners.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Policy Review Survey

Section 3: Voice and Participation

7. I feel comfortable sharing feedback or concerns about policies.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

8. When I or others share feedback, it is taken seriously and leads to visible improvement.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Section 4: Impact on Wellbeing and Culture

9. Current policies support my overall wellbeing and work-life balance.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

10. Policies promote kindness, respect, and psychological safety in our environment.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Section 5: Implementation and Action

11. Policies are practical and easy to apply in my day-to-day work.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

12. Leaders and managers model the values and behaviours that our policies promote.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Section 6: Open Feedback

13. What is one policy you would most want to give positive or negative feedback on, and why?

Thank you for taking a few minutes to help us understand how policies are working for you. Your voice directly informs how we review and improve the systems that shape our shared workplace. The questions in this survey were developed using the following organizational surveys, articles, and research on institutional and employment satisfaction.^{8, 9, 10, 11,}

Wellbeing Filter

Developed by Melanie Lewis and Victor Do

- ☐ Is the tone of the policy supportive or intimidating?
- ☐ Does the policy consider and support underrepresented/equity-deserving groups?
- ☐ Has the policy been widely vetted by learners/faculty members and includes EDIIA principles?
- ☐ Does the policy include elements of autonomy, flexibility, trust for learners and/or faculty members?
- ☐ Does the policy consider special circumstances?
- ☐ Does the policy adhere to principles of natural justice/procedural fairness (professionalism complaints)?
- ☐ Does the policy recognize the perils of the hierarchy in medical culture?
- ☐ How does the policy contribute to a health-promoting environment?
- ☐ Does the policy insert a barrier to mental/physical wellbeing?
e.g., requiring a note for medical appointments, multiple disclosures of personal medical information to secure accommodations, and required approved absences for medical appointments.

Language Filter

Developed by Melanie Lewis and Victor Do

Language and Tone Matter!

Remember, this is true not only when reviewing policies, but in all communications with students, Faculty, and colleagues. Connotation and context matter as much as content.



Dear Ms. Jones,

You have failed the MSK final examination. You are directed to contact the UME office to schedule a meeting with the Assistant Dean of Academic Affairs.



Dear Ms. Jones,

Unfortunately, you were not successful in your MSK final examination. We would like to arrange a meeting to discuss how the UME can support you to meet course objectives and arrange an academic mentor.

Core Values to Reflect on:



Value	Meaning in Context
Inclusion	Everyone feels invited, heard, and valued.
Fairness	Rules and practices are consistent and proportionate to needs.
Compassion	Human-centred understanding underpins decisions.
Cultural Safety	Diverse identities and traditions are respected and not marginalized.
Accessibility	Environments and processes are intentionally designed to be usable by all, regardless of ability or circumstance.
Collaboration	Diverse perspectives shape outcomes; no single group dominates.
Empowerment	Policies build individual and collective capacity, not dependency.
Integrity	Commitment to ethical consistency and moral courage in policy actions.

Ethical Principles¹²

Principle	Description	Application to Policy Review
Justice and Equity	Ensure fair treatment and access to opportunities and resources.	Ensure that policies adhere to legal standards and remove systemic barriers (e.g., do not privilege or disadvantage any group).
Respect for Persons and Dignity	Recognize the inherent worth of every person.	Use inclusive language; consider the impacts on dignity and autonomy of those affected.
Beneficence (Do Good)	Promote wellbeing and enhance working conditions.	Ensure policies contribute positively to mental, physical, and social wellbeing.
Non-Maleficence (Do No Harm)	Avoid causing harm through action or omission.	Anticipate potential negative effects (e.g., stress, exclusion, stigma) and mitigate them.
Non-Maleficence (Do No Harm)	Decisions must be open, justifiable, and reviewable.	Include clear rationales, feedback mechanisms, and pathways for redress.
Non-Maleficence (Do No Harm)	Recognize interdependence and shared responsibility.	Engage all faculty groups in co-creation and shared ownership of policies.
Non-Maleficence (Do No Harm)	Consider long-term social, ecological, and economic wellbeing.	Align policy outcomes with environmental and community health goals.

Equity & Social Justice

Anti-Racism Lens

Does this policy dismantle systemic racism?

Does it recognize and address racial inequities in power, access, or outcomes?

Gender Equity Lens

Does it ensure equitable participation, representation, and outcomes across all genders?

LGBTQ2S+ Inclusion Lens

Does it affirm gender and sexual diversity, and ensure safety and belonging for all identities?

Indigenous Relations & Reconciliation Lens

Does it honour Indigenous rights, self-determination, and ways of knowing? Does it advance reconciliation commitments?

Socioeconomic Equity Lens

Does it recognize financial barriers, and ensure inclusion regardless of economic means?

Disability & Accessibility Lens

Does it remove physical, technological, or attitudinal barriers for people with disabilities?

Cultural Safety Lens

Does it promote respect for cultural identity and protect against cultural harm?

Wellbeing & Human-Centeredness

Wellbeing & Mental Health Lens

Does the policy support psychological safety, manageable workloads, and wellbeing?

Kindness & Compassion Lens

Is it grounded in empathy, understanding, and care for others?

Trauma-Informed Lens

Does it recognize trauma and avoid re-traumatization through policy or process?

Dignity & Respect Lens

Does it treat every individual as inherently worthy of respect?

Belonging Lens

Does it foster connection, inclusion, and a sense of being valued within the community?

Inclusion, Accessibility & Participation

Universal Design Lens	Is it accessible to all, regardless of ability or background?
Language & Communication Lens	Is language inclusive, plain, and free from bias?
Participatory & Co-Creation Lens	Were the people affected involved in creating or reviewing this policy?
Student/Staff Voice Lens	Are different groups (e.g., students, staff, faculty) equitably represented in decision-making?

Environmental, Social, & Global Responsibility

Sustainability Lens

Does the policy contribute to ecological health and responsible stewardship?

Climate Justice Lens

Does it consider how climate impacts intersect with social inequities?

Global Citizenship Lens

Does it reflect ethical responsibility to local and global communities?

Intergenerational Justice Lens

Does it safeguard the wellbeing of future generations?

Organizational Culture & Ethics

Equity, Diversity, Inclusion & Accessibility Lens	Does it align with institutional EDIA/B commitments and accessibility standards?
Ethical Governance Lens	Are decision-making processes transparent, fair, and participatory?
Leadership & Accountability Lens	Does it clarify responsibility for equitable implementation?
Learning & Growth Lens	Does it encourage reflection, feedback, and continuous improvement?
Trust & Psychological Safety Lens	Does it build a culture of openness and mutual respect?

Human Values

Kindness Lens

Is the policy written and enacted with care, empathy, and understanding?

Gratitude Lens

Does it recognize contributions and promote appreciation?

Humility Lens

Does it acknowledge learning, imperfection, and openness to change?

Integrity Lens

Are principles consistent with actions and implementation?

Strategic Direction #2



Create Sustainable, Supportive, and Inclusive Spaces

Create and sustain supportive, inclusive, and health-promoting environments by intentionally shaping the built, natural, social, cultural, academic, organizational, and virtual spaces that influence how people learn, work, teach, research, connect, and provide care.



STRATEGIC DIRECTION #2

Create Sustainable, Supportive, and Inclusive Spaces

Create and sustain supportive, inclusive, and health-promoting environments by intentionally shaping the built, natural, social, cultural, academic, organizational, and virtual spaces that influence how people learn, work, teach, research, connect, and provide care.

KEY COMPONENTS OF HEALTH-PROMOTING SPACES

WHY SPACES MATTER

Spaces shape daily experiences. They influence wellbeing, inclusion, accessibility, safety, belonging, learning, collaboration, and access to opportunity.

When Intentionally designed, spaces can reduce barriers, foster connection, and create conditions that support healthier learning and working environments.

Accessibility & Universal Design

Design spaces that proactively support diverse physical, sensory, cognitive, technological, and communication needs.



Inclusion, Belonging & Cultural Safety

Create environments where diverse identities, experiences, and perspectives are welcomed, respected, and represented.



Physical & Psychological Safety

Promote environments that are safe, respectful, supportive, and free from harm, harassment, and discrimination.



Health, Wellbeing & Restoration

Provide opportunities for rest, nourishment, recovery, connection, and restoration.



HEALTH-PROMOTING SPACES

Inclusive Safe Sustainable
Supportive Accessible
for All



Supportive Organizational Cultures

Align leadership practices, policies, and day-to-day interactions to reinforce wellbeing, collaboration, and belonging.



Sustainable & Adaptable Environments

Design spaces that are environmentally responsible, flexible, and responsive to evolving community needs.



PUTTING HEALTH-PROMOTING SPACES INTO PRACTICE



Establish Leadership & Shared Accountability

Create clear responsibility, representation, and governance.



Understand Current Spaces & Experiences

Assess physical, social, cultural, and virtual environments through audits, feedback, and engagement.



Prioritize Opportunities for Change

Identify quick wins and longer-term improvements based on needs, impact, and feasibility.



Design & Implement Inclusive Solutions

Apply universal design principles and collaborate with those who use the spaces.



Evaluate, Communicate & Sustain Progress

Monitor impact, gather feedback, share successes, and continuously improve.

Key Message

Health-promoting spaces extend beyond buildings and infrastructure. They include the physical, social, cultural, organizational, and virtual environments that shape how people experience learning, work, research, care, and community.

Implementation Principle

Start Small, Build Strategically

Not every improvement requires major renovation or significant investment. Small, intentional changes can meaningfully improve wellbeing, accessibility, and belonging while building momentum for larger institutional initiatives over time.

Spaces: At-a-Glance

What is this strategic direction about?

Creating spaces that support wellbeing, inclusion, and sustainability.

Why does it matter?

Spaces shape daily experience and can either reinforce or reduce barriers to wellbeing and equity.

What will I do here?

Learn how your institution can assess and enhance spaces to better support wellbeing and inclusion for all.

What you'll find in this section

- Overview: Why Spaces Matter
- Key Components of Health-Promoting Spaces
- Putting Supportive Spaces into Practice
- Case Studies
- Explore Your Role in Health-Promoting Spaces
- Tools and Resources

Overview

Why Supportive Spaces Matter

Physical, social, and virtual spaces shape how people experience their environment, interact with one another, and engage in learning and work. These spaces can influence wellbeing, inclusion, and access to opportunity. When intentionally designed, they can foster connection, reduce barriers, and create conditions where all individuals and communities can thrive.

Health-promoting spaces are inclusive, accessible, adaptable, and sustainable. They reflect and respect diverse identities and needs, promote physical, psychological, and cultural safety, and support meaningful participation. This includes intentionally applying principles of universal design from the outset to create environments that proactively support accessibility, inclusion, and participation for all members of the community.¹³

Creating and maintaining supportive spaces requires shared responsibility across the institution, with leadership accountable for establishing the culture, policies, resources, and systems necessary to support safer, more inclusive, and health-promoting environments. Through intentional design and ongoing evaluation of learning and working environments, faculties can act as living laboratories that advance wellbeing, sustainability, and belonging.

The [Equity in Health Systems \(EqHS\) Lab](#) can be a resource to learn more about creating compassionate and equitable work and learning spaces.

The [Canadian Physicians with Disabilities](#) has many resources regarding accessibility and universal design.

The [CMA's Physicians With Disabilities Report](#) provides findings that can help inform planning.¹³

How Spaces Connect to Other Strategic Directions in the Okanagan Charter

Supportive spaces contribute to wellbeing, inclusion, learning, work, and care. The effectiveness of health-promoting spaces depends on policies, culture, services, and ongoing evaluation.

Policy

Policies influence space planning, accessibility standards, sustainability priorities, safety requirements, and resource allocation.

Culture

The experience of a space is shaped not only by design, but also by the behaviours, relationships, and norms that occur within it.

Personal Development

Supportive environments create opportunities for learning, reflection, mentorship, connection, restoration, and professional growth.

Health Services

Physical and virtual spaces can influence awareness of, access to, and delivery of health and wellbeing services.

Continuous Quality Improvement & Evaluation

Regular assessment, feedback, and evaluation help institutions identify opportunities to improve spaces and respond to evolving community needs.

Key Components of Effective Health-Promoting Spaces

Health-promoting spaces are intentionally designed to support wellbeing, inclusion, accessibility, sustainability, safety, and belonging across academic, clinical, and virtual environments. These spaces extend beyond physical infrastructure to consider the social, cultural, and psychological conditions that shape how people learn, teach, work, connect, and provide care. While every institution will have different priorities, capacities, and contexts, several key components consistently contribute to safer, more inclusive, supportive environments.

Key Components

- 1 Accessibility & Universal Design
- 2 Inclusion, Belonging, & Cultural Safety
- 3 Health, Wellbeing, & Restoration
- 4 Physical & Psychological Safety
- 5 Supportive Organizational Cultures
- 6 Sustainable and Adaptable Environments

1 Accessibility & Universal Design

Health-promoting spaces are accessible, adaptable, and intentionally designed to support diverse needs from the outset. Applying principles of universal design helps reduce barriers proactively rather than reactively. Accessibility includes physical, sensory, cognitive, technological, and communication considerations across in-person, hybrid, and virtual environments.

Possible examples:

- Accessible entrances, pathways, and transportation routes
- Adjustable furniture and ergonomic workstations
- Inclusive signage and clear wayfinding
- Assistive technologies, captioning, and accessible digital platforms
- Quiet, low-sensory, or neurodiversity-friendly spaces
- Flexible learning and meeting environments

2 Inclusion, Belonging, & Cultural Safety

Spaces should reflect and respect the diversity of the communities they serve. Inclusive environments foster belonging, cultural safety, equity, diversity, inclusion, accessibility (EDIA), and meaningful participation across diverse identities, backgrounds, experiences, and roles. Institutions should consider how best to support the diverse needs of their communities while aligning with local context, policies, and legislative requirements.

Possible examples:

- All-gender washrooms
- Reflection or spiritual spaces
- Inclusive imagery, multilingual signage, and diverse representation
- Community-informed planning with learners, faculty, staff, patients, and equity-deserving groups
- Policies and practices that support inclusion and respectful engagement

3 Health, Wellbeing, & Restoration

Academic and clinical environments should support rest, recovery, nourishment, and overall wellbeing, particularly in high-demand learning and work settings. Health-promoting spaces recognize that wellbeing is influenced by both the physical environment and opportunities for connection, restoration, and balance.

Possible examples:

- Rest, decompression, or wellness spaces
- Access to natural light, green space, and outdoor environments
- Healthy food, hydration, and lactation supports
- Showers, lockers, and active transportation infrastructure
- Ergonomic design and air quality considerations
- Spaces that encourage social connection, reflection, and peer support

4 Physical and Psychological Safety

Supportive environments promote safety, trust, respect, accountability, and freedom from harm, discrimination, harassment, intimidation, and violence. Psychological safety enables individuals to participate, ask questions, share concerns, and seek support without fear of judgment or retaliation.

Possible examples:

- Trauma-informed and respectful workplace practices
- Safe reporting and response processes
- Well-lit pathways, emergency supports, and safe-walk programs
- De-escalation and conflict response resources
- Clear policies around respectful behaviour and accountability

5 Supportive Organizational Cultures

Health-promoting spaces are shaped not only by physical environments but also by institutional culture, leadership practices, policies, and day-to-day interactions. Supportive organizational cultures reinforce collaboration, compassion, flexibility, mentorship, and wellbeing across learning and working environments.

Possible examples:

- Leadership commitment to wellbeing, inclusion, and accessibility
- Flexible and supportive learning or work practices
- Collaborative lounges, meeting, and mentorship spaces
- Team-based approaches that promote respect and belonging
- Policies that support work-life integration and psychological wellbeing
- Opportunities for reflection, feedback, and continuous learning

6 Sustainable and Adaptable Environments

Health-promoting spaces support long-term environmental, organizational, and community wellbeing through sustainable, resilient, and flexible design. Sustainable environments are responsive to evolving community needs and help institutions adapt over time.

Possible examples:

- Energy-efficient infrastructure and sustainable operations
- Flexible multi-use and hybrid learning spaces
- Sustainable materials and waste reduction practices
- Climate-conscious campus and facility planning
- Technology that supports accessibility and adaptability
- Ongoing evaluation, maintenance, and continuous improvement

Putting Supportive Spaces into Practice

Creating sustainable, supportive, and inclusive spaces is an ongoing process that requires collaboration, planning, and continuous improvement. Institutions do not need to address every aspect of this work at once. While some changes may require significant time and investment, others can be implemented quickly and still have meaningful impact. Together, small and large-scale efforts contribute to healthier learning and working environments over time.

A Phased Implementation Approach

- 1 Establish Leadership and Shared Accountability
- 2 Understand Current Spaces and Experiences
- 3 Prioritize Opportunities for Change
- 4 Design and Implement Inclusive Solutions
- 5 Evaluate, Communicate, and Sustain Progress

1 Establish Leadership and Shared Accountability

Creating supportive spaces requires shared responsibility across the institution, with leadership accountable for establishing the culture, policies, resources, and systems needed to support safe, inclusive, and health-promoting environments.

Clarify who will lead and coordinate this work and ensure they have a clear mandate, institutional support, and appropriate representation. Depending on the context, this may involve an existing committee, a new working group, or a cross-functional leadership structure.

Consider involving:

- Faculty and operational leadership
- Facilities and campus planning teams
- Occupational health and safety representatives or Joint Health and Safety Committees
- EDIA, accessibility, and wellbeing offices
- Learners, faculty, staff, and clinical partners
- Accessibility consultants and individuals with lived experience
- Researchers, educators, and community partners, as appropriate

Embedding supportive spaces into institutional planning, budgeting, strategic priorities, and decision-making processes helps ensure this work is sustained over time rather than approached as a one-time initiative.

2 Understand Current Spaces and Experiences

Before implementing changes, it is important to understand how spaces are currently experienced by the people who use them. Gathering feedback and assessing existing environments can help identify strengths, barriers, gaps, and opportunities for improvement.

This may include:

- Accessibility and space audits
- Walkthroughs of academic, clinical, and virtual environments
- Surveys, focus groups, or listening sessions
- Reviewing incident reports or recurring concerns
- Assessing visibility and awareness of supports and inclusive spaces
- Evaluating organizational and cultural factors that shape experiences within spaces

When evaluating spaces, consider both physical design and the social, cultural, and psychological experience of the environment.

Questions to Consider:

- What spaces do people use regularly, and how are they experienced?
- What contributes to feelings of comfort, inclusion, safety, or belonging?
- Are there spaces that feel inaccessible, isolating, unsafe, or difficult to use?
- Do current spaces support diverse physical, sensory, cultural, spiritual, and learning needs while reflecting local context, institutional priorities, and community needs?
- Are there opportunities to improve accessibility, flexibility, rest, connection, or psychological safety?

3 Prioritize Opportunities for Change

Improving spaces may involve both short-term and long-term changes. Some improvements can be implemented quickly with minimal cost or disruption, while others require significant planning, funding, or infrastructure investment. Prioritizing opportunities can help institutions build momentum while planning strategically for larger initiatives over time.

Smaller-Scale Changes may include:

- Improving signage and wayfinding
- Repurposing underused rooms as quiet, reflection, or wellbeing spaces
- Adding plants, soft lighting, or noise-reduction features
- Introducing ergonomic or flexible furniture
- Expanding access to hydration stations or healthy food options
- Adding all-gender washroom signage to existing single-stall washrooms
- Increasing visibility of wellbeing, accessibility, and reporting resources

Larger-Scale Changes may include:

- Renovations to improve physical accessibility
- Creating dedicated lactation, cultural, or wellbeing spaces
- Upgrading ventilation, lighting, or elevator systems
- Redesigning learning or clinical environments
- Expanding green space or outdoor restorative areas
- Developing flexible multi-use community spaces
- Integrating sustainability and climate-conscious infrastructure improvements

Check out the
“Prioritizing Space
Needs” resource in the
tools section

Every institution will have different priorities, capacities, and constraints. Changes identified as simple in one setting may require greater coordination or investment in another.

4 Design and Implement Inclusive Solutions

Health-promoting spaces are intentionally designed to support accessibility, inclusion, wellbeing, sustainability, and belonging. Applying principles of universal design from the outset can help create environments that proactively support diverse needs and reduce barriers to participation.

Implementation efforts should consider:

- Physical accessibility and mobility needs, and safety
- Sensory, cognitive, and neurodiversity considerations
- Psychological and cultural safety
- Rest, reflection, and restoration spaces
- Inclusive technology and hybrid learning needs
- Community connection, collaboration, and mentorship
- Organizational culture and team dynamics
- Sustainability and environmental wellbeing

Collaborating with those who use the spaces, including learners, staff, faculty, patients, and community members, can help ensure that solutions are practical, responsive, and meaningful.

Pilot projects and phased implementation approaches may also help test changes, gather feedback, and support continuous improvement over time.

5 Evaluate, Communicate, and Sustain Progress

Creating supportive spaces is not a one-time effort. Ongoing evaluation and communication are essential to understanding impact, identifying emerging needs, and sustaining progress over time.

Institutions should consider:

- Establishing clear processes for feedback and reporting concerns
- Communicating available supports, inclusive spaces, and accessibility features
- Monitoring how spaces are used and experienced
- Regularly reviewing policies, practices, and physical environments
- Evaluating organizational culture and wellbeing outcomes
- Embedding supportive space planning into broader institutional strategy and quality improvement efforts

Recognizing and celebrating progress can also help build engagement, reinforce institutional commitment, and encourage continued collaboration across the community.

Implementation Principle: Start Small, Build Strategically

Not every improvement requires major renovation or significant financial investment. Small, intentional changes can meaningfully improve wellbeing, accessibility, and inclusion while building momentum for larger institutional initiatives over time.

Health-promoting spaces are created through continuous learning, collaboration, and incremental progress.

Case Studies

The following cases are designed to encourage reflection, discussion, and action within medical schools and health professions education settings. Each case highlights how supportive and inclusive spaces intersect with other areas of institutional wellbeing, including organizational culture, policy development, equity, accessibility, and continuous improvement.

Case Study 1

“Inconsistent Expectations Around Hybrid Work”

Case Study 2

“Unsupportive Clinical Space”

Case Study 3

“Lack of Inclusive Facilities”

These examples are not intended to prescribe a single solution. Rather, they are designed to support dialogue, identify opportunities for change, and help institutions apply health-promoting principles within their own unique contexts.

Spaces Case Study #1

Inconsistent Expectations Around Hybrid Work

The Scenario

Administrative and research staff across a Faculty of Medicine experience inconsistent hybrid work expectations. Some departments allow flexible arrangements, while others require full-time on-site work for similar roles without clear rationale or guidance.

As a result, staff report confusion, frustration, and perceptions of inequity, particularly those managing health needs, caregiving responsibilities, accessibility needs, or long commutes. Over time, these inconsistencies begin to affect team trust, collaboration, morale, and retention.

The Challenge

The Faculty lacks a consistent, evidence-informed hybrid work approach that balances operational needs with wellbeing, accessibility, equity, sustainability, and organizational culture.

Why This Matters

Health-promoting spaces include the virtual, social, and organizational environments that shape how people work and learn. Hybrid work practices influence accessibility, inclusion, wellbeing, psychological safety, and team culture. Transparent and equitable approaches can support healthier, more sustainable, and adaptable work environments.

Spaces Case Study #1

Inconsistent Expectations Around Hybrid Work

Where This Case Fits in Supportive Spaces

Accessibility and Universal Design

Flexible work arrangements may reduce barriers related to accommodation, health needs, caregiving, or commuting challenges.

Inclusion, Belonging, and Cultural Safety

Transparent and equitable practices help foster trust, fairness, and belonging across teams.

Health, Wellbeing, and Restoration

Flexible work can support a healthier work-life balance, reduce stress, and improve wellbeing.

Physical and Psychological Safety

Clear expectations and psychologically safe communication support trust and accountability.

Supportive Organizational Cultures

Consistent, equitable leadership practices influence collaboration, morale, and organizational culture.

Sustainable and Adaptable Environments

Hybrid work models may support more sustainable space use and organizational adaptability.

Spaces Case Study #1

Inconsistent Expectations Around Hybrid Work

Guided Reflection Questions

Accessibility and Universal Design

- Are current hybrid work expectations flexible and accessible enough to support diverse needs, abilities, and responsibilities?
- Do employees have equitable access to the tools, technology, and supports needed to work effectively across environments?
- Are hybrid policies and processes easy to understand, navigate, and apply consistently across teams and roles?

Inclusion, Belonging, and Cultural Safety

- Are hybrid work decisions communicated and applied in ways that feel fair, transparent, and inclusive?
- Which groups or roles may experience unintended barriers, inequities, or exclusion under current practices?
- How are diverse perspectives and lived experiences considered when shaping workplace expectations?

Health, Wellbeing, and Restoration

- How do current hybrid work arrangements affect stress, workload, work-life integration, and overall wellbeing?
- Are there opportunities to improve flexibility, restoration, or balance without compromising operational needs?

Spaces Case Study #1

Inconsistent Expectations Around Hybrid Work

Guided Reflection Questions

Physical and Psychological Safety

- Do staff feel comfortable discussing flexibility needs, concerns, or accommodations without fear of judgment or consequences?
- Are expectations and decision-making processes clear enough to reduce confusion, tension, or mistrust?
- Are staff provided with ergonomically safe and appropriate work environments, equipment, and supports for both on-site and remote work settings?

Supportive Organizational Cultures

- How do current hybrid work practices influence collaboration, team culture, mentorship, and trust?
- Are leaders and supervisors supported in applying expectations consistently and compassionately?
- How are connection, communication, and shared team norms maintained across in-person and virtual environments?

Sustainable and Adaptable Environments

- How might hybrid work practices contribute to more sustainable and adaptable use of institutional space and resources?
- Are current approaches responsive to evolving organizational, technological, and community needs?

Spaces Case Study #1

Inconsistent Expectations Around Hybrid Work

Apply This Case to Your Context

Consider how hybrid work practices currently operate within your institution, department, or team.

- Are hybrid working and learning expectations clear, equitable, and consistently applied?
- Is flexibility balanced with operational needs?
- Which groups may experience unintended barriers or inequities?
- Do current hybrid approaches align with institutional values related to wellbeing, inclusion, accessibility, sustainability, and organizational culture?
- What opportunities exist to improve communication, accountability, or flexibility over time?

Engaging staff, faculty, operational leaders, human resources teams, clinical partners, and individuals with lived experience can help ensure hybrid work approaches are practical, inclusive, and responsive to community needs.

Spaces Case Study #1

Inconsistent Expectations Around Hybrid Work

From Insight to Action - Tangible Solutions

Applying a phased implementation approach, your institution may:

Establish Shared Leadership and Guidance

- Develop faculty-wide principles for hybrid work grounded in wellbeing, accessibility, operational needs, and equity.
- Clarify decision-making responsibilities and expectations across departments and sites.
- Align approaches, where possible, with university and clinical partner policies.

Understand Staff Experiences

- Gather feedback through surveys, listening sessions, or focus groups.
- Identify recurring concerns, inequities, or barriers across roles and departments.
- Assess how current practices affect wellbeing, collaboration, accessibility, and retention.

Opportunity for Change - Quick Wins: Identify one or two immediate actions that could improve consistency and transparency across teams, such as establishing shared communication principles, piloting designated hybrid work guidelines, or creating role-based flexibility criteria for similar positions.

Spaces Case Study #1

Inconsistent Expectations Around Hybrid Work

From Insight to Action - Tangible Solutions

Implement Inclusive and Flexible Approaches

- Introduce role-based flexibility where appropriate.
- Ensure equitable access to technology and hybrid meeting tools.
- Support managers in applying expectations consistently and transparently.
- Create intentional opportunities for collaboration, mentorship, and connection across hybrid environments.

Evaluate and Adapt

- Monitor engagement, retention, and wellbeing-related indicators.
- Review hybrid work approaches regularly as organizational and operational needs evolve.
- Pilot small changes and refine approaches based on feedback and outcomes.

Key Takeaway

Health-promoting spaces extend beyond physical infrastructure to include the organizational, virtual, and cultural environments that shape how people work and connect. Thoughtful hybrid work practices can support accessibility, wellbeing, inclusion, sustainability, and organizational culture when implemented transparently, consistently, and with shared accountability.

Spaces Case Study #2

Unsupportive Clinical Space

The Scenario

Dr. Kaur, a staff internist affiliated with a Faculty of Medicine and teaching hospital, works on a busy inpatient unit with residents, fellows, students, nurses, and interprofessional staff. Although wellbeing is an organizational priority, the clinical environment does not support rest, recovery, or connection during demanding shifts. The unit's only staff lounge is overcrowded, poorly lit, and often used for storage, leaving little space to eat, rest, or decompress. Clinicians and learners frequently eat at workstations while charting or responding to pages, despite guidance discouraging food consumption in clinical areas. Over time, breaks become difficult to take and increasingly viewed as optional, contributing to stress, fatigue, and strained team communication.

The Challenge

Although physical environments are recognized as influencing wellbeing, safety, and team functioning, there is no clear process or accountability for addressing space-related concerns. Responsibility is fragmented across multiple teams, making sustained improvements difficult to implement.

Why This Matters

When environments do not support rest, nourishment, or recovery, unhealthy workplace norms can become normalized. Supportive spaces help reduce stress and fatigue, strengthen team culture, and reinforce wellbeing as part of safe, sustainable clinical practice.

Spaces Case Study #2

Unsupportive Clinical Space

Where This Case Fits in Supportive Spaces

Accessibility and Universal Design

Rest and shared spaces should be physically accessible, functional, and usable for individuals with diverse needs and abilities.

Inclusion, Belonging, and Cultural Safety

Staff and learners should feel welcomed, respected, and supported within shared environments.

Health, Wellbeing, and Restoration

Working and learning environments should provide opportunities for rest, nourishment, decompression, and recovery during demanding shifts.

Physical and Psychological Safety

Safe and supportive spaces help reduce stress, support infection prevention practices, and foster psychological safety around taking breaks.

Supportive Organizational Cultures

Workplace culture and leadership practices influence whether rest and wellbeing are viewed as legitimate and supported.

Sustainable and Adaptable Environments

Space planning and operational decisions should support long-term wellbeing, adaptability, and effective use of shared environments.

Spaces Case Study #2

Unsupportive Clinical Space

Guided Reflection Questions

Accessibility and Universal Design

- Is the current space physically accessible, functional, and comfortable for all users?
- Are there barriers related to mobility, sensory needs, shift schedules, or workload that affect access to rest spaces?
- Does the environment include appropriate lighting, seating, ergonomics, ventilation, and noise considerations?

Inclusion, Belonging, and Cultural Safety

- Do all members of the care team feel equally welcome and able to use the space?
- Are some groups (e.g. trainees, night-shift staff, or temporary staff) disproportionately affected by current conditions?
- How might the design or use of the space affect feelings of belonging, inclusion, or respect?

Health, Wellbeing, and Restoration

- Does the environment support staff and learners in taking meaningful breaks, eating meals, and decompressing during shift?
- How are current conditions affecting stress, fatigue, morale, and energy levels?
- What immediate changes could better support rest, nourishment, and recovery?

Spaces Case Study #2

Unsupportive Clinical Space

Guided Reflection Questions

Physical and Psychological Safety

- Do staff feel psychologically safe taking breaks without fear of judgment or appearing unproductive?
- Are staff provided with ergonomically safe and appropriate environments for rest, charting, and clinical work?
- Are current practices aligned with occupational health, safety, and infection prevention expectations?

Supportive Organizational Cultures

- What messages do current spaces and practices communicate about wellbeing and workplace culture?
- How are leaders and supervisors modeling healthy behaviours?
- Is there shared accountability for maintaining respectful, supportive, and functional environments?

Sustainable and Adaptable Environments

- Is the current use of space sustainable and responsive to the needs of staff, learners, and teams?
- Are there underused or flexible spaces that could be repurposed to better support wellbeing?
- How are space-related concerns identified, reviewed, and improved over time?

Spaces Case Study #2

Unsupportive Clinical Space

Apply This Case to Your Context

Consider how clinical, academic, or shared staff environments currently support or hinder wellbeing, inclusion, accessibility, and restoration within your institution.

- Do staff and learners have access to functional and restorative break spaces?
- Does workplace culture influence break-taking and wellbeing practices?
- Do physical environments align with occupational health, infection prevention, and accessibility standards?
- Which groups may experience disproportionate barriers to accessing supportive spaces?
- What opportunities exist to improve accountability, communication, or space design over time?

Engaging learners, staff, physicians, operational leaders, facilities teams, occupational health and safety representatives, and individuals with lived experience can help identify practical and inclusive solutions that fit the unique needs of your institution.

Spaces Case Study #2

Unsupportive Clinical Space

From Insight to Action - Tangible Solutions

Applying a phased implementation approach, your institution may:

Establish Shared Leadership and Guidance

- Clarify who is responsible for identifying, maintaining, and improving staff and learner restorative and wellbeing spaces.
- Embed supportive space planning into operational, facilities, and strategic planning discussions.
- Establish shared expectations around protected and functional rest spaces within the working and learning environment.

Understand Staff and Learner Experiences

- Conduct walkthroughs, space audits, or listening sessions with staff and learners.
- Gather feedback on accessibility, comfort, functionality, and psychological safety within shared spaces.
- Identify how workload, workflow, and operational pressures affect the ability to take breaks.

Opportunity for Change - Quick Wins: Identify low-cost improvements that could immediately enhance the staff environment, such as decluttering the lounge, improving lighting, adding ergonomic seating, or repurposing nearby underused space for breaks and restoration.

Spaces Case Study #2

Unsupportive Clinical Space

From Insight to Action - Tangible Solutions

Implement Inclusive and Flexible Approaches

- Declutter, redesign, or repurpose existing spaces to better support rest and recovery.
- Improve lighting, seating, ergonomics, ventilation, and noise reduction where possible.
- Ensure spaces are accessible, welcoming, and inclusive for diverse users and shift schedules.
- Reinforce workplace norms that support taking breaks and stepping away from clinical work when appropriate.

Evaluate and Adapt

- Establish regular processes for reviewing and maintaining spaces.
- Monitor staff feedback and wellbeing indicators over time.
- Incorporate supportive space planning into broader quality improvement and wellbeing initiatives.
- Reassess space needs regularly as teams, workflows, and environments evolve.

Key Takeaway

Supportive, accessible, and restorative spaces are not optional amenities; they are essential components of safe, sustainable, and health-promoting learning and work environments. Thoughtful space design, shared accountability, and supportive workplace cultures can help foster wellbeing, teamwork, and higher-quality patient care.

Spaces Case Study #3

Lack of Inclusive Facilities

The Scenario

Chloe, a third-year medical student returning from parental leave, is completing a clinical rotation in a busy teaching hospital while breastfeeding. She needs access to a clean, private space to pump several times throughout the day, but the nearest lactation room is located on another floor, requires signing out a key, and is frequently occupied by staff from multiple departments. Without a dedicated nearby space, Chloe often pumps in supply rooms, call rooms, or empty offices that are not appropriate or hygienic. She feels rushed, embarrassed, and worried about falling behind, sometimes delaying or skipping pumping altogether. Over time, she becomes reluctant to advocate for her needs due to concerns about stigma or being perceived as less committed to training.

The Challenge

The site lacks consistent policies, processes, and accessible spaces to support lactation needs across training environments. Without clear guidance and supportive learning cultures, postpartum learners may face barriers to wellbeing, participation, and equitable learning experiences during clinical training.

Why This Matters

Supportive, accessible, and inclusive environments help ensure learners can meet both educational and personal health needs without fear of judgment or academic disadvantage.

Spaces Case Study #3

Lack of Inclusive Facilities

Where This Case Fits in Supportive Spaces

Accessibility and Universal Design

Lactation spaces should be accessible, functional, private, and designed to support diverse physical and caregiving needs.

Inclusion, Belonging, and Cultural Safety

Learners should feel respected, supported, and able to access accommodations without stigma or exclusion.

Health, Wellbeing, and Restoration

Access to safe and appropriate lactation spaces supports physical health, comfort, recovery, and wellbeing.

Physical and Psychological Safety

Learners should feel psychologically safe requesting accommodations and taking protected time for lactation needs.

Supportive Organizational Cultures

Leadership, preceptors, and teams influence whether caregiving needs are normalized and supported within learning environments.

Sustainable and Adaptable Environments

Clinical training environments should be responsive to evolving needs through proactive planning and accessible infrastructure.

Spaces Case Study #3

Lack of Inclusive Facilities

Guided Reflection Questions

Accessibility and Universal Design

- Are lactation spaces easily accessible, private, hygienic, and appropriately equipped?
- Do learners have equitable access to lactation spaces across clinical sites, shifts, and training environments?
- Are spaces designed to support diverse mobility, sensory, caregiving, and accessibility needs?

Inclusion, Belonging, and Cultural Safety

- Do learners feel comfortable requesting lactation accommodations without fear of stigma or judgment?
- How are caregiving and postpartum needs discussed and supported within the learning environment?
- Are some learners disproportionately affected by limited access to supportive facilities?

Health, Wellbeing, and Restoration

- How do current conditions affect learners' physical comfort, stress levels, recovery, and overall wellbeing?
- Are learners able to meet their lactation needs without compromising nutrition, rest, or clinical learning?
- What supports could better enable learners to balance personal health needs with clinical responsibilities?

Spaces Case Study #3

Lack of Inclusive Facilities

Guided Reflection Questions

Physical and Psychological Safety

- Do learners and staff feel psychologically safe advocating for protected pumping time and appropriate accommodations?
- Are there clear processes for requesting support without fear of academic consequences?
- Are lactation spaces physically safe and secure?

Supportive Organizational Cultures

- How are preceptors, supervisors, and clinical teams modeling support for caregiving and lactation needs?
- Do current practices reinforce wellbeing and caregiving responsibilities as compatible with professional training?
- Are expectations around scheduling, breaks, and accommodations applied consistently and compassionately?

Sustainable and Adaptable Environments

- Are lactation supports integrated into broader planning for learner wellbeing and inclusive spaces?
- How are institutions identifying and responding to changing learner needs over time?
- Are there opportunities to repurpose or redesign existing spaces to better support postpartum learners?

Spaces Case Study #3

Lack of Inclusive Facilities

Apply This Case to Your Context

Consider how learners, staff, and faculty with caregiving or lactation needs are currently supported within your institution and clinical environments.

- Do accessible and appropriate lactation spaces exist across clinical and academic sites?
- How are accommodation processes communicated and implemented?
- Do learners feel safe requesting support or protected time?
- Which groups or training environments may face disproportionate barriers?
- What opportunities exist to improve infrastructure, communication, accountability, or workplace culture?

Spaces Case Study #3

Lack of Inclusive Facilities

From Insight to Action - Tangible Solutions

Applying a phased implementation approach, your institution may:

Establish Shared Leadership and Guidance

- Develop faculty-wide guidance and accommodation processes for lactation needs across clinical and academic settings.
- Clarify roles and responsibilities related to access, scheduling, maintenance, and communication.
- Align policies with human rights, accessibility, and workplace accommodation requirements.

Understand Staff and Learner Experiences

- Gather feedback from postpartum learners about barriers, unmet needs, and current experiences.
- Conduct audits of lactation spaces across teaching and clinical sites.
- Identify gaps related to accessibility, scheduling, location, privacy, and availability.

Opportunity for Change - Quick Wins: Explore opportunities to quickly adapt existing rooms into temporary lactation spaces by improving privacy, access, signage, seating, refrigeration access, or scheduling processes while longer-term solutions are planned.

Spaces Case Study #3

Lack of Inclusive Facilities

From Insight to Action - Tangible Solutions

Implement Inclusive and Flexible Approaches

- Create or repurpose clean, private, and accessible lactation spaces near clinical teaching areas.
- Provide comfortable seating, refrigeration access, electrical outlets, cleaning supplies, and clear signage.
- Incorporate protected pumping time into scheduling practices where possible.
- Train preceptors and supervisors to support lactation needs respectfully and consistently.
- Include lactation supports and accommodation information within learner orientation materials.

Evaluate and Adapt

- Monitor learner feedback, satisfaction, and unmet accommodation needs over time.
- Regularly review policies and space availability across sites.
- Build ongoing collaboration between learner affairs, facilities, wellbeing offices, and clinical partners.
- Integrate lactation space planning into broader wellbeing, accessibility, and supportive space initiatives.

Key Takeaway

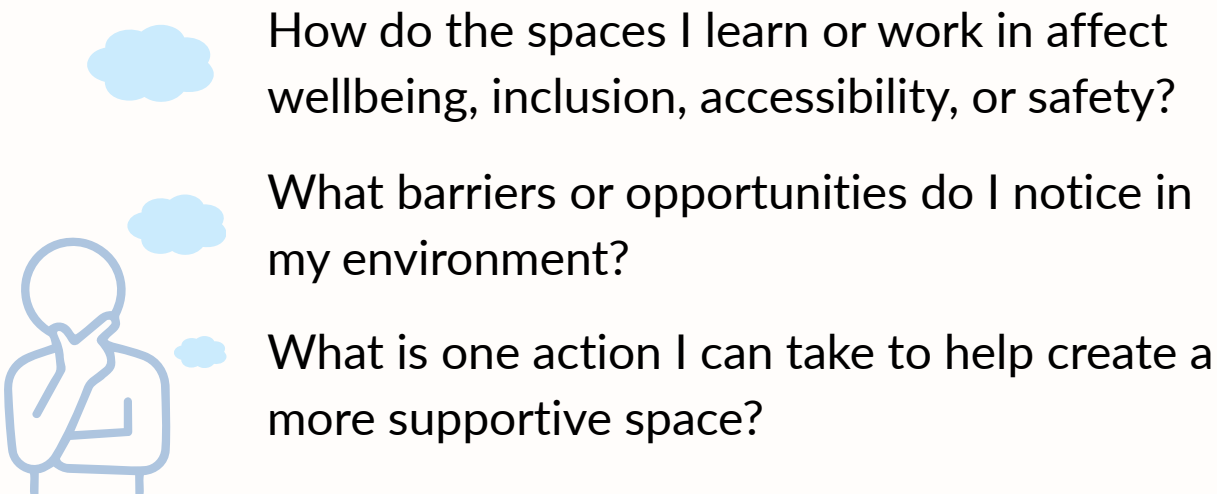
Supportive and inclusive spaces help ensure learners can meet both professional and personal health needs safely, respectfully, and without unnecessary barriers. Accessible lactation facilities, clear accommodation processes, and supportive learning cultures are essential components of equitable, health-promoting environments.

Exploring Your Role in Health-Promoting Spaces

Health-promoting spaces are created and sustained through the collective actions of those who learn, teach, work, research, lead, and provide care within them. Every role contributes to shaping environments that support wellbeing, accessibility, inclusion, safety, and belonging.

This section explores how different roles help steward the physical, social, cultural, and virtual environments that influence everyday experiences.

Reflect on Your Role



Each role brings unique insight into how spaces are used, where barriers exist, and what changes may improve accessibility, inclusion, safety, wellbeing, and sustainability.

Exploring Your Role in Health-Promoting Spaces

Senior Leadership & Governance

Provides strategic direction, resource allocation, and accountability for creating supportive, accessible, and sustainable environments.

How This Role Contributes to Health-Promoting Spaces

- Embed health-promoting spaces into institutional strategy and planning.
- Support budgets, policies, and infrastructure that advance wellbeing and accessibility.
- Establish accountability and governance structures for supportive space initiatives.
- Signal that inclusive and supportive environments are institutional priorities.
- Foster collaboration across academic, clinical, operational, and community partners.

Tip for Senior Leadership: The spaces you prioritize become culture signals. What is funded, protected, and maintained communicates what the institution values.

Exploring Your Role in Health-Promoting Spaces

Operational Leadership & Staff

Translate institutional priorities into day-to-day operations and help ensure spaces are functional, accessible, and supportive in practice.

How This Role Contributes to Health-Promoting Spaces

- Coordinate space planning, scheduling, maintenance, and operational processes.
- Identify barriers related to accessibility, safety, workflow, or functionality.
- Support implementation of inclusive and sustainable space improvements.
- Gather feedback from staff, learners, faculty, and community members.
- Monitor how spaces are used and help sustain improvements over time.

Tip for Staff: Small operational changes (e.g., lighting, scheduling, signage, furniture, and access) can meaningfully improve wellbeing and inclusion.

Exploring Your Role in Health-Promoting Spaces

Academic & Clinical Faculty

Help shape the culture and day-to-day experience of learning and clinical environments through teaching, supervision, and team interactions.

How This Role Contributes to Health-Promoting Spaces

- Model healthy and respectful use of shared spaces.
- Support cultures where rest, accessibility, and wellbeing are normalized.
- Identify how environments affect learning, collaboration, patient care, and team functioning.
- Provide feedback on barriers or opportunities within academic and clinical spaces.
- Support learners and colleagues in accessing inclusive and supportive environments.

Tip for Faculty: Learners often take cues from faculty behaviour. How you use and respect shared spaces helps shape workplace culture.

Exploring Your Role in Health-Promoting Spaces

Learners & Trainees

Provide valuable lived experience and insight into how learning and clinical environments support or hinder wellbeing, accessibility, safety, and belonging.

How This Role Contributes to Health-Promoting Spaces

- Share feedback about experiences within learning and clinical environments.
- Identify barriers related to rest, study, accessibility, safety, or inclusion.
- Participate in consultations, committees, or co-design initiatives.
- Advocate for environments that support learner wellbeing and equitable participation.
- Help shape future cultures of wellbeing, accessibility, and inclusion within the profession.

Tip for Learners: Noticing and naming barriers is valuable. Lived experience helps identify issues others may overlook.

Exploring Your Role in Health-Promoting Spaces

Researchers & Scientists

Contribute expertise and scholarship on how research environments can support safety, accessibility, inclusion, and wellbeing.

How This Role Contributes to Health-Promoting Spaces

- Promote safe, accessible, and inclusive laboratory and research environments.
- Identify barriers, hazards, or inequities within research spaces and workflows.
- Support psychologically safe and respectful research team cultures.
- Contribute expertise to research space design and planning processes.
- Model sustainable and inclusive practices within research settings.

Tip for Researchers: Safe and inclusive research environments support both scientific excellence and team wellbeing.

Exploring Your Role in Health-Promoting Spaces

Moving Forward Together

Creating health-promoting spaces is an ongoing and collaborative process. Small actions at every level of the institution can contribute to sustainable, supportive, and inclusive environments over time.

Health-promoting spaces are strengthened when people work together to:

- Identify barriers and opportunities for improvement
- Foster physical, psychological, and culturally safe environments
- Support accessibility, restoration, and connection
- Align operational decisions with wellbeing and sustainability goals
- Embed health promotion into everyday learning and work environments

Whether you are leading institutional strategy, coordinating operations, teaching learners, conducting research, or navigating training environments yourself, your perspective and actions can help shape spaces that better support the wellbeing and success of the entire community.

Tools & Resources

This section provides practical tools and resources to support the planning, development, evaluation, and improvement of sustainable, supportive, and inclusive spaces.

What you'll find in this section

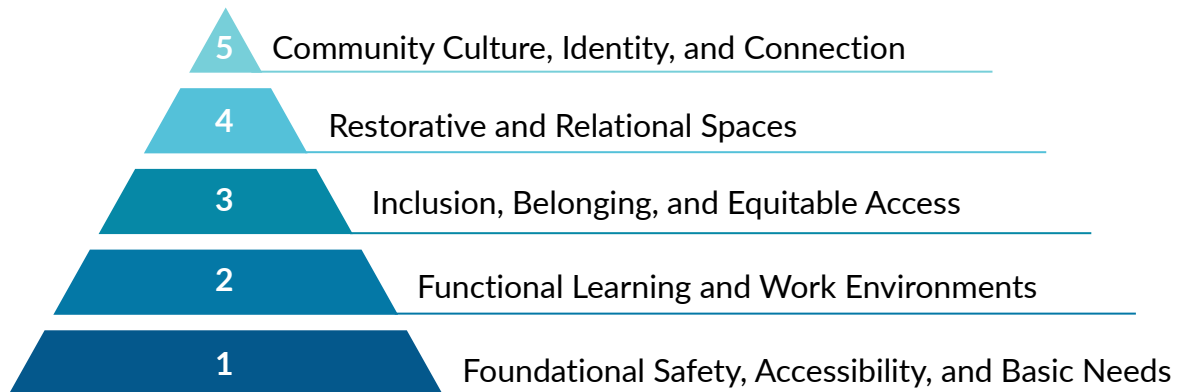
- Prioritizing Health-Promoting Space Needs
- Health-Promoting Spaces: Wellbeing, Inclusion, and Accessibility Summary
- Health-Promoting Spaces Audit Checklist
- Sample Questions to Explore Health-Promoting Space Needs
- Supportive Spaces Action Planning Template
- Quick Wins for Supportive Spaces
- Additional Tools and Approaches for Health-Promoting Spaces
- DRP Guide to Clinical Accommodations in UME
- CMS Modernizing Health Care for Accessibility 2023

Adapt and use what is most relevant to your context.

Prioritizing Health-Promoting Space Needs

This tool can help institutions prioritize supportive space improvements by recognizing that some foundational needs must be addressed before higher-level goals related to connection, belonging, and wellbeing can be fully realized.

While these areas are interconnected and may overlap, this framework can support phased planning and decision-making when resources, time, or infrastructure are limited.



**Pyramid borrows from the concept of Maslow's Hierarchy¹⁴*

1

These are the essential conditions required for people to work, learn, and participate safely and effectively, such as clean and functional washrooms, accessible environments, safe lighting, ventilation, ergonomic design, and spaces that appropriately support occupancy and workflow.

2

Once foundational needs are addressed, spaces should effectively support teaching, learning, research, clinical work, and collaboration through functional study areas, meeting spaces, technology, and workflows.

3

Health-promoting spaces should reflect the diverse needs of the community through inclusive, accessible, and culturally supportive environments such as lactation spaces, all-gender washrooms, spiritual spaces, and universally designed environments.

4

Supportive spaces should foster rest, recovery, connection, and psychological wellbeing through opportunities for decompression, privacy, social connection, natural light, and restorative environments.

5

At the highest level, spaces can reinforce institutional values, creativity, mentorship, collaboration, and shared purpose through environments that foster community connection, innovation, reflection, and belonging.

This framework is not intended to suggest that higher-level wellbeing initiatives should wait until every foundational issue is resolved. Rather, it recognizes that health-promoting spaces are most effective when institutions address both immediate needs and long-term cultural and environmental goals together.

Health-Promoting Spaces: Wellbeing, Inclusion, and Accessibility Summary

One-Page Reference Tool

Accessibility and Universal Design

Health-promoting spaces reduce barriers and support participation for all users. Accessible entrances, pathways, elevators, signage, furniture, and workspaces help ensure learning and work environments are usable, inclusive, and adaptable across diverse needs and abilities.

Inclusion, Belonging, and Cultural Safety

Supportive environments reflect and respect the diversity of the communities they serve. Inclusive imagery, all-gender washrooms, reflection or multifaith spaces, culturally meaningful representation, and engagement with diverse communities can help foster belonging and cultural safety.

Health, Wellbeing, and Restoration

Academic, clinical, and research environments should support rest, recovery, nourishment, and overall wellbeing. Access to rest spaces, lactation rooms, natural light, healthy food options, hydration, green spaces, and low-sensory environments can contribute to healthier and more sustainable work and learning experiences.

Physical and Psychological Safety

Health-promoting spaces support both physical safety and psychological wellbeing. Well-lit and navigable environments, emergency supports, private spaces for conversation or reflection, and trauma-informed approaches can help foster trust, respect, and psychological safety.

Supportive Learning, Clinical, and Organizational Cultures

Teaching, learning, research, and clinical environments should support collaboration, reflection, connection, and respectful interaction. Functional study and collaboration spaces, hybrid learning technology, debriefing areas, and supportive team environments contribute to healthier organizational cultures.

Sustainable and Adaptable Environments

Health-promoting spaces should support long-term environmental and organizational wellbeing. Flexible and multi-use spaces, sustainable infrastructure, energy-conscious practices, and adaptable design approaches can help institutions respond to evolving community and operational needs.

Health-Promoting Spaces Audit Checklist

A practical tool for reviewing learning, clinical, research, and work environments

Accessibility and Universal Design

- ☐ Entrances, pathways, elevators, and shared spaces are physically accessible and unobstructed
- ☐ Signage and wayfinding supports are clear, visible, and accessible
- ☐ Furniture and workspaces support diverse ergonomic and accessibility needs
- ☐ Assistive technologies and accessibility supports are available where needed
- ☐ Quiet, low-sensory, or restorative spaces are available where feasible

Inclusion, Belonging, and Cultural Safety

- ☐ Shared spaces reflect inclusive and culturally respectful environments
- ☐ All-gender washrooms, lactation spaces, and reflection spaces are available and accessible
- ☐ Artwork, signage, and displays reflect diversity and belonging
- ☐ Learners, staff, and community members engaged in space planning and improvement discussions
- ☐ Space policies and practices support equitable access and participation

Health, Wellbeing, and Restoration

- ☐ Staff and learners have access to functional break, rest, or decompression spaces
- ☐ Natural light, ventilation, and air quality are considered within learning and work environments
- ☐ Healthy food, hydration, and active transportation supports are available where feasible
- ☐ Outdoor or restorative environments are accessible and maintained
- ☐ Environments support rest, recovery, and sustainable work and learning practices

Physical and Psychological Safety

- ☐ Indoor and outdoor spaces are well-lit and feel safe to navigate
- ☐ Emergency supports and safety information are visible and accessible
- ☐ Private spaces are available for mentoring, counseling, or support conversations
- ☐ Spaces support respectful, psychologically safe, and trauma-informed interactions
- ☐ Environments support physically safe work and learning practices, and ergonomic considerations

Supportive Learning, Clinical, and Organizational Cultures

- ☐ Teaching, study, and collaboration spaces support diverse learning and work needs
- ☐ Hybrid learning and accessibility technologies are functional and available
- ☐ Debriefing, mentoring, or reflection spaces are available where appropriate
- ☐ Space use and workflows support respectful, inclusive, and supportive practices
- ☐ Staff and learners are encouraged to provide feedback on environmental concerns

Sustainable and Adaptable Environments

- ☐ Sustainable practices are integrated into facilities and operational planning
- ☐ Spaces are flexible and adaptable to evolving community and operational needs
- ☐ Maintenance and improvement processes support long-term usability and wellbeing
- ☐ Environmental sustainability considerations are included in planning and renovation decisions
- ☐ Processes exist for ongoing review and improvement of learning and work environments

Sample Questions to Explore Health-Promoting Space Needs

A practical resource for interviews, focus groups, walkthroughs, or surveys

For Students and Learners

- Which spaces best support your learning, wellbeing, and sense of belonging?
- Are there enough spaces to rest, decompress, study privately, or connect with others?
- Have you experienced accessibility, safety, or inclusion barriers within academic or clinical spaces?
- Are learning and clinical environments easy to navigate and use?
- What changes would most improve your day-to-day learning environment?

For Faculty and Clinical Educators

- Do current teaching, learning, and clinical spaces effectively support education and collaboration?
- What space-related factors affect learner wellbeing, engagement, or performance?
- Are there barriers related to accessibility, workflow, privacy, or psychological safety?
- What changes would improve teaching, supervision, or team functioning?
- Are current environments supporting sustainable and respectful work practices?

For Administrative and Operational Staff

- Which spaces create operational challenges, inefficiencies, or barriers to collaboration?
- Do current workspaces adequately support day-to-day responsibilities and wellbeing?
- Are there accessibility, safety, or workflow concerns that should be addressed?
- What small improvements could meaningfully improve the work environment?
- Are there opportunities to improve flexibility, sustainability, or shared space use?

For Facilities, Operations, and Planning Teams

- What environmental or accessibility concerns are most commonly identified?
- Which spaces are most difficult to maintain, adapt, or keep accessible?
- Are there recurring issues related to safety, wellbeing, or functionality?
- What improvements could increase sustainability, usability, or operational efficiency?
- How are users currently engaged in identifying space improvement priorities?

For Equity, Accessibility, and Wellbeing Partners

- Which groups may be underserved by current learning or work environments?
- Where do you see the greatest barriers related to accessibility, inclusion, belonging, or psychological safety?
- How can EDIA, universal design, and cultural safety principles be strengthened in future planning?
- Are current environments responsive to diverse physical, sensory, cultural, spiritual, or caregiving needs?
- What processes would help ensure ongoing accountability and community engagement?

Supportive Spaces Action Planning Template

A practical tool for identifying priorities, planning improvements, and tracking progress

Use this template to translate observations, audit findings, or feedback into actionable steps toward more sustainable, supportive, and inclusive spaces. Consider both short-term improvements and longer-term opportunities for change.

1. Identify the Space, Issue, or Opportunity

What space-related issue, barrier, or opportunity has been identified?

<i>Space, issue, or opportunity identified:</i>
<i>Primary concerns or barriers identified:</i>

Which area(s) are affected?

- ☐ Academic learning spaces
- ☐ Clinical environments
- ☐ Research spaces
- ☐ Administrative/workspaces
- ☐ Shared community spaces
- ☐ Virtual or hybrid environments
- ☐ Other: _____

Which group(s) are affected?

- ☐ Learners and trainees
- ☐ Faculty and clinical educators
- ☐ Staff and operational teams
- ☐ Researchers and scientists
- ☐ Patients or community members
- ☐ Other: _____

2. Identify Relevant Key Components

Which key component(s) does this issue relate to? Check all that apply.

- ☐ Accessibility and Universal Design
- ☐ Inclusion, Belonging, and Cultural Safety
- ☐ Health, Wellbeing, and Restoration
- ☐ Physical and Psychological Safety
- ☐ Supportive Learning, Clinical, and Organizational Cultures
- ☐ Sustainable and Adaptable Environments

What impact is this issue having on wellbeing, accessibility, inclusion, safety, learning, or work experiences?
--

Supportive Spaces Action Planning Template

3. Prioritize Opportunities for Change

What changes could improve this space?

Quick wins (small changes that can be implemented soon):

Longer-term improvements (requiring planning, funding, or partnerships):

Priority level: ☐ High ☐ Medium ☐ Low

4. Identify Partners and Responsibilities

Who should be involved in planning or implementing these changes?

- ☐ Senior leadership
- ☐ Operational leaders or facilities teams
- ☐ Faculty or clinical educators
- ☐ Learners or trainees
- ☐ Researchers or staff
- ☐ Accessibility, EDIA, or wellbeing partners
- ☐ Community or patient partners
- ☐ Other: _____

Lead person, team, or department:

5. Plan for Action

Action	Lead	Timeline	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supportive Spaces Action Planning Template

6. Evaluate and Sustain Progress

How will progress or impact be evaluated?

- ☐ User feedback
- ☐ Utilization/participation data
- ☐ Accessibility improvements
- ☐ Reduced barriers or complaints
- ☐ Improved wellbeing indicators
- ☐ Environmental / sustainability improvements
- ☐ Other: _____

Indicators of Success:

How will progress be reviewed and sustained over time?

7. Reflection

What is one action you can take right now to create a more supportive space?

Small, intentional improvements can create meaningful change. Not every supportive space initiative requires major renovation or significant funding. Incremental progress, ongoing feedback, and shared accountability help create healthier environments over time.

Quick Wins for Supportive Spaces

Small changes that can meaningfully improve wellbeing, accessibility, inclusion, and day-to-day experience

Not every supportive space initiative requires major renovation or significant funding. Small, intentional improvements can help create healthier learning and work environments while building momentum for larger institutional changes over time.

Institutions may consider starting with practical, achievable actions such as:

Accessibility and Universal Design

- Improve signage, wayfinding, or room identification
- Add accessibility information to maps or booking systems
- Rearrange furniture to improve mobility and navigation
- Create quieter or low-sensory areas within existing spaces
- Ensure commonly used spaces have accessible seating and work surfaces

Inclusion, Belonging, and Cultural Safety

- Add inclusive imagery, multilingual signage, or visible community resources
- Designate existing single-stall washrooms as all-gender spaces where appropriate
- Create or better identify reflection or quiet spaces
- Review booking practices to ensure equitable access to shared spaces
- Engage learners, staff, and community members in identifying improvement priorities

Health, Wellbeing, and Restoration

- Add plants, natural elements, or softer lighting to shared spaces
- Repurpose underused rooms for rest, decompression, or wellness use
- Improve access to hydration stations or healthy food options
- Provide ergonomic seating or adjustable workstations where possible
- Reduce clutter and improve cleanliness in shared spaces

Physical and Psychological Safety

- Improve lighting in entrances, hallways, or outdoor pathways
- Increase visibility of wellbeing, safety, and reporting resources
- Create clearer expectations around respectful use of shared spaces
- Ensure staff and learners know where to access support services
- Identify and address environmental factors contributing to stress or discomfort

Supportive Organizational Cultures

- Encourage leaders and educators to model healthy break practices
- Create informal gathering or collaboration spaces for teams and learners
- Build regular space walkthroughs or feedback discussions into meetings
- Invite users to identify barriers and suggest practical improvements
- Recognize and celebrate successful space improvements across the community

Sustainable and Adaptable Environments

- Improve recycling, composting, or waste-reduction practices
- Introduce flexible or multi-use furniture arrangements
- Encourage shared and hybrid space use where appropriate
- Improve access to bike storage or active transportation supports
- Pilot small environmental improvements before larger renovations

Additional Tools and Approaches for Health-Promoting Spaces

Institutions may use a range of tools, activities, and engagement approaches to support the planning, evaluation, and improvement of health-promoting spaces. Depending on local needs, priorities, and resources, some approaches may be implemented quickly while others may support longer-term planning and system change.

Space Planning and Evaluation

- Space audits and walkthroughs
- Equity and accessibility impact assessments
- Space utilization and workflow reviews
- Healthy space maintenance scorecards
- Noise, lighting, and sensory environment assessment

Engagement and Co-Design

- Interviews, focus groups, and surveys
- Photovoice or visual storytelling activities
- Community mapping or “heat map” exercises
- Co-design workshops with learners, staff, faculty, and community members
- Participatory planning processes for renovations or redesign

Leadership and Organizational Planning

- Leadership self-assessment tools
- Roles and responsibilities matrices
- Space planning values worksheets
- Priority-setting and phased implementation exercises
- Sustainability and accessibility planning frameworks

Small-Scale and Rapid Improvements

- Low-cost environmental improvements (lighting, furniture, signage, decluttering, plants)
- Creation of quiet, reflection, or decompression spaces
- Improvements to hydration, food access, or active transportation supports
- Repurposing underused spaces to better support wellbeing and inclusion
- Enhancing visibility of supports, accessibility features, or community resources

Continuous Improvement and Accountability

- Feedback and reporting processes
- Regular space reviews and walkthroughs
- Monitoring accessibility, inclusion, and wellbeing concerns over time
- Incorporating supportive spaces into quality improvement initiatives
- Ongoing collaboration between facilities, operational leaders, learners, faculty, and community partners

Strategic Direction #3



Foster Health–Promoting Medical Communities and Culture

Intentionally foster communities and cultures that promote respect, inclusion, belonging, psychological safety, compassion, collaboration, and shared responsibility for wellbeing.

Culture: At-a-Glance

What is this strategic direction about?

Fostering safe, inclusive, supportive, and health-promoting cultures across learning and work environments.

Why does it matter?

Culture shapes how people feel a sense of belonging within their working and learning environments.

What will I do here?

Learn how your institution can foster connection and advance a culture of wellbeing, safety, and belonging for all.

What you'll find in this section

- Overview: Why Culture Matters
- Key Components of Health-Promoting Culture
- Putting Health-Promoting Culture into Practice
- Case Studies
- Explore Your Role in Health-Promoting Culture
- Tools and Resources

Overview

Why Culture Matters



Culture shapes how people experience learning, work, leadership, relationships, and care within our institutions. It influences what behaviours are rewarded, what concerns feel safe to raise, how people treat one another, and whether individuals feel valued, supported, and included. Culture is reflected not only in formal policies and structures, but also in everyday interactions, teaching practices, team dynamics, and the often-unspoken norms that define “how things are done.”

Historically, the culture of medicine has been shaped by beliefs that prioritized endurance, hierarchy, perfectionism, and self-sacrifice. Although many institutions are actively advancing wellbeing, equity, inclusion, and psychological safety, remnants of these cultural norms continue to influence learning and working environments. Misalignment between institutional values, everyday behaviours, and rewarded practices can contribute to distress, burnout, inequities, mistreatment, and barriers to help-seeking.¹⁵

So how do we begin to change ingrained cultures?

Overview

Why Culture Matters



Creating health-promoting cultures requires intentional action across leadership, systems, policies, education, relationships, and environments. It involves reinforcing behaviours that support wellbeing, respect, inclusion, and belonging while addressing practices that undermine psychological safety and equity. Sustainable culture change also requires alignment between institutional values, accountability processes, reward structures, and daily experiences across the community.

Health-promoting cultures support engagement, collaboration, learning, professional fulfillment, and quality patient care. While leadership and organizational systems are important drivers of change, culture is also shaped through everyday interactions, peer norms, and informal learning environments. Meaningful change therefore requires both institutional commitment and collective participation across all levels of the organization.

This section focuses on practical approaches that help institutions foster connected, sustainable, and supportive communities grounded in compassion, respect, relational leadership, equity, and collective wellbeing.

The [Culture of Academic Medicine Initiative resource collection](#) includes tools, publications, and practical resources related to ppc safety, organizational culture, wellbeing, and health-promoting learning environments.

How Culture Connects to Other Strategic Directions in the Okanagan Charter

Culture influences how policies are experienced, how spaces are used, whether people seek support, and how individuals learn and grow. Culture is both shaped by and shapes every other Strategic Direction.

Policy

Policies help establish expectations and accountability, but culture influences how those policies are interpreted and enacted in practice.

Spaces

Physical, social, and virtual environments can reinforce or challenge cultural norms, relationships, inclusion, and belonging.

Personal Development

Reflection, communication, mentorship, leadership, and professional identity formation contribute to healthier and more supportive cultures.

Health Services

Cultures that reduce stigma and encourage help-seeking can improve access to support and strengthen wellbeing across the community.

Continuous Quality Improvement & Evaluation

Feedback, evaluation, and organizational learning help institutions understand cultural strengths, identify challenges, and monitor progress over time.

Key Components of Effective Health-Promoting Culture

Health-promoting cultures are fostered through relationships, leadership, systems, policies, teaching practices, and everyday interactions that support wellbeing, inclusion, psychological safety, collaboration, and meaningful connection across learning and working environments. While every institution will have unique priorities and contexts, several core components consistently contribute to healthier and more supportive cultures.

Together, these components represent the foundational conditions of a health-promoting culture and provide a lens for reflection, assessment, and action. They are often interconnected and mutually reinforcing, with progress in one area often strengthening progress across others.

Key Components

- ★ Psychological Safety and Respect
- ★ Equity, Inclusion, and Belonging
- ★ Connection, Community, and Relational Leadership
- ★ Growth-Oriented Learning and Support
- ★ Accountability, and Continuous Improvement

★ Psychological Safety and Respect

People are more likely to learn, collaborate, ask questions, seek support, and provide feedback when they feel psychologically safe and respected. Health-promoting cultures foster respectful communication, curiosity, inclusion, and accountability while actively addressing mistreatment, discrimination, harassment, and harmful power dynamics.¹⁶

This may include respectful feedback practices, psychologically safe reporting pathways, inclusive communication, and clear expectations for professional behaviour.

★ Equity, Inclusion, and Belonging

Health-promoting cultures create environments where diverse identities, experiences, perspectives, and ways of knowing are respected and valued. Individuals experience fairness, accessibility, cultural safety, meaningful inclusion, and a sense of belonging within learning and work environments.

This may include accessible environments, culturally safe practices, inclusive policies, and intentional efforts to reduce barriers and inequities.



Connection, Community, & Relational Leadership

Supportive cultures are strengthened through positive relationships, mentorship, collaboration, transparency, and compassionate leadership. Leaders, educators, and colleagues help shape culture through everyday interactions, role modeling, allyship, and shared responsibility for community wellbeing.

This may include mentorship, peer support, collaborative leadership practices, recognition of contributions, and responding constructively to harmful or exclusionary behaviours.



Growth-Oriented Learning and Support

Educational and workplace cultures influence professional identity formation, confidence, wellbeing, and help-seeking behaviours. Health-promoting cultures support reflective learning, psychologically safe supervision, constructive feedback, mentorship, coaching, and accessible wellbeing supports that encourage growth rather than fear or shame.

This may include coaching-based feedback, reflective practice, learner-centered supervision, mentorship opportunities, and visible wellbeing supports.



Reflection, Accountability, & Continuous Improvement

Sustaining culture change requires ongoing reflection, feedback, transparency, and accountability. Health-promoting cultures use data, lived experience, dialogue, and continuous quality improvement processes to identify strengths, address gaps, and guide meaningful organizational change.

This may include culture surveys, focus groups, feedback mechanisms, transparent reporting, and continuous quality improvement initiatives.

Putting Health-Promoting Culture into Practice

Improving culture requires coordinated action across leadership, systems, teaching, relationships, supports, environments, and continuous improvement efforts. The following domains provide practical areas where institutions can strengthen and sustain health-promoting cultures across their organizations.

Together, these domains can support implementation planning, organizational reflection, and application of the concepts explored throughout this Strategic Direction.

Domains of Action for Advancing Culture

- 1 Leadership and Governance
- 2 Policies and Systems
- 3 Teaching and Learning
- 4 Culture and Relationships
- 5 Health-Promoting Programs and Supports
- 6 Environments and Spaces
- 7 Reflection, Measurement, and Continuous Improvement

1 Leadership and Governance

Signal the Commitment

Leadership behaviours strongly influence organizational culture. Leaders help shape whether people feel psychologically safe, valued, included, and supported. Visible commitment, relational leadership, and accountability help align institutional values with everyday experiences.

Potential strategies may include:

- Publicly endorse and operationalize the principles of the Okanagan Charter within organizational priorities and strategic plans.
- Integrate health-promotion, wellbeing, EDIA, and culture goals into strategic planning, accreditation processes, and program review.
- Establish cross-portfolio leadership or governance groups to coordinate culture and wellbeing initiatives.
- Include culture, wellbeing, respect, and equity indicators within leadership accountability and performance review processes.
- Recognize and reward leadership practices that foster collaboration, inclusion, psychological safety, mentorship, and community-building.
- Engage learners, faculty, staff, and communities in decision-making and improvement efforts.

Visible leadership behaviors such as transparency, relationship-building, and prioritizing wellbeing can strongly influence organizational culture and trust.

2 Policies and Systems

Create Structures That Support People

Policies and organizational systems communicate institutional priorities and shape daily experiences. Supportive structures can foster fairness, safety, accessibility, and trust, while poorly designed systems may reinforce inequities, stigma, or unnecessary stress.

Potential strategies may include:

- Review policies through wellbeing, accessibility, equity, Indigenous, anti-racism, and cultural safety lenses.
- Establish and uphold clear approaches to harassment, discrimination, mistreatment, and unsafe learning or working environments.
- Create psychologically safe reporting pathways with transparent follow-up and accountability processes.
- Simplify processes related to accommodations, conflict resolution, leave, and learner or faculty supports.
- Embed principles of psychological health and safety within organizational policies and practices.
- Design systems that reduce avoidable administrative burden and support sustainable workloads.
- Ensure policies align institutional values with expected and rewarded behaviours.

Focus first on high-impact processes that strongly influence day-to-day experiences, such as reporting pathways, accommodations, workload expectations, and communication practices.

3 Teaching and Learning

Embed Wellbeing, Respect, and Inclusion into Education

Educational environments shape professional identity formation, help-seeking behaviours, team dynamics, and perceptions of psychological safety.¹⁷ Supportive learning cultures promote curiosity, growth, reflection, and compassionate practice.

Potential strategies may include:

- Provide faculty development on trauma-informed teaching, psychologically safe supervision, culturally safe practice, coaching-based feedback, and inclusive pedagogy.
- Replace shame-based or fear-based educational practices with supportive, growth-oriented approaches.
- Integrate wellbeing, relational practice, health promotion, equity, and professionalism throughout curricula.
- Normalize reflective practice, feedback literacy, peer support, and psychological safety as core educational competencies.
- Create and support mentorship, peer-support, and coaching programs across learner and faculty groups.
- Promote leadership development focused on healthy teams, conflict resolution, communication, and relational leadership.

Examine both formal curriculum and the hidden curriculum to understand how everyday teaching practices, role modeling, and feedback reinforce psychological safety, inclusion, curiosity, and growth, and where they may unintentionally reinforce fear, hierarchy, or shame.

4 Culture and Relationships

Build Communities Where People Feel They Belong

Everyday interactions influence whether individuals feel respected, connected, included, and psychologically safe. Intentionally fostering kindness, compassion, collaboration, and belonging helps strengthen healthy professional communities.

Potential strategies include:

- Develop shared behavioural expectations that articulate respectful, inclusive, and collaborative interactions.
- Recognise and celebrate contributions to wellbeing, inclusion, kindness, mentorship, and community-building.
- Encourage allyship and active responses to harmful, exclusionary, or disrespectful behaviours.
- Foster opportunities for connection across clinical, academic, research, and administrative groups to reduce silos and foster collaboration.
- Celebrate diverse cultures, identities, experiences, and perspectives through events, storytelling, and community engagement.
- Promote sustainable work and learning practices that support healthy boundaries, recovery, and manageable workloads.

Encourage individuals at all levels to model allyship, address harmful or exclusionary behaviours, and reinforce respectful, inclusive interactions in everyday learning and work environments. Small actions, including speaking up, checking in, and supporting colleagues, can meaningfully influence culture over time.

5 Health-Promoting Programs and Supports

Provide Supports that Meet Real Needs

Accessible and responsive supports reinforce cultures where wellbeing and help-seeking are normalized, encouraged, and stigma-free. Programs should reflect the diverse and evolving needs of learners, faculty, and staff.

Potential strategies include:

- Create visible and accessible pathways to mental health, occupational health, wellness, coaching, peer-support, and crisis supports.
- Offer population-specific supports that reflect the needs of diverse learners, faculty, and staff communities.
- Develop peer-led initiatives such as wellbeing advocacy, affinity groups, mentorship programs, and peer coaching.
- Provide opportunities for reflection, debriefing, and emotional processing following stressful or difficult experiences.
- Support grassroots wellbeing, inclusion, and community-building initiatives through grants, innovation funding, or protected time.

Partner with learners, faculty, staff, and equity-deserving groups to identify gaps and co-design programs that reduce stigma and promote meaningful engagement.

6 Environments and Spaces

Support Culture Through Physical and Social Environments

Physical and social environments influence how safe, connected, supported, and valued people feel within medical communities. Supportive environments reinforce broader cultural goals related to wellbeing, inclusion, accessibility, and belonging.

Potential strategies include:

- Provide accessible, inclusive, and welcoming spaces that support learning, connection, rest, reflection, and recovery.
- Increase access to quiet rooms, lactation spaces, reflection rooms, and restorative spaces for learners, faculty, and staff.
- Foster environments that support collaboration, community-building, and psychological safety.
- Ensure physical environments reflect principles of accessibility, cultural safety, sustainability, and inclusion.
- Align environmental design with broader organizational efforts to create compassionate and health-promoting cultures.

Small environmental improvements, such as quiet spaces, natural light, inclusive signage, or comfortable gathering areas, can meaningfully influence culture and wellbeing.

7 Reflection, Measurement, and Continuous Improvement

Track Progress and Sustain Change

Meaningful culture change requires ongoing reflection, transparency, accountability, and adaptation. Continuous improvement processes help organizations identify strengths, understand gaps, and monitor progress over time.

Potential strategies include:

- Conduct regular assessments of culture, wellbeing, inclusion, psychological safety, and learning environments.
- Use pulse surveys, focus groups, feedback sessions, and qualitative storytelling to understand experiences across communities.
- Share findings transparently alongside identified actions and progress updates.
- Monitor indicators related to wellbeing, equity, mistreatment, inclusion, engagement, and sustainability.
- Evaluate initiatives to determine effectiveness, scalability, and areas for improvement.
- Embed continuous quality improvement (CQI) approaches that support iterative learning, responsiveness, and long-term culture change.

Start with a small number of meaningful indicators and feedback mechanisms that communities can realistically act on. Sharing results and follow-up actions transparently helps build trust and sustain engagement.

Case Studies

The following case studies provide opportunities to explore how health-promoting culture principles can be applied to real-world challenges and organizational scenarios.

Case Study 1

Off-Service Residents Feeling Like “Second-Rate Learners”

Case Study 2

Research Pressure and Hazardous Lab Culture

These examples are not intended to prescribe a single solution. Rather, they are designed to support dialogue, identify opportunities for change, and help institutions apply health-promoting principles within their own unique contexts.

Culture Case Study #1

Off-Service Residents Feeling Like “Second-Rate Learners”

The Scenario

Leo is a first-year pathology resident completing an off-service rotation on a busy inpatient unit. Although eager to learn, he quickly feels out of place and undervalued. Teaching and feedback are primarily directed toward core service residents, while off-service residents are often assigned additional administrative tasks or heavier call responsibilities.

During rotation evaluations, off-service residents repeatedly report feeling “invisible,” excluded from meaningful learning opportunities, and valued more for service support than education. Despite recurring feedback, these concerns have become normalized within the rotation culture. Many learners hesitate to speak up for fear of being labelled “not a team player.”

The Challenge

This case highlights how hidden curriculum, hierarchy, and competing service pressures can unintentionally create inequitable learning environments. When off-service residents are treated primarily as workforce support rather than learners, it can reinforce harmful cultural messages about belonging, value, and professional identity.

The issue extends beyond individual interactions and reflects broader cultural and structural challenges related to workload, supervision, inclusion, psychological safety, and accountability within medical education.

Culture Case Study #1

Off-Service Residents Feeling Like “Second-Rate Learners”

Why This Matters in Health-Promoting Culture

Supportive learning environments are essential for learner wellbeing, psychological safety, equitable education, and professional development. When learners consistently feel excluded, undervalued, or unable to advocate for their needs, it can negatively affect confidence, engagement, learning, and trust in the educational environment.

This case also demonstrates how the hidden curriculum can reinforce inequities when efficiency and service pressures unintentionally prioritize workload over learning and inclusion.

Where This Case Fits in Health-Promoting Culture

Psychological Safety and Respect - Learners may feel unable to speak up or advocate for their needs.

Equity, Inclusion, and Belonging - Off-service residents experience exclusion and inequitable learning opportunities.

Connection, Community, and Relational Leadership - Team culture and leadership behaviours influence inclusion and support.

Growth-Oriented Learning and Support - Service pressures may undermine learner-centered teaching and feedback.

Reflection, Accountability, and Continuous Improvement - Recurring concerns require ongoing review, dialogue, and action.

Culture Case Study #1

Off-Service Residents Feeling Like “Second-Rate Learners”

Guided Reflection Questions

Individual Reflection

- What hidden messages about belonging, hierarchy, or value are being communicated in this environment?
- How might these experiences affect learning, wellbeing, confidence, or professional identity?
- What behaviours or assumptions may be reinforcing the problem?
- What factors might make learners hesitant to speak up or ask for support?

Team and Leadership Reflection

- How are workload expectations, supervision practices, and team culture influencing off-service learner experiences?
- What changes could improve inclusion, equitable learning opportunities, and psychological safety?
- How are recurring concerns identified, discussed, and acted upon within the program or institution?
- Who has the greatest ability to influence culture in this environment, and how might they model allyship or intervene when inequities occur?

Culture Case Study #1

Off-Service Residents Feeling Like “Second-Rate Learners”

Apply This Case to Your Context

Reflect on how learners are integrated into clinical, research, academic, or administrative environments within your own institution.

Consider the following:

- Are some learners or groups unintentionally excluded from meaningful learning opportunities?
- How are expectations communicated and modeled within teams?
- What aspects of the hidden curriculum may reinforce hierarchy or inequity?
- How comfortable do learners feel speaking up about concerns or unmet learning needs?
- What systems exist to monitor and respond to recurring cultural concerns?

Culture Case Study #1

Off-Service Residents Feeling Like “Second-Rate Learners”

From Insight to Action - Tangible Solutions

Leadership and Governance

Potential strategies may include:

- Clearly communicate expectations for equitable teaching, supervision, and workload distribution across all learner groups.
- Reinforce that all learners are valued members of the educational environment, regardless of specialty or rotation status.
- Recognize and support leaders, faculty, and residents who model inclusive and learner-centered practices.

Policies and Systems

Potential strategies may include:

- Review rotation policies and expectations to ensure service demands do not override core educational requirements.
- Establish transparent processes for reporting and addressing inequitable learning experiences.
- Monitor rotation evaluations for recurring patterns related to exclusion, workload inequities, or psychological safety concerns.

Culture Case Study #1

Off-Service Residents Feeling Like “Second-Rate Learners”

From Insight to Action - Tangible Solutions

Teaching and Learning

Potential strategies include:

- Encourage faculty and senior residents to routinely discuss learning goals with all learners, including off-service residents.
- Promote equitable access to teaching opportunities, case discussions, procedural experiences, and feedback.
- Provide faculty development on hidden curriculum, psychologically safe supervision, inclusive teaching, and coaching-based feedback.

Culture and Relationships

Potential strategies include:

- Foster team cultures that intentionally welcome and include all learners.
- Encourage allyship and active responses to exclusionary or dismissive behaviours.
- Model respectful communication, inclusive introductions, and shared responsibility for supporting learner wellbeing and belonging.

Culture Case Study #1

Off-Service Residents Feeling Like “Second-Rate Learners”

From Insight to Action - Tangible Solutions

Health-Promoting Programs and Supports

Potential strategies include:

- Ensure learners can access confidential wellbeing, mentorship, coaching, and learner support services.
- Provide opportunities for learners to discuss challenges related to workload, supervision, or belonging.
- Offer mentorship or peer-support opportunities for learners navigating unfamiliar or high-pressure environments.

Reflection, Measurement, and Continuous Improvement

Potential strategies include:

- Collect and review feedback from off-service and core residents separately to identify recurring inequities.
- Use focus groups, pulse surveys, or facilitated discussions to better understand learner experiences.
- Include learners in rotation review, quality improvement, and culture change efforts.

Culture Case Study #1

Off-Service Residents Feeling Like “Second-Rate Learners”

Key Takeaway

Off-service inequities are often normalized within clinical learning environments, but small relational, structural, and organizational changes can significantly improve belonging, psychological safety, and equitable learning experiences for all learners.

Culture Case Study #2

Research Pressure and Hazardous Lab Culture

The Scenario

Dr. Wong leads a translational research lab within a Faculty of Medicine. Following delays caused by equipment repairs and reagent shortages, the lab faces growing pressure to produce results for an upcoming grant milestone.

As timelines tighten, some trainees and staff feel encouraged (implicitly or explicitly) to skip routine safety practices to maintain productivity. Junior team members hesitate to raise concerns because they fear being viewed as slowing progress or jeopardizing funding success. After a recent near-miss involving a laboratory spill, several staff quietly questioned whether ongoing time pressures contributed to the incident.

The Challenge

This case highlights how funding pressures, productivity expectations, hierarchy, and normalized workplace behaviours can unintentionally contribute to unsafe research environments. Although formal safety procedures exist, the day-to-day culture of the lab may communicate that efficiency and output are prioritized over physical and psychological safety and wellbeing.^{18, 19, 20}

Culture Case Study #2

Research Pressure and Hazardous Lab Culture

Why This Matters in Health-Promoting Culture

Research environments shape wellbeing, psychological safety, mentorship experiences, and research integrity. When individuals feel unsafe speaking up about concerns, harmful shortcuts and unsafe norms may become normalized over time.

This case also demonstrates how organizational pressures and incentive structures can influence behaviour within academic environments. Sustainable research excellence depends not only on productivity, but also on cultures that prioritize safety, inclusion, accountability, and supportive leadership.

Where This Case Fits in Health-Promoting Culture

Psychological Safety and Respect - Junior staff may feel unable to raise safety concerns or question unsafe practices.

Equity, Inclusion, and Belonging - Power dynamics and hierarchy may affect whose concerns are heard or valued.

Connection, Community, and Relational Leadership - Mentorship, leadership behaviour, and team culture influence trust and accountability.

Growth-Oriented Learning and Support - Trainees require supportive supervision, safe learning environments, and mentorship that prioritizes both wellbeing and research integrity.

Reflection, Accountability, and Continuous Improvement - Near-misses and recurring pressures require ongoing dialogue, review, and systems-level improvement.

Culture Case Study #2

Research Pressure and Hazardous Lab Culture

Guided Reflection Questions

Individual Reflection

- What hidden messages about productivity, safety, or success are being communicated in this environment?
- How might time pressures and hierarchy influence decision-making or willingness to speak up?
- What behaviours, norms, or assumptions may be reinforcing unsafe practices?

Team and Leadership Reflection

- How are productivity expectations, mentorship practices, and team culture influencing psychological safety and physical safety behaviours?
- What changes could help staff and trainees feel safer raising concerns or asking for support?
- How are near-misses, workload pressures, and recurring safety concerns identified, discussed, and addressed within the lab or institution?
- Who has the greatest ability to influence culture in this environment, and how might they model allyship, accountability, and safe leadership practices?

Culture Case Study #2

Research Pressure and Hazardous Lab Culture

Apply This Case to Your Context

Reflect on the learning, research, clinical, or workplace environments within your own institution.

Consider the following:

- Do productivity pressures unintentionally encourage harmful shortcuts or unsafe practices?
- How comfortable do trainees, staff, or faculty feel raising concerns about safety, workload, or wellbeing?
- What hidden curriculum messages exist around productivity, success, or asking for help?
- How are leaders and supervisors modeling psychological safety, accountability, and supportive mentorship?
- What systems are in place to identify, review, and respond to recurring concerns or near-misses?

Culture Case Study #2

Research Pressure and Hazardous Lab Culture

From Insight to Action - Tangible Solutions

Leadership and Governance

Potential strategies include:

- Reinforce institutional expectations that safety, wellbeing, and research integrity are non-negotiable priorities.
- Support leaders and supervisors in modeling psychologically safe, transparent, and supportive leadership practices.
- Recognize mentorship and leadership behaviours that foster safe, inclusive, and sustainable research environments.

Policies and Systems

Potential strategies include:

- Establish clear expectations that productivity goals must not override documented safety procedures.
- Develop transparent and psychologically safe reporting pathways for safety concerns and near-misses.
- Review workload expectations, staffing pressures, equipment maintenance processes, and operational barriers that may contribute to unsafe practices.

Culture Case Study #2

Research Pressure and Hazardous Lab Culture

From Insight to Action - Tangible Solutions

Teaching and Learning

Potential strategies include:

- Provide ongoing education on laboratory safety, research integrity, psychological safety, and ethical leadership.
- Support mentorship practices that encourage reflection, open dialogue, and safe questioning.
- Promote onboarding and supervision practices that clearly communicate expectations related to safety, inclusion, and respectful team culture.

Culture and Relationships

Potential strategies include:

- Foster team cultures where individuals feel safe raising concerns, asking questions, and discussing mistakes or near-misses.
- Encourage allyship and active responses to unsafe or exclusionary behaviours.
- Create regular opportunities for team reflection, check-ins, and supportive discussion around workload, stress, and safety pressures.

Culture Case Study #2

Research Pressure and Hazardous Lab Culture

From Insight to Action - Tangible Solutions

Health-Promoting Programs and Supports

Potential strategies include:

- Ensure staff and trainees have access to confidential occupational health, mental health, and employee assistance supports.
- Provide mentorship, coaching, or peer-support opportunities for individuals experiencing stress, moral distress, or burnout.
- Encourage proactive check-ins and support following stressful events or near-misses.

Reflection, Measurement, and Continuous Improvement

Potential strategies include:

- Track and review near-misses, safety concerns, equipment downtime, workload pressures, and staff experiences over time.
- Use pulse surveys, facilitated dialogue, or focus groups to better understand lab culture and psychological safety.
- Engage staff and trainees in continuous quality improvement initiatives related to safety, wellbeing, and research culture.

Culture Case Study #2

Research Pressure and Hazardous Lab Culture

Key Takeaway

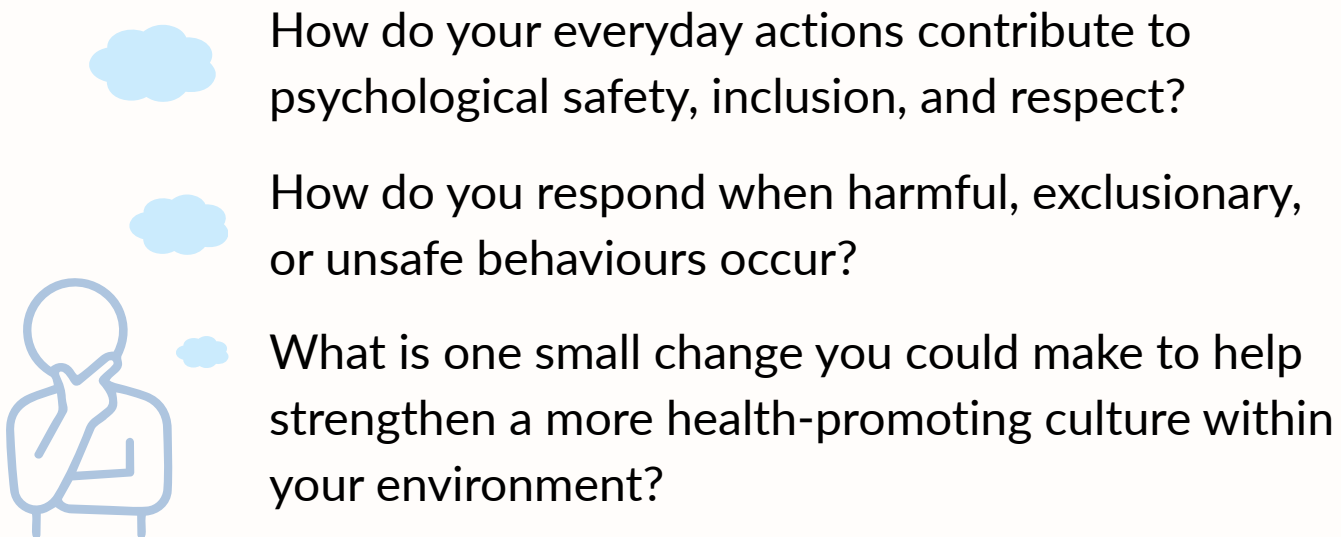
Research excellence and safety are not competing priorities. Supportive leadership, psychologically safe environments, and strong accountability structures help create research cultures where safety, wellbeing, integrity, and innovation can be sustained together.

Exploring Your Role in Health-Promoting Culture

Culture is shaped through everyday interactions, behaviours, decisions, and relationships. While leadership and organizational systems play important roles, culture is also influenced by how individuals communicate, collaborate, teach, learn, and support one another.

This section explores how different roles contribute to creating respectful, inclusive, psychologically safe, and health-promoting cultures.

Reflect on Your Role



Every role contributes by modelling behaviours and relationships that influence belonging, inclusion, trust, and wellbeing.

Exploring Your Role in Health-Promoting Culture

Senior Leadership & Governance

Senior leaders help shape institutional priorities, resource allocation, accountability structures, and organizational culture. Their actions and decisions strongly influence whether health-promotion, wellbeing, psychological safety, and inclusion are treated as core institutional values.

How This Role Contributes to Health-Promoting Culture

- Embed wellbeing, equity, inclusion, and health promotion into strategic plans, policies, and institutional priorities.
- Allocate resources that support safe, accessible, and supportive learning and work environments.
- Model transparent, respectful, and compassionate leadership practices.
- Support accountability structures that address harmful behaviours, inequities, and barriers to wellbeing.
- Recognize and reward leadership, mentorship, collaboration, and community-building.

Tip for Senior Leadership: *Visible leadership behaviours, such as transparency, accountability, and relationship-centered communication, strongly influence organizational culture and trust.*

Exploring Your Role in Health-Promoting Culture

Operational Leadership & Staff

Operational leaders help translate institutional priorities into day-to-day practices and team culture. Their decisions influence workload, communication, scheduling, psychological safety, and the daily experiences of learners, staff, faculty, and teams.

How This Role Contributes to Health-Promoting Culture

- Foster respectful, psychologically safe, and collaborative team environments.
- Support fair scheduling, manageable workloads, and sustainable work practices.
- Respond early to concerns related to mistreatment, burnout, conflict, or safety.
- Encourage open communication, reflection, and collaborative problem-solving.
- Normalize debriefing, feedback, and speaking up about concerns when safe to do so.

Tip for Staff: Small operational decisions, such as including communication practices, scheduling approaches, and responsiveness to concerns, can significantly influence team culture and wellbeing.

Exploring Your Role in Health-Promoting Culture

Academic & Clinical Faculty

Faculty members play a central role in shaping learner experiences, professional identity formation, team dynamics, and workplace culture through teaching, supervision, feedback, mentorship, and role modeling.

How This Role Contributes to Health-Promoting Culture

- Foster psychologically safe, respectful, and inclusive learning environments.
- Shape learner experience by using supportive, growth-oriented teaching and feedback practices.
- Encourage curiosity, reflection, and open discussion, including around uncertainty and mistakes.
- Model professionalism that includes emotional intelligence, accountability, boundaries, and respectful communication.
- Participate in ongoing learning related to inclusive teaching, psychological safety, and anti-oppressive practice.

Tip for Faculty: Everyday teaching practices, feedback, and role modeling contribute to both the formal curriculum and the hidden curriculum experienced by learners.

Exploring Your Role in Health-Promoting Culture

Learners & Trainees

Learners and trainees help shape the future culture of medicine through their interactions, advocacy, teamwork, and support for peers. Their perspectives and experiences are important contributors to culture change and continuous improvement.

How This Role Contributes to Health-Promoting Culture

- Foster peer support, collegiality, kindness, and inclusive team interactions.
- Normalize help-seeking, reflection, and open discussion about challenges.
- Participate in feedback, advocacy, mentorship, and health-promotion initiatives.
- Speak up about harmful norms, mistreatment, or inequities when safe and appropriate to do so.
- Help create learning environments that value humanity, collaboration, and growth rather than perfectionism alone.

Tip for Learners: Small acts of peer support, allyship, inclusion, and respectful communication can meaningfully influence learning environments and team culture.

Exploring Your Role in Health-Promoting Culture

Researchers & Scientists

Researchers and scientists help shape workplace culture within research and laboratory environments through mentorship, collaboration, supervision, leadership, and team norms.

How This Role Contributes to Health-Promoting Culture

- Foster psychologically safe, respectful, and collaborative research environments.
- Model ethical leadership, transparency, and supportive mentorship practices.
- Encourage fair expectations related to workload, productivity, authorship, and communication.
- Integrate equity, inclusion, and wellbeing considerations into team and project leadership.
- Promote sustainable research practices, healthy boundaries, and supportive responses to stress or mistakes.

Tip for Researchers: Research excellence and wellbeing are not competing priorities. Supportive mentorship, psychological safety, and sustainable practices help strengthen both team culture and long-term research success.

Exploring Your Role in Health-Promoting Culture

Moving Forward Together

Creating a health-promoting culture requires shared responsibility across all levels of an institution. Meaningful change happens when leaders, educators, learners, researchers, staff, and teams work together to foster environments grounded in respect, psychological safety, inclusion, accountability, and wellbeing.

Health-promoting culture is fostered when people work together to:

- Model respectful, inclusive, and compassionate interactions.
- Support psychological safety and encourage speaking up about concerns.
- Address harmful, exclusionary, or unsafe behaviours.
- Promote equitable, supportive, and growth-oriented learning and work environments.
- Prioritise wellbeing, collaboration, and sustainable practices.
- Engage in reflection, dialogue, and continuous improvement.

Small everyday actions, combined with intentional organizational change, can meaningfully shape the culture of academic medicine. By working together, institutions can help create environments where individuals, teams, and communities feel safe, valued, supported, and able to learn, work, and contribute meaningfully.

Tools & Resources

The following tools and resources provide practical examples and approaches that may help support cultural and psychological safety, respectful communication, inclusion, reflection, connection, and wellbeing across learning and work environments.

What you'll find in this section

- Everyday Practices that Support Health-Promoting Culture
- Tend Toolkit: Hot Walk and Talk
- Reflective Debriefing Approaches
- Trauma-Informed Teaching Principles
- Reflecting on the Hidden Curriculum
- Reflecting on Psychological Safety in Teams
- Additional Tools and Approaches for Health-Promoting Culture
- Infographic: What is a Kind, Compassionate, and Respectful Culture
- Infographic: Nine Organizational Strategies to Promote Wellbeing

Adapt and use what is most relevant to your context.

Everyday Practices that Support Health-Promoting Culture

Small actions do not replace the need for organizational accountability or systems-level change. However, everyday interactions, communication practices, and team behaviours can meaningfully influence how safe, supported, respected, and included people feel within academic medicine. These experiences also influence teamwork, learning, communication, and the quality and safety of patient care.

The following examples highlight practical approaches that may help support healthier learning and work environments across academic medicine.

Supporting Psychological Safety

Psychological safety is strengthened when individuals feel comfortable asking questions, seeking support, acknowledging uncertainty, and raising concerns without fear of humiliation or retaliation.

Examples may include:

- Responding respectfully to questions or uncertainty.
- Inviting quieter team members into discussion.
- Acknowledging learning as a shared process.
- Avoiding ridicule, dismissive comments, or targeted humour.
- Thanking others for teaching, support, or feedback.

Practicing Respectful Communication

Communication practices strongly influence team culture, collaboration, learning, and conflict resolution.

Examples may include:

- Using curiosity-based questions to support learning and discussion.
- Practicing reflective listening and clarifying expectations.
- Using respectful “I-statements” during low-level conflict or misunderstanding.
- Encouraging collaborative problem-solving and open dialogue.
- Using respectful, person-centered, and trauma-informed language.

Everyday Practices that Support Health-Promoting Culture

Supporting Peers and Allyship

Everyday acts of allyship, collegiality, and peer support can meaningfully influence belonging, inclusion, and team culture.

Examples may include:

- Checking in with peers after difficult experiences or stressful events.
- Sharing learning resources, opportunities, or support.
- Supporting colleagues who experience exclusion, discrimination, or mistreatment.
- Encouraging help-seeking and normalizing uncertainty.
- Recognizing contributions and celebrating small successes within teams.

Promoting Reflection and Debriefing

Reflection and debriefing can support learning, emotional processing, communication, and continuous improvement.

Examples may include:

- Debriefing difficult cases, interactions, or team experiences.
- Creating opportunities for reflective discussion and shared learning.
- Acknowledging emotional responses without shame or judgment.
- Encouraging respectful discussion about communication, teamwork, and culture.

Participating in Culture Change and Continuous Improvement

Culture change is strengthened when learners, staff, faculty, and teams participate in reflection, feedback, and improvement efforts.

Examples may include:

- Participating in committees, feedback processes, or quality improvement initiatives.
- Providing respectful and constructive feedback about learning or work environments.
- Identifying recurring barriers, inequities, or harmful norms.
- Supporting initiatives related to wellbeing, inclusion, mentorship, or psychological safety.
- Advocating for supportive and equitable learning and work environments when safe to do so.



The Hot Walk & Talk (HWT) is a protocol for supporting others after a difficult, upsetting, or traumatic event. It was developed by Dr. Patricia Fisher in 2012 and it provides three easy-to-remember steps to safely and kindly guide someone through a negative stress reaction.²¹

Important Note: *This protocol applies when there has been no physical injury and the person is not in shock.*

HOT: *“I heard that something difficult or really upsetting just happened – would you like to come with me to talk about it?”*

Move the person away from the location where the incident occurred, if that applies. If possible, go outside.

WALK: *“Here is a bottle of water. How about we go for a walk around the building?”*

Walk beside the person at brisk pace and offer a drink of water. As the walk proceeds, they may naturally slow the pace – let them gradually have more control as their nervous system regulates.

TALK: *“It sounds like what you experienced was really upsetting and what you’re feeling is normal. I’m here for you. Would you like to tell me what happened?”*

Let them know that they are safe, that their reaction to stress is normal, and that you are there to support them.

Invite them to tell you the story of what happened in their own words. If they get stuck on a particular moment, prompt them to move on with a guiding statement such as: “and then what happened?”

The goal is to help them move through the whole narrative from beginning to the end – until they get to the present where they are walking in safety and are no longer feeling overwhelmed.

TEND ®

Reflective Debriefing Approaches

What is Debriefing?

Debriefing refers to structured or semi-structured conversations that support reflection, learning, teamwork, wellbeing, and continuous improvement following clinical, educational, or workplace experiences.²²



Debriefing may occur after:

- Clinical events or procedures
- Simulations or educational activities
- Difficult team interactions
- Emotionally stressful experiences
- Near-misses or patient safety events

When approached thoughtfully, debriefing can support psychological safety, communication, teamwork, learning, and systems improvement.

Types of Debriefing

Operational or Clinical Debriefs:

Focus on workflow, communication, teamwork, and patient safety.

Educational or Reflective Debriefs:

Support learning, feedback, reflection, and professional development.

Emotional Support Debriefs:

Provide space for supportive discussion following stressful or emotionally challenging experiences.

Moral Distress Debriefs:

Explore ethical challenges, value conflicts, or experiences of powerlessness.

Reflective Debriefing Approaches²³

Principles for Supportive Debriefing

Effective debriefing should:

- Foster psychological safety and respectful communication.
- Focus on learning, reflection, and systems improvement rather than blame.
- Encourage multiple perspectives and equitable participation.
- Clarify the purpose and structure of the discussion.
- Use trauma-informed and person-centered approaches.
- Avoid requiring individuals to disclose emotions or relive traumatic experiences.

Facilitation Considerations

Facilitators should:

- Establish respectful behavioural expectations.
- Monitor for power dynamics or dominant voices.
- Support inclusive participation and active listening.
- Recognize when additional support or follow-up may be needed.
- Maintain a developmental rather than punitive focus.

Trauma-Informed Teaching Principles

Trauma-Informed Teaching (TIT) recognizes that experiences of trauma, stress, discrimination, and adversity can influence learning, communication, engagement, and wellbeing. Trauma-informed approaches aim to foster environments grounded in safety, trust, collaboration, empowerment, and cultural awareness while reducing the risk of re-traumatization within learning and work environments.²⁴

Key Principles of Trauma-Informed Training

Recognize Trauma and Stress

- Understand that trauma and stress responses may affect communication, behaviour, learning, or engagement.
- Avoid assumptions and approach interactions with curiosity, empathy, and respect.

Foster Safety and Psychological Safety

- Use calm, respectful, and supportive communication.
- Minimize shaming, dismissive responses, or unnecessary power imbalances.
- Maintain predictable expectations and supportive learning environments where possible.

Promote Trust and Transparency

- Clearly communicate expectations, processes, and decisions.
- Follow through on commitments and maintain appropriate boundaries.

Support Choice, Collaboration, and Empowerment

- Encourage learner participation, self-advocacy, and shared problem-solving.
- Offer flexibility or options when appropriate.
- Reinforce strengths, growth, and supportive feedback practices.

Support Cultural Awareness and Reflection

- Recognize how cultural, historical, social, and systemic factors may shape experiences and responses.
- Engage in ongoing reflection and learning related to inclusion, equity, and respectful teaching practices.

For additional background on trauma-informed approaches, see [SAMHSA's Trauma-Informed Care Guidance via the National Library of Medicine](#)

Reflecting on the Hidden Curriculum

The hidden curriculum refers to the informal messages, values, behaviours, expectations, and cultural norms that learners and professionals observe within learning and work environments. These messages are communicated through everyday interactions, institutional structures, organizational culture, policies, role modeling, and team dynamics – often outside the formal curriculum.

The hidden curriculum may reinforce or undermine stated institutional values related to wellbeing, professionalism, inclusion, psychological safety, collaboration, and patient care.

Examples may include:

- How mistakes or uncertainty are treated.
- Attitudes toward help-seeking, rest, or work-life boundaries.
- How hierarchy and questioning are managed.
- How respect, professionalism, and teamwork are modeled.
- Which behaviours, values, or priorities are implicitly rewarded within the organization.

Reflection Questions

- What behaviours or attitudes are normalized within this environment?
- What messages do learners receive about asking for help, making mistakes, or setting boundaries?
- How do leaders, educators, and teams model professionalism, inclusion, and respectful communication?
- Are there gaps between stated institutional values and everyday experiences?
- What aspects of the hidden curriculum may unintentionally contribute to fear, shame, exclusion, or inequity?

Recognizing and reflecting on the hidden curriculum may help individuals and institutions better understand how culture is experienced in practice and identify opportunities to strengthen more supportive, respectful, and health-promoting learning and work environments.

Informed by literature on the hidden curriculum in medical education, including Canadian resources developed by [Queen's University Health Sciences](#) and the [University of Toronto Department of Family and Community Medicine](#).

Reflecting on Psychological Safety in Teams

Psychological safety refers to environments where individuals feel able to ask questions, acknowledge uncertainty, seek help, provide feedback, and raise concerns without fear of humiliation, retaliation, or exclusion. It is strengthened through respectful communication, supportive leadership, inclusion, trust, and shared accountability within teams and organizations.

Psychological safety may help support:

- Learning, reflection, and professional growth.
- Team communication and collaboration.
- Speaking up about patient safety or workplace concerns.
- Inclusion, belonging, and wellbeing.
- Continuous improvement within learning and healthcare environments.

Examples of practices that may support psychological safety include:

- Inviting questions, feedback, and multiple perspectives.
- Responding respectfully to uncertainty, mistakes, or differing viewpoints.
- Encouraging inclusive participation within discussions and decision-making.
- Acknowledging hierarchy and power dynamics within teams.
- Modeling openness, accountability, and respectful communication.

Reflection Questions

- Do individuals feel safe asking questions or acknowledging uncertainty?
- How are mistakes, feedback, or differing perspectives typically responded to?
- Are there barriers that make it difficult for individuals or groups to speak up?
- How do leadership behaviours and team dynamics influence trust and inclusion?
- What small changes could help strengthen psychological safety within this environment?

Strengthening psychological safety requires both supportive everyday interactions and organizational cultures that value inclusion, learning, respect, accountability, and continuous improvement.

Informed by foundational work on psychological safety by [Amy Edmondson](#), and Canadian healthcare resources, including the [National Standard of Canada for Psychological Health and Safety in the Workplace](#).^{16, 25}

Additional Tools and Approaches for Health-Promoting Culture

Health-promoting culture is strengthened through both systems-level change and everyday interactions. Consider which tools, supports, or practices already exist within your environment, and where there may be opportunities to strengthen psychological safety, inclusion, teamwork, reflection, and wellbeing.

Supporting Psychological Safety

- Team check-ins
- Reflective debriefing approaches
- Team agreements or behavioural expectations
- Name-based introductions and inclusive communication practices

Supporting Learning and Teaching

- Coaching-based feedback approaches
- Trauma-informed teaching practices
- Inclusive communication tools
- Reflective learning activities

Access additional reliable health and wellness resources selected and reviewed by experts through the [CMA Physician Wellness Hub](#)

Supporting Wellbeing and Inclusion

- Peer mentorship or peer-support initiatives
- Quiet rooms, lactation spaces, and rest areas
- Access to mental health and occupational health supports
- Small grants or funding opportunities for wellbeing initiatives

Strengthening Organizational Systems

- Mistreatment reporting pathways
- Learning environment or culture audits
- Pulse surveys and feedback tools
- Equity and wellbeing policy review tools
- Recognition programs for inclusive teaching, mentorship, or leadership practices

Leadership Development and Culture Change

The [CMA Physician Leadership Institute \(PLI\)](#) offers leadership development programs for physicians and healthcare teams across a range of topics relevant to health-promoting culture, including leadership and change management, communication and conflict resolution, team and systems leadership, inclusive leadership, and physician wellbeing.

Trauma and Violence-Informed Care Training

For individuals or teams interested in additional learning, [Alberta Health Services' Trauma and Violence-Informed Care \(TVIC\) eLearning Series](#) provides free self-paced modules focused on trauma and violence-informed approaches across healthcare, education, and related sectors.²⁶

Strategic Direction #4



Encourage, Support and Sustain Meaningful Personal Development

Support opportunities for learners, staff, and faculty to strengthen competence, personal capacity, reflective practice, and life-enhancing skills that support wellbeing, professional growth, meaningful participation in local and global communities, and sustainable healthcare environments.

Personal Development: At-a-Glance

What is this strategic direction about?

Supporting personal and professional growth across academic medicine.

Why does it matter?

Personal development strengthens wellbeing, communication, leadership, and sustainable practice.

What will I do here?

Explore practical ways to support reflection, mentorship, learning, and ongoing growth across medical education and practice.

What you'll find in this section

- Overview: Why Personal Development Matters
- Key Components of Meaningful Personal Development
- Putting Meaningful Personal Development into Practice
- Case Studies
- Explore Your Role in Meaningful Personal Development
- Tools and Resources

Overview

Why Personal Development Matters

Supporting personal development is a critical component of advancing wellbeing. Professional and personal development must be grounded in theory and evidence, and designed through co-development approaches that emphasize integration, flexibility, and personalization.

Although medicine has often emphasized resilience, individuals within healthcare and medical education already demonstrate significant adaptability and perseverance. More meaningful support comes from fostering broader capacities such as self-awareness, communication, reflection, emotional regulation, leadership, and professional identity formation.

Personal development is not remedial or separate from professional excellence; it is foundational to learning, leadership, teamwork, ethical practice, and patient care. These capacities influence how individuals learn, teach, collaborate, navigate complexity, communicate, and contribute to healthier healthcare systems and communities.

Supporting personal development also requires environments that provide psychological safety, mentorship, coaching, reflection, and protected opportunities for growth across all stages of learning and practice.

The [CMA Physician Wellness Hub resource on medical student wellbeing and identity formation](#) explores how learning environments, culture, wellbeing, and professional identity formation influence learners across medical education

How Personal Development Connects to Other Strategic Directions in the Okanagan Charter

Personal development supports the knowledge, skills, and capacities that help individuals contribute to healthier learning and work environments. Individual growth is strengthened when supported by health-promoting systems and structures.

Policy

Policies can create opportunities for learning, mentorship, reflection, coaching, accommodations, and professional development.

Spaces

Supportive environments can foster learning, connection, psychological safety, restoration, and meaningful participation.

Culture

Healthy cultures encourage curiosity, reflection, feedback, growth, and continuous learning throughout the career lifecycle.

Health Services

Access to health and wellbeing supports can help individuals sustain their development, navigate challenges, and maintain wellbeing.

Continuous Quality Improvement & Evaluation

Evaluation and feedback help individuals and organizations learn, adapt, and strengthen development initiatives over time.

Key Components of Meaningful Personal Development

Meaningful personal development supports individuals in strengthening the reflective, relational, emotional, and professional capacities needed for learning, leadership, collaboration, and sustainable practice within academic medicine.

The following components represent foundational elements of personal and professional growth and provide a lens for reflection, development, and implementation across learning and work environments.

Key Components

- ★ Self-Awareness and Reflective Practice
- ★ Communication and Relational Skills
- ★ Emotional Awareness and Psychological Flexibility
- ★ Professional Identity, Meaning, and Values
- ★ Growth, Support, and Lifelong Development

★ Self-Awareness and Reflective Practice

Reflection and self-awareness help individuals better understand their experiences, behaviours, values, strengths, limitations, and responses to stress, uncertainty, and complexity. Reflective practice can support learning, professional growth, communication, and ethical decision-making.

This may include guided reflection, narrative practice, coaching conversations, journaling, debriefing, or facilitated discussion.

★ Communication and Relational Skills

Effective communication and healthy relationships are essential for teamwork, collaboration, leadership, teaching, patient care, and psychologically safe environments. Personal development supports individuals in strengthening listening, feedback, conflict resolution, empathy, and collaborative problem-solving skills.

This may include coaching-based feedback, communication training, interprofessional learning, mentorship, or facilitated dialogue.



Emotional Awareness and Psychological Flexibility

Healthcare and medical education involve emotionally complex situations, uncertainty, competing demands, and challenging interpersonal dynamics. Developing emotional awareness and self-regulation can help individuals respond thoughtfully to stress, setbacks, feedback, and change while maintaining professionalism, self-awareness, and healthy boundaries.

This may include emotional processing, mindfulness-based approaches, reflective discussion, values clarification, or stress-management strategies.



Professional Identity, Meaning, and Values

Professional identity formation involves integrating personal values, lived experiences, ethical commitments, and professional responsibilities over time. Personal development supports individuals in exploring purpose, meaning, boundaries, leadership, sustainable professional practice, and the type of professional they hope to become.

This may include mentorship, reflective practice, values exploration, leadership development, or community engagement.

Growth, Support, and Lifelong Development

Personal and professional growth are strengthened through supportive relationships, psychologically safe learning environments, mentorship, coaching, and opportunities for ongoing learning and development across the continuum of medical education and practice.

This may include stage-based learning, peer support, coaching programs, faculty development, or continuous professional development opportunities.

Putting Meaningful Personal Development into Practice

Supporting meaningful personal development requires coordinated action across curriculum, leadership, mentorship, learning environments, organizational systems, and continuous improvement efforts.

The following areas for action highlight practical ways institutions can strengthen opportunities for growth, reflection, learning, and professional development across academic medicine.

Areas for Action in Meaningful Personal Development

- 1 Embed Personal Development Across Environments
- 2 Create Supportive Conditions for Growth
- 3 Support Development Across the Continuum
- 4 Foster Reflection, Coaching, and Mentorship
- 5 Provide Opportunities for Applied Learning
- 6 Strengthen Continuous Improvement and Evaluation

1 Embed Personal Development Across Environments

Integrate Development into Organizational Structures

Personal development is more likely to be meaningful and sustainable when it is embedded within curricula, professional development, workplace culture, and organizational priorities rather than treated as an optional or isolated activity.

Potential strategies may include:

- Integrate personal development concepts into curricula, competency frameworks, orientation programs, and faculty development.
- Provide protected time for reflection, coaching, mentorship, and developmental learning activities.
- Recognize personal development as part of professionalism, leadership, and lifelong learning.
- Support development opportunities across all career stages and roles.

Possible examples:

- Reflection activities embedded within orientation or transition periods.
- Longitudinal coaching or mentorship programs.
- Faculty development related to communication, leadership, or reflective practice.
- Protected time for professional development activities.

Some institutions may choose to incorporate structured frameworks that support the development of performance mental skills (PerMS), including self-awareness, emotional regulation, motivation, focus, communication, and reflective practice across medical education and professional development contexts.²⁷

One example is the **PerMS 3 M + S Framework**, developed to support wellbeing and performance in medical education through integrated mental skills development.

2 Create Supportive Conditions for Growth

Foster Environments that Support Learning and Reflection

Meaningful growth is strengthened within environments that support psychological safety, inclusion, reflection, mentorship, manageable workloads, and respectful relationships.

Potential strategies may include:

- Foster psychologically safe learning and work environments where individuals feel comfortable expressing uncertainty, asking questions, and seeking support.
- Review workload expectations and organizational practices that may limit opportunities for reflection, learning, or professional growth.
- Support accessible wellbeing, mentorship, coaching, and learner support services.
- Promote leadership and supervision approaches grounded in respect, coaching, inclusion, and supportive feedback.

Possible examples:

- Peer-support or mentorship initiatives.
- Supervisor development related to supportive feedback and coaching.
- Protected reflection or debriefing time following difficult experiences.
- Accessible coaching and learner support services.

Some institutions may choose to incorporate longitudinal coaching and mentorship models that support reflective learning, professional identity formation, goal-setting, and relationship-based development across training and practice.

3 Support Development Across the Continuum

Recognize Evolving Developmental Needs

Developmental needs change across different stages of training, leadership, and professional practice. Tailoring approaches can help improve relevance, engagement, and application.

Potential strategies may include:

- Support foundational self-awareness, communication, and reflective skills during early training.
- Provide opportunities for leadership development, conflict resolution, teamwork, and career planning during residency and practice.
- Offer mentorship, coaching, and reflective leadership development for faculty and organizational leaders.
- Encourage lifelong learning and continuous professional development across all stages of practice.

Possible examples:

- Transition-to-residency development programming.
- Faculty leadership and mentorship development initiatives.
- Structured mentorship during major career transitions.
- Longitudinal reflective learning opportunities.

Some institutions may choose to incorporate longitudinal approaches to professional identity formation that support reflection, belonging, mentorship, leadership development, and evolving professional roles across transitions in training and practice.

Recent Canadian medical education scholarship emphasizes the important role of relationships, learning environments, and organizational culture in shaping professional identity formation. See **Being, becoming, and belonging: reconceptualizing professional identity formation in medicine.**¹⁷

4 Foster Reflection, Coaching, and Mentorship

Support Relationship-Based Learning

Reflection, mentorship, coaching, and supportive relationships can help individuals process experiences, strengthen self-awareness, navigate challenges, and support professional growth over time.

Potential strategies may include:

- Create opportunities for reflective discussion, debriefing, narrative practice, or facilitated group reflection.
- Support mentorship and coaching programs for learners, faculty, and staff.
- Provide faculty development related to coaching, reflective practice, trauma-informed approaches, and supportive feedback.
- Encourage relationship-based learning environments grounded in trust, inclusion, and psychological safety.

Possible examples:

- Narrative medicine or reflective writing activities.
- Structured mentorship programs.
- Coaching-based faculty development initiatives.

Some institutions may choose to incorporate structured reflective practice models such as facilitated peer reflection groups, narrative medicine programs, Balint-style discussions, or longitudinal reflective dialogue sessions to support self-awareness, empathy, professional growth, and relational learning across training and practice.

5 Provide Opportunities for Applied Learning

Strengthen Skills Through Practice

Personal and professional development skills are strengthened through repeated opportunities for application, reflection, feedback, and experiential learning.

Potential strategies may include:

- Use simulations, role-play, reflective exercises, and case discussions to strengthen communication, teamwork, and conflict resolution skills.
- Support interprofessional learning and collaborative practice opportunities.
- Integrate opportunities for leadership, advocacy, ethical reflection, and community engagement.
- Encourage reflective discussion following difficult clinical, educational, or workplace experiences.

Possible examples:

- Difficult conversation simulations.
- Interprofessional case-based learning.
- Team reflection following complex clinical experiences.
- Leadership or advocacy projects.

Some institutions may choose to use structured facilitation approaches such as Nominal Group Technique (NGT) to support collaborative problem-solving, priority setting, reflection, and inclusive participation during program planning, feedback processes, or quality improvement initiatives.²⁸

6 Strengthen Continuous Improvement and Evaluation

Support Ongoing Learning and Organizational Reflection

Continuous improvement approaches can help organizations understand whether personal development initiatives are meaningful, accessible, relevant, and supportive across diverse learning and work environments.

Potential strategies may include:

- Gather feedback from learners, faculty, staff, and teams regarding development opportunities and learning environments.
- Review participation, accessibility, and engagement across programs and initiatives.
- Assess organizational barriers that may limit growth, reflection, mentorship, or wellbeing.
- Integrate personal development initiatives into broader quality improvement and culture efforts.

Possible examples:

- Learner, faculty, or staff feedback processes.
- Program evaluation and participation reviews.
- Reflection or mentorship program assessments.
- Integration with broader culture or wellbeing initiatives.

Some institutions may choose to incorporate continuous feedback and improvement approaches that regularly gather learner, faculty, and staff perspectives to guide program refinement and organizational learning. One example is the use of rapid-cycle quality improvement methods such as Plan-Do-Study-Act (PDSA) cycles to test, evaluate, and refine initiatives over time. See: [Institute for Healthcare Improvement: Plan-Do-Study-Act \(PDSA\) Worksheet](#).²⁹

Case Studies

The following case studies illustrate how meaningful personal development can influence learning, leadership, wellbeing, relationships, and professional growth across academic medicine. While each scenario reflects a specific context, the themes and reflection questions are intended to help individuals, teams, and organizations consider how personal development is supported within their own environments.

Case Study 1

Early-Career Faculty – Struggling With Boundary-Setting

Case Study 2

Clerkship Student Struggling With Emotional Regulation

Case Study 3

Department Chair Avoiding Conflict

There is rarely a single “right” response to complex situations. Use these cases as opportunities to reflect on assumptions, explore different perspectives, and identify practical actions that can support growth, wellbeing, and healthy learning and work environments.

Personal Development Case Study #1

Early-Career Faculty – Struggling With Boundary-Setting

The Scenario

Dr. Patel is a new faculty member. Eager to contribute and concerned about building a strong reputation, she routinely volunteers for additional teaching responsibilities, joins multiple committees, and supervises several students. She has heard colleagues suggest that “you need to say yes to opportunities” to succeed in academic medicine and worries that declining requests could negatively affect her promotion prospects or reputation as a “team player.”

Over time, the cumulative workload becomes overwhelming. Dr. Patel begins experiencing emotional exhaustion, difficulty concentrating, reduced energy, and declining satisfaction in her work. Her teaching quality begins to suffer, and she feels increasingly isolated and unsure how to ask for support.

The Challenge

Early-career faculty in medicine often face unclear expectations, competing responsibilities, and hidden curriculum messages that reward overcommitment. Without adequate mentorship, workload transparency, or support for boundary-setting, individuals may struggle to align responsibilities with their capacity, goals, and wellbeing.

Personal Development Case Study #1

Early-Career Faculty – Struggling With Boundary-Setting

Why This Matters in Meaningful Personal Development

Meaningful personal development includes building reflective capacity, sustainable work practices, healthy boundaries, and professional confidence. When individuals feel unable to manage competing demands or ask for support, wellbeing, engagement, learning, and long-term career sustainability may be negatively affected.

Where This Case Fits in Personal Development

Self-Awareness and Reflective Practice - Recognizing early signs of stress, reflecting on personal capacity, and identifying hidden curriculum messages may support decision-making and lessen burnout.

Communication and Relational Skills - Boundary-setting, workload discussions, and help-seeking may support healthier relationships and more sustainable workloads.

Emotional Awareness and Psychological Flexibility - Recognizing personal limits and responding thoughtfully to challenges can support wellbeing and sustainable professional practice.

Professional Identity, Meaning, and Values - Balancing external expectations with personal values may support professional fulfillment and sustainable career development.

Reflection, Accountability, and Continuous Improvement - Mentorship and developmental supports may reduce isolation and strengthen confidence and professional growth.

Personal Development Case Study #1

Early-Career Faculty – Struggling With Boundary-Setting

Guided Reflection Questions

Reflecting on Personal Experience

- What beliefs or cultural messages may influence decisions to overcommit?
- What are early signs that workload or stress may be becoming unsustainable?
- What skills or supports could help with prioritization, boundary-setting, or self-advocacy?
- Who could provide mentorship, guidance, or support in navigating competing demands?

Reflecting on Team and Institutional Culture

- How are workload and promotion expectations communicated to early-career faculty?
- What hidden curriculum messages exist around productivity, overwork, or saying “no”?
- Are mentorship, coaching, or peer-support opportunities accessible and equitable?
- How are leaders modeling healthy professional behaviours and boundaries?
- Do policies and evaluation structures unintentionally reward overextension?

Personal Development Case Study #1

Early-Career Faculty – Struggling With Boundary-Setting

Apply This Case to Your Context

Consider how this scenario may appear within your own faculty, department, program, or organization.

Consider the following:

- How are early-career faculty supported in developing sustainable work practices?
- What structures exist for mentorship, career planning, or workload discussions?
- How are teaching, committee, and service responsibilities distributed?
- What cultural norms may discourage individuals from asking for help or setting boundaries?
- Where could greater transparency, flexibility, or support improve faculty wellbeing and development?

Personal Development Case Study #1

Early-Career Faculty – Struggling With Boundary-Setting

From Insight to Action - Tangible Solutions

Foster Reflection, Coaching, and Mentorship

Potential strategies include:

- Establish structured mentorship or peer-support programs for early-career faculty.
- Integrate reflective discussions about workload, values, and career goals into faculty development processes.
- Create opportunities for coaching around prioritization, boundary-setting, and professional growth.

Create Supportive Conditions for Growth

Potential strategies include:

- Encourage leaders to model healthy boundary-setting and sustainable work practices.
- Build psychologically safe environments where faculty can discuss workload concerns without fear of judgment or professional consequences.
- Normalize seeking support and adjusting responsibilities when capacity is exceeded.

Personal Development Case Study #1

Early-Career Faculty – Struggling With Boundary-Setting

From Insight to Action - Tangible Solutions

Provide Opportunities for Applied Learning

Potential strategies include:

- Offer practical skill-building sessions on workload planning, negotiation, prioritization, and self-advocacy.
- Incorporate personal development strategies into onboarding and orientation practices.
- Use facilitated discussions or peer-learning activities to explore hidden curriculum messages and workplace culture.

Strengthen Continuous Improvement and Evaluation

Potential strategies include:

- Review workload distribution and promotion expectations for transparency and equity.
- Evaluate whether institutional policies unintentionally incentivize overcommitment.
- Include wellbeing, sustainability, and mentorship indicators within departmental reviews and faculty development planning.

Personal Development Case Study #1

Early-Career Faculty – Struggling With Boundary-Setting

Key Takeaway

Supporting meaningful personal development in medicine requires more than encouraging individuals to “be resilient.” Sustainable growth is strengthened when institutions intentionally create cultures, relationships, and structures that support reflection, mentorship, healthy boundaries, and realistic expectations for success.

Personal Development Case Study #2

Clerkship Student Struggling With Emotional Regulation

The Scenario

James, a clerkship student, witnesses his first patient death during a busy ward rotation. Deeply affected by the experience, he begins avoiding the ward, withdrawing from peers, and disengaging from learning activities. Unsure who he can talk to without appearing unprofessional or “too emotional,” he keeps his distress to himself as his performance and wellbeing decline.

The Challenge

Early clinical experiences involving death, grief, and trauma can be emotionally overwhelming for learners. Without psychological safety, mentorship, or opportunities for reflection and debriefing, learners may suppress emotions, withdraw from clinical learning, or internalize distress as weakness.

Why This Matters in Meaningful Personal Development

Personal development in medicine includes building emotional awareness, reflective capacity, coping skills, and professional identity. Supportive learning environments can help learners process grief, uncertainty, and emotionally challenging experiences in healthy ways, supporting wellbeing, professional identity formation, and long-term growth.

Personal Development Case Study #2

Clerkship Student Struggling With Emotional Regulation

Where This Case Fits in Personal Development

Self-Awareness and Reflective Practice - Recognizing emotional responses, reflecting on difficult experiences, and identifying early signs of distress may support wellbeing and professional growth.

Communication and Relational Skills - Seeking support, participating in reflective conversations, and discussing emotionally challenging experiences may strengthen connection and reduce isolation.

Emotional Awareness and Psychological Flexibility - Processing grief, stress, and uncertainty in healthy ways can support emotional wellbeing, self-awareness, and the ability to navigate challenging experiences.

Professional Identity, Meaning, and Values - Navigating difficult patient experiences may shape professional identity, compassionate practice, and understanding of the emotional realities of medicine.

Reflection, Accountability, and Continuous Improvement - Access to mentorship, debriefing, and developmental supports may strengthen coping skills, confidence, and long-term professional development.

Personal Development Case Study #2

Clerkship Student Struggling With Emotional Regulation

Guided Reflection Questions

Reflecting on Personal Experience

- What emotions may arise after difficult clinical experiences, and how might they affect learning or behaviour?
- What beliefs exist about how medical learners are “supposed” to respond to grief, death, or distress?
- What supports, relationships, or coping strategies could help process emotionally challenging experiences?
- How can difficult experiences contribute to professional growth and compassionate practice?

Reflecting on Learning and Clinical Environments

- How are emotional responses to patient death or trauma normalized within clinical learning environments?
- Do learners feel psychologically safe discussing distress or asking for support?
- What hidden curriculum messages exist around stoicism, emotional expression, or vulnerability?
- What formal supports or debriefing opportunities are available after difficult clinical events?
- Are clinical teachers prepared to recognize and respond supportively to learner distress?

Personal Development Case Study #2

Clerkship Student Struggling With Emotional Regulation

Apply This Case to Your Context

Consider how this scenario may appear within your own faculty, department, program, or organization.

Consider the following:

- How are learners prepared for emotionally challenging clinical experiences?
- What structures exist for mentorship, debriefing, or peer support following difficult events?
- How do clinical teams model emotional processing, compassion, and help-seeking?
- What barriers may prevent learners from accessing support?
- How might programs strengthen psychological safety and normalize emotional wellbeing conversations?

Personal Development Case Study #2

Clerkship Student Struggling With Emotional Regulation

From Insight to Action - Tangible Solutions

Foster Reflection, Coaching, and Mentorship

Potential strategies include:

- Create regular opportunities for reflective discussion, debriefing, and mentorship following difficult clinical experiences.
- Encourage faculty and clinical teachers to model reflective practice and healthy emotional processing.
- Establish peer-support or mentorship opportunities that reduce isolation and normalize help-seeking.

Create Supportive Conditions for Growth

Potential strategies include:

- Foster psychologically safe learning environments where emotional responses can be discussed without judgment.
- Integrate regular wellbeing check-ins within clinical learning environments.
- Encourage clinical teams to recognize emotional wellbeing as part of professional development and patient care.

Personal Development Case Study #2

Clerkship Student Struggling With Emotional Regulation

From Insight to Action - Tangible Solutions

Provide Opportunities for Applied Learning

Potential strategies include:

- Integrate training on emotional regulation, grief, reflective practice, and coping strategies into medical education.
- Prepare learners proactively for emotionally challenging clinical experiences.
- Use guided reflection, narrative medicine, or facilitated discussions to support meaning-making and professional identity formation.

Strengthen Continuous Improvement and Evaluation

Potential strategies include:

- Review whether current learning environments and supports adequately address emotional wellbeing.
- Gather learner feedback on psychological safety, debriefing practices, and access to support.
- Ensure faculty development includes recognizing and responding supportively to learner distress.

Personal Development Case Study #2

Clerkship Student Struggling With Emotional Regulation

Key Takeaway

Emotionally challenging clinical experiences are an important part of professional growth in medicine, but learners should not be expected to navigate them alone. Supportive learning environments, reflective practice, mentorship, and psychological safety can help transform difficult experiences into opportunities for learning, compassion, professional identity formation, and meaningful personal and professional development.

Personal Development Case Study #3

Department Chair Avoiding Conflict

The Scenario

Dr. Nguyen, a newly appointed Department Chair, notices that a faculty member is repeatedly missing deadlines and failing to meet departmental responsibilities. Concerned about damaging relationships or appearing overly harsh, she avoids addressing the issue directly. Over time, workload inequities increase, team frustration grows, and communication and trust within the department begin to deteriorate.

The Challenge

Leadership behaviours strongly influence team wellbeing, psychological safety, communication, and workplace culture. Without support or training in conflict navigation, feedback, and accountability, leaders may avoid difficult conversations, unintentionally contributing to role confusion, inequitable workloads, and declining morale.

Why This Matters in Meaningful Personal Development

Personal development in leadership includes building communication skills, emotional awareness, reflective capacity, and confidence in navigating challenging situations. Supportive leadership practices can strengthen trust, accountability, collaboration, and healthier team cultures.

Personal Development Case Study #3

Department Chair Avoiding Conflict

Where This Case Fits in Personal Development

Self-Awareness and Reflective Practice - Recognizing how personal fears, assumptions, or leadership behaviours may influence communication, accountability, and team culture.

Communication and Relational Skills - Navigating feedback, conflict, accountability conversations, and collaborative problem-solving may strengthen trust and team functioning.

Emotional Awareness and Psychological Flexibility - Managing discomfort, responding constructively to tension, and adapting communication approaches may support healthier leadership practices.

Professional Identity, Meaning, and Values - Balancing compassion, accountability, leadership responsibilities, and professional values may strengthen confidence and integrity in leadership roles.

Reflection, Accountability, and Continuous Improvement - Access to mentorship, coaching, leadership training, and reflective practice may strengthen leadership effectiveness and ongoing professional growth.

Personal Development Case Study #3

Department Chair Avoiding Conflict

Guided Reflection Questions

Reflecting on Leadership Practice

- What beliefs or concerns may be contributing to avoidance of difficult conversations?
- How might leadership behaviours influence team trust, morale, and psychological safety?
- What communication or conflict-navigation skills would strengthen confidence in addressing concerns?
- How can accountability conversations remain both compassionate and constructive?

Reflecting on Team and Department Culture

- How do team norms around feedback and accountability influence workplace culture?
- Are workload expectations and responsibilities distributed equitably?
- What supports exist for leaders navigating conflict or performance concerns?
- How are communication, leadership development, and psychological safety prioritized within the department?
- What impact might unresolved issues have on team wellbeing and collaboration?

Personal Development Case Study #3

Department Chair Avoiding Conflict

Apply This Case to Your Context

Consider how this scenario may appear within your own faculty, department, program, or organization.

Consider the following:

- How are leaders supported in developing communication and conflict-navigation skills?
- What structures exist for mentorship, coaching, or leadership development?
- How does the department approach accountability, feedback, and workload equity?
- What cultural norms may discourage difficult conversations?
- How might psychological safety and communication practices be strengthened across teams?

Personal Development Case Study #3

Department Chair Avoiding Conflict

From Insight to Action - Tangible Solutions

Foster Reflection, Coaching, and Mentorship

Potential strategies include:

- Provide mentorship, coaching, or peer-support opportunities for emerging leaders.
- Encourage reflective leadership practices, feedback conversations, and ongoing professional development.
- Create spaces for leaders to discuss challenges and share approaches to difficult situations.

Create Supportive Conditions for Growth

Potential strategies include:

- Foster psychologically safe environments where concerns can be raised respectfully and constructively.
- Normalize timely, compassionate feedback as part of healthy team culture.
- Ensure leaders have access to organizational supports such as HR guidance, leadership coaching, or conflict-resolution resources.

Personal Development Case Study #3

Department Chair Avoiding Conflict

From Insight to Action - Tangible Solutions

Provide Opportunities for Applied Learning

Potential strategies include:

- Offer leadership development training focused on communication, emotional intelligence, feedback, and conflict navigation.
- Use case discussions, simulations, or facilitated conversations to build practical leadership skills.
- Support collaborative approaches to workload planning, accountability, and team problem-solving.

Strengthen Continuous Improvement and Evaluation

Potential strategies include:

- Review departmental practices related to workload distribution, communication, and accountability.
- Gather feedback on leadership culture, psychological safety, and team functioning.
- Incorporate leadership development and wellbeing considerations into evaluation and planning processes.

Personal Development Case Study #3

Department Chair Avoiding Conflict

Key Takeaway

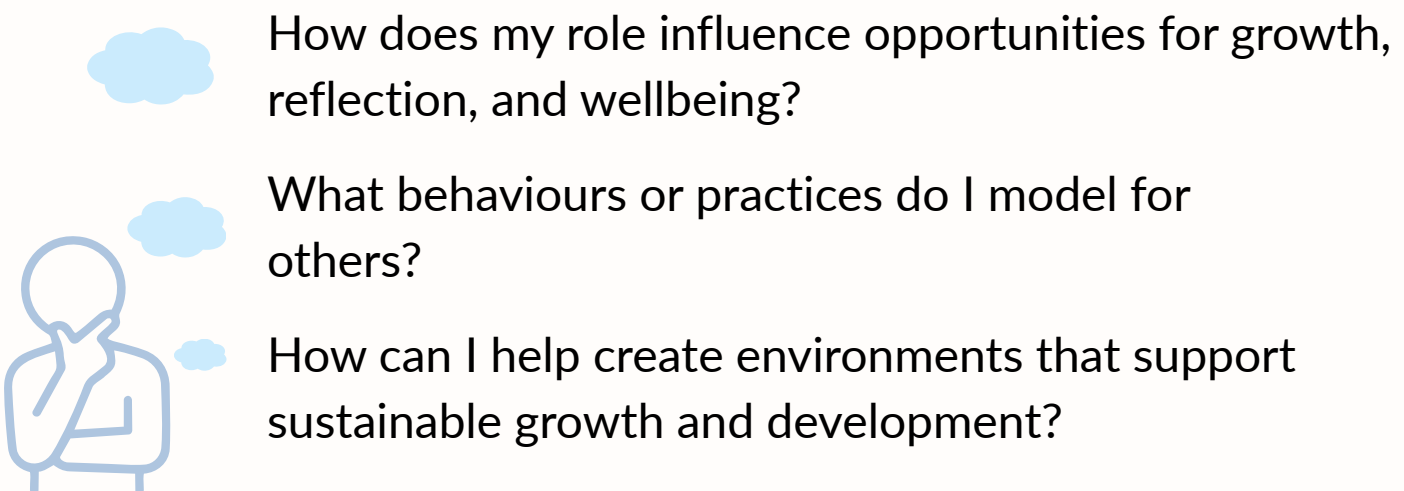
Healthy leadership requires more than academic expertise or operational oversight. Leaders who develop skills in communication, reflection, accountability, and emotional awareness can foster healthier, more collaborative, and psychologically safe environments that support both individual and team wellbeing.

Exploring Your Role in Meaningful Personal Development

Meaningful personal development supports individuals in building the reflective capacity, communication skills, emotional awareness, professional identity, and supportive relationships needed to thrive in academic medicine. These experiences contribute not only to individual wellbeing and growth but also to healthier learning and work environments across medicine in Canada.

Supporting meaningful personal development is a shared responsibility. This section explores how different roles support growth, learning, reflection, and development across the career lifecycle.

Reflect on Your Role



Every role within the medical institution contributes to creating environments that foster reflection, growth, psychological safety, compassion, and ongoing learning.

Exploring Your Role in Meaningful Personal Development

Senior Leadership & Governance

Senior leaders help shape institutional priorities, resource allocation, accountability structures, and organizational culture. Their actions strongly influence whether personal development, wellbeing, reflection, and healthy professional growth are treated as core institutional values.

How This Role Contributes to Meaningful Personal Development

- Embed personal development, wellbeing, mentorship, and reflection into strategic plans, policies, and institutional priorities.
- Allocate resources that support coaching, mentorship, leadership development, and reflective learning opportunities.
- Model healthy leadership practices, including reflection, boundary-setting, and ongoing professional growth.
- Support cultures where psychological safety, compassion, and sustainable work practices are valued.
- Recognize and reward mentorship, collaboration, professionalism, and supportive leadership behaviours.

Tip for Senior Leadership: Model healthy leadership practices, including reflection, boundary-setting, and ongoing professional development.

Exploring Your Role in Meaningful Personal Development

Operational Leadership & Staff

Operational leaders shape the systems, workflows, and daily environments that influence how people learn, work, and grow.

How This Role Contributes to Meaningful Personal Development

- Support psychologically safe, respectful, and inclusive work and learning environments.
- Protect time and space for reflection, mentorship, debriefing, and professional development activities.
- Reduce operational barriers that limit access to growth and development opportunities.
- Integrate personal development principles into scheduling, onboarding, workflow planning, and team practices.
- Support healthy communication, collaboration, and conflict resolution within teams.

Tip for Staff: Small operational decisions — including scheduling, communication, and workload management — can significantly influence wellbeing, learning, and opportunities for growth.

Exploring Your Role in Meaningful Personal Development

Academic & Clinical Faculty

Academic and clinical faculty shape learning environments through teaching, supervision, mentorship, and professional role modelling.

How This Role Contributes to Meaningful Personal Development

- Model reflective practice, professionalism, compassion, and healthy professional behaviours.
- Foster psychologically safe learning environments where learners feel comfortable asking questions, making mistakes, and seeking support.
- Support learners in developing communication skills, emotional awareness, reflective practice, and professional identity.
- Encourage reflection on values, goals, wellbeing, and professional growth.
- Provide constructive feedback that supports learning, confidence, and development.

Tip for Faculty: Everyday teaching, feedback, and clinical interactions can powerfully shape learner wellbeing, confidence, and professional identity formation.

Exploring Your Role in Meaningful Personal Development

Learners & Trainees

Learners and trainees actively engage in personal and professional growth throughout their educational journey.

How This Role Contributes to Meaningful Personal Development

- Participate in reflective practice, feedback, mentorship, and professional development opportunities.
- Support respectful, compassionate, and psychologically safe peer environments.
- Develop communication, teamwork, emotional awareness, and self-reflection skills.
- Seek support and mentorship when navigating challenges or transitions.
- Contribute feedback that helps improve learning environments, culture, and wellbeing supports.

Tip for Learners: Personal development is an ongoing process that includes reflection, growth, support-seeking, and learning from both challenges and successes.

Exploring Your Role in Meaningful Personal Development

Researchers & Scientists

Researchers and scientists contribute to academic medicine through discovery, mentorship, collaboration, and innovation.

How This Role Contributes to Meaningful Personal Development

- Foster respectful, collaborative, and psychologically safe research environments.
- Support trainees and colleagues through mentorship, clear expectations, and inclusive leadership.
- Contribute scholarship and evidence that informs wellbeing, professional development, and healthy learning and work environments.
- Model healthy work practices, professionalism, and ethical decision-making.
- Encourage reflection, learning, and professional growth through both successes and setbacks.
- Support career exploration, growth, and long-term professional development.

Tip for Researchers: Research and scholarship can help strengthen understanding of what supports wellbeing, growth, learning, and healthy organizational culture within academic medicine.

Exploring Your Role in Meaningful Personal Development

Moving Forward Together

Creating environments that support meaningful personal development requires shared responsibility across the entire organization. Policies, leadership practices, learning environments, relationships, and workplace culture all influence how individuals experience growth, wellbeing, connection, and support.

How Organizations Contribute to Meaningful Personal Development

- Promote psychological safety, compassion, and respectful communication as core cultural values.
- Embed personal development into policies, leadership practices, curricula, evaluation frameworks, and workplace culture.
- Support mentorship, reflection, coaching, and ongoing learning across all career stages.
- Reduce stigma around help-seeking, emotional wellbeing, and professional challenges.
- Ensure systems and structures support, rather than undermine, sustainable growth and wellbeing.

Tip for Organizations: Personal development is strengthened when growth, reflection, wellbeing, and supportive relationships are integrated into everyday culture and practice across the institution.

Tools & Resources

The tools and resources in this section are designed to support reflection, communication, mentorship, leadership development, and ongoing growth. They may be adapted for individual use, mentorship and coaching conversations, team discussions, faculty development activities, or broader organizational initiatives that support meaningful personal development.

What you'll find in this section

- Personal Development Action Planning Template
- Difficult Conversations Practice Tool
- Peer Reflection Circle Guide
- Using Nominal Group Technique to Tackle Wicked Problems in Healthcare Culture
- Facilitator Script for Nominal Group Technique (NGT) Session
- External Resources & Further Reading for Personal Development

Adapt and use what is most relevant to your context.

Personal Development Action Planning Template

Use this template to identify goals, supports, and practical actions related to meaningful personal development. This tool can support individual reflection, mentorship discussions, leadership development, or team-based growth planning.

1. Area for Growth or Development

What area(s) of personal or professional development would you like to focus on?

- ☐ Reflective practice
- ☐ Communication skills
- ☐ Boundary-setting
- ☐ Emotional awareness
- ☐ Leadership development
- ☐ Conflict navigation
- ☐ Professional identity formation
- ☐ Mentorship and relationship-building
- ☐ Teamwork and collaboration
- ☐ Stress management and wellbeing
- ☐ Other: _____

Why is this area meaningful or important to you right now?

2. Current Strengths and Supports

What people, relationships, programs, or resources could support you?

- ☐ Mentor
- ☐ Coach
- ☐ Peer support
- ☐ Supervisor
- ☐ Faculty development program
- ☐ Wellbeing resource
- ☐ Professional learning opportunity
- ☐ Community/network
- ☐ Other: _____

What strengths, experiences, or personal qualities may help support your growth?

Personal Development Action Planning Template

3. Area for Growth or Development

What barriers or challenges may make growth in this area more difficult?

- ☐ Time/workload pressures
- ☐ Lack of mentorship
- ☐ Limited confidence
- ☐ Organizational culture
- ☐ Unclear expectations
- ☐ Psychological safety concerns
- ☐ Competing responsibilities
- ☐ Other: _____

Are there organizational or environmental factors contributing to these challenges?

4. Action Planning

What is one realistic goal or intention you would like to work toward?

What small or achievable actions could support progress?

Action	Step	Timeline	Support Needed
_____	_____	_____	_____

5. Reflection and Accountability

How will you know if progress is being made?

- ☐ Improved confidence
- ☐ Healthier boundaries
- ☐ Better communication
- ☐ Stronger support networks
- ☐ Improved sense of wellbeing
- ☐ Greater sense of meaning or balance
- ☐ Other: _____

Who can help support progress?

When would it be helpful to revisit or update this plan?

- ☐ 1 month | ☐ 3 months | ☐ 6 months | Other: _____

Difficult Conversations Practice Tool

Difficult conversations are a normal part of learning, leadership, teamwork, and professional growth within academic medicine. Thoughtful communication can help strengthen trust, psychological safety, accountability, collaboration, and wellbeing.

This tool is designed to support reflection and preparation before engaging in challenging conversations related to:

- feedback
- conflict
- workload
- professionalism
- wellbeing concerns
- boundaries
- communication challenges
- or team dynamics

Before the Conversation

Clarify the Purpose

What is the main issue or concern that needs to be discussed?

Why is this conversation important?

- ☐ Supporting wellbeing
- ☐ Clarifying expectations
- ☐ Addressing conflict
- ☐ Improving communication
- ☐ Supporting learning or growth
- ☐ Addressing workload concerns
- ☐ Maintaining team trust or safety
- ☐ Other: _____

Reflect Before Responding

What emotions, assumptions, or concerns am I bringing into this conversation?

What might the other person be experiencing or feeling?

Am I approaching this conversation with curiosity, respect, and openness?

Difficult Conversations Practice Tool

Planning the Conversation

Key Messages

What is most important to communicate clearly and respectfully?

What outcome or next step would be helpful?

Communication Considerations

Before the conversation, consider:

- ☐ Is this the right time and setting?
- ☐ Is privacy or psychological safety needed?
- ☐ Am I prepared to listen actively?
- ☐ Am I focusing on behaviours/situations rather than personal attacks?
- ☐ Am I leaving space for dialogue and different perspectives?
- ☐ Have I considered equity, power dynamics, or hierarchy?

During the Conversation

Helpful Communication Approaches

Start with curiosity

- “I wanted to check in about...”
- “Can we talk about something that has been affecting.. e.g., the team/workflow
- “I’d like to better understand your perspective.”

Focus on observations rather than assumptions

- “I’ve noticed...”
- “It seems that...”

Avoid:

- “You always...”
- “You never...”

Acknowledge impact respectfully

- “This has been affecting...”
- “I’m concerned about...”
- “The challenge I’m noticing is...”

Invite dialogue and collaboration

- “How are you experiencing this situation?”
- “What support might help?”
- “What would be a constructive next step?”

Difficult Conversations Practice Tool

After the Conversation

Reflection

What went well?

What was challenging?

What follow-up, support, or accountability may be needed?

What did I learn about communication, leadership, or myself?

Tips for Psychologically Safe Conversations

- Approach conversations early when possible.
- Focus on shared goals and mutual respect.
- Balance compassion with accountability.
- Avoid public criticism or shaming.
- Allow space for reflection and emotion.
- Recognize that hierarchy and power dynamics influence communication.
- Seek support or mentorship when navigating particularly complex situations.

Further reading:

- Rudolph et al. - [A theory and method for debriefing with good judgment](#)³⁰
- Edmondson AC. - [Psychological Safety and Learning Behavior in Work Teams](#)¹⁶
- Cantillon & Sargeant - [Giving feedback in clinical settings](#)³¹

Peer Reflection Circle Guide

Peer reflection circles create structured opportunities for individuals to reflect on experiences, discuss challenges, share perspectives, and support one another in a respectful and psychologically safe environment. Reflection circles can help strengthen connection, communication, wellbeing, and meaningful personal development across academic medicine.

Reflection circles may be used with:

- learners and trainees
- research groups
- faculty
- interprofessional teams
- leadership teams
- peer-support or mentorship groups

Before You Begin

Suggested Group Size: 4–8 participants

Suggested Timing: 30–60 minutes

Possible Formats:

- In-person or virtual
- One-time or recurring
- Peer-led or facilitated

Establishing Shared Expectations

Before beginning, encourage the group to discuss shared agreements such as:

- Respect confidentiality and privacy.
- Listen without judgment or interruption.
- Speak from personal experience.
- Avoid pressure to share beyond comfort level.
- Approach differing perspectives with curiosity and respect.
- Focus on reflection and support rather than “fixing” problems.

Check out [“Setting the Tone with Group Agreements”](#)

Opening Check-In

Begin with a brief check-in question:

- What has been taking most of your energy lately?
- What is one word that describes how you are arriving today?
- What is something that has supported your wellbeing recently?
- What is one challenge you have been navigating?

Peer Reflection Circle Guide

Reflection Discussion Prompts

Reflection and Self-Awareness

- What experiences have shaped your growth recently?
- What helps you recognize when stress or workload is becoming difficult to manage?
- What hidden expectations or pressures exist within your environment?

Communication and Relationships

- What helps create psychologically safe and supportive team environments?
- How do people in your environment respond to mistakes, uncertainty, or vulnerability?
- What conversations are often difficult to have in medicine?

Meaning, Identity, and Growth

- What types of support have been most helpful during challenging experiences?
- What barriers make it difficult to seek support or ask for help?
- What changes could strengthen wellbeing or connection within your environment?

Closing Reflection

- What is one insight you are taking away from this discussion?
- What is one thing you would like to carry forward?
- What helped you feel supported or connected today?

Optional Facilitator Tips

- Allow silence and reflection time.
- Avoid pressuring participation.
- Redirect problem-solving if discussion becomes advice-heavy.
- Encourage balanced participation across the group.
- Be mindful of emotional distress and available supports if difficult experiences arise.
- Consider follow-up supports or resources when appropriate.

Adapting Reflection Circles

Reflection circles may focus on:

- | | |
|--|--------------------------------------|
| • transitions or milestones | • teamwork and culture |
| • emotionally challenging clinical experiences | • wellbeing and sustainable practice |
| • leadership development | • professional identity formation |
| • mentorship and career growth | • research and academic environments |

Using Nominal Group Technique to Tackle Wicked Problems in Healthcare Culture

Authors: Drs. Matthew Lipinski, Victor Do, Kordan Harvey, Lyn Sonnenberg, Jerry Maniate

Introduction

Purpose of this Tool

This tool is designed to help medical education professionals apply the Nominal Group Technique (NGT) to address complex, systemic, or "wicked" problems in healthcare culture. It draws on our experiences using this process.

Why Use NGT?

NGT is a structured, inclusive, and action-oriented consensus-building method that allows groups to generate ideas, refine them collaboratively, and prioritize them effectively. It works especially well in healthcare environments where diverse perspectives must be balanced and power dynamics or organizational structures can sometimes impede open dialogue.

What Are Wicked Problems?

Wicked problems are deeply entrenched, multifactorial issues that have no clear solution and often evolve over time. Examples include burnout, inequities in professional advancement, lack of psychological safety, or fragmented communication between departments.

Grounding Considerations

Grounded in the principles of the Okanagan Charter and physical, psychological, and cultural (PPC) safety, this toolkit aims to foster respectful, inclusive, and health-promoting environments. We recognize that language and processes in healthcare and education are not neutral, and we strive to use approaches that help dismantle systemic barriers. Facilitators and participants are encouraged to adapt this resource to their own contexts, attend to power dynamics, and co-create spaces where all voices are valued.

Using NGT to Tackle Wicked Problems in Healthcare Culture

What is the Nominal Group Technique?

Overview

NGT is a five-step process that supports structured brainstorming, encourages equal participation, and leads to consensus on priorities.

The 5 Steps of NGT

1. **Introduction & Explanation:** Present the problem and process.
2. **Silent Idea Generation:** Participants brainstorm privately and write down their ideas.
3. **Round-Robin Sharing:** One idea per person per round, with no debate. This is repeated until no new ideas are generated.
4. **Clarification & Discussion:** The group clarifies each idea for mutual understanding. They then group duplicate ideas into single ideas.
5. **Voting & Prioritization:** Participants vote on the most impactful or feasible ideas using a weighted vote method (e.g., you can rank your top 5 ideas, and this weighted ranking across participants results in the final rank order).

Customizing NGT for Your Own Context

Adapting the Process:

NGT is highly customizable. Start by:

- Tailoring the framing question to your specific issue or audience
- Identifying the relevant interest-holder group(s)
- Choosing the right format (in-person vs. virtual, large vs. small groups)

Sample Framing Questions:

- "How can we improve psychological safety in our department?"
- "What changes would make our residency program more inclusive and supportive?"
- "What systemic barriers are preventing staff from thriving in our organization?"
- "How can we operationalize the Okanagan Charter in our clinical environment?"

Lessons Learned & Tips

Do's

- Create an accountable space from the outset.
- Ensure equal participation (consider using structured turns).
- Document ideas clearly and visibly throughout the process.

Duration: Plan for 60 to 90 minutes total

Don'ts

- Don't allow debate during the initial idea-sharing phase.
- Don't merge or remove ideas without explicit group agreement during clarification.
- Don't skip the final voting step, which transforms discussion into actionable priorities.

Facilitator Script for Nominal Group Technique (NGT) Session

Creating Thriving Medical Communities and Culture

Duration: 75 minutes

1. Welcome and Introduction (5 min)

- "Good [morning/afternoon], everyone! Welcome to the workshop, 'Creating Thriving Medical Communities and Culture.' My name is [Facilitator's Name], and I'll be guiding you through today's session. Thank you for joining us to address such a critical and timely topic."
- "Burnout, systemic harm, and moral injury among healthcare providers are well-documented issues. Today, we're going to focus on co-creating solutions that promote sustainable, thriving cultures in medicine."
- Introduce workshop objectives and ground rules.

2. Context Setting: Defining Culture and a Thriving Medical Community (10 min)

- "Let's ground ourselves by thinking about what a 'thriving medical culture' means. Culture includes the shared values, behaviors, and attitudes that shape our clinical environments."
- Prompt short group reflection or share examples.

3. Silent Idea Generation (10 min)

- "Now we'll shift to brainstorming. Please reflect on this question: 'What specific actions, policies, or practices would foster a thriving medical community and culture at your institution?' Write down as many ideas as you can in silence."
- Provide notepads or online form.

4. Round-Robin Idea Sharing (15 min)

- "We'll now share ideas one at a time in a round-robin format. No discussion yet—just idea generation."
- Go around the room until all unique ideas are shared.
- Record all ideas on flip chart or screen.

Facilitator Script for Nominal Group Technique (NGT) Session

Creating Thriving Medical Communities and Culture

5. Clarification and Group Discussion (15 min)

- "Now let's review and clarify the list. Are there any questions or overlapping ideas we can combine with group agreement?"
- Discuss briefly to ensure mutual understanding.

6. Voting and Prioritization (10 min)

- "Now, please vote on the most impactful ideas. You'll each have [#] votes to distribute among the options."
- Tally votes and display top-ranked items.

7. Action Planning and Wrap-Up (10 min)

- "Let's review our top 3–5 ideas. What are next steps you can take within your institution to implement them?"
- Assign optional action leads or summarize as a takeaway document.
- Thank participants and close session.

Note: This script is adaptable to virtual settings, breakout groups, or modified timeframes. Feel free to adjust based on your context and goals.

Nominal Group Technique – An approach for all of your “Wicked Problems”
Authors: Drs. Matthew Lipinski, Victor Do, Kordan Harvey, Lyn Sonnenberg, Jerry Maniate

Further reading: Development of an institutional “good practices” policy for resident and attending-physician on-call responsibilities **This publication illustrates how NGT can support collaborative policy development by helping clarify roles, responsibilities, and expectations through structured group input.*

External Resources & Further Reading for Personal Development

Association of Faculties of Medicine of Canada (AFMC): As the national academic partner for Canadian faculties of medicine, the AFMC offers various resources, including the AFMC Wellness Working Group materials and faculty resources for education and leadership.

Canadian Medical Association (CMA) – Physician Wellness Hub – CMA: A comprehensive national hub with tools, articles, self-help guides, peer support info, leadership, and organizational wellness resources for physicians, learners, and leaders.

CMA Physician Leadership Institute (PLI): The PLI offers a variety of expert-led, accredited programs designed to develop leadership skills at any stage of a medical career.

Québec Physicians' Health Program (QPHP/PAMQ): A confidential support and wellness resource for physicians, residents, medical students, and their families, offering peer assistance, referrals, and wellbeing services across Quebec.

Canadian Medical Protective Association (CMPA) Physician Support & Wellness – CMPA: Articles and guidance on coping with stressors in practice, medico-legal stress, and wellness strategies for physicians.

Canadian Society of Physician Leaders (CSPL): A key resource for those pursuing leadership roles within the healthcare system. The CSPL provides support and development opportunities for physicians in leadership positions.

The Royal College of Physicians and Surgeons of Canada (RCPSC) CPD Program: This program supports continuous learning and practice improvement for specialist physicians through self-directed learning and self-assessment programs.

The College of Family Physicians of Canada (CFPC) Self Learning™ Program: This is a state-of-the-art learning tool for continuing professional development, offering interactive questions and progress tracking.

Centre for Addiction and Mental Health (CAMH) - Mental Health & Stress Resources – CAMH (Stress & Coping): CAMH offers a broad set of mental health info and coping-with-stress guides – useful for personal stress management and mental health education.

Mental Health Commission of Canada – Frontline Workers Fact Sheets - How to Support Healthcare Workers at Work – MHCC Fact Sheet: Practical guidance on supporting healthcare worker well-being at work, reducing burnout, and fostering psychological safety (policy-oriented).

Canadian Federation of Medical Students (CFMS): The CFMS offers resources for student affairs, including wellness, career development, mentorship, and residency match support.

External Resources & Further Reading for Personal Development

Many Canadian medical schools have dedicated offices for student and faculty affairs that provide tailored personal development resources. A few examples include:

University of Toronto Wellness Resources: Offers personal counselling, peer support, and resource navigation for medical learners.

University of British Columbia (UBC) Health & Well-being: Provides access to embedded counsellors, the Physician Health Program (PHP), and other mental health resources.

McGill University Continuing Professional Development: Links to various internal and external organizations for professional development and continuing education.

McMaster University Self-Directed Learning: Compiles a list of online resources for self-directed learning, including [ePhysicianHealth.com](https://www.ePhysicianHealth.com) and the CMA.

University of Calgary Office of Faculty Development: Offers resources for orientation, teaching, and leadership, career, and mentorship development.

Dalhousie University Continuing Professional Development and Medical Education: Provides ongoing courses through virtual, in-person, or hybrid platforms.

Strategic Direction #5



Review, Develop, and Strengthen Faculty Health Services

Coordinate and design campus services to support equitable access, enhance health and wellbeing, optimize human and ecosystem potential, and promote a supportive organizational culture.

Health Services: At-a-Glance

What is this strategic direction about?

Strengthening access to coordinated, equitable, and responsive health services.

Why does it matter?

Health services help individuals access support and contribute to healthier learning and work environments.

What will I do here?

Explore practical approaches to assessing and strengthening health service systems.

What you'll find in this section

- Overview: Why Faculty Health Services Matter
- Key Components of Effective Faculty Health Services
- Putting Faculty Health Services into Practice
- Case Studies
- Explore Your Role in Faculty Health Services
- Tools and Resources

Overview

Why Faculty Health Services Matter

Access to timely, effective, and equitable health services is an essential component of a health-promoting institution. Faculty health services support the physical, psychological, social, occupational, and professional wellbeing of learners, faculty, staff, clinicians, researchers, and administrators.

Within academic medicine, individuals often navigate complex environments that span universities, teaching hospitals, research institutes, distributed clinical sites, and professional organizations. As a result, supports can become fragmented, difficult to navigate, or inconsistently available. Barriers such as stigma, confidentiality concerns, workload pressures, geographic distance, and lack of awareness may further limit access to care and support.

Reviewing, developing, and strengthening faculty health services involves more than creating new programs. It requires a coordinated, equity-informed approach to understanding community needs, aligning existing resources, reducing barriers, and ensuring access to trusted supports. This includes enabling individuals to attend appointments, access accommodations, take leave when needed, and seek support without fear of negative consequences. Effective faculty health services contribute to healthier learning and work environments and foster a culture where health and wellbeing are valued and supported.

Provincial Physician Health Programs (PHPs) provide confidential support for physicians and learners. Promoting awareness of PHP resources and referral pathways can strengthen institutional support systems.³²

How Health Services Connect to Other Strategic Directions in the Okanagan Charter

Health services are one component of a broader health-promoting environment. Access to care and support is strengthened when policies, culture, spaces, and organizational systems work together to promote wellbeing.

Policy

Policies influence eligibility, access, confidentiality, accommodations, leave processes, and organizational accountability for wellbeing.

Spaces

Supportive physical and virtual environments can enhance access to services, reduce barriers, and promote safety and inclusion.

Culture

Cultures that value wellbeing and reduce stigma can encourage help-seeking and improve awareness and use of available supports.

Personal Development

Coaching, mentorship, reflection, and professional development initiatives can complement formal health and wellbeing services.

Continuous Quality Improvement & Evaluation

Evaluation helps institutions understand service utilization, identify gaps, improve access, and ensure supports remain responsive to community needs.

Key Components of Effective Faculty Health Services

Faculty health services do not operate in isolation. Effective services are supported by policies that enable access, cultures that encourage help-seeking, spaces that support wellbeing, opportunities for personal and professional development, and processes for continuous evaluation and improvement. While there are natural connections between all the Strategic Directions of the Okanagan Charter, this section focuses specifically on the systems, services, partnerships, and supports that help individuals access care, resources, and assistance when needed.

While services will vary across institutions, several core components consistently contribute to effective and health-promoting systems of support.

Key Components

★ Strategic Coordination and System Integration

★ Accessibility and Equitable Access

★ Confidentiality, Trust, and Psychological Safety

★ Inclusion, Cultural Safety, and Responsiveness

★ Comprehensive and Responsive Supports

★ Awareness, Navigation, and Communication

★ Evaluation and Continuous Improvement

★ Strategic Coordination and System Integration

Faculty health services are most effective when they operate as part of a coordinated system rather than a collection of isolated programs.

Health services often exist across multiple organizations, including universities, teaching hospitals, research institutes, professional associations, employee and family assistance programs, and provincial physician health programs. Without intentional coordination, individuals may experience confusion, duplication of services, gaps in support, or difficulty navigating available resources.

Examples may include:

- Faculty Health and Wellbeing Framework aligned with the Okanagan Charter and Quintuple Aim.³³
- Coordinated services across academic, clinical, and research environments.
- Formal partnerships and referral pathways.
- Shared governance and accountability structures.
- Collaboration with Provincial Physician Health Programs (PHPs) and other external supports.

★ Accessibility and Equitable Access

Health services should be accessible, responsive, and designed to meet the diverse needs of all members of the academic medicine community.

Examples may include:

- In-person, virtual, and hybrid service delivery
- Access across distributed campuses and clinical sites
- Flexible appointment scheduling
- Protected time for appointments where feasible
- Accessible and multilingual services
- Reduced financial, logistical, and administrative barriers

** Refer to Strategic Direction #2 for more information*

★ Confidentiality, Trust, and Psychological Safety

Individuals must feel safe accessing support without fear of stigma, professional repercussions, or breaches of confidentiality.

Although influenced by broader organizational culture, trust in health services depends on clear confidentiality protections, transparent processes, and confidence that support can be accessed safely and appropriately.

Examples may include:

- Clear confidentiality policies and communication
- Independent and confidential support pathways
- Transparent accommodation and leave processes
- Safe referral and consultation mechanisms
- Service delivery approaches that promote trust and help-seeking

★ Inclusion, Cultural Safety, and Responsiveness

Health services should be designed and delivered in ways that reflect and respond to the diverse identities, experiences, and realities of those they serve. An equity-informed approach focuses on ensuring that services are accessible, culturally responsive, and free from barriers that may limit utilization or effectiveness.

Examples may include:

- EDIA-informed service design and evaluation
- Culturally responsive and trauma-informed supports
- Accessible service delivery
- Supports for underrepresented and marginalized groups
- Consideration of international learners, faculty, and clinicians
- Ongoing review of equity-related barriers

** Refer to Strategic Direction #3 for more information*

Comprehensive and Responsive Supports

Effective faculty health services recognize that wellbeing is multidimensional and requires a range of coordinated supports.

Examples may include:

Physical and Occupational Health

- Occupational health services
- Disability management and accommodations
- Ergonomic assessments
- Workplace health and safety supports
- Access to preventative health services

Mental Health and Psychological Support

- Counselling and psychotherapy
- Crisis support and referral pathways
- Peer support programs
- Coaching and wellbeing supports
- Provincial Physician Health Programs

Professional and Career Wellbeing

- Conflict resolution and mediation
- Leadership development
- Career coaching and navigation
- Mentorship and sponsorship programs
- Career transition supports

Social, Cultural, and Community Wellbeing

- Affinity and identity-based groups
- Community-building initiatives
- Spiritual and cultural supports
- Opportunities for connection and reflection

★ Awareness, Navigation, and Communication

Even the most comprehensive services have limited impact if individuals do not know they exist or struggle to access them. Effective communication and navigation systems help ensure that available supports are visible, understandable, and easy to access.

Examples may include:

- Centralized health and wellbeing service hubs
- Service directories and navigation supports
- Orientation and onboarding initiatives
- Communication strategies that increase awareness and utilization
- Clear referral pathways
- Regular promotion of available services and supports

★ Evaluation and Continuous Improvement

Faculty health services should evolve in response to changing needs, emerging evidence, and community feedback. Regular assessment of service accessibility, utilization, effectiveness, and equity is essential to ensuring health services remain responsive and impactful.

Examples may include:

- Needs assessments
- Service utilization monitoring
- User experience and satisfaction surveys
- Equity-focused evaluation
- Quality improvement initiatives
- Reporting to leadership and governance structures

** Refer to Strategic Direction #6 for more information*

Putting Faculty Health Services Into Practice

Strengthening faculty health services is an ongoing process that requires coordination, partnership, and continuous improvement. Institutions may begin at different stages of development, but most can strengthen their systems by understanding existing services, identifying opportunities for improvement, and building coordinated supports that are accessible, equitable, and responsive to community needs.

The Key Components describe the characteristics of effective faculty health service systems. The following phased approach provides one example of how institutions can assess, strengthen, and sustain these components over time.

A Phased Approach to Strengthening Faculty Health Services

- 1 Assess and Map Existing Services
- 2 Establish Governance and Build Partnerships
- 3 Improve Access, Navigation, and Trust
- 4 Expand and Integrate Supports
- 5 Build Awareness and Engagement
- 6 Evaluate, Improve, and Sustain

1 Assess and Map Existing Services

Before introducing new initiatives, develop a clear understanding of what services already exist, how they are used, and where gaps or barriers may be present.

Potential actions may include:

- Conduct an inventory of existing health and wellbeing services.
- Map supports across universities, hospitals, distributed sites, and community partners.
- Review utilization patterns and service capacity.
- Identify duplication, fragmentation, and service gaps.
- Gather feedback from learners, faculty, staff, and clinical partners.
- Assess accessibility, confidentiality, and awareness of services.

Questions to consider:

- What services currently exist?
- Who is accessing them?
- Who may be underserved?
- What barriers prevent individuals from seeking support?

The [Healthy Campus Alberta Service Mapping Tool](#) can be a helpful starting point.

2 Establish Governance and Build Partnerships

Effective faculty health services require leadership, accountability, and coordination across multiple organizations and support systems.

Potential actions may include:

- Develop a Faculty Health and Wellbeing Framework aligned with resources such as the Okanagan Charter and Quintuple Aim³³
- Establish a governance structure or steering committee
- Clarify organizational roles and responsibilities
- Integrate health and wellbeing into strategic planning processes
- Build partnerships across academic, clinical, and research environments
- Establish formal referral pathways with external service providers

Leverage Existing Resources

Institutions do not need to create every service internally. Existing partners often provide valuable expertise, infrastructure, and specialized supports.

Potential partners may include:

- Provincial Physician Health Programs (PHPs)
- Employee and Family Assistance Programs (EFAPs)
- Universities and teaching hospitals
- Community mental health providers
- Professional associations
- Accessibility and disability services
- Cultural support services

Provincial Physician Health Programs are particularly valuable partners, providing confidential and specialized support related to mental health, substance use, occupational concerns, career challenges, and overall wellbeing. Strengthening awareness of and referral pathways to these programs can significantly enhance institutional support systems.

3 Improve Access, Navigation, and Trust

Even comprehensive services will have limited impact if individuals cannot easily find, access, or trust them.

Potential actions may include:

- Develop centralized health and wellbeing resource hubs
- Simplify referral and intake processes
- Improve communication about available supports
- Expand virtual and hybrid service options
- Improve access across distributed sites
- Review policies that may create barriers to care
- Strengthen confidentiality protections
- Support protected time for health-related appointments where feasible

4 Expand and Integrate Supports

As needs and gaps are identified, institutions can strengthen the scope and coordination of available supports.

Potential actions may include:

- Enhance coordination between existing services
- Address identified service gaps
- Strengthen mental health and counselling supports
- Improve occupational health and accommodation processes
- Expand peer support, coaching, and mentoring opportunities
- Develop conflict resolution and mediation services
- Improve supports for career development and professional transitions
- Strengthen social, cultural, spiritual, and community-based supports

Implementation tip: Focus on creating coordinated systems of support rather than isolated programs, ensuring individuals can move seamlessly between services and receive appropriate referrals when needed.

5 Build Awareness and Engagement

The effectiveness of health services is shaped by organizational culture. Individuals must feel supported in accessing care when needed.

Potential actions may include:

- Integrate service information into onboarding and orientation programs
- Develop ongoing communication and awareness strategies
- Equip leaders to promote available supports
- Normalize conversations about health and wellbeing
- Communicate policies related to accommodations, leave, and support services
- Highlight available resources regularly throughout the academic year

Implementation tip: Visible leadership support and consistent messaging can help reduce stigma and encourage help-seeking behaviours.

6 Evaluate, Improve, and Sustain

Health services should evolve in response to changing needs, emerging evidence, and ongoing feedback.

Potential actions may include:

- Monitor service utilization and access patterns
- Collect feedback on user experiences
- Assess equity, accessibility, and inclusion outcomes
- Review referral pathways and coordination mechanisms
- Evaluate progress toward institutional goals
- Report findings to leadership and governance structures
- Use continuous quality improvement approaches to guide enhancements

Examples of indicators of success:

- Increased awareness of available services
- Improved service utilization
- Reduced barriers to access
- Positive user experiences
- Improved coordination between service providers
- Increased confidence in confidentiality protections
- Enhanced access across diverse populations and distributed sites

Case Studies

Health services are often experienced at the point where individuals seek support, navigate systems, or encounter barriers to care. These case studies explore common challenges related to access, coordination, confidentiality, and service delivery, and provide opportunities to reflect on how faculty health services can be strengthened within your own context.

Case Study 1

Delayed Access to Mental Health Support

Case Study 2

Delayed Access to Occupational Health Support

Case Study 3

Lost in the System

There is rarely a single “right” response to complex situations. Use these cases as opportunities to reflect on assumptions, explore different perspectives, and identify practical actions that can support growth, wellbeing, and healthy learning and work environments.

Health Services Case Study #1

Delayed Access to Mental Health Support

The Scenario

Jade is a second-year medical student experiencing increasing anxiety related to workload, examinations, and clinical skills evaluations. As her symptoms worsen, she contacts the Faculty of Medicine's mental health services but is told the earliest available appointment is six weeks away.

While waiting, Jade's concentration declines, deadlines are missed, and she becomes increasingly withdrawn. Although other support options may be available, she hesitates to seek help because she worries it could affect how she is perceived by faculty members or future residency programs. Over time, her distress increases and her academic performance begins to suffer.

The Challenge

Jade's situation highlights a common challenge in academic medicine: services may exist, but barriers such as wait times, uncertainty about available resources, concerns about confidentiality, and fear of professional repercussions can prevent individuals from receiving support when they need it most.

Without timely access to care and clear pathways to support, concerns that may have been addressed early can escalate, affecting both wellbeing and academic performance.

Health Services Case Study #1

Delayed Access to Mental Health Support

Why This Matters in Health Services

Timely access to trusted health services is essential to supporting learner wellbeing. Delays in care, concerns about confidentiality, and fear of professional or academic repercussions can create barriers to help-seeking and allow concerns to escalate.

This case highlights the importance of accessible, confidential, and well-coordinated health services that support learners when they need help most.

Where This Case Fits in Health Services

Accessibility and Equitable Access - Timely access to services and reduced barriers to care.

Confidentiality, Trust, and Psychological Safety- Confidence that support can be accessed safely and without negative consequences.

Awareness, Navigation, and Communication - Clear information about available supports, referral pathways, and alternative resources.

Comprehensive and Responsive Supports – Availability of services that meet diverse mental health and wellbeing needs.

Strategic Coordination and System Integration – Coordination between faculty supports, community resources, and external services such as Provincial Physician Health Programs.

Health Services Case Study #1

Delayed Access to Mental Health Support

Guided Reflection Questions

For Individuals

- What factors may have contributed to Jade delaying help-seeking?
- How might concerns about confidentiality, academic standing, or future career opportunities influence decisions to seek support?
- What information or supports might have made it easier for Jade to access help earlier?

For Faculty and Preceptor

- What early signs might indicate that a learner is struggling?
- How could a supportive conversation be initiated without increasing pressure or stigma?
- What resources or referral pathways should faculty members be familiar with?

For Program Leaders and Administrators

- What barriers may be limiting timely access to support services?
- Are mental health supports easy to find, understand, and navigate?
- How are peak periods of learner stress anticipated and addressed?
- How does the institution communicate confidentiality protections and available support options?

Health Services Case Study #1

Delayed Access to Mental Health Support

Apply This Case to Your Context

Consider how this scenario may appear within your own faculty, department, program, or organization.

Consider the following:

- How quickly can learners access mental health support when concerns arise?
- Are wait times monitored and addressed?
- Are referral pathways clearly communicated?
- How are concerns about confidentiality and professional repercussions addressed?
- Are supports equally accessible across campuses and distributed sites?
- What alternative resources are available when demand exceeds capacity?

Health Services Case Study #1

Delayed Access to Mental Health Support

From Insight to Action - Tangible Solutions

Assessing and Mapping Existing Services

Potential strategies include:

- Review wait times, service utilization, and access patterns.
- Identify barriers experienced by learners when seeking support.
- Assess awareness of available services and referral pathways.

Establishing Partnerships and Referral Pathways

Potential strategies include:

- Develop clear referral pathways between faculty services, community providers, Employee and Family Assistance Programs, and Provincial Physician Health Programs.
- Establish processes for rapid referral when urgent support is needed.

Improving Access, Navigation, and Trust

Potential strategies include:

- Provide clear and easily accessible information about available services, eligibility, confidentiality, and expected wait times.
- Offer virtual and flexible appointment options where possible.
- Strengthen communication regarding confidentiality and privacy protections.

Health Services Case Study #1

Delayed Access to Mental Health Support

From Insight to Action - Tangible Solutions

Expanding and Integrating Supports

Potential strategies include:

- Increase access to counselling, peer support, coaching, and wellness services.
- Consider stepped-care approaches or interim supports during periods of high demand.
- Ensure services are culturally responsive, trauma-informed, and accessible to diverse populations.

Fostering Awareness and Help-Seeking

Potential strategies include:

- Normalize help-seeking through leadership messaging and orientation programs.
- Address stigma and hidden curriculum messages that discourage seeking support.
- Equip faculty and preceptors to recognize distress and connect learners with available resources.

Health Services Case Study #1

Delayed Access to Mental Health Support

Key Takeaway

Even when support services exist, barriers such as wait times, stigma, confidentiality concerns, and unclear pathways can prevent individuals from accessing care. Strengthening faculty health services requires more than offering programs—it requires creating coordinated, accessible, trusted, and responsive systems that enable individuals to receive support when they need it.

Health Services Case Study #2

Delayed Access to Occupational Health Support

The Scenario

Dr. Gomes, an experienced internal medicine physician, develops a significant lower back injury while moving equipment during a clinical shift. After reporting the injury, he contacts Occupational Health for an assessment and guidance regarding work restrictions and accommodations, but is told the earliest available appointment is four weeks away.

Without timely support, Dr. Gomes continues working while managing ongoing pain. His symptoms worsen, recovery is delayed, and concerns begin to emerge regarding workload, clinical performance, and schedule reliability.

The Challenge

Dr. Gomes' situation highlights a common challenge within health service systems: support may be available, but delays in access can limit its effectiveness.

Without timely occupational health assessment, individuals may continue working while injured, delay treatment, or struggle to access appropriate accommodations and modified duties. These challenges can affect not only individual wellbeing, but also team functioning, workforce sustainability, and patient care.

Health Services Case Study #2

Delayed Access to Occupational Health Support

Why This Matters in Health Services

Timely access to occupational health services is essential to supporting workforce wellbeing, safety, and recovery. Delays in assessment or accommodation planning can prolong recovery, contribute to presenteeism, and create uncertainty for both individuals and teams.

This case highlights the importance of accessible, responsive, and well-coordinated health services that support faculty members following injury or illness.

Where This Case Fits in Health Services

Accessibility and Equitable Access - Timely access to occupational health assessments and workplace supports.

Confidentiality, Trust, and Psychological Safety- Availability of occupational health, accommodation, and return-to-work services.

Awareness, Navigation, and Communication - Clear information about reporting processes, available supports, and expected timelines.

Strategic Coordination and System Integration – Coordination between occupational health, departments, leadership, and healthcare providers.

Evaluation and Continuous Improvement – Monitoring service capacity, wait times, and barriers to access.

Health Services Case Study #2

Delayed Access to Occupational Health Support

Guided Reflection Questions

For Faculty and Clinicians

- What factors might discourage someone from reporting an injury or seeking support?
- How might delayed access to occupational health services affect recovery, wellbeing, or professional responsibilities?
- What would make it easier to access accommodations or modified duties when needed?

For Department Leaders

- How are faculty members supported while awaiting occupational health assessment?
- Are expectations regarding injury reporting, accommodations, and modified duties clearly communicated?
- How might workplace culture influence whether individuals feel comfortable seeking support?

For Faculty and Hospital Administrators

- How does occupational health capacity align with current demand?
- What risks emerge when individuals continue working without appropriate assessment or accommodations?
- How are occupational health services evaluated for accessibility, effectiveness, and responsiveness?

Health Services Case Study #2

Delayed Access to Occupational Health Support

Apply This Case to Your Context

Consider how this scenario may appear within your own faculty, department, program, or organization.

Consider the following:

- How quickly can faculty members access occupational health services following an injury or illness?
- Are reporting and referral pathways clearly understood?
- What interim supports are available while individuals await assessment?
- How are accommodations and modified duties coordinated?
- Are occupational health services accessible across distributed sites and practice settings?

Health Services Case Study #2

Delayed Access to Occupational Health Support

From Insight to Action - Tangible Solutions

Assessing and Mapping Existing Services

- Review occupational health service capacity, utilization patterns, and wait times.
- Identify barriers to reporting injuries and accessing support.
- Examine trends related to workplace injuries, accommodations, and return-to-work processes.

Establishing Partnerships and Referral Pathways

- Clarify roles and responsibilities related to occupational health and workplace accommodations.
- Strengthen coordination between occupational health, human resources, faculty affairs, and clinical leadership.
- Develop clear referral pathways and escalation processes when timely intervention is required.

Improving Access, Navigation, and Trust

- Communicate available occupational health services and reporting processes clearly.
- Establish streamlined pathways for workplace injuries and urgent assessments.
- Provide transparent information regarding expected timelines and available supports.

Health Services Case Study #2

Delayed Access to Occupational Health Support

From Insight to Action - Tangible Solutions

Expanding and Integrating Supports

Potential strategies include:

- Develop processes for temporary accommodations or modified duties while awaiting formal assessment.
- Improve access to rehabilitation, physiotherapy, ergonomic assessments, and workplace safety resources.
- Ensure occupational health services are accessible across diverse practice settings and distributed locations.

Fostering Awareness and Help-Seeking

Potential strategies include:

- Normalize the use of occupational health services as part of maintaining a safe and healthy workplace.
- Address workplace cultures that encourage individuals to "push through" injury or illness.
- Support leaders in modelling healthy and safe workplace practices.

Health Services Case Study #2

Delayed Access to Occupational Health Support

Key Takeaway

Occupational health services play a critical role in supporting workforce wellbeing, safety, and sustainability. Delays in access can affect recovery, workplace functioning, and patient care. Strengthening occupational health systems requires coordinated services, clear pathways, timely support, and a workplace culture that encourages individuals to seek assistance when needed.

Health Services Case Study #3

Lost in the System

The Scenario

Dr. Andrews is an early-career clinician-educator who holds both a university faculty appointment and a clinical position within an affiliated teaching hospital. Over the past year, increasing clinical, teaching, and administrative responsibilities have contributed to growing stress and burnout.

When she decides to seek support, she is unsure where to turn. Different colleagues suggest different options, including university services, hospital occupational health, community providers, and physician health programs. Dr. Andrews also worries about confidentiality and whether accessing support could affect her professional reputation, promotion, or future leadership opportunities.

Although services exist, the process feels confusing and difficult to navigate. After receiving inconsistent information and struggling to identify a trusted pathway to care, Dr. Andrews disengages and decides not to pursue support.

The Challenge

Dr. Andrews' experience highlights a common challenge in academic medicine: supports may be available, but fragmented systems, unclear pathways, and concerns about confidentiality can make them difficult to access.

When individuals are uncertain where to go, who to trust, or how services connect, they may delay seeking help or disengage from care altogether.

Health Services Case Study #3

Lost in the System

Why This Matters in Health Services

Effective health services depend not only on what supports are available, but also on how easy they are to find, understand, and access. Faculty members often work across multiple organizations, each with different services, policies, and eligibility requirements. Without clear navigation, coordinated systems, and trusted pathways to care, even well-developed services may remain underutilized.

This case highlights the importance of accessible, coordinated, and transparent health service systems that help individuals connect with the right support at the right time.

Where This Case Fits in Health Services

Strategic Coordination and System Integration – Alignment across university, hospital, and external support systems.

Awareness, Navigation, and Communication – Clear information about services, eligibility, and referral pathways.

Confidentiality, Trust, and Psychological Safety – Confidence that support can be accessed safely and confidentially.

Accessibility and Equitable Access – Reducing barriers that make services difficult to navigate.

Inclusion, Cultural Safety, and Responsiveness – Ensuring supports are responsive to diverse identities, experiences, and needs.

Health Services Case Study #3

Lost in the System

Guided Reflection Questions

For Faculty Members

- Would you know where to go if you needed support today?
- What concerns might make you hesitate to access available services?
- How confident are you that support systems are confidential and easy to navigate?

For Leaders and Administrators

- Could you clearly explain how a faculty member accesses support services?
- How well coordinated are services across academic and clinical environments?
- What barriers might discourage individuals from seeking help?

For Faculty Health Services and Human Resources

- Are service pathways clear, consistent, and easy to access?
- Where do individuals commonly experience confusion or delays?
- How are confidentiality and privacy communicated to those seeking support?

Health Services Case Study #3

Lost in the System

Apply This Case to Your Context

Consider how this scenario may appear within your own faculty, department, program, or organization.

Consider the following:

- Is there a clear and trusted entry point for health and wellbeing services?
- Are referral pathways coordinated across university, hospital, and external providers?
- How easy is it for faculty members to understand what services are available and who is eligible?
- Are concerns about confidentiality proactively addressed?
- How are the experiences of diverse faculty populations reflected in service design?

Health Services Case Study #3

Lost in the System

From Insight to Action - Tangible Solutions

Assessing and Mapping Existing Services

- Review available services, referral pathways, and points of access.
- Identify areas where information is fragmented, inconsistent, or difficult to find.
- Gather feedback on barriers to navigation and service utilization.

Establishing Partnerships and Referral Pathways

- Strengthen coordination between universities, hospitals, physician health programs, and community providers.
- Clarify roles, responsibilities, and referral processes across organizations.
- Develop shared approaches to supporting faculty wellbeing.

Improving Access, Navigation, and Trust

- Create a centralized Faculty Health and Wellbeing Hub or service directory.
- Establish clear points of contact for questions and referrals.
- Communicate confidentiality policies and privacy protections in plain language.

Health Services Case Study #3

Lost in the System

From Insight to Action - Tangible Solutions

Expanding and Integrating Supports

Potential strategies include:

- Ensure providers understand the unique realities of academic medicine.
- Offer culturally responsive and role-informed services.
- Improve coordination between health, occupational, and wellbeing supports.

Fostering Awareness and Help-Seeking

Potential strategies include:

- Incorporate service information into onboarding and orientation processes.
- Regularly promote available supports and referral pathways.
- Encourage leaders to model help-seeking and openly support faculty wellbeing.

Health Services Case Study #3

Lost in the System

Key Takeaway

Even when services are available, unclear pathways, fragmented systems, and concerns about confidentiality can prevent individuals from accessing support. Strengthening faculty health services requires more than expanding programs—it requires creating coordinated, trusted, and easy-to-navigate systems that connect people with the support they need.

Exploring Your Role in Supportive Faculty Health Services

Access to effective health services is a shared responsibility. While some individuals design, deliver, or oversee services directly, everyone within the institution plays a role in helping create systems that are accessible, responsive, trusted, and supportive.

Health-promoting services are strengthened when individuals understand how to access supports, promote awareness, identify barriers, provide feedback, and contribute to a culture where seeking help is encouraged and supported. This section explores how different roles contribute to reducing barriers, supporting access, and strengthening systems of care and support.

Reflect on Your Role



How do I help promote awareness, access, and trust in available health services?



What barriers might individuals experience when trying to access support within my environment?



How can I contribute to improving the coordination, accessibility, or responsiveness of available services?



Every role contributes to creating health service systems that are accessible, equitable, and responsive to the needs of the academic medicine community.

Exploring Your Role in Supportive Faculty Health Services

Senior Leadership & Governance

Senior leaders help establish the vision, priorities, governance structures, and resources that support effective faculty health services. Their decisions influence how services are coordinated, resourced, evaluated, and sustained across the institution.

How This Role Contributes to Supportive Health Services

- Establish strategic priorities and accountability structures for faculty health and wellbeing.
- Allocate resources to support accessible, equitable, and responsive services.
- Promote coordination across departments, hospitals, and support units.
- Support ongoing evaluation and continuous improvement of services.
- Demonstrate visible commitment to health and wellbeing through leadership actions and communication.

Tip for Senior Leadership: Ask, “Do our current services reflect our stated commitment to health and wellbeing, and how do we know?”

Exploring Your Role in Supportive Health Services

Operational Leadership & Staff

Operational leaders and staff help translate institutional priorities into day-to-day practice. They often play a key role in coordinating services, communicating available supports, identifying barriers, and helping individuals navigate complex systems. Their work helps ensure that health services are accessible, responsive, and aligned with the needs of the academic medicine community.

How This Role Contributes to Supportive Health Services

- Communicate available services, supports, and referral pathways clearly.
- Help individuals navigate accommodations, leave processes, workplace supports, and available resources.
- Identify barriers, service gaps, and opportunities for improvement.
- Coordinate implementation of health-related policies, procedures, and programs.
- Gather feedback from learners, faculty, and staff to inform service planning and improvement.
- Foster environments where help-seeking is normalized and supported.

Tip for Staff: Ask, “If someone needed support today, would they know where to go, what services are available, and how to access them?”

Exploring Your Role in Supportive Health Services

Academic & Clinical Faculty

Faculty members contribute by promoting awareness, identifying concerns early, and helping create learning and work environments where seeking support is encouraged and accepted.

How This Role Contributes to Supportive Health Services

- Recognize signs that learners or colleagues may benefit from support.
- Encourage timely access to appropriate services.
- Promote healthy work and learning practices.
- Share feedback on service effectiveness and barriers.
- Advocate for supports that meet the diverse needs of faculty, learners, and staff.

Tip for Faculty: Ask, “Does everyone I work with know where to find support and feel comfortable accessing it?”

Exploring Your Role in Supportive Health Services

Learners & Trainees

Learners and trainees bring valuable lived experience and insight into how health services are accessed, experienced, and perceived. Their perspectives help ensure services remain relevant, accessible, and responsive.

How This Role Contributes to Supportive Health Services

- Provide feedback on service accessibility and effectiveness.
- Identify barriers related to scheduling, confidentiality, navigation, or stigma.
- Participate in service planning and improvement initiatives.
- Promote awareness of available supports among peers.
- Advocate for inclusive and equitable services.

Tip for Learners: What would make it easier for learners to seek support early and confidently?

Exploring Your Role in Supportive Health Services

Researchers & Scientists

Researchers and scientists contribute valuable expertise in data collection, evaluation, implementation science, quality improvement, and knowledge generation. Their work can help institutions better understand health service needs, identify gaps and inequities, evaluate outcomes, and support evidence-informed decision-making.

How This Role Contributes to Supportive Health Services

- Contribute expertise in evaluation, quality improvement, and implementation science.
- Help identify trends, gaps, and emerging health and wellbeing needs across the academic medicine community.
- Support the collection and interpretation of data related to service access, utilization, and outcomes.
- Examine equity-related barriers and differences in service use across populations.
- Collaborate with health service leaders to evaluate programs, pilot innovations, and inform continuous improvement.
- Translate evidence into practical recommendations that strengthen health services and organizational decision-making.

Tip for Researchers: Ask, “How do we know our health services are making a meaningful difference, and what evidence supports our decisions?”

Exploring Your Role in Supportive Health Services

Moving Forward Together

Effective faculty health services are built through collaboration. While individuals contribute in different ways, no single role can create accessible, responsive, and trusted systems of support alone. Strengthening faculty health services requires shared responsibility, clear communication, ongoing partnership, and a commitment to continuous improvement across the academic medicine community.

How We Contribute to Supportive Health Services Together

- Build awareness of available supports and reduce barriers to access.
- Foster environments where help-seeking is encouraged and supported.
- Strengthen coordination across departments, institutions, and service providers.
- Identify gaps and opportunities for improvement through ongoing feedback and evaluation.
- Ensure services are equitable, accessible, and responsive to diverse needs.
- Work together to create systems that support health, wellbeing, and sustainable participation in learning and work.

The strongest health service systems are not defined by the number of programs they offer, but by how effectively they connect people with the support they need.

Tools & Resources

Strengthening faculty health services requires more than good intentions—it requires understanding existing supports, identifying gaps, and planning for improvement. The tools and resources in this section are designed to help institutions assess, map, evaluate, and strengthen health service systems in practical and meaningful ways.

What you'll find in this section

- Faculty Health Services Inventory and Mapping Tool
- Faculty Health Services Self-Assessment Checklist
- Examples of Health Service Supports and Initiatives

Adapt and use what is most relevant to your context.

Faculty Health Services Inventory and Mapping Tool

Use this tool to identify, map, and better understand the health and wellbeing services available within your institution. The inventory can help identify strengths, gaps, duplication, referral pathways, and opportunities for improved coordination.

1. Identify Existing Services

Service / Program	Lead / Dept	Audience	Support Type	Access Method

2. Assess Accessibility and Navigation

For the services identified, consider:

	Yes	Partially	No
Is information about this service easy to find?	☐	☐	☐
Are eligibility criteria clearly explained?	☐	☐	☐
Are referral pathways clear?	☐	☐	☐
Is the service accessible to distributed sites?	☐	☐	☐
Are virtual access options available?	☐	☐	☐
Are confidentiality protections clearly communicated?	☐	☐	☐

3. Map Existing Partnerships

Which partners currently contribute to health and wellbeing support?

Internal

- ☐ Faculty Affairs
- ☐ Learner Affairs
- ☐ Human Resources
- ☐ Occupational Health
- ☐ Accessibility Services
- ☐ EDIA
- ☐ Wellbeing Office
- ☐ Hospital Partners
- ☐ Other: _____

External

- ☐ Provincial Physician Health Program (PHP)
- ☐ Employee & Family Assistance Program (EFAP)
- ☐ Community Mental Health Providers
- ☐ Professional Associations
- ☐ Primary Care Providers
- ☐ Other: _____

Faculty Health Services Inventory and Mapping Tool

4. Identify Gaps and Opportunities

Which populations may be underserved?

- | | |
|--|---|
| ☐ Learners | ☐ International Learners/Faculty |
| ☐ Faculty | ☐ Individuals with Disabilities |
| ☐ Staff | ☐ Racialized Groups |
| ☐ Researchers | ☐ Equity-Deserving Groups |
| ☐ Distributed Site Learners/Faculty | ☐ Other: _____ |

Where are the most significant gaps?

- | | |
|---|---|
| ☐ Awareness of services | ☐ Mental health supports |
| ☐ Navigation and referral pathways | ☐ Accessibility |
| ☐ Wait times | ☐ Equity and cultural responsiveness |
| ☐ Confidentiality concerns | ☐ Data and evaluation |
| ☐ Occupational health supports | ☐ Other: _____ |

5. Priority Actions

Based on this review:

What is working well?

What requires improvement?

What is one priority action for the next 6–12 months?

Who should be involved?

Faculty Health Services Self-Assessment Checklist

Use this tool to assess the strengths, gaps, and opportunities within your Faculty Health Services system. Consider each item and indicate whether it is **Not in Place**, **Emerging**, or **Established**.

This assessment is most effective when completed collaboratively by representatives from Faculty Affairs, Learner Affairs, Human Resources, Occupational Health, Wellbeing Offices, Equity Offices, hospital partners, and other groups involved in supporting health and wellbeing.

A. VISION, STRATEGY & GOVERNANCE

Strategic Alignment

- ☐ Faculty health and wellbeing are identified as institutional priorities.
- ☐ A Faculty Health and Wellbeing Strategy or Framework exists.
- ☐ Health service planning aligns with the Okanagan Charter principles.
- ☐ Health and wellbeing are integrated into strategic and operational planning processes.
- ☐ University, hospital, research, and distributed site partners are engaged in planning and decision-making.

Leadership & Oversight

- ☐ Designated leadership is accountable for faculty health and wellbeing.
- ☐ Governance structures support coordination across departments and service providers.
- ☐ Health service priorities, outcomes, and access trends are reviewed regularly.
- ☐ Resources and staffing are sufficient to support service delivery.
- ☐ Faculty health and wellbeing are included in leadership reporting and accountability processes.

B. AVAILABILITY OF CORE SERVICES

Mental Health & Psychological Support

- ☐ Confidential counselling or psychotherapy services are available.
- ☐ Crisis support pathways are available and clearly communicated.
- ☐ Peer support programs are available.
- ☐ Coaching or wellbeing supports are available.
- ☐ Mental health services are culturally responsive and accessible to diverse populations.

Physical & Occupational Health

- ☐ Occupational health services are available and accessible.
- ☐ Ergonomic assessments are available for clinical, office, and research environments.
- ☐ Clear accommodation and modified-duty processes exist.
- ☐ Disability management supports are available and confidential.
- ☐ Workplace injury and exposure reporting processes are clearly communicated.

Faculty Health Services Self-Assessment Checklist

B. AVAILABILITY OF CORE SERVICES (cont)

Professional & Career Wellbeing

- ☐ Conflict resolution or mediation services are available.
- ☐ Mentorship and sponsorship opportunities are available.
- ☐ Career development and navigation supports are accessible.
- ☐ Leadership development opportunities are offered.
- ☐ Support is available during career transitions or challenging professional situations.

Social, Cultural & Community Wellbeing

- ☐ Opportunities for peer connection and community-building.
- ☐ Affinity or identity-based groups are supported.
- ☐ Social supports are accessible across diverse populations and locations.

Spiritual & Cultural Supports **within local contexts and legislative requirements*

- ☐ Spiritual care, chaplaincy, or cultural support services are available.
- ☐ Appropriate spaces for reflection, spirituality, or ceremony are accessible.

External Partnerships

- ☐ Faculty members and learners are aware of available Provincial Physician Health Program (PHP) supports.
- ☐ Formal referral pathways to Provincial Physician Health Programs exist where appropriate.
- ☐ Employee and Family Assistance Programs (EFAPs) and other external supports are integrated into service navigation processes.

C. ACCESSIBILITY, NAVIGATION & EASE OF USE

Access to Services

- ☐ Services are available across campuses, distributed sites, and practice settings.
- ☐ Virtual and in-person access options are available where appropriate.
- ☐ Appointment scheduling processes are straightforward and accessible.
- ☐ Financial, logistical, or administrative barriers to access are minimized.
- ☐ Protected time for health-related appointments is supported where feasible.

Navigation & Coordination

- ☐ Individuals can easily identify which service best meets their needs.
- ☐ A clear entry point exists for accessing health and wellbeing supports.
- ☐ Referral pathways between services are clearly defined.
- ☐ Services are coordinated across university, hospital, and external partners.
- ☐ Individuals are not required to navigate multiple systems independently.
- ☐ Information about services is consistent across websites, departments, and programs.
- ☐ Wait times are monitored and communicated where appropriate.

Faculty Health Services Self-Assessment Checklist

C. ACCESSIBILITY, NAVIGATION & EASE OF USE (continued)

Awareness & Communication

- ☐ A centralized service directory, website, or wellbeing hub exists.
- ☐ Information about services is easy to find and understand.
- ☐ Service information is included in onboarding and orientation processes.
- ☐ Available supports are promoted regularly throughout the year.
- ☐ Individuals know where to go for questions or assistance navigating services.

D. TRUST, CONFIDENTIALITY & PSYCHOLOGICAL SAFETY

- ☐ Confidentiality policies are clearly communicated.
- ☐ Individuals understand how personal information is protected.
- ☐ Service access is appropriately separated from performance management, promotion, or evaluation processes.
- ☐ Concerns about stigma and professional repercussions are actively addressed.
- ☐ Individuals report confidence in the confidentiality of available supports.
- ☐ Help-seeking is encouraged and normalized across the institution.

E. EQUITY, DIVERSITY, INCLUSION & ACCESSIBILITY

Inclusive Design

- ☐ Services are accessible to diverse populations and identities.
- ☐ Accessibility considerations are incorporated into physical and digital service delivery.
- ☐ Cultural safety principles are reflected in service design and delivery.
- ☐ Staff providing services receive appropriate training related to EDIA and inclusive practices.
- ☐ Equity considerations are incorporated into planning and evaluation processes.

Identifying and Addressing Barriers

- ☐ Language barriers are assessed and addressed.
- ☐ Scheduling barriers for shift workers, clinicians, and distributed sites are addressed.
- ☐ Services are responsive to the needs of international learners, faculty, and clinicians.
- ☐ Supports are available for individuals experiencing caregiving responsibilities, disability, or other accessibility needs.
- ☐ Equity-related barriers are regularly reviewed and addressed.

F. HEALTH SERVICE ENVIRONMENTS

- ☐ Private and confidential spaces are available for health-related appointments.
- ☐ Appropriate spaces exist for accommodation, recovery, lactation, and accessibility needs.
- ☐ Service locations are accessible and easy to navigate.
- ☐ Physical environments support privacy, dignity, and psychological safety.

For a more comprehensive assessment of physical environments and infrastructure, refer to Strategic Direction #2: Create Sustainable, Supportive, and Inclusive Spaces.

Faculty Health Services Self-Assessment Checklist

G. CULTURE & COMMUNITY

- ☐ Leaders visibly support health and wellbeing.
- ☐ Help-seeking is encouraged and supported.
- ☐ Psychological safety is actively promoted.
- ☐ Members of the academic medicine community feel supported in accessing services when needed.

H. EVALUATION & CONTINUOUS IMPROVEMENT

Assessment & Data

- ☐ Regular needs assessments are conducted.
- ☐ Service utilization data are collected and reviewed.
- ☐ Equity-related trends and barriers are monitored.
- ☐ User experience and satisfaction data are collected.
- ☐ Health service outcomes are evaluated where appropriate.

Quality Improvement

- ☐ Faculty, learners, staff, and researchers contribute feedback to service improvement efforts.
- ☐ Service gaps and opportunities are reviewed regularly.
- ☐ Findings are reported to leadership and governance structures.
- ☐ Service improvements are implemented and communicated.
- ☐ Benchmarking or comparison with peer institutions is used where appropriate.

Priority Areas for Action

What are our greatest strengths?

What are our greatest opportunities for improvement?

What are our top three priorities for the next 12 months?

1. _____
2. _____
3. _____

Who should be involved?

Examples of Health Service Supports and Initiatives

Institutions may strengthen faculty health services through a variety of approaches depending on their needs, resources, and context. Examples include:

Improving Access and Navigation

- Centralized health and wellbeing portals
- Service directories and referral pathways
- Faculty health navigators or case managers
- Telehealth and virtual care options

Expanding Available Supports

- Counselling and mental health services
- Occupational health services
- Peer support programs
- Coaching and mentorship initiatives
- Preventive health programs and screenings

Strengthening Communication and Awareness

- Orientation materials and onboarding resources
- "Where do I go if...?" navigation guides
- Awareness campaigns and regular service promotion

Supporting Continuous Improvement

- User experience surveys
- Service utilization reviews
- Anonymous feedback mechanisms
- Needs assessments and focus groups

Strategic Direction #6



Collaborate & Invest in Continuous Quality Improvement and Evaluation

Foster a culture of ongoing learning, adaptation, and improvement by using evidence, feedback, and evaluation to guide decision-making, strengthen accountability, and sustain health-promoting environments.

CQI & Evaluation: At-a-Glance

What is this strategic direction about?

Using evidence, feedback, evaluation, and quality improvement to strengthen decision-making, organizational learning, and sustained action.

Why does it matter?

Learning from experience helps institutions understand what is working, identify opportunities for improvement, and adapt their approaches over time.

What will I do here?

Explore practical approaches to evaluation, quality improvement, organizational learning, accountability, and continuous improvement.

What you'll find in this section

- Overview: Why CQI Matters
- Key Components of CQI & Evaluation
- Putting CQI & Evaluation into Practice
- Case Studies
- Explore Your Role in CQI & Evaluation
- Tools and Resources

Overview

Why CQI & Evaluation Matters

Creating health-promoting learning and work environments requires more than good intentions. To understand whether efforts are making a meaningful difference, institutions must be able to learn from experience, assess progress, and adapt over time.

Continuous improvement and evaluation provide the mechanisms for doing so. Together, they help institutions understand what is working, identify opportunities for improvement, and make informed decisions about where to focus resources and effort. They also help demonstrate accountability to learners, faculty, staff, leadership, accreditation bodies, and health system partners.

Importantly, evaluation is not simply about collecting more data. Many Faculties of Medicine already have access to surveys, utilization data, accreditation findings, human resources metrics, and feedback from learners, faculty, and staff. The challenge is often not a lack of information, but rather how that information is interpreted, shared, and translated into meaningful action.

Continuous improvement is most effective when evaluation, quality improvement, and governance work together. Measurement helps institutions understand their current state, quality improvement helps test and refine changes, and governance ensures that findings inform decisions and accountability.

Measurement without action is reporting. Continuous improvement requires governance, interpretation, and visible action.

How CQI & Evaluation Connects to Other Strategic Directions in the Okanagan Charter

Continuous improvement and evaluation help institutions understand what is working, identify opportunities for growth, and strengthen health-promoting environments over time. This work supports learning and accountability across all Strategic Directions.

Policy

Evaluation can inform policy development, implementation, review, and accountability.

Spaces

Assessment and feedback help identify opportunities to improve the accessibility, safety, inclusiveness, and effectiveness of environments.

Culture

Measurement and dialogue can help institutions understand cultural strengths, monitor progress, and address barriers to wellbeing and inclusion.

Personal Development

Evaluation can guide the design and improvement of learning, mentorship, coaching, and development initiatives.

Health Services

Data, feedback, and quality improvement approaches help strengthen access, coordination, responsiveness, and effectiveness of health services.

Key Components of Effective CQI & Evaluation

Continuous improvement is most effective when it is embedded within organizational structures, decision-making processes, and everyday practice. While approaches will vary across institutions, several key components consistently contribute to meaningful and sustainable improvement.

Key Components

- ★ Governance and Accountability
- ★ Purposeful Learning and Measurement
- ★ Multiple Sources of Evidence
- ★ Equity-Informed Evaluation
- ★ Quality Improvement and Adaptive Learning
- ★ Collaboration and Shared Learning
- ★ Closing the Loop

★ Governance and Accountability

Continuous improvement requires clear leadership, defined responsibilities, and structures that ensure findings inform decision-making.

Governance ensures that evaluation findings do not remain reports on a shelf. Effective governance structures create accountability for reviewing evidence, setting priorities, allocating resources, and acting on what is learned.

Examples may include:

- Clearly defined leadership and accountability structures.
- Integration of wellbeing priorities into strategic planning.
- Regular review and oversight of evaluation findings.

★ Purposeful Learning and Measurement

Effective evaluation begins with clarity about what is being measured and why. Data collection should be guided by improvement goals rather than the availability of measurement tools.

Evaluation should consider both indicators of challenge (e.g., burnout, distress, barriers) and indicators of strength (e.g., belonging, professional fulfillment, psychological safety, engagement, and meaningful participation).

Examples may include:

- Clearly defined evaluation questions.
- Meaningful indicators linked to institutional priorities.
- Use of validated and evidence-informed measures where appropriate.

Evaluation and data collection activities should comply with applicable privacy legislation, ethical requirements, and institutional policies.

★ Multiple Sources of Evidence

No single measure can fully capture the complexity of health-promoting learning and work environments. Effective evaluation combines multiple forms of evidence to create a more complete understanding of experiences, outcomes, and opportunities for improvement.

Examples may include:

- Quantitative data
- Qualitative insight and lived experience
- Operational, workforce, and organizational indicators

Evaluation, Quality Improvement, and Research: What's the Difference?

Evaluation:

Are we achieving what we intended to achieve?

Quality Improvement:

How can we improve processes and outcomes in real time?

Research:

What new knowledge can we generate that may be applicable beyond our institution?

While these approaches often overlap, this strategic direction focuses primarily on evaluation and quality improvement as tools for organizational learning and improvement.

★ Equity-Informed Evaluation

Evaluation should consider how experiences and outcomes may differ across groups and ensure that improvement efforts do not unintentionally reinforce inequities.

Examples may include:

- Inclusive and culturally responsive evaluation practices.
- Consideration of diverse perspectives and experiences.
- Attention to barriers, participation, and outcomes across groups.

★ Quality Improvement and Adaptive Learning

Continuous improvement depends on an institution's ability to learn, adapt, and respond to emerging information. Evaluation helps identify opportunities for improvement, while quality improvement supports the testing and refinement of changes over time.

Examples may include:

- Iterative learning and adaptation.
- Continuous monitoring and reflection.
- Use of improvement methodologies to guide change.

Continuous improvement focuses on patterns and progress over time rather than isolated results. Baseline assessments, repeat measurements, and ongoing review cycles help institutions understand whether changes are leading to meaningful improvement.

★ Collaboration and Shared Learning

Improvement efforts are strengthened when institutions learn from one another, share resources, and collaborate around common challenges.

Examples may include:

- Participation in collaborative networks.
- Sharing resources and promising practices.
- Benchmarking and cross-institutional learning.

While local context matters, greater alignment in approaches to measurement and evaluation can support benchmarking, reduce duplication, strengthen shared learning, and help build a more comprehensive understanding of wellbeing across Canadian medical education.

★ Closing the Loop

Evaluation builds trust when people can see how their input informs action. Closing the loop ensures that findings are communicated transparently and connected to visible improvements.

Examples may include:

- Sharing findings with the community.
- Communicating actions taken in response to feedback.
- Providing updates on progress and outcomes.

Closing the Loop in Practice

1. Collect information
2. Interpret findings
3. Take action
4. Communicate what changed
5. Repeat

Trust is strengthened when individuals can see how their feedback contributes to decisions, priorities, and tangible improvements. Low response rates are often not a lack of interest in wellbeing; they are a lack of confidence that feedback will lead to change.

Putting CQI & Evaluation Into Practice

Continuous improvement is not a single project, annual survey, or accreditation exercise. It is an ongoing cycle of learning, action, reflection, and adaptation. Effective Faculties of Medicine create systems that support continuous learning by gathering information, making sense of it, acting on what is learned, and revisiting progress over time.

A Continuous Improvement Cycle

- 1 Build Governance and Accountability
- 2 Clarify What You Are Trying to Improve
- 3 Review Existing Data and Evidence
- 4 Collect Additional Information Strategically
- 5 Interpret Findings Collaboratively
- 6 Test and Implement Changes
- 7 Share Findings and Close the Loop
- 8 Learn, Adapt, and Repeat

1 Build Governance and Accountability

Effective improvement efforts begin with clear leadership, responsibility, and oversight.

Potential actions may include:

- Establish a Health-Promoting Learning Environment (HPLE) or wellbeing working group.
- Define leadership roles and accountability structures.
- Integrate wellbeing priorities into strategic planning processes.
- Identify resources to support evaluation and improvement activities.
- Establish reporting and decision-making processes.

Questions to consider:

- Who is responsible for overseeing this work?
- How will findings inform decisions?
- How will accountability be maintained over time?

Improvement efforts are more likely to succeed when responsibility for evaluation, decision-making, and action is clearly defined.

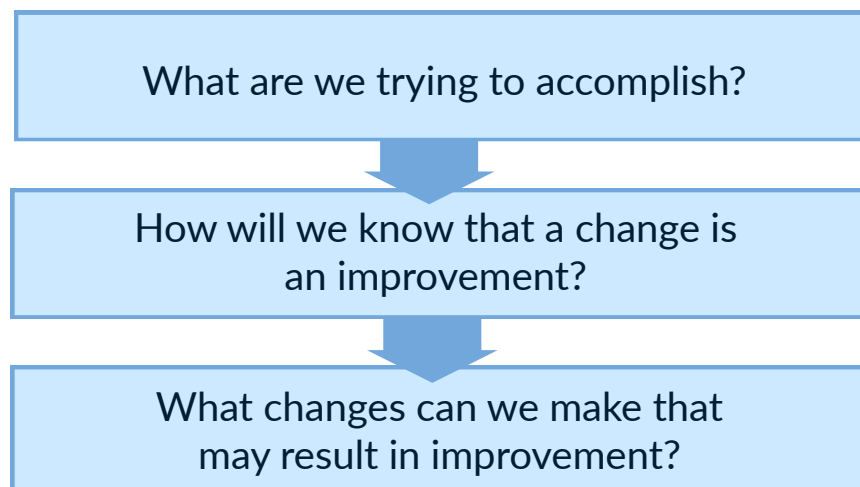
The Institute for Healthcare Improvement offers practical guidance on [Forming the Team](#).²⁹

2 Clarify What You Are Trying to Improve

Before collecting data, define the outcomes and experiences you hope to influence.

Potential actions may include:

- Identify strategic priorities and areas of concern.
- Define intended outcomes and indicators of success.
- Determine who is expected to benefit.
- Establish realistic expectations for improvement.



The Institute for Healthcare Improvement – Model for Improvement can be a helpful starting point.²⁹

3 Review Existing Data and Evidence

Many institutions already possess valuable information that can inform improvement efforts.

Potential actions may include:

- Review previous survey findings and reports.
- Examine human resources and workforce data.
- Consider accreditation findings and recommendations.
- Analyze service utilization and operational data.
- Review feedback gathered through committees, consultations, and focus groups.
- Explore external benchmark and comparison data.

Before Collecting New Data

Consider whether relevant information already exists through:

- Institutional surveys
- Accreditation reviews
- Human resources and workforce data
- Health service utilization data
- Workforce indicators
- Previous consultations and focus groups

Reviewing existing evidence can help identify priorities, reduce duplication, and prevent unnecessary data collection.

Canadian Medical Association National Physician Health Survey Reports

Provides national physician wellbeing data that can serve as a comparison point or contextual benchmark.¹

4 Collect Additional Information Strategically

When additional information is needed, collect data purposefully and proportionately.

Potential actions may include:

- Use validated instruments where appropriate.
- Conduct interviews, focus groups, or listening sessions.
- Implement pulse surveys or targeted assessments.
- Gather both qualitative and quantitative information.
- Minimize duplication and participant burden.

Only collect information that will help inform decisions, improvement efforts, or future action.

Important Consideration

More data is not always better data. Excessive surveying without visible action can contribute to survey fatigue and reduce trust in evaluation processes.

Match the Measurement to the Question

If you want to...	Consider...
Monitor participation	Attendance, uptake, engagement metrics
Understand experiences	Surveys, interviews, focus groups
Test a change	Pulse surveys, run charts, PDSA measures
Evaluate outcomes	Validated instruments
Generate new knowledge	Research studies

Helpful Resources

- [National Academy of Medicine Measure Inventory](#)
- [Canadian Evaluation Society Evaluation Competencies](#)

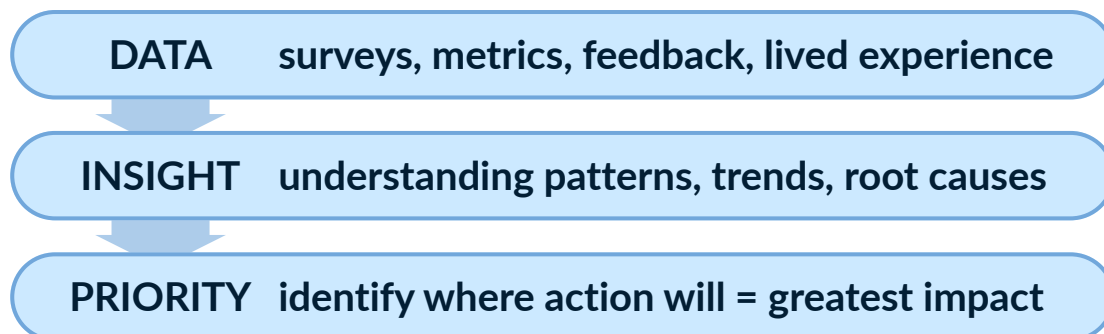
5 Interpret Findings Collaboratively

Data becomes meaningful when reviewed, discussed, and understood within context.

Potential actions may include:

- Review findings with key partners and interest holders.
- Explore trends, patterns, and contributing factors.
- Consider equity implications and unintended consequences.
- Combine quantitative findings with qualitative insight.
- Identify priority areas for action.

Focus on understanding what the information means, not simply what it says.



Canadian Evaluation Society Competencies for Canadian Evaluation Practice

could be a helpful resource for understanding principles of interpretation, partner engagement, and use-focused evaluation.

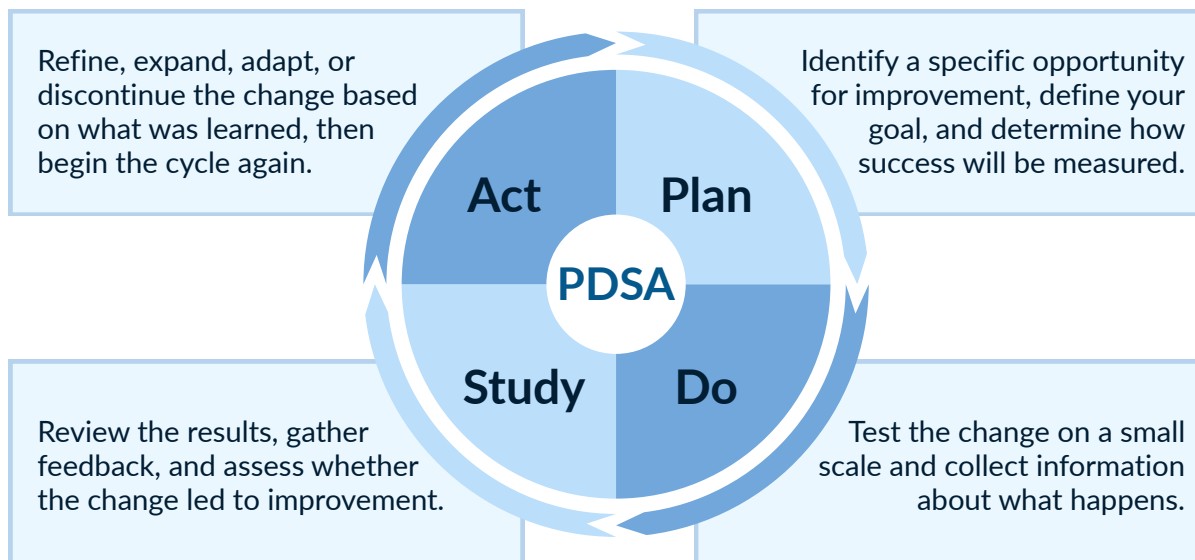
6 Test and Implement Changes

Use findings to guide improvement efforts and inform action.

Potential actions may include:

- Apply quality improvement methodologies such as PDSA cycles.
- Pilot new approaches on a small scale.
- Monitor implementation progress.
- Refine initiatives based on feedback and results.
- Scale successful approaches where appropriate.

Small, iterative improvements are often more sustainable than large-scale change efforts.



Helpful Resources:

[Institute for Healthcare Improvement – Plan-Do-Study-Act \(PDSA\) Cycle](#)²⁹

[Healthcare Excellence Canada – Readiness to Spread Assessment](#)³⁴

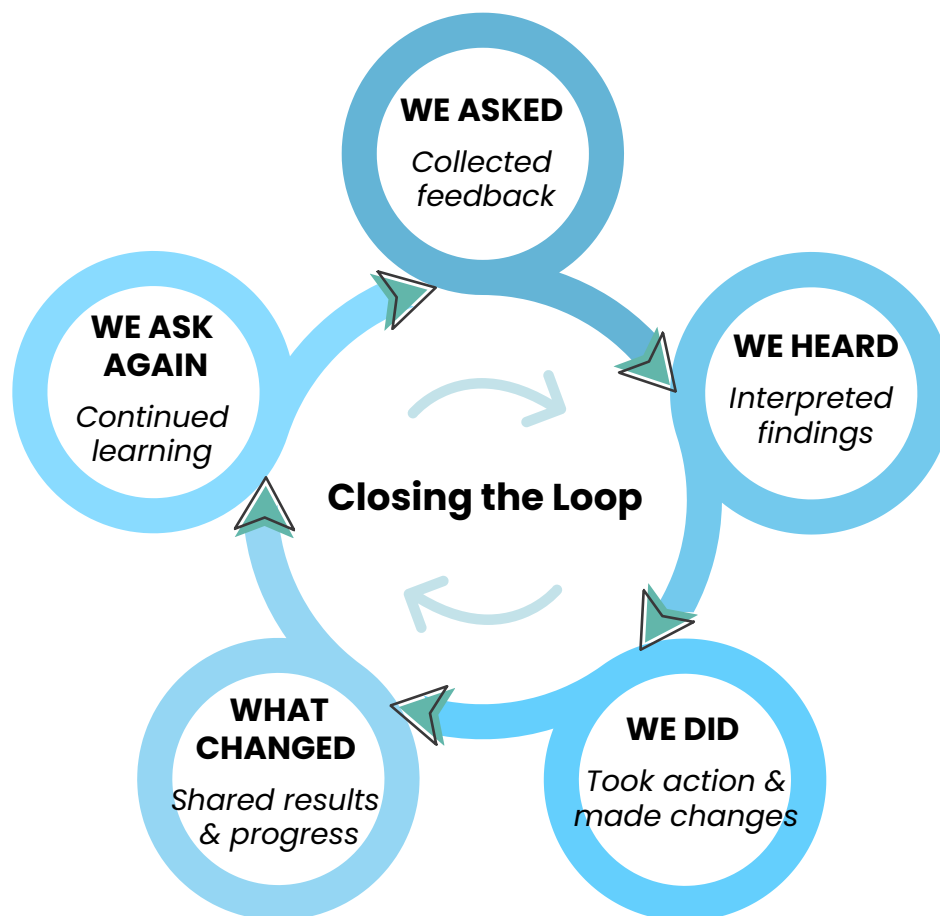
Once a change has shown promising results, this assessment can help determine whether it is ready to be expanded across departments, programs, sites, or institutions.

7 Share Findings and Close the Loop

Visible action strengthens trust and supports ongoing engagement.

Potential actions may include:

- Share findings with learners, faculty, staff, and partners.
- Communicate actions taken in response to feedback.
- Provide updates on progress and outcomes.
- Recognize contributions from participants and partners.
- Create opportunities for continued dialogue.



Trust is built when people can see how their feedback informs decisions, priorities, and tangible improvements.

8 Learn, Adapt, and Repeat

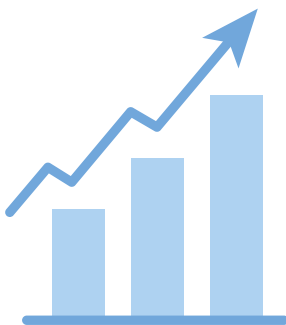
Continuous improvement is an ongoing process rather than a final destination.

Potential actions may include:

- Revisit priorities regularly.
- Monitor trends and outcomes over time.
- Adapt strategies as needs evolve.
- Embed evaluation into routine operations.
- Share learning across programs, departments, and institutions.

Examples of indicators of success:

- Increased engagement in evaluation activities.
- Improved confidence in evaluation and feedback processes.
- Evidence of action taken in response to feedback.
- Stronger collaboration across units and institutions.
- Improved alignment between priorities, initiatives, and outcomes.
- Demonstrated progress toward health-promoting learning and work environments.



The goal of continuous improvement is not to produce more reports. It is to create learning systems that help Faculties of Medicine make better decisions, strengthen health-promoting environments, and sustain meaningful change over time.

Case Studies

Continuous improvement is most meaningful when applied to real situations. These case studies illustrate common challenges faced in Faculties of Medicine and demonstrate how evidence, reflection, collaboration, and action can be used to guide improvement. As you work through each case, consider how the lessons might apply within your own context.

Case Study 1

We Keep Asking, But No One Is Answering

Case Study 2

The Canary in the Coal Mine

There is rarely a single cause, or a single solution. Many wellbeing challenges span multiple strategic directions and require coordinated, systems-level responses.

CQI & Evaluation Case Study #1

We Keep Asking, But No One Is Answering

The Scenario

A Faculty of Medicine launched an annual wellbeing survey for learners, faculty, staff, and researchers. Despite repeated reminders, response rates remain low, particularly among clinical faculty and residents.

Informal feedback suggests that many people feel "nothing ever changes" as a result of these surveys. Others express concerns about confidentiality, especially within smaller departments. Leaders are frustrated by the lack of data, while members of the faculty community are increasingly reluctant to participate. Trust in the evaluation process is beginning to erode.

The Challenge

The faculty is collecting wellbeing data, but participation continues to decline. Without sufficient engagement, it becomes difficult to understand community needs, evaluate progress, or identify priorities for improvement.

The challenge is not simply how to increase response rates, but how to rebuild trust and demonstrate that evaluation leads to meaningful action.

CQI & Evaluation Case Study #1

We Keep Asking, But No One Is Answering

Why This Matters

Low participation is often interpreted as survey fatigue or disengagement. However, it may also signal concerns about confidentiality, uncertainty about how information will be used, or a lack of confidence that feedback will result in change.

Effective evaluation depends on trust. When people do not see visible action resulting from their input, future participation and engagement often decline.

Where This Case Fits in CQI & Evaluation

Governance and Accountability - Clear ownership and accountability are needed to ensure feedback is reviewed, prioritized, and acted upon.

Purposeful and Meaningful Measurement - Evaluation efforts should be designed to inform decisions and improvements, not simply collect data.

Quality Improvement and Adaptive Learning - Feedback should be used to test changes, learn from results, and refine future approaches.

Closing the Loop - Trust is strengthened when participants can see how their input informs actions and improvements.

CQI & Evaluation Case Study #1

We Keep Asking, But No One Is Answering

Guided Reflection Questions

For Leaders and Decision-Makers

- What messages have we communicated about how wellbeing data is used?
- How often do we share findings and actions with the community?
- Are we collecting information that we are prepared to act upon?

For Faculty, Staff, Learners, and Researchers

- What would make participation feel worthwhile?
- What concerns exist around confidentiality or identification?
- What would increase confidence that feedback leads to change?

For System-Level Reflection

- Who is responsible for reviewing and acting on findings?
- How are priorities for action determined?
- How do we know whether evaluation processes are building or eroding trust?

CQI & Evaluation Case Study #1

We Keep Asking, But No One Is Answering

Apply This Case to Your Context

Consider a recent survey, consultation, listening session, or feedback process within your institution.

Consider the following:

- What information was collected?
- What actions followed?
- Were results shared with the community?
- Did participants see evidence that their input influenced decisions?
- What might improve participation and trust in future evaluation efforts?

CQI & Evaluation Case Study #1

We Keep Asking, But No One Is Answering

From Insight to Action - Tangible Solutions

Applying a Continuous Improvement Lens

1. What Evidence Already Exists?

Before launching another survey, review existing sources of information.

Examples may include:

- Previous wellbeing surveys
- Accreditation findings
- Focus groups and listening sessions
- Human resources data
- Health service utilization data
- Committee reports and recommendations

2. What Is the Real Problem?

Explore why participation may be declining.

Possible contributing factors include:

- Survey fatigue
- Concerns about confidentiality
- Lack of visible follow-through
- Competing demands and workload pressures
- Unclear purpose or value of participation

CQI & Evaluation Case Study #1

We Keep Asking, But No One Is Answering

From Insight to Action - Tangible Solutions

3. Which Strategic Directions May Be Contributing?

This challenge may involve multiple areas of the toolkit:

Policy

Are there clear expectations for reporting back on evaluation findings?

Culture

Do individuals trust that feedback will be used constructively?

Personal Development

Are leaders equipped to discuss findings and facilitate local improvements?

Health Services

Have previous evaluation findings informed visible improvements to supports and services?

Continuous Improvement and Evaluation

Are governance structures in place to review findings, prioritize actions, and close the loop?

CQI & Evaluation Case Study #1

We Keep Asking, But No One Is Answering

From Insight to Action - Tangible Solutions

4. What Improvement Actions Could Be Tested?

Potential actions may include:

- Coordinating evaluation activities across units to reduce duplication.
- Simplifying surveys and focusing on high-priority questions.
- Introducing alternative feedback mechanisms such as listening sessions or focus groups.
- Developing a formal "We Asked, We Heard, We Did" communication process.
- Establishing a wellbeing working group responsible for reviewing findings and monitoring follow-up actions.

5. How Would You Know If Improvement Is Occurring?

Possible indicators may include:

- Increased participation rates.
- Improved trust in evaluation processes.
- Greater awareness of actions taken in response to feedback.
- Increased engagement in consultations and improvement initiatives.
- Evidence of changes implemented as a result of community input.

CQI & Evaluation Case Study #1

We Keep Asking, But No One Is Answering

Key Takeaway

Low survey participation is often a symptom rather than the problem itself. Continuous improvement requires more than collecting information—it requires governance, trust, visible action, and ongoing communication. When people can see how their feedback informs decisions and improvements, engagement becomes more meaningful and sustainable.

CQI & Evaluation Case Study #2

The Canary in the Coal Mine

The Scenario

A Faculty of Medicine reviews its annual wellbeing survey results. Rates of burnout, moral distress, and emotional exhaustion are elevated across multiple groups, including learners, faculty, and staff. Leadership acknowledges the findings, but discussion quickly shifts toward questions about the data. Are these results driven by workload, culture, system pressures, broader societal stressors, or something else entirely? Why do some units appear to be struggling more than others? Do the results reflect temporary challenges or deeper organizational issues?

Some leaders argue that the findings are too nonspecific to guide action. Others worry that acting without clear evidence of causation could lead to ineffective interventions. As discussions continue, no concrete changes are implemented, and similar patterns appear in subsequent surveys.

The Challenge

The faculty has identified a concerning signal, but uncertainty about its meaning has created paralysis. Leaders are reluctant to act without definitive explanations, while members of the faculty community become increasingly frustrated that concerns continue to be measured but not addressed.

The challenge is not whether distress exists, but how to respond when evidence points to a problem before the root causes are fully understood.

CQI & Evaluation Case Study #2

The Canary in the Coal Mine

Why This Matters

In mining, canaries were once used as an early warning system for toxic gases. The canary could not identify the source of the danger, but it signaled that something required attention.

Wellbeing data often function in a similar way. Elevated burnout, moral distress, or psychological strain may not explain precisely what is wrong, but they can indicate that further exploration and action are needed.

Continuous improvement depends on recognizing these signals, investigating them thoughtfully, and responding proportionately rather than waiting for perfect certainty.

Where This Case Fits in CQI & Evaluation

Purposeful and Meaningful Measurement - Wellbeing measures can help identify areas of concern, even when the underlying causes are not yet fully understood.

Multiple Sources of Evidence - Survey findings are most useful when interpreted alongside qualitative feedback, operational data, and lived experience.

Quality Improvement and Adaptive Learning - Continuous improvement encourages organizations to test and refine responses rather than waiting for perfect certainty.

Interpretation and Sense-Making - Data become actionable when they are discussed, contextualized, and translated into priorities for improvement.

CQI & Evaluation Case Study #2

The Canary in the Coal Mine

Guided Reflection Questions

For Leaders and Decision-Makers

- What assumptions do we make when we see elevated distress scores?
- How much certainty do we believe is necessary before action should occur?
- What risks arise when we wait for definitive explanations before responding?

For Evaluation and Improvement Teams

- What additional information might help explain these findings?
- Are there patterns across roles, departments, career stages, or locations?
- What existing sources of evidence could help deepen understanding?

For Faculty, Staff, Learners, and Researchers

- Do these findings resonate with lived experience?
- What factors seem most connected to wellbeing challenges in your environment?
- What actions would demonstrate that leadership is taking these findings seriously?

CQI & Evaluation Case Study #2

The Canary in the Coal Mine

Apply This Case to Your Context

Consider a recent survey, report, or consultation that identified a concern within your institution.

Consider the following:

- How was the information interpreted?
- What additional evidence was sought?
- Were actions implemented while further learning continued?
- Did uncertainty lead to exploration, or did it delay decision-making?
- How might your institution respond differently in the future?

CQI & Evaluation Case Study #2

The Canary in the Coal Mine

From Insight to Action - Tangible Solutions

Applying a Continuous Improvement Lens

1. What Evidence Already Exists?

Before collecting additional information, review existing sources of evidence.

Examples may include:

- Wellbeing surveys
- Focus groups and listening sessions
- Accreditation findings
- Human resources and workforce data
- Turnover, absenteeism, or leave data
- Health service utilization data
- Incident reports or professionalism concerns

2. What Is the Signal Telling Us?

The goal is not to identify a single cause immediately, but to understand what the data may be signaling.

Possible contributing factors include:

- Workload and staffing pressures
- Moral distress related to system constraints
- Psychological safety concerns
- Inequities across roles, departments, or learner groups
- Barriers to support and recovery

CQI & Evaluation Case Study #2

The Canary in the Coal Mine

From Insight to Action - Tangible Solutions

3. Which Strategic Directions May Be Contributing?

This challenge may involve multiple areas of the toolkit:

Policy

Are workload, scheduling, accommodation, or leave policies contributing to strain?

Spaces

Do learning and work environments support restoration, connection, and wellbeing?

Culture

Are psychological safety, respect, and belonging being experienced consistently across the organization?

Personal Development

Do individuals have access to mentorship, coaching, reflection, and professional growth opportunities?

Health Services

Are supports accessible, trusted, and responsive to community needs?

Continuous Improvement and Evaluation

Are findings being interpreted, discussed, and acted upon in a structured way?

CQI & Evaluation Case Study #2

The Canary in the Coal Mine

From Insight to Action - Tangible Solutions

4. What Improvement Actions Could Be Tested?

Potential actions may include:

- Conducting focused consultations within areas experiencing elevated distress.
- Reviewing workload, scheduling, or staffing patterns.
- Implementing targeted pilot initiatives in high-concern units.
- Increasing opportunities for dialogue and feedback.
- Strengthening leadership visibility and communication around wellbeing priorities.

The goal is not to solve every issue immediately, but to begin learning through action.

5. How Would You Know If Improvement Is Occurring?

Possible indicators may include:

- Improved wellbeing survey results over time.
- Increased psychological safety and trust.
- Reduced reports of distress or moral strain.
- Greater engagement in improvement initiatives.
- Positive feedback regarding organizational responsiveness.

CQI & Evaluation Case Study #2

The Canary in the Coal Mine

Key Takeaway

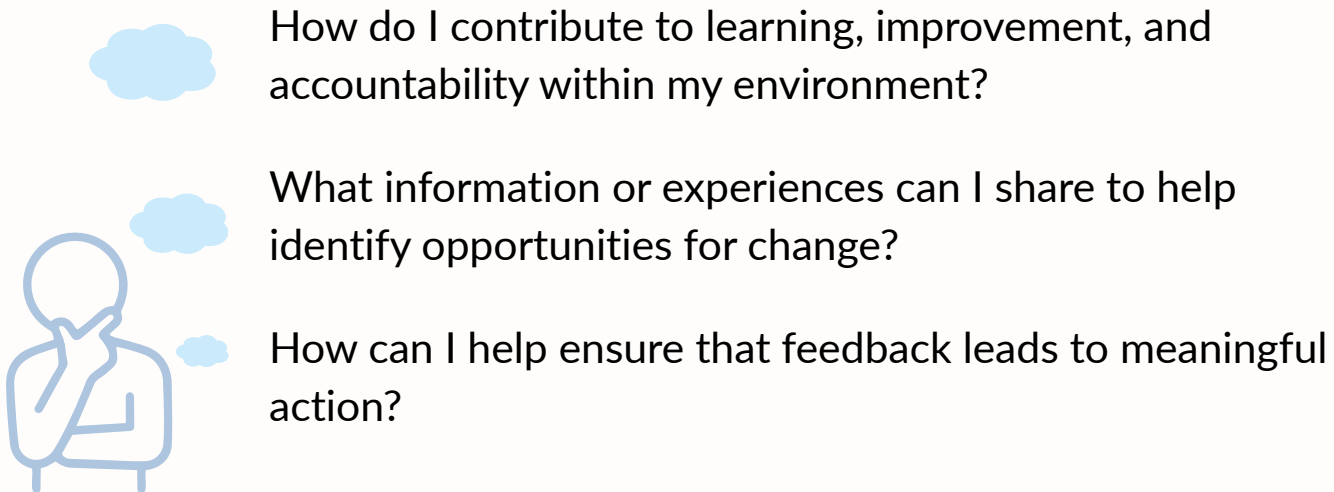
Wellbeing data are often early warning signals rather than definitive explanations. Continuous improvement does not require perfect certainty before action can begin. By combining multiple sources of evidence, exploring patterns thoughtfully, and testing proportionate responses, Faculties of Medicine can learn from the signal rather than becoming stalled by the search for a single cause.

Exploring Your Role in CQI and Evaluation

Continuous improvement depends on collective learning. While evaluation specialists and institutional leaders often guide improvement efforts, meaningful change requires participation from everyone who experiences, delivers, or influences learning and work environments.

This section explores how different roles contribute to feedback, learning, decision-making, and ongoing improvement.

Reflect on Your Role



Moving from Data to Action

Continuous improvement is not the responsibility of a single committee or leader. Sustainable change occurs when individuals across the institution contribute to a culture of learning, reflection, and shared accountability.

Exploring Your Role in CQI & Evaluation

Senior Leadership & Governance

Senior leaders create the conditions that allow continuous improvement to occur. By establishing priorities, allocating resources, and embedding accountability into governance structures, they help ensure evaluation findings lead to meaningful action.

How This Role Contributes to Continuous Improvement & Evaluation

- Embed wellbeing and continuous improvement into strategic plans and governance structures.
- Allocate financial, human, and analytical resources to support evaluation and improvement activities.
- Establish clear accountability for reviewing findings and implementing change.
- Support cross-functional collaboration across academic, clinical, research, and administrative environments.
- Promote transparency by communicating progress, challenges, and lessons learned.
- Align local efforts with accreditation requirements, institutional priorities, and broader initiatives.

Visible action builds credibility. People are more likely to engage in evaluation when they see leaders responding to what is learned.

Exploring Your Role in CQI & Evaluation

Operational Leadership & Staff

Operational leaders and staff help translate strategy into practice. They coordinate evaluation activities, support implementation efforts, and help teams use information to drive practical improvements.

How This Role Contributes to Continuous Improvement & Evaluation

- Coordinate local evaluation and quality improvement activities.
- Reduce duplication and survey fatigue by aligning feedback processes.
- Support teams in interpreting findings and identifying opportunities for improvement.
- Facilitate implementation of local improvement initiatives.
- Monitor progress and communicate outcomes.
- Escalate barriers, resource needs, and emerging concerns to leadership.

Focus on making improvements visible. Small changes that are implemented and communicated often build more trust than large plans that remain unseen.

Exploring Your Role in CQI & Evaluation

Academic & Clinical Faculty

Faculty members contribute practical insight into how policies, systems, learning environments, and workflows affect wellbeing. Their experiences help ensure improvement efforts remain grounded in day-to-day realities.

How This Role Contributes to Continuous Improvement & Evaluation

- Participate in evaluation, reflection, and improvement activities.
- Share insights into barriers, challenges, and opportunities within learning and clinical environments.
- Support a culture that values feedback and continuous learning.
- Help identify emerging issues affecting learners, colleagues, and teams.
- Participate in testing and refining changes within educational and clinical settings.
- Promote approaches that support wellbeing alongside educational and patient care excellence.

Continuous improvement does not always require large-scale change. Identifying and addressing small, local barriers can have meaningful impact over time.

Exploring Your Role in CQI & Evaluation

Learners & Trainees

Learners and trainees bring valuable lived experience and often identify emerging issues before they become visible through formal reporting processes. Their perspectives help ensure improvement efforts reflect the realities of learning environments.

How This Role Contributes to Continuous Improvement & Evaluation

- Share experiences through surveys, focus groups, consultations, and feedback processes.
- Help identify emerging concerns and areas requiring attention.
- Participate in co-design and improvement initiatives.
- Contribute to interpreting findings from a learner perspective.
- Advocate for transparency and accountability in evaluation processes.
- Support respectful dialogue and constructive engagement.

Your perspective is a form of evidence. Lived experience provides important context that helps organizations understand what data alone cannot explain.

Exploring Your Role in CQI & Evaluation

Researchers & Scientists

Researchers and scientists contribute methodological expertise, systems thinking, and a commitment to evidence-informed decision-making. They help strengthen evaluation practices and bring attention to the unique realities of research environments.

How This Role Contributes to Continuous Improvement & Evaluation

- Bring expertise in measurement, evaluation, and data interpretation.
- Apply systems thinking to understand complex organizational challenges.
- Identify wellbeing issues and opportunities within research environments.
- Support evidence-informed decision-making and improvement efforts.
- Translate local findings into scholarship and shared learning.
- Strengthen the evidence base for health-promoting learning and work environments.

Research and quality improvement serve different but complementary purposes. Researchers can help ensure improvement efforts are both practical and evidence-informed.

Exploring Your Role in CQI & Evaluation

Moving Forward Together

Continuous improvement is most effective when evaluation, quality improvement, and decision-making are connected. Whether gathering feedback, interpreting findings, testing changes, or communicating results, every role contributes to creating an institution that learns from experience and acts on what it learns.

How We Contribute Collectively

- Gather and share meaningful information.
- Listen to diverse perspectives and lived experiences.
- Use evidence to guide decisions and improvement efforts.
- Act on findings and communicate progress.
- Learn from successes, challenges, and setbacks.
- Support a culture of curiosity, reflection, and accountability.

Measurement informs improvement, but action creates it.

Tools & Resources

The tools and resources in this section are designed to support practical evaluation, quality improvement, and organizational learning. Whether you are planning an initiative, selecting measures, interpreting findings, or communicating results, these resources can help translate insight into action.

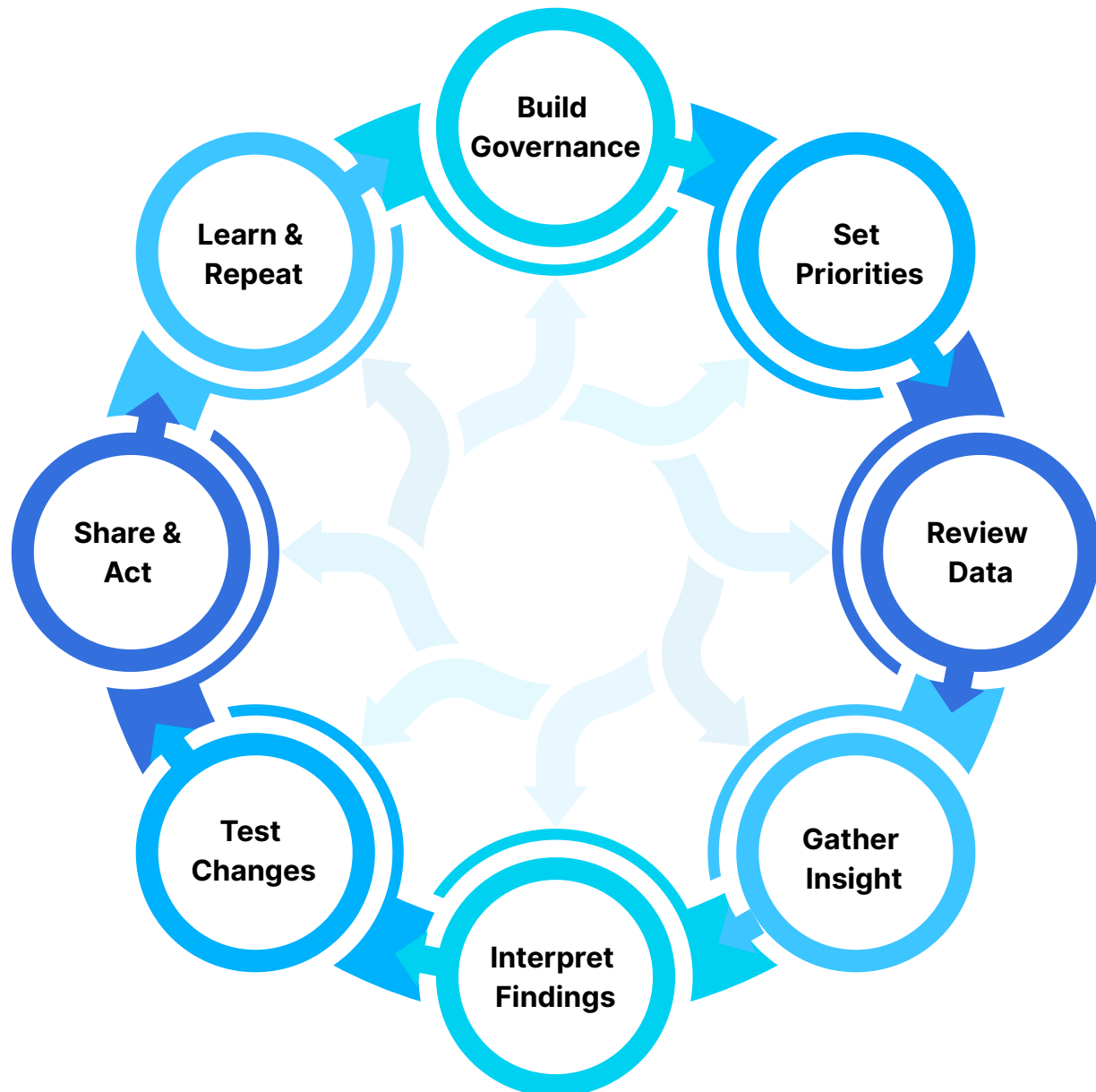
What you'll find in this section

- Infographic: Continuous Improvement Learning Cycle
- Continuous Improvement Planning Template
- We Asked, We Heard, We Did Template
- Measurement Quick Guide
- Building a Balanced Measurement Approach
- Commonly Used Wellbeing Measures in Academic Medicine

Adapt and use what is most relevant to your context.

Continuous Improvement Learning Cycle

A practical roadmap for learning, action, and sustained improvement in Faculties of Medicine.



**Continuous improvement is not about collecting more data.
It's about creating systems that learn and improve over time.**

Continuous Improvement Planning Template

Use this template to identify an opportunity for improvement, plan a response, monitor progress, and capture learning over time. It can be used for initiatives related to policy, spaces, culture, personal development, health services, or broader organizational priorities.

1. Improvement Opportunity

What issue, challenge, opportunity, or area of concern has been identified?

Opportunity for Improvement:

Why is this important?

2. Governance and Accountability

Who will oversee this work?

- ☐ Working group
- ☐ Department
- ☐ Committee
- ☐ Leadership team
- ☐ Other: _____

Project Lead(s):

Key Partners Involved:

- ☐ Learners/Trainees
- ☐ Faculty
- ☐ Staff
- ☐ Researchers
- ☐ Clinical Leaders
- ☐ Health System Partners
- ☐ EDIA Representatives
- ☐ Other: _____

3. Clarify Priorities

What are we trying to improve?

Who is expected to benefit?

What would success look like?

Continuous Improvement Planning Template

4. Review Existing Information

What do we already know?

- | | |
|--|---|
| ☐ Survey results | ☐ Accreditation findings |
| ☐ Focus groups/listening sessions | ☐ Incident reports |
| ☐ HR/workforce data | ☐ Previous evaluations |
| ☐ Service utilization data | ☐ Other: _____ |

Key findings or observations:

5. Additional Information Needed

If yes:

Do we need more information before taking action? ☐ Yes | ☐ No

Information Needed	Method	Responsibility

6. Improvement Actions

What changes will be tested or implemented?

Action	Lead	Timeline

Will this begin as a small-scale test (PDSA)? ☐ Yes | ☐ No

Continuous Improvement Planning Template

7. Indicators of Progress

How will we know whether improvement is occurring?

Outcome Measures

Examples:

- Burnout
- Psychological safety
- Belonging
- Professional fulfillment

Process Measures

Examples:

- Participation
- Resource utilization
- Completion of activities

Qualitative Feedback

Examples:

- Focus groups
- Open-ended feedback
- Listening sessions

8. Learning, Communication, and Next Steps

What did we learn?

What actions were taken?

How will results be communicated?

- ☐ Leadership reports
- ☐ Department meetings
- ☐ Website/newsletter
- ☐ "We Asked, We Heard, We Did" update
- ☐ Other: _____

Next Steps

- ☐ Continue
- ☐ Adapt
- ☐ Expand
- ☐ Pause
- ☐ Reassess

Comments:

We Asked, We Heard, We Did Template

Use this template to communicate how feedback, evaluation findings, and lived experiences have informed decisions and improvement efforts. Sharing what was learned and what actions were taken helps build trust, accountability, and engagement.

Topic or Initiative

Project, survey, consultation, or improvement initiative:

Date:

Participants:

We Asked

What information did we seek? Questions explored:

We Heard

Key Themes - What did participants tell us?

Theme	What We Heard

Strengths Identified - What is working well?

Opportunities for Improvement - What areas require attention?

We Asked, We Heard, We Did Template

We Did

What We Heard	Action Taken

What Happens Next?

Actions Currently Underway

Areas Requiring Further Exploration

How Progress Will Be Monitored

- ☐ Survey follow-up
- ☐ Focus groups
- ☐ Pulse checks
- ☐ Operational data
- ☐ PDSA cycle
- ☐ Other: _____

Thank You!

Your feedback helps guide continuous improvement efforts. While not every suggestion can be implemented immediately, all input contributes to understanding priorities, identifying opportunities, and strengthening health-promoting learning and work environments.

Measurement Quick Guide

Matching Questions to Measures

To understand...	Consider measuring...	Common Approaches:
How people are feeling	Wellbeing, burnout, belonging, psychological safety, professional fulfillment	Validated surveys, pulse surveys
If improvement efforts are being implemented	Participation, uptake, completion of activities, implementation milestones	Process measures, tracking tools, project dashboards
Whether people are engaging	Attendance, survey response rates, participation in consultations or co-design	Engagement metrics
How people experience the environment	Culture, inclusion, professionalism, team functioning, learning environment	Culture surveys, focus groups, interviews
Why a problem may be occurring	Context, barriers, lived experiences, root causes	Focus groups, listening sessions, interviews, open-text feedback
Whether changes are leading to improvement	Trends over time	Run charts, pulse checks, repeated measures
Whether unintended consequences are occurring	Workload burden, equity impacts, participation fatigue	Feedback processes, consultations, equity review

Matching the Method to the Purpose

Purpose	Common Approaches
Explore a concern	Listening sessions, interviews, focus groups
Establish a baseline	Survey, needs assessment, environmental scan
Monitor implementation	Process measures, tracking tools
Test a change	PDSA cycles, run charts, pulse checks
Understand lived experience	Qualitative feedback and storytelling
Evaluate outcomes	Validated measures and repeated assessment
Inform decision-making	Multiple sources of evidence interpreted together

Looking Beyond Burnout: Building a Balanced Measurement Approach

One of the most common questions in health-promotion and wellbeing work is: *What should we measure?*

There is no single measure of wellbeing or organizational improvement. Effective continuous improvement relies on multiple sources of information that, when viewed together, help organizations understand whether people are being supported, conditions are improving, and systems are becoming more responsive over time.

Rather than searching for a single "wellbeing score," Faculties of Medicine are encouraged to develop a balanced measurement approach that combines outcome measures, process measures, engagement indicators, and lived experience.

1. Wellbeing and Experience Measures

These measures help track how people are feeling and functioning over time.

Examples may include:

- Burnout
- Professional fulfillment
- PPC Safety
- Sense of belonging
- Moral distress
- Workload perception
- Stress and recovery

What these measures can tell you:

- Whether wellbeing appears to be improving or worsening
- Which groups may be experiencing greater challenges
- Where further exploration may be required

2. Process and Implementation Measures

These measures assess whether improvement efforts are being implemented as intended.

Examples may include:

- Participation in leadership development
- Uptake of wellbeing supports & services
- Use of peer support programs
- Completion of quality improvement initiatives or PDSA cycles
- Availability of protected time
- Progress on planned actions

What these measures can tell you:

- Whether initiatives are being implemented as intended
- Where barriers to implementation may exist
- Whether early improvements are occurring before outcomes change

Looking Beyond Burnout: Building a Balanced Measurement Approach

3. Engagement Measures

These measures help determine whether improvement efforts feel relevant, accessible, and worthwhile.

Examples may include:

- Survey participation rates
- Attendance at events and initiatives
- Participation in consultations or focus groups
- Involvement in co-design activities
- Utilization of feedback opportunities

What these measures can tell you:

- Whether people trust the process
- Whether initiatives feel relevant and worthwhile
- Whether barriers to participation exist

4. Culture and Learning Environment Measures

These measures assess the organizational conditions that influence wellbeing.

Examples may include:

- Psychological safety
- Respect and inclusion
- Professionalism
- Team functioning
- Learning environment indicators
- Experiences of belonging or exclusion

What these measures can tell you:

- How people experience the learning and work environment
- Whether organizational conditions support wellbeing
- Where systems-level improvement may be needed

5. Qualitative Insight and Lived Experience

Numbers rarely tell the whole story. Qualitative information helps explain why patterns exist and what changes may be most helpful.

Examples may include:

- Focus groups
- Listening sessions
- Open-text survey responses
- Interviews
- Narrative feedback
- Reflective discussions

What these measures can tell you:

- Why challenges may be occurring
- What people are experiencing
- Which solutions may be most meaningful and feasible

Stories help explain the numbers. The strongest evaluation approaches combine both.

Looking Beyond Burnout: Building a Balanced Measurement Approach

6. Monitoring for Unintended Consequences

Improvement efforts should be evaluated not only for impact, but also for potential burden or unintended effects.

Examples may include:

- Workload implications
- Administrative burden
- Equity impacts across groups
- Participation burden
- Perceptions of performative activity
- Unanticipated barriers created by new initiatives

What these measures can tell you:

- Whether initiatives are creating new challenges
- Whether benefits are being experienced equitably
- Whether improvement efforts remain sustainable over time

Bringing It All Together

No single measure can capture the complexity of a health-promoting learning environment.

Effective continuous improvement relies on multiple, imperfect measures viewed together. Burnout scores, participation rates, culture indicators, implementation measures, and lived experiences each provide part of the picture. Meaningful evaluation comes from interpreting these sources collectively and using them to guide learning, decision-making, and action.

Key Message

The goal is not to create a single wellbeing score. The goal is to understand whether conditions are improving, people are being supported, and systems are becoming more responsive over time.

Further Reading

- Canadian Medical Association *National Physician Health Survey*¹
- Li H, Upreti T, Do V, Goldberg A, et al. *Measuring Wellbeing: A Scoping Review of Metrics and Studies Measuring Medical Student Wellbeing Across Multiple Timepoints*³⁵

Commonly Used Wellbeing Measures in Academic Medicine

A variety of tools are available to assess wellbeing, burnout, professional fulfillment, and related concepts in academic medicine. No single instrument is appropriate for every situation. Selection should be guided by your goals, population, available resources, and intended use of the results.

This quick reference highlights several commonly used measures in medical education and healthcare settings.

Measure	Primarily Measures	Common Uses	Considerations
Professional Fulfillment Index (PFI) ³⁶	Professional fulfillment, work exhaustion, interpersonal disengagement	Faculty, physicians, learners, healthcare professionals	Commonly used in academic medicine and physician wellbeing initiatives
Well-Being Index (WBI) ³⁷	Distress, fatigue, burnout risk, quality of life	Physicians, learners, healthcare professionals	Brief tool with benchmarking opportunities
Maslach Burnout Inventory (MBI) ³⁸	Emotional exhaustion, depersonalization, personal accomplishment	Research and organizational assessment	Widely recognized but requires licensing and associated costs
Copenhagen Burnout Inventory (CBI) ³⁹	Personal, work-related, and client-related burnout	Healthcare, education, organizational settings	Open access and commonly used internationally
Mini-Z ⁴⁰	Burnout and workplace conditions	Healthcare organizations and quality improvement initiatives	Brief and practical for organizational use
Oldenburg Burnout Inventory (OLBI) ⁴¹	Exhaustion and disengagement	Workplace and academic settings	Open-access alternative to the MBI
PROMIS Measures ⁴²	Mental, physical, and social health domains	Research, clinical assessment, organizational evaluation	Flexible and available across multiple health domains

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