**An environmental scan of Wellness programs in Emergency Medicine Departments across Canada**

Do you track Physician Wellness (as a quality  Yes (we have done this once or sporadically in the indicator, or in general) locally, at your hospital past)

or university? Yes (we regularly check this)



No

If yes, please elaborate about what variable is tracked...

At what level is this tracking done? University Level Hospital Level

Division/Department Level

Please elaborate on any additional information you would like to provide regarding tracking of Physician Wellness at your centre.



**The following questions relate to your home University's Faculty of Medicine. Please keep this in mind when answering the questions below.**

Does the Faculty of Medicine at your University have Yes

a position in charge of Faculty Wellness? No



Please describe this position.

Does the Faculty of Medicine have resources available Yes for counselling? No

If yes, what resources are available?

Is your faculty provided by the University with Yes

health benefits? No



Variable

If yes, how are they paid for? (i.e. University, self-paid)

Is your faculty provided with a pension by the Yes

University? No



Variable

Please elaborate.

**The following questions relate to your Hospital of Employment. Please keep this in mind when answering the questions below.**

Does the Hospital of Employment have a position in Yes

charge of Physician Wellness? No



Please describe this position.

Is any of their time protected? Yes

No



I don't know

Does the Hospital of Employment have resources Yes

available for counselling? No



If yes, what resources are available?

Does your Hospital of Employment provide health Yes

benefits? No



If yes, how are they paid for? (i.e. hospital, self-paid)

Does your Hospital of Employment provide any form of Yes pension? No

Variable



Please elaborate.

Does your Hospital of Employment provide any exercise Yes facility? No

Variable



Please elaborate.

Does your Hospital of Employment provide any form of Yes free supplied food for faculty? No

Variable



Please elaborate.

Does your Hospital of Employment provide a location Yes



for physicians to breastfeed? No

Variable

Please elaborate.

Does your Hospital of Employment provide any funding Yes for physician wellness initiatives? No

Variable



Please elaborate.

Does your Hospital of Employment provide any Yes

childcare? No



Variable

Please elaborate.

Does your Hospital provide sleep rooms for staff Yes

after call/night shifts? No



Variable

Please elaborate.

**The following questions relate to your Department/Division. Please keep this in mind when answering the questions below.**

Does your Department/Division have a position in Yes

charge of Faculty Physician Wellness? No



If yes, please describe the position.

Does this position have any protected time or Yes

stipend? No



I don't know



Does the Department/Division have resources available Yes for counselling? No

If yes, what resources are available?

Does your Department/Division provide health Yes

benefits? No



Variable

If yes, how are they paid for? (i.e. hospital, self-paid)

Does your Department/Division provide any form of Yes

pension or retirement savings? No



Variable

Please elaborate.

Does your Department/Division provide any exercise Yes

facility/program or discount program? No Variable



Please elaborate.

Does your Department/Division provide any form of Yes

free supplied food for faculty? No



Variable

Does your Department/Division provide any childcare Yes



arrangements? No

Variable

Please elaborate.

Does your Department/Division provide any onboarding Yes or orientation program for new consultants? No

Variable



Please elaborate.

Does your Department/Division provide any Yes

reorientation consultants returning from leave? No Variable



Please elaborate.

Does your Department/Division provide any assistance Yes to families/spouses in locating housing/schools for No

new attending hires? Variable



Please elaborate.

Does your Department/Division provide any ongoing Yes

Continuing medical education program for new No



consultants over the first few years as they Variable transition to practice?

Please elaborate.

Does your Department/Division have a leave policy for Yes consultant staff (health, parental, grieving,etc.)? No

Variable



Please elaborate.

Does your Department/Division have a policy for Yes

consultants returning from prolonged leave? No Variable



Does your Department/Division provide any mentorship Yes program for consultants? No



Variable

Please elaborate.

If yes, is this program formal or informal? Formal Informal

Does your Department/Division have an extended Yes

vacation (>3 weeks) or sabbatical program for No



consultants? Variable

Please elaborate.

Is the extended vacation/sabbatical program Yes

voluntary? No



Is the extended vacation/sabbatical program paid? Yes No

Does your Department/Division have a policy for Yes

consultants toward the end of their careers? (eg. No No



night shifts after age 55) Variable

Please elaborate.

Does your Department/Division have a program for Yes

Physicians to promote gender equity? No Variable



Please elaborate.

Is this program formal or informal? Formal Informal

Is this program voluntary or mandatory? Voluntary Mandatory

Does your Department/Division have a program where Yes Physicians Payment is known and published to the No

Emergency group? Variable



Please elaborate.

Does a new consultant at your Department/Division Yes



have to negotiate a salary? No

Variable

Please elaborate.

How many Wellness rounds/seminars have occurred in

your Department/Division over the past 12 months?

Please elaborate and specify topics if known.

Does your department/division have a debriefing policy/process, after critical incidents?

 Yes  No  Variable

Please elaborate.

Does your program have a policy/process to follow-up with physician staff after critical incidents, to

ensure their psychological well-being?

 Yes  No  Variable

Please elaborate.

Are your shifts explicitly scheduled to follow Yes

circadian rhythm ? No



Variable

Please elaborate.

Is your scheduling flexible enough to accommodate Yes

individual scheduling needs? No



Variable

Please elaborate.

**Shift Questions**

How many shifts per month is considered a full-time line in your Emergency Department?



What is the structure of your night shifts? Full nights Casino shifts

How long is the typical night shift in your department?

Do you have a second-call policy, to call in extra Yes (activated in last year)

help to cover sickness or high patient volumes? How Yes (but not activated in last year) often has this policy been activated in the past year? No



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**Social Events, etc.**

Do you have an annual retreat? Yes

No



How many social events have you held for your

department physician staff in the past year?

What percentage of your staff have taken a personal or medical leave (excluding maternity leave) in the

past year? 0 50 100

*(Place a mark on the scale above)*

Is food available for staff in your hospital 24 hours a day, 7 days a week, 365 days of the year?

 Yes  No

If no, what hours is food available in your hospital?

Please identify who may be contacted for further information to follow-up on any questions related to this questionnaire.