

Fraser Health Physician Health &
Safety Regional Working Group

Leadership Coaching Pilot

Final Report

VERSION 2.0
APRIL 26, 2022

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Leadership Coaching Pilot FINAL REPORT			Date
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FINAL REPORT - RECORDS OF CHANGE			
Revision		Description	Issue Date
1.0	Draft Version	Initial draft	Mar 24, 2022
1.1	Draft Version	Updated based on feedback from Working Group review	April 6, 2022
2.0	Final Version	Reviewed and approved by Fraser Regional Physician Health & Safety Working Group	April 26, 2022

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1. Glossary

Acronym	Description
ARH	Abbotsford Regional Hospital
FH	Fraser Health
LMH	Langley Memorial Hospital
MOA	Memorandum of Agreement
OHS	Occupational Health & Safety
OR	Operating Room
MOA	Memorandum of Agreement
MSA	Medical Staff Association
RCH	Royal Columbian Hospital
RMH	Ridge Meadows Hospital
PMA	Physician Master Agreement
RMD	Regional Medical Directors
SMH	Surrey Memorial Hospital

2. Executive Summary

In an effort to support physicians' physical and psychological health & safety in the workplace, Doctors of BC and each regional health authority, has a shared commitment to address gaps in services and identify opportunities for initiatives through the Memorandum of Agreement (MOA) on Physical/Psychological Safety. Also known as the Physician Health and Safety Agreement, the MOA was established as part of the 2019 Physician Master Agreement (PMA). It outlines the necessary ground work for regional committees and working groups to be established, as well as Occupational Health & Safety (OHS) recommendations to be developed that support physician physical and psychological health & safety. Further, the Agreement provides funding for committees and working groups, including the Fraser Regional Physician Health & Safety Working Group, to initiate and implement activities that support this work.

The emergence of COVID-19 in 2020 put increased pressures and stressors on leaders throughout the entire healthcare system. Leaders were quickly being relied upon to guide their teams through the COVID-19 pandemic. In an effort to strengthen Operating Room (OR) medical and administrative leaders' relationships, and ability to collaborate in driving team effectiveness and resilience, the Leadership Coaching Pilot was initiated for the OR Surgical and Anesthesia networks. The intervention would see Leadership Coaching done in dyads of OR medical and administrative leaders' with the aim of helping leaders deepen their awareness and effectiveness, identify challenges and opportunities more clearly, build resilience, and expand their "systems" perspectives - all of which is critical for ensuring that high-quality patient care is delivered.

Key Findings

- OR Regional Medical Directors (RMDs), and Fraser Health (FH) Surgical/Anesthesia Network Executive Director were committed to putting in the effort to generate interest in leadership coaching dyad interventions amongst their leaders.
- Initial feedback from the leadership coaches indicated leaders expressed uncertainty about whether "they" needed this intervention. The coaches were not successful in finding a "way in".

- Despite all efforts, no OR leaders enrolled in the Leadership Coaching dyad interventions due to various reasons (stress, burnout, shifting surgical renewal strategies, etc.)
- OR RMDs and the FH Surgical/Anesthesia Network Executive Director recognized their leaders within the healthcare “system” were struggling and identified a need to shift the focus to wellness before engaging in Leadership Coaching.
- The OR RMDs proposed hosting a session that would begin conversations about leader wellness and allow opportunity for leaders to engage with colleagues throughout their network and reflect on the impacts, challenges and learnings of the past two years.
- A *Wellbeing in Times of COVID-19* session was planned and facilitated by the leadership coaches on January 20, 2022. Session participants completed a reflective survey and responses validated the *Wellbeing in Times of COVID-19* session was valuable, and 100% of them would recommend it to a colleague.

Recommendations

1. Ensure projects or initiatives approved by the Working Group have formal project management support from the onset.
2. That the Leadership Coaching Pilot, as it was stood up, be closed off, and for a net new project to be started for any groups interested in leadership coaching.
3. New leadership coaching projects should be initiated with preliminary information-sharing sessions to identify gaps, barriers, and challenges as well as potential mitigation strategies.
4. Provide opportunities for in-person meetings and events when possible to address physicians’ desire to resume in-person connections

3. Background

a. Project description

In spring 2020, OR leadership teams were identified as a vulnerable group in light of increased pressures and stressors brought on by the COVID-19 pandemic. Given the critical importance of aligned leadership to ensure quality care, a dyad intervention was designed to strengthen OR medical and administrative leaders’ relationships and ability to collaborate in driving team effectiveness and resilience. The focus would be to target the following sites as priorities:

- Surrey Memorial Hospital (SMH)
- Royal Columbian Hospital (RCH)
- Abbotsford Regional Hospital (ARH)

The OR RMDs, and FH Surgical/Anesthesia Network Executive Director were forthcoming around the challenges of engaging leaders in the Leadership Coaching work and with the leadership coaches brainstormed various approaches to engage and enroll OR teams. The leadership coaches provided some speaking notes that RMDs could use to reach out directly by phone to leaders on their teams with the goal of generating interest. The hope was to generate enough interest to get agreement to first engage in discovery conversations, which would result in a commitment to the Leadership Coaching process. If they were successful at engaging leaders, this work could start in January 2021.

Despite attempts by the leadership coaches, RMDs, or the FH Surgical/Anesthesia network Executive Director to get leaders to enroll in the Leadership Coaching dyad intervention, there was no success by May

2021. On June 4, 2021, another meeting was held with the RMDs, the Fraser Regional Physician Health & Safety Working Group physician representative, and the FH Psychological Safety Leader to discuss potential next steps. During that meeting feedback was brought forward that the intended leadership coaching approach had identified that some of the OR teams needed basic “leadership 101” to help them work better together and some discrete development work with departments may be needed to build on leadership skills, before a dyad intervention. Next steps at that point included scheduling a design session in August 2021 with the leadership coaches and RMDs to determine what kind of development the leaders needed, identify key focus areas, and how to best deliver a session. However, time and capacity constraints were still barriers and no meeting was scheduled for August. During this time, a Project Lead was integrated into the project to help keep the momentum going for the project and ensure all stakeholders were aware and accountable for their action items and next steps.

Fraser Regional Physician Health & Safety Working Group members, Dr. Dayan Muthayan (Fraser Health) and Eileen Janel (Doctors of BC) also attempted to spread awareness about the project and generate interest from other FH departments when they presented at Medical Staff Association (MSA) Presidents’ Council meetings and FH Regional Medical Directors meetings between September and November 2021. In addition, Physician Health & Safety Working Group physician representative, Dr. Lawrence Yang had initiated patient partner work and created a [report](#) and YouTube trailer, [Patient Voices and Psychological Safety in the OR](#), that had direct relevance to psychological safety within health care teams in the OR.

As of October 2021 there were still no leaders enrolled in the Leadership Coaching dyad intervention. A follow-up meeting was scheduled with the OR RMDs and FH Surgical/Anesthesia Network Executive Director to determine relevant next steps for moving the project forward, or make the decision to not continue with the leadership coaching dyad intervention. Given the state of the COVID-19 pandemic and emergence of new variants, combined with additional stressors their leaders were experiencing, a request was made by the RMDs and FH Surgical/Anesthesia Network Executive Director to pause the dyad intervention enrollment efforts for leadership coaching, and focus on wellbeing. They acknowledged the value in the Leadership Coaching project, but wanted to scale down what had originally been proposed for Leadership Coaching and come up with a way to break it down so that the concept of shared leadership might be absorbed, emphasizing physician wellbeing as a foundational component of collaborative leadership. They believed wellness conversations would end up influencing how their leaders lead, and rather than get individual groups to take time for wellness, they wanted to create conditions and space for their leaders to step into wellness. The OR RMDs and FH Surgical/Anesthesia Network Executive Director proposed amending the original project from enrolling in a dyad intervention, to now plan and host a session that focused on wellbeing for their team. The proposition was brought forward to the Fraser Regional Physician Health & Safety Working Group and approved.

A brief planning session was held in December 2021, and on January 20th, 2022, the OR RMDs and FH Surgical/Anesthesia Network Executive Director hosted a *Wellbeing in Times of COVID-19* session that was facilitated by the leadership coaches. There were of 17 physician leaders who attended the session and 91.7% of survey respondents (11 of 12) agreed that the session was valuable, and 100% would recommend the session to a colleague. One of the emerging trends throughout the *Wellbeing in Times of COVID-19* session was the yearning for in-person connection. Anecdotal feedback and even some survey responses validated that physician leaders want to resume in-person meetings, have more interpersonal connections, and value the importance of working as a team. In addition, they expressed a desire for mentorship. The reflective survey summary was shared with the coaches, RMDs, and FH Surgical/Anesthesia Network

Executive Director and they have committed to keeping the conversations going with their teams at network meetings and establishing strategies for connecting leaders' together for mentoring.

b. Project objectives

The original objectives established for the Leadership Coaching project included:

- Improved ability to effectively manage change under pandemic conditions
- Clear and visibly aligned leadership and vision
- Increased role clarity between leaders
- Enhanced ability to meet operational targets
- Medical staff/staff feel better supported by their leaders
- Improved team engagement and functioning
- Decreased stress and burnout among medical staff/staff

Amended objectives for *Wellbeing in Times of COVID-19* session

Once it was determined that the original project needed to be amended due to lack of enrollment by leaders into leadership coaching dyad interventions, the original objectives didn't change, but the focus of the *Wellbeing in Times of COVID-19* session was for attendees to:

- Engage with colleagues throughout the Perioperative network and reflect on the impacts, challenges and learnings of these past two years
- Explore some perspective on how, together, conditions can be created that enable us and those around us to flourish, despite the vast complexities and uncertainties in our environment
- Discuss a very useful framework for understanding the social and leadership impacts of the brain under stress

c. Project scope

The original scope of the Leadership Coaching project was to:

- Complete a full cycle of leadership coaching within 4 months (or less) of project initiation
- 7.5 to 15.5 hours of coaching (time required would vary between groups)

Amended scope for *Wellbeing in Times of COVID-19* session

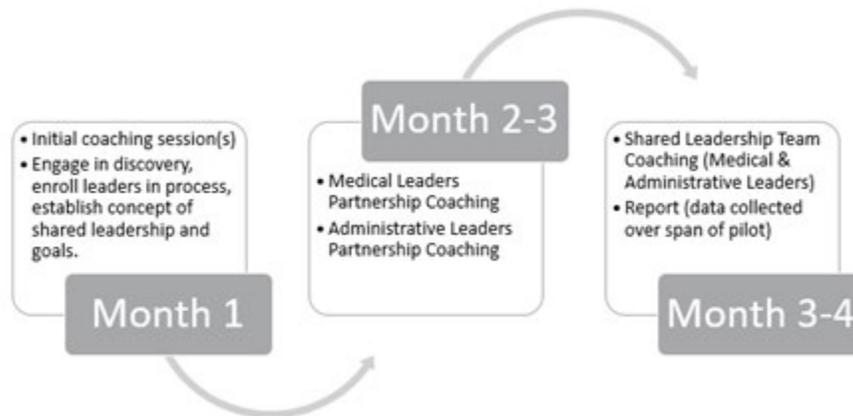
When the project was amended in Oct 2021 after no leaders enrolled in the Leadership Coaching dyad intervention, the scope was amended to:

- Plan/design a session that focuses on leaders' wellbeing
- Host a *Wellbeing in Times of COVID-19* session facilitated by the leadership coaches for the Perioperative Network leadership team (leaders and department heads)
- Gather session feedback for evaluation

4. Outcome

a. Process

The original process structure for Leadership Coaching is outlined below:



Process Structure	
Initial Session (1.5 hrs.) – Coach, RMD, Manager, Director, Surgery and Anesthesia Department Heads	<ul style="list-style-type: none"> • Engage in discovery • Enroll leaders in process • Establish concept of shared leadership and goals for process
Potential Readyng steps	<ul style="list-style-type: none"> • Invite 360 feedback as/if useful (to help identify things that need work) • Utilize Mayo Clinic Well-being Index to assess pre and post measures of distress, burnout and well-being
Coaching process	<p>Step One:</p> <ul style="list-style-type: none"> • Medical Leaders Partnership Coaching – Focus: working relationship between dept. heads of surgery & anesthesia (1-3 hrs) • Operations Leaders Partnership Coaching – Focus: working relationship between director and manager or OR (1-3 hrs) <p>Step Two:</p> <ul style="list-style-type: none"> • Shared leadership team coaching (4 medical and operational leaders) • 2-4 sessions (2 hr/session) = 4-8 hrs

Amended process for *Wellbeing in Times of COVID-19* session

Given the original Leadership Coaching pilot could not proceed as originally intended due to lack of enrollment by leaders, the process for the *Wellbeing in Times of COVID-19* session included the following:

Date	Process Steps
Oct 12, 2021	<ul style="list-style-type: none"> Proposal from OR RMDs and FH Surgical/Anesthesia Network Executive Director to host Wellness/wellbeing session due to no enrollment of leaders into dyad interventions
Oct 27, 2021	<ul style="list-style-type: none"> Approval from Fraser Regional Physician Health & Safety Working Group to support proposal
Dec 3, 2021	<ul style="list-style-type: none"> Design session with leadership coaches, RMDs, and FH Surgical/Anesthesia Network Executive Director to establish goals of <i>Wellbeing in Times of COVID-19</i> session Confirm date of session as Jan 20, 2022 1800-2000 <ul style="list-style-type: none"> RMDs and FH Surgical/Anesthesia Network Executive Director to schedule and send invites
Jan 6, 2022	<ul style="list-style-type: none"> Session info, and agenda preparation – sent to RMDs Admin Assistant to include in session invite
Jan 20, 2022	<ul style="list-style-type: none"> Wellbeing in Times of COVID-19 session <ul style="list-style-type: none"> Included completion of short reflective survey by attendees prior to meeting close
Feb 22, 2022	<ul style="list-style-type: none"> Wellbeing in Times of COVID-19 Debrief session with: <ul style="list-style-type: none"> RMDs, Surgical/Anesthesia Network Exec. Director, leadership coaches, FH Leader Psychological Health & Safety

b. Budget

The table below provides a breakdown of the approved project budget and actual spent:

Expenses	Approved	Actual	Notes
Physician Expenses			
Sessionals (5 sites – 15.5 hours X 10 Department Heads) @ 155.56	\$24,640	\$3,850.11 Total physician participants = 17 Attended 1 hour = 9 Attended 1.75 hour = 1 Attended 2 hours = 7	Due to no enrollment by leaders into dyad intervention, sessional rates were not paid for “coaching”. Instead, leaders/department heads that attended the <i>Wellbeing in Times of COVID-19</i> session were paid an hourly honoraria rate for their participation

Expenses	Approved	Actual	Notes
Project Support			
Project Management (Rate x hours)	\$4,000	\$0	Project management and support was provided by the Project Lead (already funded by the Fraser Regional Physician Health & Safety Working Group) in combination with FH Leader, Psychological Health & Safety (in-kind)
Monitoring and Evaluation (e.g. hiring a consultant to evaluate the success of the engagement activity)	Mayo Clinic Wellbeing Index License and Pre/Post Survey \$4,000	\$0	It was determined that the metrics from the Mayo Clinic Wellbeing Index were not aligned with the purpose of the Leadership Coaching Pilot, and therefore a different evaluation method was needed. With the pause and shift to the <i>Wellbeing</i> session, the Mayo Clinic Index was no longer needed.
Certified Coaching (\$250/hour)	15.5 hours/site X 5 sites \$19,375	\$2,756.25 – initial project meetings \$3,937.50 – design time and facilitation of <i>Wellbeing in Times of COVID-19</i> session Total: \$6,693.75	Leadership Coaching invoices
FH Leadership and OR Management Participation	In-kind	\$0	
Totals	\$52,015.00	\$10,543.86	

c. Timeline

The following outlines the project timeline:

- **October 2020** – Project approval from Fraser Regional Physician Health & Safety Working Group
- **October-December 2020** – RMDs and Surgical/Anesthesia Network Executive Director to engage their leaders and get departments to enroll in dyad intervention
- **November 27, 2020** – Check-in meeting: Sheelagh, coaches, RMDs – brainstorm how to engage Leaders

- **April 22, 2021** – Dr. Yang, Eileen, Thomas met regarding metrics/evaluation, strategy for advancing project
- **May 4, 2020** - Check-in meeting: Sheelagh, Eileen, Thomas, Dr. Yang, coaches
- **June 4, 2021** – Thomas, Dr. Yang met with RMDs to discuss next steps for advancing project – request to pause for a few months
- **October 12, 2021** – Sheelagh, coaches, RMDs met to determine next steps for advancing, or make decision to end further efforts. RMDs request to pause dyad enrollment and focus on wellbeing
- **December 3, 2021** – Coaches, RMDs met for design session to plan wellbeing event
- **January 20, 2022** – *Wellbeing in Times of COVID-19* event held for Perioperative Network, hosted by RMDs and Surgical/Anesthesia Network Executive Director, facilitated by coaches
- **February 22, 2022** – *Wellbeing in Times of COVID-19* debrief session with Coaches, RMDs, Surgical/Anesthesia Network Executive Director
- **March 30, 2022** – Leadership Coaching Pilot Final Report presented to Working Group

d. Project outcomes for *Wellbeing in Times of COVID-19* session

Despite challenges with enrolling OR medical and administrative leaders into the Leadership Coaching dyad intervention, the group session, *Wellbeing in Times of COVID-19* held on January 20, 2022 was considered a success. The following outcomes were identified:

- Leaders yearn to have in-person connections again (meetings, potlucks, etc.)
- OR leadership team found value in a session that focused on wellbeing and the concept of shared leadership
- Allowed teams to connect with colleagues at different sites that they had not yet met, or did not get much opportunity to connect with
- Leaders found that colleagues shared the same frustrations and obstacles (they are not alone)

e. Evaluation

The original intent for evaluating the effectiveness of Leadership Coaching was to:

- Utilize Mayo Clinic Well-being Index to assess pre and post measures of distress, burnout and well-being
- Invite 360 feedback as/if useful (to help identify things that need work)

Tool	Info	Strengths
Measures of Wellbeing		
MAYO CLINIC WELL-BEING INDEX	<ul style="list-style-type: none"> • 9 items • Less than 1 min to complete • Measures 6 dimension of wellness (meaning in work, severe fatigue, likelihood of burnout, work-life integration, suicidal ideation) • 7 yes/no questions, 2 Likert responses 	<ul style="list-style-type: none"> • Low-barrier • Intended for continuous measurement of well-being • Scores based on normative data. National benchmark data available to US physicians and med trainees. • Well-validated • Anonymous • Developed by physicians for physicians

Amended Evaluation for *Wellbeing in Times of COVID-19* session

After no success getting OR leaders to enroll in the Leadership Coaching dyad intervention, the Mayo Clinic wellbeing Index license wasn't purchased for the project. Instead a short reflective survey was created using [Alchemer](#) (formerly Survey Gizmo) and attendees of the Wellbeing in Times of COVID-19 session were asked to complete it prior to the session close. The following outlines the survey questions and responses:

Wellbeing in Times of COVID-19 event Jan 20, 2022 @ 1800-2000		
Survey Results - Appendix B		
Questions	Responses	Total # of Responses
Did you find the event valuable?	<ul style="list-style-type: none"> Strongly Agree = 16.7% Agree = 75% Disagree = 8.3% 	<ul style="list-style-type: none"> 2 9 1
What would be useful for you in future sessions?	<ul style="list-style-type: none"> Leadership skills or communication skills Cameras on or in-person Shorten the second group chat with the same question Specific strategies on working as a triad Difficult at the end of the day Other models Working on items together in small groups. There is definitely more interaction that way. Collaborative meetings between staff between sites, virtual and in-person It might have been useful to have a leader or facilitator in some of the breakout groups 	
What is your biggest takeaway from this event that you might apply right away in your own life or practice?	<ul style="list-style-type: none"> Mentorship Trying to increase interpersonal interactions Partnerships are key, build in mentorship amongst leaders Thinking of creative ways to create more positivity in the current environment The ability to meet other members of the team that I have not yet met Connection with others Need to build our teams and recognize and acknowledge our challenges The importance of making people feel included. Great ideas to build team More connection How the return to human interaction with collaboration, respite (potluck/pub nights) is longed for by all Finding out that others are experiencing the same small obstacles and frustrations as us The importance of working with your colleagues, both leaders and followers, as a team in solving complex problems 	
Would you recommend this event to a colleague?	<ul style="list-style-type: none"> Yes = 100% 	<ul style="list-style-type: none"> 12

OPTIONAL: Any additional comments or feedback about the event?

- Some breakouts a bit too long
- Thank you!
- Not sure if so many small group sessions were needed or useful. The more we did the less chatting there seemed to be.
- Nothing further to add

5. Summary

a. Lessons Learned

The following outlines lessons learned for each relevant category:

i. Project Support

Ensure projects/initiatives approved by the FH Regional Physician Health & Safety working group have formal project support upon initiation and roles and responsibilities are created and agreed to by all involved.

The Leadership Coaching project lacked formal project support upon initiation. It was a challenge to move the project forward without formal project support as there were no established roles/responsibilities and a number of different people were involved but not formally responsible for action of next steps.

ii. Leadership Coaching Dyad Enrollment

During challenging times when stressors are at an all-time high and leaders have diminished capacity to take on new professional growth/learning that is recommended but not “required”, they aren’t likely to engage.

Many factors were identified by the leadership coaches and RMDs and FH Surgical/Anesthesia Network Executive Director that contributed to lack of enrollment into the Leadership Coaching dyads and triads by OR leaders:

- Don’t think their team needs it
- Don’t see themselves as leaders
- Don’t fully understand the concept of shared leadership and what that might look like
- New variants and subsequent waves of COVID-19 pandemic
- Operating rooms closed/cancelled surgeries
- Burnout, no capacity to take on anything else
- Inability to make decisions (used to being told what to do/how to do it)

iii. Desire for in-person connections

Medical leaders want the in-person connections that used to happen before the COVID-19 pandemic.

The reflective survey done by OR leaders for the *Wellbeing in Times of COVID-19* session indicated leaders want to go back to in-person meetings, find value in having the “camera on” for virtual meetings, and yearn for potlucks, and network gatherings again.

b. Recommendations and Next Steps

The proposed recommendations below are based on lessons learned throughout the project, key considerations and anticipated benefits to be realized:

1. **Recommendation:** A dedicated project manager/lead should be linked to any new (or continued) LCP project from the onset to ensure appropriate management and timely completion.

Potential Next Steps

- Consider establishing a dedicated role to support and manage physician health & safety projects from the onset.

2. **Recommendation:** Close current project off, as it was originally stood up. Any new Leadership Coaching project should include a phased approach with opportunity for the leadership coaches to hold a preliminary session for the department medical and administrative leadership team to identify leadership challenges within their network, discuss the concept of shared leadership, and gauge whether foundation leadership skills within the network need to be developed.

Potential Next Steps

- If the Leadership Coaching project continues, or a new project is started for leadership coaching, include a preliminary step of an initial session or meeting with leadership teams/networks to help engage leaders and allow opportunity for better understanding of what is being offered and the benefits of engaging/enrolling.

3. **Recommendation:** Hold meetings/sessions in person for leaders when possible (as Public Health Orders permit). Some leaders who participated in the *Wellbeing in Times of COVID-19* session mentioned having “virtual meeting” fatigue. There is a desire for connection with others and the return of potlucks, pub nights, etc.

Potential Next Steps

- Whenever possible, plan and host in-person sessions or events for physicians, or provide opportunity for both virtual and in-person.

Appendices

Appendix A: Dr. Yang's Patient Partner Work Report

Psychological Safety Patient

Voices Report



Appendix A -
Psychological Safety F

Appendix B: Survey Responses

Survey Results – Wellbeing in

times of COVID-19



Appendix B - FHA
OR Team - Wellbeing