



Mental Health - Care & Research
Santé mentale - Soins et recherche

**NOTICE OF MEETING
ROYAL OTTAWA HEALTH CARE GROUP
GOVERNANCE COMMITTEE**

January 23, 2020 at 4:30 p.m.

Royal Ottawa Mental Health Centre

Executive Boardroom 2426-1

**Teleconference Dial-In: 1-888-875-1833 Passcode:
926707277#**

- Oral presentation
- Paper enclosed
- Paper to follow
- Paper at meeting
- IN** Information
- DEC** Decision required
- **** Guidance required

Time (min)	Pg.	#	ITEM	REFERENCE	RESPONSIBILITY	STATUS	
		1.	CALL TO ORDER		C. Coulter	○	IN
		2.	ACCEPTANCE OF AGENDA	Acceptance of Agenda of January 23, 2020.	All	●	DEC
	3		APPROVAL OF PREVIOUS MINUTES	Approval of October 2, 2019 Minutes	All	●	DEC
	12	3.	BUSINESS ARISING FROM PREVIOUS MINUTES	Review of Action Items		○	IN
	15	4.	DECISION/ INFORMATION ITEMS	a) Committee Terms of Reference		●	DEC
	25			b) Research Ethics Board (REB)	J. Bezzubetz	○●	DISC
	202			c) Past Chair Role	C. Coulter	○●	DISC
				d) Board and Committee Positions	C. Coulter		
	205			i. Skills Matrix Review		○●	IN
				ii. Process for Board Membership Across the Three Organizations			DISC
	207			iii. Committee Membership		○●	DISC
	208			iv. University of Ottawa Vacant Position – Dr. Nyman		○●	DEC
	212			v. New Board Trustee Recommendation	C. Coulter	○●	DEC
	270			e) Board Self-Assessment Results	C. Coulter	○●	IN
	290			i. Board Chair Assessment		○●	IN
	295			f) President & CEO and Chief of Staff's Performance Evaluation Process Document	C. Coulter	○●	DISC
	298			g) Committee Size	C. Coulter	○●	DISC

	304			h) Board Membership Terms	C. Coulter	●	IN
	305			i. Process for Board Vacancies		○●	DISC
	309			ii. Disclosing Potential Board Candidate Names in the Minutes		○●	DISC
	310			i) Board Development Days Survey Results	C. Coulter	○●	IN
	325			j) Role of Client and Family Representatives Attending Board Meetings and Receiving Full Board Packages (<i>deferred from October 2, 2019 meeting</i>)	C. Coulter	○●	DISC
	330			k) Board Communication	C. Coulter	○●	DISC
	331			l) 2020 - 2021 Board and Committee meeting dates	C. Coulter	○●	IN
		5.	NEW BUSINESS (if any)				
		6.	ADJOURNMENT	Next Meeting: March 10, 2020	C. Coulter	●	DEC

C. Coulter, Chair

RSVP to patricia.robb@theroyal.ca



Mental Health - Care & Research
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MINUTES
ROYAL OTTAWA HEALTH CARE GROUP
GOVERNANCE COMMITTEE

October 2, 2019 at 4:30 p.m.

Royal Ottawa Mental Health Centre

Executive Boardroom 2426-1

Teleconference Dial-In: 1-888-875-1833 Passcode:
926707277#

- Oral presentation
- Paper enclosed
- Paper to follow
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- IN** Information
- DEC** Decision required
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Trustees		Present	Regrets	Trustees		Present	Regrets
C. Coulter, Chair		X		J. Charette			X
S. Squire, Vice Chair		X phone		I. Levy		X	
D. Somppi		X phone		S. McLean		X	
				A. Graham		X	
Management Staff							
J. Bezzubetz		X		P. Robb		X	
#	ITEM	REFERENCE					ACTION REQUIRED
1.	CALL TO ORDER	C. Coulter, Governance Committee Chair, called the meeting to order at 4:32 p.m. and declared the meeting to have been regularly called and properly constituted for the transaction of business. Committee members were welcomed.					
2.	CONSENT AGENDA	a) Acceptance of Agenda of October 2, 2019 b) Approval of May 14, 2019 Minutes Moved by D. Somppi and seconded by S. Squire BE IT RESOLVED THAT the Consent Agenda, including the motions contained therein, is approved as presented. CARRIED					
	ITEMS MOVED FROM THE CONSENT AGENDA	No items were removed from the Consent Agenda. The actions from the previous meetings were reviewed: - At the next Board meeting the requirement for a report from Trustees following attendance at any Board sponsored events will be brought to their attention. - S. McLean is to prepare language about extending Board membership in certain circumstances. In particular, J. Charette’s term will be considered. This will be updated on the action item sheet and will be brought back to this Committee with appropriate language to discuss and then determine if it needs to be brought to the full Board.					P. Robb to add to next meeting agenda S. McLean P. Robb
3.	DECISION/ INFORMATION ITEMS	a) Review/Recommend Board and Committees Combined Annual Work Plan – C. Coulter					

		<p>C. Coulter acknowledged P. Robb's work on the annual work plan document.</p> <p>Moved by I. Levy and seconded by D. Somppi</p> <p>BE IT RESOLVED THAT the Board and Committee Annual Work Plan be approved and brought forward to the next Board of Trustees meeting for approval.</p> <p style="text-align: right;">CARRIED</p>	
		<p>b) Review Governance Committee Terms of Reference – C. Coulter</p>	
		<p>C. Coulter provided a brief background on the issue of Committees using the term 'French-speaking or francophone' in their Terms of Reference. This was discussed briefly at the Quality, Innovation and Finance Committee meetings. The intent was to have language representing culture as well as language. It came to this Committee for discussion.</p> <p>When looking at what the legal requirements are, the test on linguistics was about which services were available in French. If Committees move to the term francophone to mean culturally French, we might have an issue with not having consensus on the precise meaning of the term francophone. In addition, we would not be able to meet quotas on the Board or Committees. Finally, a move to the term francophone would not be in accordance with the ROHCG By-Laws. The Committee agreed it was expedient to leave as is for now and this will be communicated back to the Committees who brought it forward.</p> <p>There was a brief discussion about changing the bilingual column on the Skills Matrix chart to bilingual/francophone so it is evident that both are being assessed. This will be discussed more fully when the Skills Matrix item is discussed later in the agenda.</p> <p>There were a few governance type questions and P. Robb is to check the by-laws for the reference about the Chair of the Board of Trustees' attendance at Committee meetings and about the Chair of the Committees voting at Committee meetings and will report back to this Committee.</p> <p>Moved by S. Squire and seconded by D. Somppi</p> <p>BE IT RESOLVED THAT the Governance Committee Terms of Reference be approved as amended and brought forward to the next Board of Trustees meeting for approval.</p> <p style="text-align: right;">CARRIED</p>	P. Robb
		<p>c) Endorse Terms of Reference for all Committees of the Board – C. Coulter</p>	
		<p>- Quality Committee Terms of Reference</p>	

		<p>The Quality Committee had questions about their Terms of Reference and requested guidance from the Governance Committee.</p> <p>They wanted the language in the membership section to be amended to Executive, Medical Staff instead of Secretary, Medical Staff. This way it would be open to the President, Vice-President or Secretary to attend the meetings depending on availability.</p> <p>They also wanted an adjustment to the Responsibilities section to read:</p> <p>1. To monitor and report to the Board of Trustees on the quality of care provided by the Royal, and to ensure there is an internal system of continuous quality improvement that incorporates innovation, evidence, and patient and family centred care. (bold is new language)</p> <p>Under Resources there was a small housekeeping change to reflect the new role of the Chief of Staff/Psychiatrist-in-Chief who now fulfils the role of the Committee Secretary to the Quality Committee.</p> <p>The Governance Committee concurred with all these changes.</p> <p>The following questions were also raised by the Chair of the Quality Committee regarding the Integrated Risk Management Framework (IRMF). The IRMF is currently reviewed by both the Quality and Finance Committees and they wanted to know who has the final say to approve this document:</p> <ol style="list-style-type: none"> 1. How do the two Committees work share? Do we work in tandem, for example, and divvy up the identification/adding or dropping, of risks in our “area”? 2. What vetting and approval process works best for a co-owned file? 3. How to add the IRMF into the Quality Committee work plan and Terms of Reference? <p>Historically, this was sent to both Committees as they wanted to shift the culture of the Board to consider both financial and patient risk. By doing this, the Board is satisfying itself that the risk tolerance with how management is handling risk strategy is addressed. It was also noted that the fact that the Chair of the Quality Committee is also a member of the Finance Committee should solve some problems. There was a concern expressed that neither Committee was giving it appropriate review with the pressure of other items on the agenda and knowing that the other Committee was going to look at it, so due diligence was not necessarily being done.</p>	

		<p>After discussion, the Committee determined this was not about Committee ownership, but more about engagement or advice to both the Board and management. The Committee wanted to avoid having one Committee make a change and then having to go back to the other Committee for approval. It was recommended that a statement be made that both Committees are empowered to recommend changes and that each Committee ensures any amendment to the IRMF makes it to the Board at the earliest opportunity. This will be reported back to the Quality Committee and they can bring to the Board in December that this is where we ended up on this issue.</p> <p>A question arose at the last Board meeting about the the Chairs of the Client Advisory Council and the Family Advisory Council being non-voting members of the Quality Committee. There was discussion whether they should automatically be appointed as non-voting members. J. Bezzubetz will look at how other organizations handle this and report back to the Committee. The Quality Committee will then consider the matter and if it chooses to make a change to their Terms of Reference, it will then come back to the Governance Committee and then to the full Board for approval. This information will be passed back to the Quality Committee.</p>	<p>C. Coulter</p> <p>P. Robb J. Bezzubetz</p> <p>C. Coulter to report back to Quality Committee</p>
		- Innovation Committee Terms of Reference	
		<p>The Governance Committee concurred with the changes to the Innovation Committee Terms of Reference, but noted a small grammar change in the Role section. This will be track changed and sent back to the Committee for information.</p> <p>Moved by I. Levy and seconded by S. Squire</p> <p>BE IT RESOLVED THAT the Innovation Committee Terms of Reference be approved as amended and brought forward to the next Board of Trustees meeting for approval.</p> <p style="text-align: right;">CARRIED</p>	<p>C. Coulter P. Robb</p>
		- Finance Committee Terms of Reference	
		The Finance Committee will be informed that their change from French-speaking to francophone was discussed and it was agreed for consistency with the ROHCG By-laws that it should remain as French-speaking.	C. Coulter
		- Process for President & CEO and Chief of Staff Performance Review and Compensation & Succession Planning Terms of Reference – A. Graham	
		The process for the President & CEO and Chief of Staff Performance Review as outlined in the package was reviewed and agreed to with a small change in language and under June the order of 2 and 3 will be switched.	P. Robb

		<p>The Compensation & Succession Planning Committee Terms of Reference were also included in the meeting package. There was a discrepancy noted in Responsibility #3 and #5 as it only refers to the President & CEO. This will be returned to the Compensation & Succession Planning Committee to consider whether the Chief of Staff/Psychiatrist-in-Chief should be added. In the meantime, J. Bezzubetz and P. Robb will check into the ROHCG by-laws and <i>Public Hospitals Act</i> to see if there is guidance about this.</p> <p>Moved by I. Levy and seconded by D. Somppi</p> <p>BE IT RESOLVED THAT the process for the President & CEO and Chief of Staff Performance Review be approved as amended and brought forward to the next Board of Trustees meeting for approval.</p> <p style="text-align: right;">CARRIED</p>	<p>J. Bezzubetz P. Robb</p>
		d) Skills Matrix Review – C. Coulter	
		This item was discussed briefly under the Governance Committee Terms of Reference item (3b), but further discussion was deferred to the next meeting due to lack of time.	P. Robb to put on next agenda
		e) Client and Family Representatives Attending Board Meetings and Receiving Full Board Package – C. Coulter	
		This item was deferred to the next meeting due to lack of time for a fulsome discussion.	P. Robb to put on next agenda
		f) Membership Terms – C. Coulter	
		<p>i. A. Graham, Chair Term Extension</p> <p>Moved by I. Levy and seconded by S. Squire</p> <p>BE IT RESOLVED THAT A. Graham's term as Chair be extended for an additional two years and brought to the next Board of Trustees meeting for approval.</p> <p style="text-align: right;">CARRIED</p>	
		<p>ii. Board Recruitment</p> <ul style="list-style-type: none"> - Siobhan Devlin - Sean Stadnisky - Rodney Nelson 	
		The applications and resumes of the candidates were included in the meeting package. A. Graham declared a possible conflict of interest as she used to work with Siobhan Devlin. D. Somppi also declared a possible conflict of interest as he is a work colleague of Sean Stadnisky. The Committee thanked the members for declaring this potential conflict, but determined there was no conflict of interest for the discussions today.	

		Interviews will be set up by P. Robb for all three candidates. They will meet for an informal breakfast or lunch based on their availability. The meetings will be with C. Coulter, A. Graham, I. Levy and J. Bezzubetz. A. Graham will not attend the meeting with S. Devlin due to her working relationship with her.	P. Robb
		iii. Update on University of Ottawa Candidate – C. Coulter	
		<p>On September 23, 2019 A. Graham, J. Bezzubetz and C. Coulter met with Dr. J. Nyman from the University of Ottawa. Dr. Nyman had a concern that the position is listed as ex-officio non-voting rather than a voting position. P. Robb checked with other hospitals and it was noted that on the OHRI and CHEO's Board of Directors this position is a voting member, but on the Ottawa Hospital Board of Directors they have two University representatives who are both non-voting ex-officio members.</p> <p>S. McLean provided a background: In a meeting with G. Weber, concern was expressed that this position and the incumbent might be put in a conflict of interest in trying to do the right thing by the Board and knowing they were a representative of the University of Ottawa. After a few discussions about the issue, a meeting was set up with Sharon Whiting, Vice-Dean of Faculty Affairs at the University of Ottawa. She was pleased that this issue was being raised as she also had that same concern and personally found it difficult to be wearing two hats. Her view was that it should be an ex-officio non-voting position.</p> <p>At the meeting with Dr. Nyman, this was brought up and she did not think she would have difficulty recusing herself from any conflict. If she does not have a vote on the Board, she may not be interested in filling the Board position.</p> <p>It was noted that Dr. Nyman is not with the Faculty of Medicine and reports directly to the President. She sits in a different seat than Sharon Whiting did. A question was raised whether we want to put ourselves in a position around one person and then another person is appointed and we have to change the by-laws again.</p> <p>J. Bezzubetz will check with the Ottawa Hospital about why their University of Ottawa candidate is non-voting and then she will circle back to the Governance Committee for a decision. She will also reach out to CAMH and CAHO to see what their practices are. Pending discovery of some compelling reason, the Committee deferred to the Chair and CEO to make a provisional recommendation to make the by-law change so we can proceed with a decision. In the meantime, A. Graham will reach out to Dr. Nyman to provide a status update.</p>	<p>J. Bezzubetz P. Robb</p> <p>A. Graham to reach out to Dr. Nyman to provide status</p>

		<p>A point was made that we need to have a process when someone is nominated in order to vet the person and make sure they understand that they have to use their skills and knowledge to make the best decisions for The Royal. As long as we are comfortable that our process ensures that will happen, then it was felt that the University position should have a vote.</p>	
		<p>g) Review Process for Committee Membership Selections and for Vice-Chair Selections</p> <p>An issue was raised by the Board during an in-camera session in June about the process for appointing members to the Vice-Chair positions and to the Committee Chair positions.</p> <p>The Chair's duties from the ROHCG By-laws were included in the meeting package and reviewed by the Committee. The duties note that it is the responsibility of the Chair to name Trustees to Committees and for selecting Chairs not otherwise provided for in the By-Laws of the Corporation.</p> <p>The current process for appointing Officers was reviewed with the Committee as follows:</p> <ul style="list-style-type: none"> - The Chair identifies a slate of candidates in consultation with the CEO and with each Trustee. - The Chair has a conversation about their interest in continuing on the Board and on which Committee they would like to serve. - Based on these conversations, the Chair brings a proposed slate of candidates to the Governance Committee meeting for review and a decision. - The Committee discusses membership in Committees and officer positions based on skills, policy and where they think the Board needs to be going into the future. - The Governance Committee then brings the final slate of candidates to the AGM for a full Board vote and the officers are confirmed by a motion at the New Officers meeting. <p>After discussion about the current process, the Committee was reassured that the process was good as it is and there was no need for a process change. The process will be reiterated at the next Board meeting for understanding.</p> <p>N. Bhargava requested to be added to either the Governance Committee or the Compensation & Succession Planning Committee depending on the need. After review it was determined that the Compensation & Succession Planning Committee was short a member and it was decided to add him to this Committee pending approval by the Board.</p> <p>Moved by I. Levy and seconded by D. Somppi</p>	<p>A. Graham</p>

		<p>BE IT RESOLVED THAT a recommendation be made to add N. Bhargava to the Compensation & Succession Planning Committee and brought to the next Board of Trustees meeting for approval.</p> <p style="text-align: right;">CARRIED</p> <p><i>S. Squire departed the meeting at 6:03 p.m. Quorum was maintained.</i></p>	
		h) Assessing Individual Board Member Performance – C. Coulter	
		<p>This item arose out of the August Accreditation exercise and C. Coulter advised the group that she would bring it to this meeting. It was noted that assessing individual board member performances is already done in individual meetings with the Chair. In the meeting materials, information was included about a tool from the OHA for self-assessments. The Committee was supportive in also proceeding with the OHA tool.</p> <p>C. Coulter will communicate this to Board members before Tuesday's Accreditation meeting and she will advise about what was done previously and indicate that we will be renewing what we have done.</p>	C. Coulter
		i) Board Development Days Draft Agenda (October 31 – November 1, 2019) – A. Graham, J. Bezzubetz	
		<p>The Committee was advised that B. Buchanan, who has done work for The Royal in the past, will be facilitating both sessions at the upcoming Board Development Days.</p> <p>It was noted that going forward the Board Development Days will not be held on Hallowe'en.</p> <p>The Board Development Days agenda is to be sent to Trustees to highlight that it is two full days of meetings unlike previous years. The agenda will also be sent to the IMHR and Foundation Boards. Trustees will be encouraged to dress comfortably.</p>	P. Robb
4.	NEW BUSINESS	<p>C. Coulter had a discussion with A. Graham and J. Bezzubetz about having an acknowledgment before each meeting of the Board that this is unceded Algonquin territory and everyone agreed this was a good idea.</p> <p>S. McLean tabled the issue of the position of the Past Chair. In the Governance Committee Terms of Reference it still refers to this role as a voting member, but the Past Chair is not able to vote at Board meetings. It was noted that the Past Chair is</p>	<p>P. Robb to add acknowledgement that this is unceded Algonquin territory to Board agendas</p> <p>P. Robb</p>

		non-voting at the Board so the new Chair is unencumbered. This will be brought back to the next meeting for a fuller discussion and a decision.	
5.	ADJOURNMENT	<p>Next Meeting: January 28, 2020</p> <p>Moved by I. Levy and seconded by S. McLean</p> <p>BE IT RESOLVED THAT, the meeting be adjourned at 6:43 p.m.</p> <p style="text-align: right;">CARRIED</p>	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> C. Coulter Chair </div> <div style="width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> J. Bezzubetz Secretary, Board of Trustees </div> </div>			

Governance Meeting Action Items

Action Item	Individual Responsible	Status
October 2, 2019		
To add the issue of the role of the Past Chair on the next agenda for a fuller discussion and a decision.	P. Robb	January 23, 20120
To add acknowledgement that this is unceded Algonquin territory to Board meeting agendas.	P. Robb	COMPLETED and ONGOING
The Board Development Days agenda is to be sent to Trustees to highlight that it is two full days of meetings unlike previous years. The agenda will also be sent to the IMHR and Foundation Boards. Trustees will be encouraged to dress comfortably.	P. Robb	COMPLETED P. Robb Also sent to J. Scully and M. Prince to pass along to their respective Boards
C. Coulter will communicate to Board members before Tuesday's Accreditation meeting regarding individual board member performances and about the OHA self-assessments tool.	C. Coulter	COMPLETED C. Coulter sent email to Board
To proceed with OHA self assessment tool.	C. Coulter J. Bezzubetz P. Robb	COMPLETED Report back January 23, 2020
To reiterate process for Committee Membership and Officer selections.	A. Graham	In-camera December 12, 2019 Board meeting
To check with the Ottawa Hospital about why their University of Ottawa candidate is non-voting and then circle back to the Governance Committee for a decision. Also, reach out to CAMH and CAHO to see what their practices are. Pending discovery of some compelling reason, the Committee deferred to the Chair and CEO to make a provisional recommendation to make the by-law change so we can proceed with a decision.	J. Bezzubetz	COMPLETED Report back January 23, 2020
To reach out to Dr. Nyman to provide a status.	A. Graham	COMPLETED
Interviews for the vacant Board position will be set up by P. Robb for all three candidates. They will meet for an informal breakfast or lunch based on their availability. The meeting will be with C. Coulter, A. Graham, I. Levy and J. Bezzubetz. A. Graham will not attend the meeting with S. Devlin due to her working relationship with her.	P. Robb	Recommendation to be made on January 23, 2020
Client and Family Representatives Attending Board Meetings and Receiving Full Board Package	P. Robb	January 23, 2020 Policy regarding Board packages to be included in meeting package
Skills Matrix Review	P. Robb	January 23, 2020
The Compensation & Succession Planning Committee Terms of Reference were also included in	J. Bezzubetz P. Robb	COMPLETED ROHCG By-laws and <i>Public</i>

the meeting package. There was a discrepancy noted in Responsibility #5 as it only refers to the President & CEO in regard to acting as the Search and Selection Committee. This will be returned to the Compensation & Succession Planning Committee to consider whether the Chief of Staff/Psychiatrist-in-Chief should be added. In the meantime, J. Bezzubetz and P. Robb will check into the ROHCG by-laws and <i>Public Hospitals Act</i> to see if there is guidance about this.	P. Robb	<i>Hospitals Act</i> check To add to Compensation & Succession Planning Committee meeting on November 20, 2019
The process for the performance appraisal of the President & Chief Executive Officer and Chief of Staff was reviewed and was agreed to with a small change in language, and under June the order of 2 and 3 will be switched.	P. Robb	COMPLETED November 20, 2019
The Governance Committee concurred with the changes to the Innovation Committee Terms of Reference, but noted a small grammar change in the Role section. This will be track changed and sent back to the Committee for information.	P. Robb	COMPLETED Sent to N. Bhargava for information. Will add to next Innovation Committee agenda for information and to December 12, 2019 Board meeting for approval.
The Finance Committee will be informed that their change from French-speaking to francophone was discussed and it was agreed for consistency with the ROHCG By-laws that it should remain as French-speaking.	C. Coulter	COMPLETED C. Coulter emailed J. Gallant and advised her P. Robb emailed C. Crocker and D. Bilodeau
A question arose at the last Board meeting about the the Chairs of the Client Advisory Council and the Family Advisory Council being non-voting members of the Quality Committee. There was discussion whether they should automatically be appointed as non-voting members. J. Bezzubetz will look at how other organizations handle this and report back to the Committee. The Quality Committee will then consider the matter and if it chooses to make a change to their Terms of Reference, it will then come back to the Governance Committee and then to the full Board for approval. This information will be passed back to the Quality Committee.	J. Bezzubetz P. Robb C. Coulter	COMPLETED J. Bezzubetz/P. Robb checked with other organizations and sent findings to C. Coulter and S. Squire COMPLETED C. Coulter advised L. Leikin To put on agenda for information at December 2, 2019 Quality Committee meeting
It was recommended that a statement be made that both the Quality and Finance Committees are	C. Coulter	COMPLETED December 2, 2019

empowered to recommend changes to the Integrated Risk Management Framework and that each Committee ensures it makes it to the Board at the earliest opportunity. This will be reported back to the Quality Committee and they can bring to the Board in December that this is where we ended up on this issue.		Quality Committee meeting and then to December 12, 2019 Board meeting for information
To check the by-laws for the reference about the Chair of the Board of Trustees' attendance at Committee meetings and about the Chair of the Committees voting at Committee meetings and report back to this Committee.	P. Robb	COMPLETED Email sent to Governance Committee following meeting
To prepare language about extending Board membership in certain circumstances. In particular, J. Charette's term will be considered. This will be brought back to this Committee with appropriate language to discuss and then determine if it needs to be brought to the full Board.	S. McLean	IN PROGRESS January 23, 2020 Deferred to March 10, 2020
The requirement for a report from Trustees following attendance at any Board sponsored events will be brought to the Board's attention at their December 2019 meeting	A. Graham	COMPLETED December 12, 2019 Board meeting
May 14, 2019		
To add a follow up item regarding off-line conversations to the June 20, 2019, Board of Trustees' agenda for their consideration regarding capturing the information flow and staff section that was covered in J. Charette's document as a norm or rule.	P. Robb	COMPLETED
To appoint a new Board member by the AGM meeting in June 2019. This will require identifying candidates, setting up the interviews and recommending potential candidates to the Board for approval.	P. Robb	IN PROGRESS October 2, 2019 January 23, 2020
To arrange Educational Session on Indigenous Training at October 31/November 1, 2019 Board Development Days and arrange an Indigenous meal at the December 12, 2019 Board of Trustees' meeting.	P. Robb	COMPLETED September 26, 2019 – HIROC October 31, 2019 – Board Development Days – Indigenous Blanket Ceremony COMPLETED December 12, 2019 Board meeting – Indigenous menu

Briefing Note

To: Governance Committee	Date: 2020-01-23
From: Quality Committee	Prepared By: L. Leikin
CC to: J. Bezzubetz	
Subject: Quality Committee Terms of Reference	

Purpose (mark an X beside the appropriate choice)

For approval	X	For Information		For Review		Other	
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Issue:

At the September 9, 2019 meeting of the Quality Committee, issues related to the Terms of Reference were identified. The Governance Committee was requested to provide advice on some proposed changes and related matters.

Background:

At their meeting on October 2, 2019, the Governance Committee reviewed the Quality Committee Terms of Reference and provided advice as follows:

- Under Responsibility #1, the proposed revision to add the words “that incorporates innovation, evidence and patient and family centred care” to the end of the sentence, was accepted.
- The Quality Committee requested guidance on ownership and decision making regarding the Integrated Risk Management Framework (IRMF) as it is currently reviewed by both the Quality and Finance Committees. After review, the Governance Committee advised that both committees are tasked with engagement in order provide advice to the Board and management. The intent of the Governance Committee is to avoid either of the review Committees needing to go back to the other Committee for approval of any changes. The Governance Committee recommended that a statement be made that both the Finance and Quality Committees are empowered to recommend changes, and that each Committee ensures any amendment to the IRMF makes it to the Board at the earliest opportunity. This advice was reported back to the Quality Committee, where it was accepted and agreed that it, along with Finance, will continue to monitor the IRMF. If this process becomes problematic, it will be addressed at that time. No change to the Quality Committee Terms of Reference is required.

- The Quality Committee recommended that Membership & Voting should include any of the executive of the Medical Staff (President, Vice-President or Secretary) to ensure attendance and representation at the meeting. This change was agreed to.
- The Quality Committee recommended changing the membership reference from French-speaking representation to francophone. The Governance Committee recommended that for consistency with the ROHCG By-laws, it should remain as French-speaking. This will be also be communicated to the Finance Committee.
- Following the last Board meeting, an issue was raised about whether the Chairs of the Client Advisory Council and the Family Advisory Council ought to be non-voting members of the Quality Committee, rather than their current status under the Terms of Reference as appointments by the Board on the recommendation of the Committee. The Governance Committee agreed with the former view, and sent the matter back to the Quality Committee for consideration. The Quality Committee agreed to amend the membership status, and establish that the Chairs of the Client Advisory and Family Advisory Councils will now be considered non-voting members by virtue of their office. A change was made in the Terms of Reference to reflect this.
- The Resources section of the Committee Terms of Reference was amended to reflect the new responsibility of the Chief of Staff/Psychiatrist-in-Chief as Corporate Secretary to the Quality Committee. This change was agreed to.

Recommendations:

To approve the Quality Committee Terms of Reference, as amended, and bring to the February 20, 2020 Board meeting for final approval.

List of Attachments:

Quality Committee Terms of Reference (*with track changes*)

 <p>Mental Health - Care & Research Santé mentale - Soins et recherche</p>	QUALITY Committee Terms of Reference
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TITLE: ROHCG BOARD COMMITTEES		
SECTION: Quality Committee Terms of Reference	NO: ROHCG Schedules Section 6.1.1	
Issued and Approved By:	ROHCG Board of Trustees	APPROVAL DATE : September 24, 2015
		Date Initially Issued: 18/06/08
		Date Reviewed: 2019-09-0909-09 2018-09-17 2017-09-05
		Date Revised: 2019-11-0402-20 2018-09-17 2017-09-05

Role	The Committee's role is to make recommendations to the Board of Trustees on matters relating to the overall quality of patient care and the safety of our patients, staff, volunteers and visitors at The Royal.
Responsibilities	<ol style="list-style-type: none"> 1. To monitor and report to the Board of Trustees on the quality of care provided by The Royal and to ensure there is an internal system for continuous quality improvement <u>that incorporates innovation, evidence, and patient and family centred care-</u> 2. To make recommendations to the Board of Trustees about quality improvement policies. 3. To ensure the preparation of the annual Quality Improvement Plan that adheres to all requirements in the <i>Excellent Quality Care for All Act</i>. 4. To ensure that the process for preparing the annual Quality Improvement Plan engages patients and their caregivers and that the Plan, as well as the process for engagement, is made publically available. <u>5. To review critical incident aggregate trends compiled based on disclosures pursuant to regulations made under the <i>Public Hospitals Act</i>.</u>


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	<ol style="list-style-type: none"> 6. To ensure there are reliable processes for a) investigating critical incidents and concerning trends/spikes in other patient incidents; b) developing recommendations to limit likelihood of recurrence; and c) implementing these recommendations in a timely manner. 7. To ensure The Royal's compliance with Accreditation Canada standards. 8. To monitor and report annually to the Board of Trustees on the provision of French Language Services within the ROHCG and to recommend changes as required. 9. To review the Terms of Reference annually to ensure its relevancy and make the appropriate recommendations to the Board of Trustees and 10. To Monitor The Royal's Integrated Risk Management Plan. 11. To review the Occupational Health and Safety Report
<p>Standing Reports</p>	<p>Each of the following reports will be provided with an executive summary to support the work of the Committee:</p> <ol style="list-style-type: none"> 1. Strategic Plan 2. Comparison Mental Health and Addictions Quality Indicator (MHAQI) Scorecard* 3. Quality Improvement Plan 4. Corporate Patient Safety Quarterly Report 5. Ontario Perception of Care (OPOC) Tool for Mental Health & Addictions 6. Client and Family Feedback System Report 7. Staff Engagement Survey 8. Occupational Health and Safety Report 9. Accreditation Compliance Report 10. Integrated Risk Management Report * 11. French Language Report <p>Notes: *Entire reports will be available to the members of the Quality Committee, however, only the indicators relevant to this Committee will be included in the agenda package.</p>
<p>Membership & Voting</p> <p><i>Note: At least <u>one third</u> of the members of the Quality Committee must be</i></p>	<p><u>Voting Members of Committee</u></p> <ol style="list-style-type: none"> a) A minimum of three (3) Trustees, one of whom shall be the Chair and one of whom shall be the Vice Chair b) One (1) member of The Royal's Medical Advisory Committee c) The Royal's Chief Nursing Executive within the meaning of Regulation 965 under the <i>Public Hospitals Act</i>

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<p><i>voting members of The Royal's Board of Trustees.</i></p>	<p>d) One person who works in the hospital who is not a physician or a nurse</p> <p>e) The Royal's Chief Executive Officer</p> <p>f) The Chair, Finance Committee</p> <p>g) Secretary<u>Executive of</u>, Medical Staff <u>(President, Vice-President or Secretary)</u></p> <p><u>Except for the Medical Advisory Committee, the Chair shall be an ex officio voting member of all Committees.</u></p> <p><u>NOTES:</u> Any member of the Quality Committee who is an <i>ex officio</i> Trustee or who is an employee or a Medical Staff or Dental Staff member shall have a vote on advisory matters but shall not have a vote on matters delegated for final disposition to such Committee by the Board.</p> <p>There shall be French-speaking representation on the Committee. Membership shall provide for Francophone representation proportionate to the community served.</p>
<p>Chair</p>	<p>The Board of Trustees shall appoint a voting member of the Board of Trustees to be chair of the Quality Committee.</p>
<p>Appointment of delegates</p>	<p>Members of the Quality Committee mentioned in b), c), d) or e) above may, with the approval of the Board of Trustees, appoint a delegate to sit as a member of the Quality Committee in his or her stead.</p>
<p>Frequency of Meetings</p>	<p>The Committee shall meet at least four times a year and additionally at the call of the Chair.</p>
<p>Structure of Meetings</p>	<p>The Chair, in cooperation with the President & Chief Executive Officer, will invite leadership teams from The Royal's Clinical Programs to present to the Committee on discrete quality improvement initiatives that demonstrate in a practical way that the Committee is adhering to its responsibilities.</p>

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Quorum	The quorum for meetings of the Committee shall be a majority (51%) of its voting members provided one third of those present are voting members of The Royal's Board of Trustees.
Resources	<p>The Royal's Chief Executive Officer will identify staff member(s) to act as resources to Board Committees.</p> <p>The Royal's Chief Nursing Executive of Staff/<u>Psychiatrist-in-Chief</u> will fulfil the role of the Committee Secretary.</p>
Reporting	The Quality Committee shall report to The Royal's Board of Trustees.

Briefing Note

To: Governance Committee	Date: January 23, 2020
From: Innovation Committee	Prepared By: P. Robb
CC to: C. Coulter	
Subject: Innovation Committee Terms of Reference	

Purpose (mark an X beside the appropriate choice)

For approval	X	For Information		For Review		Other	
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Issue:

The Governance Committee met on October 2, 2019 and concurred with the changes to the Innovation Committee Terms of Reference, but noted a small grammatical change in the Role section. This was track changed and sent back to the Innovation Committee for information. The Role section was further revised to provide more clarity and on December 3, 2019 the Innovation Committee reviewed and approved the revised version.

Recommendation:

As recommended by the Innovation Committee, to approve the Terms of Reference as presented and forward to the Board of Trustees on February 20, 2020 for final approval.

List of Attachments:

Innovation Committee Terms of Reference

INNOVATION Committee Terms of Reference

TITLE: ROHCG BOARD COMMITTEES

SECTION: INNOVATION Committee Terms of Reference

NO: ROHCG Schedules Section 6.1.1

**Issued and
Approved By:**

ROHCG Board of Trustees

APPROVAL DATE : February 21, 2019

Date Initially Issued: 2019-02-21

Date Reviewed:

Date Revised:

Role

The Innovation Committee's role is to encourage a culture of innovation and to advise the Board on matters relating to innovation at the Royal. This is to advise the Board and provide better quality of care for patients and is not limited to clinical care – it includes all aspects of the organization, including corporate services. ~~encourage a culture of Innovation on matters relating to Innovation at The Royal in order to provide better quality of care for patients (lyin).~~

Definition of Innovation – New or better ways of doing valued things.

Responsibilities

1. To encourage a culture for Innovation in keeping with the Vision and Strategy to improve the patient quality of care;
2. To dialogue with senior management on Innovation initiatives that are new Innovation initiatives outside the scope of approved budgets or board approved strategies.
3. To determine what matters within the scope of the Innovation Committee will be required to be submitted to the Board for its approval along with consulting with other relevant Board Committees as appropriate;
4. To review and report to the Board the ROHCG's approach and activities, (and also review the Board's approach), to Innovation and its measurement;
5. To facilitate learning on Innovation topics including external contacts, experiences and Ideation Sessions. Innovation Ideation Sessions may include the full Board and additional staff members of the ROHCG and be informal in nature;
6. To review and assess *significant* Innovations as recommended by senior management;
7. To recommend to the Board significant strategic Innovations as recommended by senior management and, if approved, monitor their

INNOVATION Committee Terms of Reference

	<p>implementation; and</p> <p>8. To review the Terms of Reference annually to ensure its relevancy and make the appropriate recommendations to the Board.</p>
Membership & Voting	<p><u>Voting Members of Committee</u></p> <p>The Innovation Committee shall be composed of the following voting members:</p> <ul style="list-style-type: none"> • Three to five trustees who are independent of the ROHCG, the ROFMH and The Royal's IMHR <u>[The intention is to have representation from each ROHCG Board Committees on the Innovation Committee]</u> • the Chief of Staff and the Psychiatrist-in-Chief (ex- officio); • the ROHCG President and Chief Executive Officer (ex-officio) and • A representative of IMHR <u>Board</u> (ex-officio)▲ • A representative of the Foundation Board (ex-officio) <p><u>NOTE:</u> Any member of the Innovation Committee who is an <i>ex officio</i> Trustee or who is an employee or a Medical Staff or Dental Staff member shall have a vote on advisory matters but shall not have a vote on matters delegated for final disposition to such Committee by the Board.</p> <p>There shall be French-speaking representation on the Committee.</p>
Chair	The Chair shall be an independent ROHCG trustee.
Appointment of delegates	The ROHCG President and Chief Executive Officer may appoint up to three non-voting delegates to the group.
Frequency of Meetings	The Innovation Committee shall meet at least four (4) times per year and has a goal of four additional Innovation Ideation Sessions a year.
Quorum	The quorum shall be 51% of the voting members provided a majority of those present are independent trustees.

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INNOVATION Committee Terms of Reference

Resources	<p>The ROHCG Chief Executive Officer will identify staff member(s) to act as resources to Board Committees.</p> <p>One staff member will be identified as the Committee Secretary.</p>
Reporting	<p>The Innovation Committee shall report to the ROHCG Board of Trustees on a regular basis.</p>

The Royal's Research Ethics Board (REB): Terms of Reference and Chair appointment

Briefing Note for the Governance Committee of the Board of Trustees

Prepared by: Florence Dzierzinski, IMHR interim COO, and Director, Research Development and January 14, 2020

Context:

- Research Ethics Boards (REB) are responsible to ensure that research involving human participants meets current scientific and ethical research standards for the protection of human research participants.
- The REB's mandate and operations are established and maintained in compliance with a number of laws and policies issued by various levels of government and agencies. These include Health Canada, Tri-Council Policy Statement (TCPS) on Ethical Conduct for Research Involving Humans, the International Council for Harmonisation Good Clinical Practice Guidelines, the Ontario Personal Health Information Protection Act (PHIPA) (s.15), U.S. Food and Drug Administration Code of Federal Regulations, and the Office for Human Research Protections (OHRP).
- All academic institutions involved in research involving humans must have a REB on site, reporting to the highest body of the institution, i.e., The Board of Trustees of the Royal Ottawa Health Care Group (ROHCG), to ensure the REB's arms length decision-making process on research involving humans.
- The Board of Trustees delegates to the Royal's REB responsibility for the review and ethics oversight of all research involving human participants at the ROHCG, i.e., at The Royal Ottawa Mental Health Centre (ROMHC), The Institute of Mental Health Research (IMHR), The Royal Brockville Mental Health Centre (BMHC), and the Carlington Community Health Centre.
- The IMHR provides staff (2 FTEs; Clinical Research Support Manager and Administrative Assistant) and resources to support the administrative functions of the REB Office, which supports the REB. While the REB reports to the Board of Trustees, the REB office and operations typically report to a VP Research delegate, i.e., the IMHR interim COO at present.
- Over the past year, a number of initiatives were undertaken by the Clinical Research Support Manager, Mrs. Tammy Beaudoin (hired ~ a year ago, coming from The Ottawa Hospital), to 1) align operations to ensure compliance, and 2) to support the development of clinical research at The Royal, as discussed during the December 2019 Board of Trustees meeting. One of these initiatives is the review and update of the REB terms of reference, which is due.
- In addition, the past REB Chair, Dr. Blier, stepped down from this role to take on the position of IMHR interim President from July 01 to November 01, 2019. Dr. Dominique Bourget has fulfilled the role of Acting REB Chair since July 01, 2019. Dr. Michael Bodnar was an ad hoc Acting REB Chair during this period as well. The appointment of an REB Chair is needed.

Request:

- The following matters fall under the purview of the ROHCG Governance Committee, for review and recommendation to the Board of Trustees:
 - 1) Updated and revised REB Terms of Reference
 - 2) Appointment of an REB Chair

It should be noted that:

- Dr. Blier has expressed his wish to return as REB Chair in November 2019.
- We do not have any records regarding the regular performance evaluations of the Chair and/or Vice-Chair(s) as per section 4 of the REB Terms of Reference.

Supporting documents:

The documents listed below were prepared by Tammy Beaudoin, IMHR Clinical Research Support Manager, and reviewed by Joanne Bezzubetz and Florence Dzierszinski:

For Item 1: Updates and revisions to the REB Terms of Reference

- REB Terms of Reference - updated (Final Draft, January 2020; changes highlighted) – Section 4
- REB Terms of Reference - summary of changes
- REB Terms of Reference - previous version (2013)
- REB Terms of Reference - benchmarking with other institutions (table summary)

For Item 2: Appointment of an REB Chair

- REB Terms of Reference
- Mandate of the REB Chair and list of possible REB members for consideration for the role
- Curriculum vitae corresponding to the list of possible REB members for consideration

Research Ethics Board – Terms of Reference - Proposed Draft for Review and Approval, January 2020

[highlighted areas correspond to edits and additions made in current terms of reference (attached)]

1.0 POLICY

1.1 The Board of Trustees of the Royal Ottawa Health Care Group (ROHCG) delegates to the Royal's Research Ethics Board (REB) responsibility for the review and ethics oversight of all research involving human participants at The Royal, The Institute of Mental Health Research (IMHR) and The Royal's Brockville Mental Health Centre (BMHC). This delegation may extend to other institutions such as for applications submitted by members of the University of Ottawa (UO) and Carleton University who are involved in partnerships with the ROHCG.

1.2 The Trustees, through this policy, establish a structure to provide the REB with the mandate, autonomy, jurisdiction and authority to provide research ethics oversight of research investigations, and take reasonable measures to ensure that the roles and responsibilities of the REB are defined, resources are available and processes are in place to ensure compliance with relevant guidelines and applicable regulatory requirements. The Trustees, in collaboration with the ROHCG Vice President Research, Psychiatrist in Chief and the President and CEO will refer candidates for the position of REB Chair to the ROHCG Governance Committee, who in turn will provide the final recommendation to the ROHCG Board of Trustees.

1.3 The Board of Trustees will receive quarterly updates on activities/issues of the REB from the REB Chair or his/her delegate at regular meetings.

1.4 The REB will deliver a written report of its operations and the ensuing issues annually to the Board of Trustees to ensure continuing accountability of its mandate.

1.5 There is an indirect ad hoc reporting arrangement in which the ROHCG REB and the University (UO) agree to inform each other, via the IMHR, of any issues arising relating to University research of which they become aware, including those relating to ethics, participant safety or scientific integrity. The reporting line is expressed in a MOU Authorization Agreement (2008) with regard to the University's recognition of ethical approvals granted by the ROHCG REB, which involves research grant funding (e.g. CIHR) flowing from/to the University in which research is conducted by University of Ottawa-affiliated employees, academic staff, trainees, postdoctoral fellows and students at the ROHCG.

1.6 The REB is responsible to ensure that research involving human participants meets current scientific and ethical research standards for the protection of human research participants.

1.7 The IMHR will provide staff and resources to support the administrative tasks of the REB office functions.

2.0 DEFINITIONS

REB – Research Ethics Board

IMHR – Institute of Mental Health Research

ROHCG – Royal Ottawa Health Care Group

BMHCG – Brockville Mental Health Care Group

UO – University of Ottawa

CU – Carleton University

FDA – United States Food and Drug Administration

HC – Health Canada

OHRP – Office for Human Research Protections

GCP – Good Clinical Practice Guidelines

TCPS2 – Tri-Council Policy Statement “Ethical Conduct for Research Involving Humans”

QARE – Quality Assurance for Research Excellence

SOP – Standard Operating Procedure

PHIPA – Personal Health Information Protection Act

3.0 GOVERNANCE AND JURISDICTION

The IMHR and the ROHCG will rely on the service of the REB to ensure scholarly review by ensuring compliance with the Scientific Review policies and scholarly standards of research proposals submitted to it and conducted within or by members of the professional staff of the IMHR, ROHCG, BMHCG, CU and the UO. All research involving human participants requires REB review and approval before the research can begin.

3.1 The purpose of the REB is to determine the ethical acceptability of all research involving human participants at ROHCG or by the investigators/personnel of the institution. The REB will assume responsibility for the review of applications from members of CU and UO in accordance with agreements held with these universities. Scientific and scholarly assessment will be provided by the REB, or if there is insufficient expertise, by experts not involved in the study within either the institution, or elsewhere.

3.2 The REB will meet at the ROMHC, or at locations external to the involved institutions at the call of the Chair and/or Vice Chair as deemed suitable to facilitate the work of the REB. Meetings may be held via teleconferencing during publicly declared emergencies.

3.3 The IMHR will provide administrative staff support for the activities of the REB including management of the application and review process for all submitted research projects. Administrative staff will work directly with the Chair/Vice-Chair and will report administratively to the IMHR Chief Operating Officer or equivalent.

3.4 The REB has the mandate to approve, reject, propose modifications to, renew, or terminate any proposed or ongoing research involving human participants that is conducted within, or by members of the ROHCG.

3.5 The REB will be responsible for the following tasks: reviewing all proposed research from scientific and ethical perspectives before the research is started; reviewing adverse event reports; conducting continuing annual review; and reviewing amendments before amendments are implemented.

3.6 The REB may suspend research deemed not to meet the standards established by the regulations and/or guidelines and/or legislation listed in section 9.

3.7 The REB is guided by the following core principles as defined in Article 1.1 of the Tri-Council Policy Statement “Ethical Conduct for Research Involving Humans”: 1) Respect for persons; 2) Concern for Welfare; 3) Justice.

3.8 The REB and the IMHR shall monitor the activities of research involving human participants (including breaches of privacy, disclosures of conflict of interest or of perceived conflicts of interest related to human research). The REB fulfills this responsibility through continuing review of the research and review of unanticipated issues/problems. IMHR fulfills this responsibility through the conduct of internal audits (QARE Program).

3.9 The REB reports to the highest body of the institutions, the Board of Trustees.

3.10 Any policies and SOPs for the REB will be written in compliance with Health Canada regulations, and adhere to existing guidelines (ICH-GCP), TCPS2, Personal health Information Protection Act (PHIPA). The REB will comply with American (FDA, OHRP) requirements, where applicable.

4.0 MANAGEMENT OF THE REB

4.1 REB Chair and Vice-Chair(s)

The REB Chair/Vice-Chair should be experienced and respected REB members with at least two years’ experience on an REB, and shall have a broad and deep knowledge of research ethics, literature and debates, national and international guidelines, regulations, policies and their application to the human participant research undertaken within the jurisdiction of the REB.

4.2 Responsibilities of the REB Chair

- Leads convened meetings
- Performs delegated review, or delegates authority to perform delegated review to an appropriate REB member when appropriate.
- Is empowered, pending REB review, to suspend the conduct of research if he/she determines that an investigator is not following the REB’s policies or procedures or if there is evidence that the investigator is non-compliant with the regulations and/or guidelines and or legislation listed in section 9.
- Monitors the REB’s decisions for consistency and ensures these decisions are recorded accurately, and communicated clearly to the researchers in writing as soon as possible.
- May delegate any of his/her responsibilities to other suitably qualified individual(s) as appropriate. Such delegation must be in writing.
- Convenes administrative meetings with the Vice-Chair(s), IMHR Clinical Research Support Manager, IMHR Chief Operating Officer or equivalent, and VP Research or designate on a quarterly basis and notifies them of any major events.
- Guides the IMHR Clinical Research Support Manager and the REB Office Coordinator(s) on correspondence to investigators.

4.3 Responsibilities of the Vice-Chair

- Undertake the responsibilities of the Chair when the Chair is unable to do so.
- Carry out the responsibilities assigned to them by the Chair.
- Chair the REB meeting as required.
- Assist in the overall operation of the REB.
- Monitor the REB’s decisions for consistency and ensure that the decisions are recorded accurately and communicated clearly to the researchers in writing as soon as possible.

- Guide the Clinical Research Support Manager and REB Coordinator(s) on correspondence to investigators.

4.4 Selection, Term and Evaluation

- The candidate(s) will be referred by the ROHCG President/CEO, Chief Psychiatrist and VP Research to the ROHCG Governance Committee who in turn will provide the final recommendation to the ROHCG Board of Trustees.
- The Chair and/or Vice-Chair(s) will undergo regular performance evaluations by the VP Research. Performance criteria will include the ability to fulfill the role, attendance at the REB meetings, compliance with REB SOPs, guidelines and regulations.
- Chair and/or Vice-Chairs will serve a term of up to five years, renewable. Suitability for renewal will be determined by the VP Research IMHR, in consultation with the Clinical Research Support Manager.
- Members will serve a term of 3 years. By mutual agreement between the REB member and the Chair of the REB, the REB member's term may be renewed.

5.0 BOARD COMPOSITION

5.1 The membership of the REB will be in compliance with Health Canada, current Tri-Council Policy Statement (TCPS) on Ethical Conduct for Research Involving Humans (Article 6.4), the International Council for Harmonisation Good Clinical Practice Guidelines (ICH-GCP 3.2.1), the Ontario Personal Health Information Protection Act (PHIPA) (s.15), U.S. Food and Drug Administration Code of Federal Regulations (US FDA CFR 56.107), and the Office for Human Research Protections (OHRP) (46.107).

5.2 Standard Operating Procedures (SOPs) detailing Board composition, appointment, resignation and removal process, duties, term, training requirements, provisions for ad hoc advisory process, quorum requirements, signing authority, application/submission procedures, review criteria, conflict management, and confidentiality. These SOPs have been subject to agreement and approval by the IMHR Chief Operating Officer, REB Chair, and the IMHR Clinical Research Support Manager.

5.3 Individual members of the REB must be qualified through training, experience, and expertise to assess the acceptability of proposed research in terms of ethical principles and applicable regulations, guidelines and standards related to human participants or human materials protection.

5.4 Quorum shall consist of one-half of members plus one.

5.5 All members shall be without conflict of interest in the review/approval process and shall disclose actual, perceived or potential conflicts of interest at the outset of the meeting. Only those REB members who are independent of the investigator and the sponsor of a trial should participate in the initial or continuing review of any protocol or provide an opinion on a protocol-related matter, expect to provide information requested by the REB.

6.0 MEETING FREQUENCY AND ATTENDANCE

6.1 Meetings will be held on a monthly basis or at the call of the Chair.

6.2 REB members are expected to attend every REB meetings as well as scheduled educational events/opportunities. Failure to attend a minimum of 66% of the meetings without explanation may be grounds for membership termination from the REB.

7.0 RECONSIDERATION AND APPEALS

Where a researcher does not receive ethics approval, or receive approval conditional on revisions that they find compromise the feasibility or integrity of the proposed research, they are entitled to re-consideration by the REB on

substantive or procedural grounds. If that is not successful, they may appeal using the established mechanism in accordance with the institution's procedures, as described in 7.1 - 7.5.

7.1 The researcher and the REB should make every effort to resolve disagreements through deliberation, consultation or advice.

7.2 The REB must have an established procedure in place for handling appeals promptly.

7.3 The researcher and the REB must have fully exhausted the reconsideration process and the REB must have issued a final decision before the researcher initiates an appeal.

7.4 The Trustees must appoint an ad hoc appeal committee that reflects a range of expertise, but does not include the REB members who originally reviewed the research.

7.5 The appeal committee shall have the authority to review negative decisions, approve, reject or request modifications to the research proposal. Its decision on behalf of the institution will be final.

8.0 REB REVIEW DURING PUBLICLY DECLARED EMERGENCIES

8.1 Research ethics review during publicly declared emergencies may follow modified procedures and practices, but must be particularly vigilant, enhance ethics oversight, and exercise special diligence in respecting ethical principles, standard operating procedures and the law. It is recognized that outbreaks may provide particular need for research, particular opportunity for research and particular vulnerability of research participants.

8.2 Procedures will be developed by the REB to detail how reviews will be conducted during an emergency. The following will be taken into account: a) what research is "essential" research during an emergency, b) the initial ethics review process of new research projects arising from the emergency; c) continuing ethics review of research undertaken prior to the occurrence of the emergency; and d) the ethics review process for changes to approved research that may require action very rapidly during emergencies.

8.3 The REB and researchers should ensure that the risks and potential benefits posed by any proposed research during an emergency are appropriately evaluated.

9.0 RELATED POLICIES AND/OR LEGISLATION

- Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS Current Version)
- The International Council for Harmonisation Guidelines for Good Clinical Practice, Section 3;
- Health Canada [Division 5, Part C.05 of the Food and Drug Act (clinical drug trials), Division 3 (PET tracers), Medical Device Regulations, and the Natural and Non-Prescription Health Product Regulations];
- Ontario Personal health Information Protection Act (PHIPA)
- US Food and Drug Administration code of Federal Regulations, Title 21, Part 56.107;
- US FDA Information Sheets, Guidance for Institutional Review Boards and Clinical Investigators
- US office for Human Research Protections 45 Code of Federal Regulations title 46.107;

- Canadian Association of Research Ethics Boards Guidance on Reporting Unanticipated Problems including Adverse Events to Research Ethics Boards in Canada;
- US FDA Guidance for Industry and Investigators Safety Reporting Requirements for INDs and BA/BE Studies (2010);

DRAFT

Research Ethics Board Terms of Reference - Summary of Changes

The REB Terms of Reference have not been updated since 2013 (attached). Since that time there have been numerous regulatory updates and standardization of REBs through the Canadian Association of Research Ethics Board (CAREB) and the Network of Networks (N2) as well as new REB management at The Royal. The updated ToR have been amended to increase compliance and to be in line with the terms by which our peer research institutions abide (in line with CAREB and N2).

The table below outlines the updates made to the 2013 REB Terms of Reference document. All new information has been highlighted in the REB Terms of Reference Document (attached).

Section/Page	Update	Rationale for Change
1.1 page 1	Clearly detailed the responsibility of the REB and highlighted the extensions of ROMHC as well as the academic institutions with whom we collaborate.	Clarification and specificity.
1.4 page 1	Added clause indicating an annual report will be provided to the Board.	The REB should be providing an annual progress report to the Board relaying issues related to recruitment, study metrics, issues of compliance, termination etc. This assists in strategic planning as well as risk mitigation.
2.0 page 1	Added acronyms and definitions	For the purpose of clarity and comprehension.
3.0, 3.1, 3.2 Page 2	<p>Added details re: the various sites we provide service to as well as the academic institutions with whom we collaborate.</p> <p>Further defined the purpose of the REB activities and highlighted the need to engage experts when/if appropriate expertise is unavailable within the current REB membership.</p> <p>Specified the location of meetings and the acceptability of meeting via teleconference in the event of a publicly declared emergency.</p>	<p>For clarification</p> <p>To highlight the need for the appropriate expertise and to ensure Board members and applicants understand that this is essential and acceptable in providing sufficient ethical oversight.</p> <p>As per TCPS2 requirements (article 6.21) – REBs must have preparedness plans for emergency REB review during publicly declared emergencies and may follow modified practices (e.g. moving the location of meetings).</p>
3.6 Page 2	Added statement that REB has authority to suspend research for issues of non-compliance.	As per TCPS2 and for clarity.

3.7 Page 2	Stated the three core principles of TCPS2 – Ethical Conduct for Research Involving Humans	To clearly state the principles by which the REB conducts reviews
3.8 Page 3	Added information re: privacy and conflict of interest as both are addressed in TCPS2 guidance document.	Added for clarity and to ensure compliance.
3.10 Page 3	Added specific guidance documents and regulations that govern REB and Clinical Research Practice. This also addresses the terms under which the REB must abide by U.S. FDA Code of Federal Regulations related to clinical research activities.	For clarity and compliance.
4.1, 4.2, 4.3 Page 3	Listed responsibilities of the Chair and Vice-Chair	For clarity and to ensure compliance
4.4 Page 4	Added statement to indicate regular performance reviews of the Chair and Vice-Chair(s) will be done.	Ensures ongoing oversight of the Chair and Vice-Chair(s) ensuring their ability to fulfill the respective roles.
4.4 Page 4	Changed term of three years to term of five years.	To be consistent with other peer REB standards.
5.1, 5.2, 5.3 Page 4	Clarified composition requirements as per regulatory guidance. Highlighted need for the creation, implementation and compliance with REB specific SOPs. Added details related to training requirements for both REB office staff and REB members.	For compliance purposes. For compliance purposes and to ensure we develop and adhere to acceptable operating procedures. To increase compliance and quality as to date REB members have not undergone the necessary training that is required as per the regulations and guidance documents.
7.0	Added this section to provide specific details about REB appeal process. This was not included in the previous ToR document.	To ensure compliance and ensure transparency for researchers who may wish to appeal
8.0	Added details re: REB review during public declared emergencies.	As outlined in TCPS2 guidance – Chapter 6 “D”.
9.0	Listed policies and legislation that have influenced the development of the REB Terms of Reference as well as those that guide the activities of the REB.	These were not previously referenced in the former document. Listing these clearly identifies awareness of and compliance with the applicable legislation.

Role	<p>The Royal Ottawa Health Care Group (ROHCG) through the ROHCG Board of Trustees, mandates the Research Ethics Board (REB) to independently review, approve, reject, propose modifications to, suspend, or terminate any proposed or ongoing research activities that involve human participants or human materials, which are conducted within, or on behalf of the ROHCG and its affiliates, to ensure they meet scientific, regulatory, and ethical standards for the protection of human research participants, conforming with the ROHCG corporate research policies and procedures.</p> <p>Any research involving human participants at the ROHCG and its affiliates must have ethics approval from the ROHCG REB and all related contracts must be countersigned by the CEO and President of the University of Ottawa Institute of Mental Health Research (IMHR) who acts on behalf the ROHCG President and CEO in research.</p>
Responsibilities	<ol style="list-style-type: none"> 1. Ensuring that all submitted human-related research protocols receive appropriate and diligent ethical, scientific and regulatory review. 2. Ensuring that records of ethical and scientific reviews of protocols are available through the administrative arm of the REB. 3. Ensuring that researchers receive comments and REB review in a timely manner and are allowed the opportunity to respond to REB concerns. 4. Recommendation of policies and procedures governing consistent and high quality reviews, conduct and monitoring of all research protocols. 5. Monitoring the ethical conduct of research at the ROHCG and its affiliates including, but not limited to; an annual review of approved research (or more frequently at the discretion of the REB), ongoing review of serious adverse events and reports from Data Safety Monitoring Boards (DSMBs), and review and approval of amendments/modifications to the research. Continuing review (protocol audits) will also take place within Quality Assurance for Research Excellence (QARE) program overseen by the REB. 6. Participation in regular ongoing educational sessions for REB members and making REB members aware of external educational events regarding the human research ethics domain. 7. Acting as a resource for researchers, or other members of staff or the public, on issues of research ethics.

Authorization	<p>a) The ROHCG REB has a formal REB Authorization Agreement with the Council of Research Ethics Boards (COREB) and becomes the REB of Record for all research which is conducted primarily within, or on behalf, of the ROHCG and its affiliates. This agreement sets out the division of responsibilities between the ROHCG and participating institutions.</p> <p>b) In acting as the REB of Record, the ROHCG REB will act in accordance with the responsibilities outlined above and will act in compliance with the <i>Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (TCPS)</i>; <i>the International Conference on Harmonization (ICH) Good Clinical Practice (GCP): Consolidated Guidelines</i>; <i>Part C Division 5 of the Food and Drug Regulations of Health Canada</i>; <i>the provisions of the Ontario Personal Health Information Protection Act (PHIPA) 2004 and its applicable Regulations</i>; and <i>the US Code of Federal Regulations (CFR) Title 21 Parts 50 and 56, and CFR Title 45 Part 46.</i></p>
Administration	<p>The Research Ethics office and the Research Administration (IMHR) will provide record keeping/storage capacity and administrative support to the REB. The REB minutes, deliberations, and all protocol-related documents will be stored securely as per Part C Division 5 of the Food and Drug Regulations of Health Canada.</p>
Appeals	<p>The REB shall have a formal process in place for appeals.</p>
Chair	<p>The Chair of the REB is appointed for a term of 3 years and is renewable. The candidate(s) will be referred by the Psychiatrist in Chief, the President and CEO of the IMHR and the President and CEO of the ROHCG to the ROHCG Governance Committee, who in turn, will provide the final recommendation to the ROHCG Board of Trustees.</p> <p>It is the responsibility of the Chair to ensure fair review and that all ethical issues are dealt with properly.</p>

Membership & Voting	<ul style="list-style-type: none"> a) A member of the REB is appointed by the Chair to serve as Vice-Chair. The role of Vice-Chair is to assume the duties of the Chair in the Chair's absence. b) The REB of the ROHCG will seek its members from among the ROHCG and IMHR staff and from the community, as appropriate. Potential ROHCG members for the REB will be nominated by the relevant ROHCG department, discipline or program. The probationary period will be 3 months pending confirmation by the REB Chair. c) Members of the REB will normally serve for a term of three (3) years. By mutual agreement between the REB member and the Chair of the REB, the REB member's term may be renewed. In particular circumstances (e.g. special expertise), terms of service may be extended beyond the usual terms. The terms of service will be staggered to ensure continuity. d) The Board membership will normally consist of the following to ensure adequate representation: <ul style="list-style-type: none"> A. Chair B. Manager, Pharmacy (or his/her delegate) C. Representative from the Brockville Mental Health Centre D. Representative from Child/Youth Psychiatry E. At least three (3) representatives from Medical Staff F. Community representative not affiliated with the ROHCG G. One representative each from Nursing, Social Work and Psychology H. Hospital Chaplain I. Representative person knowledgeable in relevant law e) All REB members are expected to attend every REB meeting as well as scheduled educational events. Failure to attend a minimum of 66% of the meetings without explanation may be grounds for membership termination from the REB. f) All members and guests are held to strict confidentiality of REB proceedings.
Frequency of Meetings	<p>Meetings will be held on a monthly basis or at the call of the Chair.</p>

Quorum	Quorum shall consist of one-half of members plus one.
Conflict of Interest	All members shall be without conflict of interest in the review/approval process and shall disclose actual, perceived or potential conflicts of interest at the outset of the meeting. Only those REB members who are independent of the investigator and the sponsor of a trial should participate in the initial or continuing review of any protocol or provide an opinion on a protocol-related matter, except to provide information requested by the REB.
Reporting	<p>The REB reports to the Board of Trustees of the ROHCG. However, the deliberations of the REB are independent and at arms length following the policies, procedures and frameworks of the ROHCG Board of Trustees.</p> <p>Any research involving human participants at the ROHCG and its affiliates must have ethics approval from the ROHCG REB and all related contracts must be countersigned by the CEO and President of the University of Ottawa Institute of Mental Health Research (IMHR).</p> <p>The REB will provide quarterly reports to the ROHCG Board of Trustees and a yearly informational report to the University of Ottawa Institute of Mental Health Research (IMHR).</p> <p>Lastly, there is an indirect ad hoc reporting arrangement in which the ROHCG REB and University agree to inform each other, via the IMHR, of any issues arising relating to University research of which they become aware, including those relating to ethics, participant safety or scientific integrity. The latter reporting line is expressed in a Memorandum of Understanding Authorization Agreement (2008) with regard to the University's recognition of ethical approvals granted by the ROHCG REB which involves research grant funding (e.g. CIHR) flowing through the University and in which research is conducted by University of Ottawa-affiliated employees, academic staff, trainees, postdoctoral fellows and students at the ROHCG.</p>

Research Ethics Board - Terms of Reference – comparisons across institutions

In preparation for re-writing the Royal's REB Terms of Reference (ToR), similar documents for the REBs listed below were reviewed. An update to the Royal's Terms of Reference document is required to ensure compliance with the most recent guidelines, policies and regulations. As a member of the Network of Networks (N2), The Royal's REB has adopted and must adhere to the N2 CAREB Standard Operating Procedures. This ensures REB consistency across Canada. These SOPs have been incorporated into the development of the updated ToR. It is important to note that CHEO, CAMH, OHSN-REB and St. Michael's are members of N2 and the terms of reference for each should be to some extent, very similar in nature.

Note: The Terms of Reference for St. Michael's covers a Network of hospitals including Providence Healthcare, St. Joseph's Health Centre and St. Michael's Hospital all located in Toronto, and all active members in the N2 organization.

Carleton University	CHEO	CAMH	OHSN-REB	Ontario Shores	St. Michael's	The Royal (2019 draft)
1.2 Standard Operating Procedures – drafted and maintained by CU	Follows N2 Clinical Research SOPs and N2 CAREB SOPs (REB specific)	Follows N2 Clinical Research SOPs and N2 CAREB SOPs (REB specific)	Follows N2 Clinical Research SOPs and N2 CAREB SOPs (REB specific)	Follows their own internal SOPs for clinical research and REB	Follows N2 Clinical Research SOPs and N2 CAREB SOPs (REB specific)	Follows N2 Clinical Research SOPs and N2 CAREB SOPs (REB specific)
2.1 Structure – Report to VP Research, follow CU SOPs	REB reports to Board of Trustees via the Quality & Safety Committee of the Board. The REB Chair reports administratively to the VP, People, Strategy & Performance	Reports to Board of Trustees through the Research Committee of the CAMH Board of Trustees.	The OHSN-REB reports to the highest body of the institutions, the Governors/Directors	Reports to the Ontario Shores Board of Directors	Reports directly to the Network Board of Directors	Report to the Board and administratively to the VP Research IMHR
2.2 Scope of Authority – Oversees all research involving humans or human materials. Research carried out by CU PI, Co-I or facilitated by members of the	Research involving humans conducted by staff of the hospital or CHEO RI and research involving humans ID'd at or through	Not explicitly stated. Oversees research activities at CAMH.	Oversees research conducted by staff of TOH, OHRI and research involving patients of TOH. Agreements in place to oversee research	Research conducted within or by members of, the institution	Research conducted within or by members of the Network	Research conducted with patients/clients of the ROHCG and/or research conducted by staff

Carleton Community as well as any research involving people/participants who are current or former members of the Carleton community.	the CHEO and the CHEO RI		activities for Montfort, CHEO, and University of Ottawa where applicable.			of the ROHCG/IMHR
2.3 – Mandate – follow the approved SOPs and guidance outlined in TCPS. Review all amendments, and renewals that occur post-approval.	Follow N2 SOPs as well as institution specific SOPs and TCPS.	Follow N2 SOPs as well as institution specific SOPs and TCPS.	Follow N2 SOPs as well as institution specific SOPs and TCPS.	Follow Ontario Shores policies & procedures, protocols and guidelines and adhere to TCPS.	Follow N2 SOPs as well as institution specific SOPs and TCPS.	Follow N2 SOPs as well as institution specific SOPs and TCPS.
2.4 – Function – to review all proposed research before research begins. REB approval in itself does not mean research can proceed.	Review all initial and subsequent proposed research activity.	Review all research before commencement. Assess ethical acceptability.	Review all research before commencement. Assess ethical acceptability	Review all research before commencement. Assess ethical acceptability	Review all research before commencement. Assess ethical acceptability	Review all research before commencement. Assess ethical acceptability
2.5 Independence – operates independently in decision-making with respect to its mandate and under TCPS	operates independently in decision-making with respect to its mandate and under TCPS	operates independently in decision-making with respect to its mandate and under TCPS	operates independently in decision-making with respect to its mandate and under TCPS	operates independently in decision-making with respect to its mandate and under TCPS	operates independently in decision-making with respect to its mandate and under TCPS	operates independently in decision-making with respect to its mandate and under TCPS
2.6 Proportionate Review – review is proportionate to the level of risk to participants and researchers. Increased risk = increased level of review.	Refers to TCPS which is risk based	Refers to TCPS which is risk based	Refers to TCPS which is risk based	Not explicitly stated to be risk based but rather references the numerous regulations – including TCPS which is risk based	Refers to TCPS which is risk based	Refers to TCPS which is risk based
2.7 Membership & Composition – states	Always between 9 and 16 members. Experts as listed for	Maximum 20 members with specific expertise	Membership in compliance with TCPS	States at least 5 voting members – expertise in	Experts as outlined in TCPS and other institutional ToR.	Membership in compliance with TCPS

membership will comply with TCPS and SOPs	other institutions based on TCPS recommendations.	including scientific, non-scientific, ethics, law, privacy, community member and other ad hoc members as required.	recommendations, Health Canada, US FDA Code of Federal Regulations.	research disciplines, ethics, law, biomedical research and one community member.	Expertise is specific disciplines incl. Law, privacy, ethics, medicine, community etc.	recommendations, Health Canada, US FDA Code of Federal Regulations.
2.8 Meeting Frequency – monthly or ad hoc if necessary Quorum - > 50% of members	Monthly, ad hoc as needed (no August meeting) Quorum – 50% + 1	Not specified. Quorum not specified – follow TCPS	Monthly (3 meetings to cover Civic Campus, General Campus and Heart Institute (no July meetings) Quorum not specified – follow TCPS	Monthly excluding August Quorum – 50% + 1 (voting members)	12 meetings per year Quorum – a minimum of 5 voting members	Monthly excluding August. Ad hoc when required. Quorum – 50% + 1 (voting members)
3.0 Research Ethics Review – categories of review match those outlined in TCPS. Description of delegated review, administrative review and full board review process. Exemption guidance is based on TCPS2 and is explicitly stated in ToR Appeals require written request for reconsideration by the	Not addressed in the ToR for CHEO – rather reference to following TCPS. Exemption is not specifically addressed. Appeal requests must be made in writing to the REB Chair. If continued disagreement occurs between the investigator and the Chair then the	Not specifically described in CAMH ToR Exemption is not specifically addressed in the ToR Upon receipt of a notice of appeal the authority who established the REB must appoint an appeal committee with knowledge similar to the REB.	Not specifically detailed. Rely on SOPs for this. Exemption is not addressed in the ToR. If an agreement cannot be reached, the Board must appoint an appeal committee. This committee will review the decisions, and	Not addressed in the ToR Exemption is not specifically addressed in the ToR Appeal process is not detailed in the Ontario Shores ToR.	Not addressed in the ToR Exemption is not specifically addressed in the ToR. An Appeal process is not included in the Network REB ToR.	Review is based on risk as per TCPS2 – each type of review is not specifically addressed in the ToR as the reference is to TCPS. The REB has a stand-alone document posted on OREO to reflect the level or review required. Exemption not specifically addressed as this is based on TCPS guidance which is

Chair of the REB. REB will follow SOP appeals procedure.	University of Ottawa's Appeal Board will be asked to consider the appeal.	The committee will meet and either approve, disapprove or request revisions to the research proposal. This decision will be final.	approve, reject or request modifications. The appeal committee decision is final.			referenced in the ToR. Appeal committee must be appointed and follow the process as outlined in the N2 CAREB SOPs whereby all documentation is reviewed, a decision is made and the decision is deemed final.
4. Office of Research Ethics – staffed by the Director of Research Ethics, provides admin support to the Chair and REB members, maintains documentation/records, prepares minutes, performs functions as described in the SOPs. The Chair may delegate tasks to the office staff when written in SOPs.	Not mentioned in CHEO ToR	Research Ethics Office staff provide support to the REB Chair and for the work of the REB. Responsible for the storage of REB documents as per regulations, policies and guidelines.	OHRI provides administrative staff for the activities of the OHSN-REB. Staff work directly with the Chair of the REB.	Office of Research Ethics is not mentioned in Ontario Shores ToR	Office of Research Ethics is not mentioned in the Network REB ToR	IMHR provides administrative staff for the activities of the REB including management of the application, work directly with the Chair and report administratively to the IMHR COO.
Membership Term: Chair – appointed by Board 2 years renewable for additional 2 years or at the discretion of VP Research	Chair & Vice Chair – appointed by the Board, the CEO of the Hospital and the CEO of the CHEO RI – 5 years which is renewable	Chair – appointed by the CAMH Research Committee upon recommendation by the CAMH Physician-in-Chief,	Chair – selected by the VP Research TOH on the recommendation of the OHSN-REB Operations committee and in consultation with	Chair – appointed annually by the Board of Directors. Vice Chair & Members – appointed by the Chair in	Terms are not defined in the Network REB ToR document.	Chair – Selected by the Board of Trustees in consultation with the Psychiatrist-in-Chief, the IMHR VP Research and the President and CEO

<p>VP – appointed by Board 2 years renewable for additional terms at the discretion of the VP Research</p> <p>Members – appointed by VP Research, terms determined by the terms of appointment and renewable upon consultation with the Chair.</p>	<p>Members – appointed in consultation with the REB Chair, the CEOs of the Hospital and Research Institute and the REB members – 3 year renewable term.</p>	<p>3 year term, renewable twice.</p> <p>Vice-Chair & Members - appointed by the Chair for a term of 3 years, renewable twice.</p>	<p>UOHI VP Research and OHRI Clinical Research Director – up to 5 year renewable.</p> <p>Terms are not defined for Vice-Chairs as there are 3 Chairs at OHSN-REB.</p> <p>Terms are not defined for members.</p>	<p>consultation with the institution's CEO. Further details re: term are not provided.</p>	<p>of the ROHCG, 5 year renewable term determined by VP Research IMHR in consultation with the Clinical Research Support Manager.</p> <p>Vice Chair – appointed by the Chair, term up to 5 years renewable.</p> <p>Members – selected by the Chair, the other members of the REB in collaboration with the Clinical Research Support Manager, 3 year renewable term (by mutual agreement between the member and the Chair).</p>
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**ROYAL OTTAWA HEALTH CARE GROUP
RESEARCH ETHICS BOARD MEMBERS
Effective July 1st, 2019**

Name and Degree(s)	Expertise	Representative Capacity/ Role on REB	Affiliation	Gender	Canadian Citizen or Permanent Resident
Bourget, Dominique MD	Psychiatry Forensics Schizophrenia	Chair Psychiatry Forensics	ROMHC	F	Yes
O'Brien, Ann-Marie MSW, RSW	Social Work Women's Mental Health	Women's Mental Health Social Work	ROMHC	F	Yes
Jaworska, Natalia PhD	Clinical Electrophysiology Neuroimaging	Clinical Electrophysiology Neuroimaging	IMHR	F	Yes
Douglass, Alan MD	Sleep Disorders	Vice-Chair Psychiatry Sleep Disorders	ROMHC	M	Yes
Pearce, Nelson BSc (Hon), BSc Pharm	Pharmacy	Pharmacy	BMHC	M	Yes
Bodnar, Michael PhD (Clinical Psychology) PhD (Neuroscience)	Clinical Psychology Schizophrenia Brain Imaging	Schizophrenia Brain Imaging	IMHR	M	Yes
Edwin, Febin MBBS, MRCPsych, FRCPC	Psychiatry Community Mental Health Dual Diagnosis	Psychiatry Community Mental Health	ROMHC	M	Yes

ROYAL OTTAWA HEALTH CARE GROUP

RESEARCH ETHICS BOARD MEMBERS

 Effective July 1st, 2019

Name and Degree(s)	Expertise	Representative Capacity/ Role on REB	Affiliation	Gender	Canadian Citizen or Permanent Resident
Raab, Kelley MDiv, MA, PhD	Chaplain Spirituality & Mental Health	Chaplain Spirituality & Mental Health	ROMHC	F	Yes
James, Alexandra RN, BScN	Nursing	Nursing	ROHCG	F	Yes
Abdinur, Suad RN, BScN	Nursing	Nursing	ROMHC	F	Yes
Robichaud, Pierre BASc, LLB, PEng	Law	Law	Non-Affiliated	M	Yes
McAteer, Evardina	Community Representative	Community Non-Scientific	Non-Affiliated	F	Yes
Sharma, Sanjay	Community Representative	Community Non-Scientific	Non-Affiliated	M	Yes
* Beaudoin, Tammy	Clinical Research	Clinical Research Support Manager	IMHR	F	Yes
* Vulin, Heidi BA		Research Ethics Program Assistant	IMHR	F	Yes
* indicates non-voting attendee					

The Royal's Research Ethics Board

As outlined in the Tri-Council Policy Statement "Ethical Conduct for Research Involving Humans" (TCPS2), article 6.8, the REB chair is Responsible for ensuring that the REB review process conforms to the requirements of TCPS2.

"The Role of the REB Chair is to provide overall leadership for the REB and to facilitate the REB review process, based on institutional policies and procedures and the TCPS. The Chair should monitor the REBs decisions for consistency and ensure that these decisions are recorded accurately and communicated clearly to researchers in writing as soon as possible by the Chair or his/her designate." (TCPS2 2019, article 6.8)

The REB Chair/Vice-Chair should be experienced and respected REB members with at least two years' experience on an REB and shall have a broad and deep knowledge of research ethics, national and international guidelines, regulations, policies and their application to the human participant research undertaken within the jurisdiction of the REB.

Current REB Members for Consideration:

REB Member Name	Expertise	REB Term Served	Notes
Dr. Pierre Blier, MD PhD	Psychiatry, Mood and Anxiety	9 years	REB Chair 2011-July 2019 (stepped down to manage COI given his role as interim IMHR President July1-Nov1, 2019)
Dr. Dominique Bourget, MD	Psychiatry, Forensics, Schizophrenia	16 years	REB Vice-Chair 2018 – 2019 Acting REB Chair July 2019 - Present
Ann-Marie O'Brien, MSW, RSW	Social Work, Women's Mental Health	5 years	
Natalia Jaworska, PhD	Clinical Electrophysiology, Neuroimaging	3 years	
Dr. Alan Douglass, MD	Sleep Disorders, Psychiatry	19 years	REB Chair 2001-2010 Vice Chair July 2019-Present
Nelson Pearce, Pharmacist	Pharmacy	4 years	
Michael Bodnar, PhD (Clinical Psychology) PhD (Neuroscience)	Clinical Psychology, Schizophrenia, Brain Imaging	2 years	
Dr. Febin Edwin MBBS, MRCPsych, FRCPC	Psychiatry, Community Mental Health, Dual Diagnosis	2 years	



Department/School: Psychiatry, Cellular and Molecular Medicine

15 April 2019

CURRICULUM VITAE

NAME:**BLIER, Pierre**, Professor**DEGREES AND CREDENTIALS:****Degrees:**

1988 Fellowship, Neuropharmacology Neuropharmacology, Laboratoire d'Etudes et de Recherches Synthélabo, Paris

1985 Doctorate (Ph.D.), Neuroscience Neuroscience, Université de Montréal, Canada, Quebec

1986 Medical Doctor (M.D.) Medicine, Université de Montréal, Canada, Quebec

1981 Master's of Science (M.Sc.), Neuroscience Neuroscience, Université de Montréal, Canada, Quebec

1978 Bachelor's of Science (B.Sc.), Biology and Psychology Double major: Biology/ Psychology. Minor: Chemistry, Bishop's University, Canada, Quebec

Credentials:

Medical Licence # 80551, Ontario College of Physicians, from March 2004

Medical Licence # ME87413, Florida Board of Medicine, from April 2003

Medical Licence # 87-173, Corporation professionnelle des médecins du Québec, Ontario, from January 1987

Medical Licence #64535, Medical Council of Canada, Ontario, from January 1987

EMPLOYMENT HISTORY:**Academic Work Experience:**

2004 – Professor, Cellular and Molecular Medicine, University of Ottawa, Canada, Ontario

2004 – Director, Mood Disorders Research Unit, University of Ottawa, Canada, Ontario

2004 – Full Professor, Psychiatry, University of Ottawa, Canada, Ontario

2001 – Adjunct Professor, Psychiatry, McGill University, Canada, Quebec

2008 – 2018 Adjunct Professor, Psychology, Carleton University, Canada, Ontario

2004 – 2011 Visiting Professor, McKnight Brain Institute, University of Florida, United States, Florida

2000 – 2004 Professor, Neuroscience and Psychiatry, University of Florida, United States, Florida

1998 – 2000 Professor, Psychiatry, McGill University, Canada, Quebec

1992 – 1998 Associate Professor, Psychiatry, McGill University, Canada, Quebec

1988 – 1992 Assistant Professor, Psychiatry, McGill University, Canada, Quebec

Non-academic Work Experience:

2004 – Medical Doctor, Royal Ottawa Mental Health Centre, Canada, Ontario

2003 – 2003 Medical Doctor, Clinical Trial Program, Behavioral Sciences, Jacksonville

2000 – 2004 Medical Doctor, Specialty Clinic in Psychiatry, Shands Hospital, Gainesville

1991 – 2000 Associate Member, Montreal Neurological Institute, Canada, Quebec

1989 – 2000 Medical Doctor, Centre Médical de Chambly

1988 – 2000 Medical Doctor, Allan Memorial Institute, Canada, Quebec

1988 – 2000 Pharmacology Consultant, Royal Victoria Hospital, Canada, Quebec

1988 – 2000 Staff Member, Allan Memorial Institute, Canada, Quebec

HONOURS:

- 2018 Fellow of the Royal Society of Canada, Royal Society of Canada, Life Sciences Division of the Academy of Science
- 2010 Lilly Basic Research Award, For contributions to psychopharmacology, Collegium Internationale Neuropsychopharmacologicum
- 2010 Basic Research Award, Collegium Internationale Neuropsychopharmacologicum
- 2010 Heinz Lehmann Award, Given yearly to a senior researcher, Canadian College of Neuropsychopharmacology
- 2009 Best Educator- Psychiatry Residents' Award, Psychiatry Department University of Ottawa Faculty of Medicine
- 2004 Endowed Chair, Mood Disorders Research, University of Ottawa Institute of Mental Health Research
- 2004 Tier I Canada Research Chair in Psychopharmacology, Government of Canada
- 1998 Max Hamilton Memorial Prize, Collegium Internationale Neuropsychopharmacologicum
- 1995 Scientist Award, Medical Research Council of Canada, Canada, Ontario
- 1990 Scholar Award, Medical Research Council of Canada, Canada, Ontario
- 1990 Rafaelsen Fellowship Award, Collegium Internationale Neuropsychopharmacologicum
- 1990 Young Investigator Award, Canadian College of Neuropsychopharmacology

SCHOLARLY and PROFESSIONAL ACTIVITIES:**Editorial Activities**

- 2012 – Editorial Board, 1998 - 2003 Biological Psychiatry (Official Journal of this Society); 1998 - 2008 Neuropsychopharmacology (Official Journal of the American College); 1999 - 2009 European Neuropsychopharmacology (Official Journal of the European College); 1999 - 2010 Journal of Psychiatry and Neuroscience (Editor, Official Journal of the Canadian College); 2001 - 2006 Acta Psychiatrica Belgica; 2011 -Acta Neuropsychiatrica; 2003 - 2008 International Journal of Neuropsychopharmacology (Official Journal of the International College); 2004 -Journal of Clinical Research; 2004 -Journal of Psychopharmacology (Editor for the Americas); 2004 -Current Reviews in Psychiatry; 2005 - Naunyn-Schmiedeberg's Archives of Pharmacology (Associate Editor); 2006 - Psychiatry; 2006 -Progress in Neuro-Psychopharmacology and Biological Psychiatry; 2007 -Clinical Neuropsychiatry; 2010 -Frontiers in Psychopharmacology; 2011 -International Journal of Psychiatry in Clinical Practice
- 2008 – Co-Editor in Chief, Journal of Psychopharmacology. Editorial decisions on manuscripts submitted to the journal from the Americas
- 2008 – Co-Chair, Ethics Board, The Royal Ottawa Mental Health Centre
- 2008 – Translational Research Field Editor, Review and recommendations of scientific journal publications

Journal Review Activities

- 2015 – Editorial board member, Journal of Affective Disorders
- 2011 – Editorial board member, Acta Neuropsychiatrica
- 2011 – Editorial board member, International Journal of Psychiatry in Clinical Practice
- 2006 – Editorial board member, Progress in Neuro-psychopharmacology and Biological Psychiatry
- 2004 – Co-editor in chief, Journal of Psychopharmacology
- 2003 – Field editor-translational medicine, International Journal of Neuropsychopharmacology
- 2005 – 2015 Associate editor, Naunyn-Schmiedeberg's Archives of Pharmacology

Research Funding Application Assessment Activities

- 2012 – Chair, University of Ottawa Medical Research Fund, University of Ottawa Medical Research Fund
Number of Applications Assessed: 30
- 2009 – Committee Member, Clinician Scientists, Canadian Institutes of Health Research, Ontario
Number of Applications Assessed: 30
- 2009 – 2015 Committee Member, Behavioural Sciences-B, Canadian Institutes of Health Research, Ontario
Number of Applications Assessed: 36

Community and Volunteer Activities

2011 – Chairman, Research Ethics Board, Royal Ottawa Mental Health Centre, Canada, Ontario

Knowledge and Technology Translation

- 2014 – Committee Member, The current classification of psychotropics is obsolete: bipolar disorder patients receive anti-epileptics, anxiety disorder patients antidepressants, and major depressive disorder patients without psychotic symptoms atypical antipsychotics. The European, American, Asian, and International Colleges of Neuropsychopharmacology have each nominated 2 members to devise and implement a new classification system for psychotropics based on 4 axes: their primary target and mechanism of action on neuronal targets, their official indications, their therapeutic actions and side effects, and finally their neurobiological effects. The project was launched in October 2014 by distributing an app, meeting the editors of the main clinical and scientific journals, and rolling it out to the main associations in the field. Dr. David Kupfer, the Chairperson of the DSM-5 Task Force, and I are the representatives of the American College. www.ecnp.eu/project-initiatives/nomenclature.aspx
- 2014 – Committee Member, The literature is evolving for all disorders in Psychiatry. Similarly to the effort mentioned below from the World Psychiatric Association (WPA), I participated in the 2014 Canadian Guidelines for the treatment of anxiety disorders, obsessive-compulsive disorder, and post-traumatic stress disorder. Dr. Martin Katzman led this effort and I was in charge of the section on obsessive-compulsive disorder. There were 17 additional contributors to these guidelines, which encompass all forms of treatment, including psychotherapy. The document was published (BMC Psychiatry 14(Suppl 1):1, 2014) and is available online for the scientific and clinical community
- 2012 – Developer of Original/Creative Works, Production of 3D animations explaining the action of psychotropics
- 2012 – Committee Member, I have been serving as a member of the Pharmacopsychiatry section of the World Psychiatric Association (WPA) since 2008, and as co-chair since 2014. This group of 41 worldwide experts publishes review position papers on the use of a variety of psychotropic medications. I have participated in five of them thus far. These include the publications on: the effectiveness of antipsychotics in schizophrenia, the issue of suicidality claimed to result from initiation of antidepressant medication on the relationship of antiepileptic drugs with suicidality in epilepsy, the efficacy of pharmacotherapy in bipolar disorder, and the report on the use of antidepressants. Dr. Thomas Baghai was the first author of the latter paper from 2012 and I was second author (Eur Arch Psychiatr Clin Neurosci, 262(Suppl 1):S1, 2012). More work is ongoing
- 2009 – Principal Investigator, Generic drugs are less expensive versions of brand medications after patent expiry and they have to meet specific requirements of health regulatory agencies. Drug exposure (area under the curve) and maximal plasma concentrations have to fall within 80-125% of the original brand. There had been reports of patient destabilization with generic switches. In 2009, we found that a generic for Effexor XR on the Canadian market had a plasma peak 151% of the brand, which by definition was not bioequivalent (J Clin Psychiatr 70:958). In 2012, (NEJM 367:2463), a generic form of the antidepressant Bupropion XL was removed from the market by the FDA. We are carrying out further studies to ensure that our Canadian patients get quality generics meeting the requirements of other agencies as in the USA and Europe. This endeavour is aimed at minimizing side effects, treating mental disorders effectively, and optimizing doses as initially documented in clinical studies with original brand medications
- 2007 – Principal Investigator, MDD takes an enormous toll on individuals personally and professionally. However, its impact on the mental health status of children of parents being treated for MDD had not been thoroughly examined. Dr. Myrna Weissman, a world renowned psychiatric epidemiologist, obtained a NIMH grant, with myself as PI in Ottawa, to assess the mental health status of children of 93 parents enrolled in our other NIMH funded study (J Am Acad Child Adolesc Psychiatr 51:1185, 2012). Consistent with a prior study, 35% of the 168 children had a psychiatric diagnosis. My PhD student was the first author on that paper, as 2/3 of children were from the Ottawa region. The condition of the children and their evolution over 9 months correlated with remission and/or relapse of parents, which included 11 fathers (Psychol Med 44:2811, 2014; J Affect Dis 164:107, 2014). These

- results imply that successfully treating parents can have a positive outcome on children, even if they are not necessarily treated themselves
- 2001 – Creator of animated 3D audio-video programs, It remains a puzzle for many physicians why some atypical antipsychotics can be effective in the depressive phase of bipolar disorder and in unipolar MDD. The role of various receptors on monoamine transmitter release and that of their direct activation of postsynaptic receptors is difficult to thoroughly comprehend for many clinicians. I have devised for the pharmaceutical industry several animated 3D audio-video programs to explain the mechanisms of action of antidepressants and atypical antipsychotics. These can be used in manual interactive form or in automated mode. The last one was a non-promotional module explaining the mechanism of action of atypical antipsychotics in schizophrenia, mania, and treatment-resistant depression. It was sponsored by Pfizer and accredited for 2 consecutive years by McGill University
- 2000 – Principal Investigator, Antidepressant medications produce a remission in only about a third of patients with depression, thus leaving two thirds requiring additional measures after an initial trial. Based on the mechanisms of action of antidepressants in our animal experiments, we have used medications either producing more rapid restoration of firing rate of serotonin and norepinephrine neurons or to a greater release of these two monoamines (Eur Neuropsychopharmacol 10:177, 2000). We have doubled the remission rate in MDD obtained with a single drug in three studies by combining two antidepressants from treatment initiation (Eur Neuropsychopharmacol 19:457, 2009; Am J Psychiat 167:281, 2010). Not all groups and/or some of our collaborators have been able to replicate this finding in some cases due to insufficient doses or high dropout rates. Our results clearly point to adequate doses and patient education to minimize dropout rates, which have consistently been below 15% in my unit over the years
- 2000 – Principal Investigator, Selective serotonin reuptake inhibitors (SSRIs) rapidly became first line medications for depression following their introduction in the late 1980's. However, about 20 % of patients have nausea when these medications are initiated. It was believed that this is due to an excess activation of serotonin (5-HT)₃ receptors. The prototypical 5-HT₃ antagonist ondansetron was not a practical option because it would have been 5 to 10 times expensive than the SSRI. We screened drugs with potential 5-HT₃ receptor blocking properties using our in vitro superfusion technique in rat brain slices. We found in my laboratory that a medication used to treat hiatal hernias was the most potent 5-HT₃ antagonist, and it had a long-half life (Brit J Pharmacol 108:13, 1993). Cisapride completely blocked nausea, and vomiting in the most sensitive patients (Am J Psychiat 151:1084, 1994). It could be taken twice a day for about 1 to 2 weeks for less than 1 dollar/day. Physicians routinely used this for years
- 1995 – Principal Investigator, We were the first to report in 1983 that repeated administration of SSRIs desensitizes cell body serotonin (5-HT) autoreceptors, thereby allowing a recovery of the firing rate of 5-HT neurons in the presence of 5-HT reuptake inhibition. We postulated that the blockade of this autoreceptor could accelerate the antidepressant response of SSRIs, monoamine oxidase inhibitors, and 5-HT_{1A} agonists. After we characterized this autoreceptor as a 5-HT_{1A} receptor, we then collaborated with Dr. Artigas in Barcelona who was the first to report the acceleration of the antidepressant effect of SSRIs by the β -adrenergic/5-HT_{1A} antagonist Pindolol. I then published proof-of-concept studies using Pindolol with different types of medications (J Clin Psychopharm 15:217, 1995; Neuropsychopharmacology 16:333, 1997). Meta-analyses of over 10 double-blind studies confirmed this accelerating effect of Pindolol. This strategy remains controversial in treatment-resistant patients and further study is needed
- 1995 – Principal Investigator, Migraines are very common. When people with migraines get depressed, migraine frequency increases. Yet, when the very first anti-migraine agent of the triptan family, Sumatriptan, was introduced it was contraindicated for use with SSRIs for fear of a 5-HT syndrome; the subsequent medications followed suit. I believed this was a physiological heresy. First because sumatriptan does not penetrate the blood-barrier and a 5-HT syndrome is centrally mediated. Second, even if it crossed the barrier, it would decrease (not increase) 5-HT release because it acts mainly on inhibitory 5-HT_{1D} autoreceptors. We first ascertained the inhibitory effect of Sumatriptan on 5-HT release in guinea pig brain slices, as these have the same type of autoreceptors as humans. We then treated over 100 migraine attacks in patients taking a variety of antidepressants without any untoward

side effects (J Clin Psychopharmacol 15:106, 1995). Clinicians have now been using triptans for migraines safely in depression

- 1991 – Consultant, I have been a consultant on numerous occasions for R & D with the Industry since 1991. I have been on advisory boards for the main companies developing antipsychotics, antidepressants, anxiolytics, and hypnotics. These have included: Asahi Pharmaceutical, Astra-Merck/Zeneca, Biovail, Boeringher Ingleheim, Bristol Myers Squibb, Cyberonics, Eli Lilly Corporation, Euthymics, Forest, Grunenthal, ICN Canada, Janssen, Jonhson & Jonhson, Lundbeck, Merck, Miles, Organon, Novartis, Pierre Fabre Médicaments, Pfizer, Solvay, Roche, Sepracor, Shire, Smith Kline Beecham, Sunovion, Takeda, and Wyeth. Some of these companies have had national (Canadian and American) and international boards. As a result of these involvements (see grants section for a partial list), I have also been able to obtain numerous investigator-initiated grants to study new medications, in the process also identifying new brain circuits and characterizing various neurotransmitter receptors and their potential for adaptation

International Collaboration Activities

- 2013 – Member-International Consensus Group, Fountoulakis KN, Kasper S, Andreasen O, Blier P, Okasha A, Severus E, Versiani M, Tandon R, Mueller HJ. Efficacy of pharmacotherapy in bipolar disorder: a report by the World Psychiatric Association on Pharmacopsychiatry. European Archives of Psychiatry and Clinical Neurosciences 262 (suppl 1): S21-S28, 2012.
- 2011 – Member-International Consensus Group, Fountoulakis KN, Kasper S, Andreasen O, Blier P, Okasha A, Severus E, Versiani M, Tandon R, Mueller HJ. Efficacy of pharmacotherapy in bipolar disorder: a report by the World Psychiatric Association on Pharmacopsychiatry. European Archives of Psychiatry and Clinical Neurosciences 262 (suppl 1): S21-S28, 2012.
- 2010 – Member-International Consensus Group, Baghai TC, Blier P, Baldwin DS, Bauer M, Goodwin GM, Fountoulakis KN, Kasper S, Leonard BE, Malt UF, Stein D, Versiani M, Mueller HJ for the Section of Pharmacopsychiatry. Executive summary of the report by the World Psychiatry section on General and comparative efficacy and effectiveness of antidepressants in the acute treatment of depressive disorders. European Archives of Psychiatry and Clinical Neurosciences 262: 13-22, 2011.
- 2007 – Member-International Consensus Group, World Psychiatric Association Pharmacopsychiatry Section: statement on comparative effectiveness of antipsychotics in the treatment of schizophrenia. Schizophrenia Research 100: 20-38, 2008 (member; listed on PubMed).
- 2007 – Member-International Consensus Group, Do SSRIs or antidepressants in general increase suicidality? World Psychiatric Association Section on Pharmacopsychiatry. European Archives of Psychiatry Clinical Neurosciences. 2008;258 Suppl 3:3-23. (member; listed on PubMed)

MEMBERSHIPS

Committee Memberships

- 2018 – Chair, *President Elect, Executive Committee*, International College of Neuropsychopharmacology
- 2014 – Co-chair, *Pharmacopsychiatry Section*, World Psychiatric Association
- 2014 – Committee Member, *Nomenclature Committee*, American College of Neuropsychopharmacology
- 2014 – Co-chair, *Depression Clinical Handbook and Quality Standard*, Health Quality Ontario
- 2013 – Committee Member, *Pre-clinical Co-Lead*, Canadian Biomarker Integration Network in Depression (CAN-BIND)
- 2012 – Committee Member, *Neuroscience-based Nomenclature Task Force for Psychotropic Drugs*, American, International Colleges of Neuropsychopharmacology
- 2011 – Chair, *Research Ethics Board*, Royal Ottawa Mental Health Centre
- 1998 – Committee Member, *Scientific Advisory Board*, National Alliance for Research in Schizophrenia and Depression (NARSAD)
- 2014 – 2017 Co-chair, *Central Canada Hub*, Canadian Depression Research and Intervention Network (CDRIN)
- 2014 – 2018 Co-chair, *Vice-President, Executive Committee*, International College of Neuropsychopharmacology

SUPERVISIONS:**Summary:****Completed**

Principal Supervisor	10 Doctorate 10 Master's Thesis 13 Post-doctorate
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Co-Supervisor	3 Doctorate 2 Post-doctorate
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In Progress

Principal Supervisor	2 Doctorate 3 Master's Thesis
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Co-Supervisor	2 Master's Thesis
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Supervision detail:

Nikolitch, Katerina (Doctorate), Psychiatry *Effectiveness of the norepinephrine and serotonin reuptake inhibitor levomilnacipran in healthy males*, Principal Supervisor, September 2018 -

Hamati, Rami (Master's Thesis), Neuroscience Graduate Program - MSc *Investigating the potential role of the 5-HT2B receptor in antidepressant response*, Principal Supervisor, September 2017 -

Burhunduli, Patricia (Master's Thesis), Neuroscience Graduate Program - MSc *Characterizing suicidal ideation in treatment-resistant depression using neuroimaging*, Principal Supervisor, September 2017 -

Lynn, Emma (Master's Thesis), Neuroscience Graduate Program - MSc *Resting state and rest-to-task connectivity profiles in remitted depressed patients and healthy volunteers*, Co-Supervisor, September 2017 -

Iro, Chidiebere Michael (Master's Thesis), Neuroscience Graduate Program - MSc *Modelling in animals biological and behavioural parameters measured in patients with suicidal ideation*, Principal Supervisor, May 2017 -

Ebrahimzade Sarvestani, Mohammad (Doctorate), Neuroscience Graduate Program - PhD *Reciprocal interactions between monoamines as a basis for the antidepressant response potential*, Principal Supervisor, May 2014 -

Rashidian, Houman (Post-doctorate), Post-Graduate Medical Education - Department of Psychiatry *Investigations of the efficacy of ketamine in depression in comparison to electroconvulsive therapy*, Principal Supervisor, February 2018 - June 2018

Zuilhof, Zoë (Master's Thesis), Neuropsychology and Psychopharmacology Program - MSc *Optimized regimens of combined medications for the treatment of major depressive disorder*, Co-Supervisor, September 2017 - May 2018

Herman, Anna (Master's Thesis), Neuroscience Graduate Program - MSc *Effects of the dopamine multimodal agent brexpiprazole in combination with an antidepressant on monoamine transmission*, Principal Supervisor, September 2015 - September 2017

Kirby, Julia (Master's Thesis), Neuroscience Graduate Program - MSc *The basis for aripiprazole augmentation of antidepressants in major depressive disorder: electrophysiological studies in the hippocampus*, Principal Supervisor, September 2014 - January 2018

Zigman, Daniel (Post-doctorate), Post-Graduate Medical Education - Department of Psychiatry *On the safety and benefits of repeated intravenous injections of ketamine for depression*, Principal Supervisor, August 2012 - August 2013

Crnic, Agnes (Master's Thesis), Neuroscience Graduate Program - MSc *Effects of acute and sustained administration of the antidepressant vilazodone*, Principal Supervisor, September 2011 - August 2014

BLIER, Pierre

LeCours, Maurice (Master's Thesis), Neuroscience Graduate Program - MSc *Electrophysiological investigations on the role of selected serotonin receptors and the serotonin transporter on serotonin transmission in the rat brain*, Principal Supervisor, May 2011 - November 2013

El Iskandarani, Kareem (Master's Thesis), Neuroscience Graduate Program - MSc *Electrophysiological effects of low doses of ketamine on the firing activity of norepinephrine and dopamine neurons*, Principal Supervisor, May 2011 - October 2013

Oosterhof, Chris (Doctorate), Neuroscience Graduate Program - PhD *Impact of depressogenic- and antidepressant-like challenges on the activities of monoamine systems using in vivo electrophysiological techniques*, Principal Supervisor, January 2011 - November 2015

Batten, Lisa (Doctorate), Neuroscience Graduate Program - PhD *Parental depression and child psychopathology: mechanisms of risk and effect of remission*, Principal Supervisor, September 2010 - September 2014

Jiang, Jojo (Master's Thesis), Neuroscience Graduate Program - MSc *Alterations of monoaminergic systems by sustained triple reuptake inhibition*, Principal Supervisor, September 2010 - August 2012

Shim, Stacey (Master's Thesis), Neuroscience Graduate Program - MSc *Modulation of the antidepressant-like effects of sustained administration of carisbamate and lamotrigine on monoaminergic systems: electrophysiological studies in the rat brain*, Principal Supervisor, January 2010 - May 2012

Tsen, Peter (Master's Thesis), Neuroscience Graduate Program - MSc *Effects of repeated electroconvulsive shock on catecholamine systems: electrophysiological studies in the rat brain*, Principal Supervisor, September 2009 - April 2012

Phillips, Jennifer (Doctorate), Neuroscience Graduate Program - PhD *The effects of remission and genetic variation on brain structure in treatment-resistant major depressive disorder: a prospective longitudinal imaging study*, Principal Supervisor, January 2009 - January 2015

Manta, Stella (Doctorate), Neuroscience Graduate Program - PhD *Effets neurophysiologiques de la stimulation du nerf vague: implication dans le traitement de la dépression résistante et optimisation des paramètres de stimulation*, Principal Supervisor, September 2007 - March 2012

Chenu, Franck (Post-doctorate), Neuroscience Graduate Program - PDF *Electrophysiological effects of repeated administration of agomelatine on the dopamine, norepinephrine and serotonin systems in the rat brain*, Principal Supervisor, September 2007 - September 2011

Ghanbari, Ramez (Doctorate), Neuroscience Graduate Program - PhD *Impact of medications used in the treatment of mood disorders on monoaminergic systems*, Principal Supervisor, September 2007 - February 2011

Chernoloz, Olga (Doctorate), Neuroscience Graduate Program - PhD *Reciprocal interactions between monoamines as a basis for the antidepressant response potential*, Principal Supervisor, September 2006 - January 2012

LIFETIME FUNDING:

- Total amount of funding received \$1,510,208.00
 As Principal Investigator \$1,157,800.00

EXTERNAL RESEARCH FUNDING:

Date(s)	Source	Type	Investigator	Amount
2017/12 - 2018/2	Takeda Pharmaceuticals Inc. <u>Title:</u> A randomized, double-blind, placebo-controlled study to evaluate the efficacy and safety of TAK-653 in the treatment of subjects with treatment-resistant	<u>Type:</u> Grant	<u>My Role:</u> Co-investigator	Funding Total: (\$8,000.00 Canadian dollar)

	depression <u>Program:</u> Clinical Trial			
2017/8 - 2020/7	Ontario Brain Institute <u>Title:</u> Multicentre comparison of the efficacy of ketamine in depression in comparison to electroconvulsive therapy: CAN-BIND 13 <u>Program:</u> Operating Grant	<u>Type:</u> Grant	<u>My Role:</u> Principal Investigator	Funding Total: (\$1,275,000.00 Canadian dollar)
2017/8 - 2019/8	Allergan Inc. <u>Title:</u> Effectiveness of the norepinephrine and serotonin reuptake inhibitor levomilnacipran in healthy males <u>Program:</u> Investigator Initiated Research Grant	<u>Type:</u> Contract	<u>My Role:</u> Principal Investigator	Funding Total: (\$310,725.00 Canadian dollar)
2017/1 - 2018/12	University of Ottawa Medical Research Fund <u>Title:</u> Acute effects of CDP-choline in cognitive deficits in remitted patients with major depressive disorder <u>Program:</u> Operating Grant	<u>Type:</u> Grant	<u>My Role:</u> Co-investigator <u>Principal Investigators:</u> Knott, Verner	Funding Total: (\$54,744.00 Canadian dollar)
2017/1 - 2018/1	Allergan Inc. <u>Title:</u> Effect of repeated administration of combination of the novel antipsychotic cariprazine and the SSRI escitalopram on monoaminergic systems in the rat brain <u>Program:</u> Investigator Initiated Research Grant	<u>Type:</u> Contract	<u>My Role:</u> Principal Applicant	Funding Total: (\$228,679.00 Canadian dollar)
2016/7 - 2023/7	Janssen Pharmaceutica Inc <u>Title:</u> ESKETINTRD3008: A open-label long-term extension safety study of intranasal esketamine on treatment-resistant depression <u>Program:</u> Clinical Trial	<u>Type:</u> Contract	<u>My Role:</u> Co-investigator	Funding Total: (\$385,945.00 Canadian dollar)
2016/4 - 2018/4	Janssen Pharmaceutica Inc <u>Title:</u> ESKETINTRD3003: A randomized,	<u>Type:</u> Grant	<u>My Role:</u> Co-investigator	Funding Total: (\$162,615.00 Canadian dollar)

	double-blind, multicenter, active-controlled study of intranasal esketamine plus an oral antidepressant for relapse prevention in treatment-resistant depression <u>Program:</u> Clinical Trial			
2016/1 - 2017/7	Janssen Pharmaceutica Inc <u>Title:</u> ESKETINTRD3001: A randomized, double-blind, multicenter, active-controlled study to evaluate the efficacy, safety, and tolerability of fixed doses of intranasal esketamine in adult subjects with treatment-resistant depression <u>Program:</u> Clinical Trial	<u>Type:</u> Contract	<u>My Role:</u> Co-investigator	Funding Total: (\$260,000.00 Canadian dollar)
2015/1 - 2016/1	Forest Research Institute Inc. <u>Title:</u> Electrophysiological investigations of the acute in vivo effects of cariprazine on monoaminergic systems in the rat brain <u>Program:</u> Investigator Initiated Research Grant	<u>Type:</u> Contract	<u>My Role:</u> Principal Investigator	Funding Total: (\$112,766.00 Canadian dollar)
2014/4 - 2015/12	Lundbeck Canada Inc. <u>Title:</u> Effects of prolonged administration of vortioxetine on catecholaminergic systems and exploratory studies on 5-HT7 and AMPA receptors <u>Program:</u> Investigator Initiated Research Grant	<u>Type:</u> Contract	<u>My Role:</u> Principal Investigator	Funding Total: (\$203,225.00 Canadian dollar)
2014/1 - 2015/12	Lundbeck Canada Inc. <u>Title:</u> Electrophysiological effects of sustained administration of brexpiprazole on neuronal activity of monoaminergic systems in the rat brain <u>Program:</u> Investigator Initiated Research Grant	<u>Type:</u> Contract	<u>My Role:</u> Principal Investigator	Funding Total: (\$251,151.00 Canadian dollar)
2013/6 - 2018/5	Canadian Institutes of Health Research (CIHR) <u>Title:</u> Impact of minimal brain damage on rat monoaminergic systems and effects of antidepressant treatments	<u>Type:</u> Grant	<u>My Role:</u> Principal Investigator <u>Principal Investigators:</u> Pierre Blier	Funding Total: (\$986,300.00 Canadian dollar)

	<u>Program:</u> Operating Grant			
2013/4 - 2018/3	<p>Ontario Brain Institute</p> <p><u>Title:</u> Translational studies in the mechanisms of action of antidepressant strategies</p> <p><u>Program:</u> Operating Grant</p>	<u>Type:</u> Grant	<u>My Role:</u> Principal Investigator	Funding Total: (\$335,000.00 Canadian dollar)
2013/4 - 2014/7	<p>Forest Research Institute Inc.</p> <p><u>Title:</u> Effects of acute and sustained administration of vilazodone (EMD68843) on monoaminergic systems: an in vivo electrophysiological study (VII-IT-12)</p> <p><u>Program:</u> Investigator Initiated Research Grant</p>	<u>Type:</u> Contract	<u>My Role:</u> Principal Investigator	Funding Total: (\$199,234.00 Canadian dollar)
2013/3 - 2014/2	<p>Lundbeck Canada Inc.</p> <p><u>Title:</u> Electrophysiological investigations on the in vivo effects of brexpiprazole on monoaminergic systems in the rat brain</p> <p><u>Program:</u> Investigator Initiated Research Grant</p>	<u>Type:</u> Contract	<u>My Role:</u> Principal Investigator	Funding Total: (\$207,997.00 Canadian dollar)
2012/9 - 2014/8	<p>Bristol-Myers Squibb Canada Inc.</p> <p><u>Title:</u> Determining the antidepressant efficacy of Aripiprazole in monotherapy and in combination with SSRIs to hasten the antidepressant response</p> <p><u>Program:</u> Investigator Initiated Research Grant</p>	<u>Type:</u> Grant	<p><u>My Role:</u> Principal Investigator</p> <p><u>Principal Investigators:</u> Pierre Blier, MD, Ph.D.</p>	Funding Total: (\$225,000.00 Canadian dollar)
2012/7 - 2015/6	<p>Canadian Institutes of Health Research (CIHR)</p> <p><u>Title:</u> Optimization of the antidepressant action of ketamine in treatment-resistant depression and investigations on its mechanism of action</p> <p><u>Program:</u> Operational Grant</p>	<u>Type:</u> Grant	<p><u>My Role:</u> Principal Investigator</p> <p><u>Principal Investigators:</u> Pierre Blier, MD, Ph.D.</p>	Funding Total: (\$445,625.00 Canadian dollar)
2011/5 - 2012/4	<p>Merck & Co. Inc</p> <p><u>Title:</u> Electrophysiological effects of sustained administration of asenapine on neuronal</p>	<u>Type:</u> Grant	<u>My Role:</u> Principal Investigator	Funding Total: (\$89,406.00)

	activity in monoaminergic systems in the rat brain <u>Program:</u> Investigator Initiated Research Grant			
2011/3 - 2013/1	Bristol-Myers Squibb Canada Inc. <u>Title:</u> CN162-007 A multicenter, randomized, double-blind, placebo-controlled, parallel-arm study of the safety and efficacy of BMS-820836 in the treatment of patients with major depressive disorder with retrospectively defined inadequate response <u>Program:</u> Clinical Trial	<u>Type:</u> Contract	<u>My Role:</u> Co-investigator	Funding Total: (\$60,000.00 Canadian dollar)
2011/1 - 2012/12	Institut de Recherches Internationales Servier <u>Title:</u> Effects of acute and repeated melatonin and 5-HT ₂ antagonists administration on monoaminergic systems: in vivo electrophysiological studies in the rat brain <u>Program:</u> Investigator Initiated Research Grant	<u>Type:</u> Contract	<u>My Role:</u> Principal Investigator	Funding Total: (\$174,081.00 Canadian dollar)
2011/1 - 2012/12	Institut de Recherches Internationales Servier <u>Title:</u> Effects of acute and repeated agomelatine administration on monoaminergic systems: in vivo electrophysiological studies in the rat brain <u>Program:</u> Investigator Initiated Research Grant	<u>Type:</u> Grant	<u>My Role:</u> Principal Investigator	Funding Total: (\$362,740.00 Canadian dollar)
2011/1 - 2012/6	Lundbeck Foundation <u>Title:</u> Mimicking human effects of LUAA21004 in the rat by combining LUAA21004 with ipsapirone: an electrophysiological study in the rat brain <u>Program:</u> Investigator Initiated Research Grant	<u>Type:</u> Contract	<u>My Role:</u> Principal Investigator	Funding Total: (\$146,530.00 Canadian dollar)
2010/9 - 2011/8	Astra Zeneca Inc.	<u>Type:</u> Grant	<u>My Role:</u> Principal Investigator	Funding Total: (\$197,000.00)

	<u>Title:</u> Impact of quetiapine and norquetiapine on the rat serotonin and norepinephrine systems in the CNS <u>Program:</u> Investigator Initiated Research Grant			
2010/5 - 2011/5	Janssen-Ortho Inc. <u>Title:</u> Effects of acute and sustained carisbamate administration on monoaminergic systems: in vivo electrophysiological studies in the rat brain <u>Program:</u> Investigator Initiated Research Grant	<u>Type:</u> Grant	<u>My Role:</u> Principal Investigator	Funding Total: (\$144,224.00 Canadian dollar)
2007/9 - 2012/12	National Institutes of Health (NIH) (USA) <u>Title:</u> NIMH: R01 MH082255-01 Children of depressed mothers: a STAR*D ancillary study <u>Program:</u> PA-01-123 Collaborative R01s for Clinical Service Studies	<u>Type:</u> Grant	<u>My Role:</u> Principal Investigator <u>Principal Investigators:</u> Weissman, Myrna	Funding Total: (\$421,766.00 Canadian dollar)
2007/9 - 2011/12	National Institutes of Health (NIH) (USA) <u>Title:</u> NIMH: 1 R01 MH077285-01A Combining antidepressants to hasten remission for depression <u>Program:</u> PA-01-123 Collaborative R01s for Clinical Service Studies	<u>Type:</u> Grant	<u>My Role:</u> Principal Investigator <u>Principal Investigators:</u> Pierre Blier, MD, Ph.D.	Funding Total: (\$1,002,150.00 Canadian dollar)
2005/10 - 2010/8	Canadian Institutes of Health Research (CIHR) <u>Title:</u> Role of dopamine in the antidepressant response <u>Program:</u> Operating Grant	<u>Type:</u> Grant	<u>My Role:</u> Principal Investigator	Funding Total: (\$543,700.00 Canadian dollar)

INTERNAL RESEARCH FUNDING:

Date(s)	Source	Type	Investigator	Amount
2017/1 - 2018/12	University of Ottawa Medical Research Fund <u>Title:</u> Characterizing suicidal ideation in	<u>Type:</u> Grant	<u>My Role:</u> Co-investigator <u>Principal Investigator:</u>	Funding Total: (\$54,950.00 Canadian dollar)

	treatment-resistant depression using neuroimaging		Phillips, Jennifer	
	Program: Operating Grant			

CONTRIBUTIONS:**Life-time summary count according to the following categories:**

Books Authored.....	2
Refereed Journal Articles.....	141
Conference Publications	126
Refereed Chapters In Books.....	8
Other Contributions	165

PUBLICATIONS:Books Authored

2. Blier P, Stahl S, Moller H, Kupfer D, Correll C, Yamawaki S, Uchida H, Spedding M, Goodwin G, Nutt D. (2018). *NbN-2R Neuroscience-based Nomenclature, Third Edition* (Zohar J, Ed.), United Kingdom: Cambridge University Press.
1. Zohar J, Arango C, Veenstra-VanderWeele, Stahl S, Blier P, Nutt D, Kupfer D, Uchida H, Drago F, Zuddas A, Zalsman G, Correll C. (2018). *NbN-ca Neuroscience based Nomenclature Child & Adolescent* (Zohar J, Ed.), Netherlands: European College of Neuropsychopharmacology.

Refereed Chapters In Books

8. Blier P, Blier J. (2017). Ketamine: clinical studies in for treatment-resistant depressive disorders. In Mathew SJ, Zarate CA (Ed.), *Ketamine for Treatment-Resistant Depression: The First Decade of Progress* (pp. 31-42). United States: Springer.
7. Norris S, Blier P. (2017). Duloxetine, milnacipran and levomilnacipran. In Schatzberg AF, Nemeroff CB (Ed.), *The American Psychiatric Publishing Textbook of Psychopharmacology* (Fifth Edition ed.) (pp. 529-548). United States: American Psychiatric Publishing Inc.
6. Blier P. (2017). Vortioxetine. In Schatzberg AF, Nemeroff CB (Ed.), *The American Psychiatric Publishing Textbook of Psychopharmacology* (Fifth Edition ed.) (pp. 467-478). United States: American Psychiatric Publishing Inc.
5. Thase ME, Blier P. (2017). Selective serotonin-norepinephrine reuptake inhibitors. In Sadock BJ, Sadock VA, Ruiz P (Eds.), *Kaplan Sadock's Comprehensive Textbook of Psychiatry* (Tenth Edition ed.) (pp. 3146-3153). United States: Wolters Kluwer/Lippincott Williams & Wilkins.
4. Manta S, El Mansari M, Blier P. (2013). New strategies for the treatment of mood disorders: vagus nerve stimulation for the treatment of resistant depression. In Guiard B, Dremencov E (Ed.), *Neurobiology of Mood Disorders* (First Edition ed.) (pp. 1-17). Netherlands: Bentham Science Publishers.
3. Zigman D, Norris S, Blier P. (2012). Duloxetine and milnacipran. In Schatzberg A, Nemeroff CB (Ed.), *Essentials of Psychopharmacology* (Third Edition ed.) (pp. 179-188). United States: American Psychiatric Publishing Inc.

Refereed Journal Articles

141. Ebrahimzadeh M, El Mansari M, Blier P. (2018). Synergistic effect of aripiprazole and escitalopram in increasing serotonin but not norepinephrine neurotransmission in the rat hippocampus. *Neuropharmacology*. (In Press)
140. Kennedy SH, Lam RW, Rotzinger S, Milev RV, Blier P, Downer J, Evans KR, Farzan F, Foster JA, Frey BN, Giacobbe P, Hall GB, Harknes KL, Hassel S, Ismail Z, Leri F, McInerney S, MacQueen GM, Minuzzi L,

- Muller DJ, Prikh SV, Placenza FM, Quilty LC, Ravindran AV, Sassi RV, Soares CN, Strother SC, Turecki G, Vaccarino AL, Vila-Rodriguez F, Yu J, Uher R, on behalf of the CAN-BIND Investigator Team. (2018). Symptomatic and functional outcomes and early prediction of response to escitalopram monotherapy and sequential adjunctive aripiprazole therapy in patients with major depressive disorder: A CAN-BIND-1 report. *Journal of Clinical Psychiatry*, (Accepted Aug 15), 1-10. (*In Press*)
139. Phillips JL, Norris S, Talbot J, Birmingham M, Hatchard T, Ortiz A, Owøye O, Batten LA, Blier P. (2018). Single, repeated, and maintenance ketamine infusions for treatment-resistant depression: A randomized controlled trial. *American Journal of Psychiatry*. (*Accepted*)
 138. Jaworska N, Wang H, Smith DM, Blier P, Knott V, Protzner AB. (2018). Pre-treatment EEG signal variability is associated with treatment success in depression. *NeuroImage: Clinical*, 17, 368-377.
 137. Blier P, Margolese H, Wilson AE, Boucher M. (2018). Switching medication products during the treatment of psychiatric illness. *International Journal of Psychiatry in Clinical Practice*, Epub ahead of print, 1-11.
 136. Oluboka OJ, Katzman MA, Habert J, McIntosh D, MacQueen GM, Milev RV, McIntyre RS, Blier P. (2018). Functional recovery in major depressive disorder: providing early optimal treatment for the individual patient. *International Journal of Neuropsychopharmacology*, 21(2), 128-144.
 135. Ebrahimzadeh M, El Mansari M, Blier P. (2018). Partial inhibition of catecholamine activity and enhanced responsiveness to NMDA after sustained administration of vortioxetine. *Neuropharmacology*, 128, 425-432.
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101. Blier P, Gommol C, Chen C, Lipschitz A. (2014). Noradrenergic-related symptoms in patients with major depressive disorder: post-hoc analysis of 5 clinical trials of levomilnacipran extended-release. *Neuropsychopharmacology*. 39(Suppl 1): S362-S363. In *53rd Annual Meeting of the American College of Neuropsychopharmacology*.
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92. El Iskandrani K, Oosterhoff C, El Mansari M, Blier P. (2014). Impact of subanesthetic doses of ketamine on AMPA-mediated electrophysiological responses of neurons in the rat brain. *Biological Psychiatry*. 75(Suppl 9): 164S. In *Society of Biological Psychiatry 69th Annual Scientific Meeting*.
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- Neuropsychopharmacology. 15(Suppl 1): 183. In *International College of Neuropsychopharmacology 28th World Congress*.
81. Blier P. (2012). Outstanding needs in depression and how multimodal antidepressants may solve them. *European Neuropsychopharmacology*. 22(Suppl 2): S249. In *25th European College of Neuropsychopharmacology Congress*.
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 79. Oosterhof C, El Mansari M, Blier P. (2012). Impact of sustained administration of asenapine on neuronal activity in monoaminergic systems in the rat brain. *Neuropsychopharmacology*. 38(Suppl 1): S180-181. In *51st Annual Meeting of the American College of Neuropsychopharmacology*.
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 74. BATTEN, L., WICKRAMARTNE, P., HERNÁNDEZ, M, DUGAL-TESSIER, D., ALVAREZ-GOLDMAN, M., ADAMS, P., FLAMENT, M.F., PILOWSKY, D.J., TESSIER, P., BLIER, P.M., STEWART, J., MCGRATH, P., WEISSMAN, M.M. (2011). Treatment of Depressed Parents and Child Psychopathology: Data from Two Studies. In *164th Annual Meeting of the American Psychiatric Association*.
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 71. Ghanbari R, El Mansari M, Blier P. (2011). Modification of serotonin and norepinephrine, but not dopamine, neuronal firing by sustained administration of trazodone. *Biological Psychiatry*. 69(9S): 189S. In *Society of Biological Psychiatry 66th Annual Meeting*.
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 69. Manta S, El Mansari M, Blier P. (2011). Effects of long-term vagus nerve stimulation (VNS) on extracellular levels of serotonin and norepinephrine in the rat brain. *Biological Psychiatry*. 69(9S): 186S. In *Society of Biological Psychiatry 66th Annual Meeting*.
 68. Jiang J, El Mansari M, Blier P. (2011). Effect of sustained triple reuptake inhibition on the firing activity of monoaminergic neurons in the rat brain. *Biological Psychiatry*. 69(9S): 95S. In *Society of Biological Psychiatry 66th Annual Meeting*.
 67. Chernoloz O, El Mansari M, Blier P. (2011). Chronic administration of quetiapine increases norepinephrine and serotonin neurotransmission in the rat brain. *European Neuropsychopharmacology*. 21(Suppl 3): S416-417. In *24th European College of Neuropsychopharmacology Congress*.

66. Blier P, El Mansari M. (2011). Aesthetics predict failure. *European Neuropsychopharmacology*. 21(Suppl 3): S633. In *24th European College of Neuropsychopharmacology Congress*.
65. Blier P. (2011). Combination of antidepressants from treatment initiation: new treatment strategy in clinical practice?. In *15th World Congress of Psychiatry*.
64. Chenu F, El Mansari M, Blier P. (2011). Electrophysiological effects of repeated administration of agomelatine on the serotonin, norepinephrine and dopamine systems in the rat brain. *European Neuropsychopharmacology*. 21 (Suppl 3): S409. In *24th European College of Neuropsychopharmacology Congress*.
63. Phillips JL, Batten LA, Aldosary F, Trambly P, Du L, Blier P. (2011). Influence of the 5-HTTLPR polymorphism on brain structure in treatment-resistant major depressive disorder. *European Neuropsychopharmacology*. 21(Suppl 3): S316-S327. In *24th European College of Neuropsychopharmacology Congress*.
62. Blier P. (2011). The clinical importance of monoamine interactions in antidepressant therapy. *International Journal of Psychiatry in Clinical Practice*. 15(Suppl 2): 8. In *11th International Forum on Mood and Anxiety Disorders*.
61. Blier P, McGrath P, Bergeron R, Stewart JS. (2011). Comparison of high-dose escitalopram, bupropion, and their combination in major depressive disorder: a double-blind study. *Neuropsychopharmacology*. 36(S1): S421. In *American College of Neuropsychopharmacology (ACNP) 50th Annual Meeting*.
60. Phillips JL, Aldosary F, Batten LA, Tremblay P, Blier P. (2010). Sustained remission in patients with treatment-resistant unipolar depression increases brain volume. *International Journal of Neuropsychopharmacology*. 13(S1): 179-180. In *International College of Neuropsychopharmacology 27th World Congress*.
59. Batten LA, Wickramaratne P, Alvarez-Goldman M, Pilowsky DJ, Flament MF, Weissman MM, Blier PM. (2010). Psychiatric disorders in offspring of parents with major depressive disorder. *Journal of Affective Disorders*. 122(Suppl 1): S70-S71. In *International Society for Affective Disorders 5th Biennial Conference*.
58. Blier P. (2010). Recent developments in the rational site-directed pharmacotherapy of depression. *Journal of Affective Disorders*. 122(Suppl 1): S8. In *International Society for Affective Disorders 5th Biennial Conference*.
57. Chernoloz O, El Mansari M, Blier P. (2010). Chronic administration of the D2 receptor agonist pramipexole enhances serotonin and dopamine neurotransmission. *Biological Psychiatry*. 67(9S): 241S-242S. In *Society of Biological Psychiatry 65th Annual Meeting*.
56. Ghanbari R, El Mansari M, Blier P. (2010). Trazodone acts as a serotonin (5-HT) reuptake inhibitor and 5-HT1A receptor agonist on the 5-HT system. *Biological Psychiatry*. 67(9S): 242S. In *Society of Biological Psychiatry 65th Annual Meeting*.
55. Tsen P, El Mansari M, Blier P. (2010). Repeated electroconvulsive shocks decrease firing activity of rat ventral tegmental area dopamine neurons but not locus coeruleus norepinephrine neurons. *Biological Psychiatry*. 67(9S): 230S. In *Society of Biological Psychiatry 65th Annual Meeting*.
54. Blier P. (2010). Assessment of monoamine transmission in animals to identify superior antidepressant strategies. *Biological Psychiatry*. 67(9S): 98S. In *Society of Biological Psychiatry 65th Annual Meeting*.
53. Jiang J, El Mansari M, Blier P. (2010). Effect of sustained triple reuptake inhibition on monoaminergic neuronal firing. *Neuropsychopharmacology*. 35(S1): S179. In *49th Annual Meeting of the American College of Neuropsychopharmacology*.
52. Ghanbari R, El Mansari M, Blier P. (2010). Sustained administration of trazodone modulates serotonergic neurotransmission. *International Journal of Neuropsychopharmacology*. 13(Suppl1): 148. In *International College of Neuropsychopharmacology 27th World Congress*.
51. Blier P. (2010). Combination of antidepressants from treatment initiation: Neurobiological bases and preliminary double-blind studies. *International Journal of Neuropsychopharmacology*. 13(Suppl1): 34. In *International College of Neuropsychopharmacology 27th World Congress*.
50. Blier P, Aldosary F, Tremblay P, Hebert C. (2010). Inhibition of norepinephrine and serotonin reuptake by venlafaxine, paroxetine, and atomoxetine in depressed patients. *International Journal of Neuropsychopharmacology*. 13(Suppl1): 143. In *International College of Neuropsychopharmacology 27th World Congress*.

49. Ghanbari R, El Mansari M, Blier P. (2010). Effects of sustained administration of bupropion on serotonergic and noradrenergic neurotransmission in the rat hippocampus. *International Journal of Neuropsychopharmacology*. 13(Suppl1): 148. In *International College of Neuropsychopharmacology 27th World Congress*.
48. Blier P, El Mansari M, Chenu F. (2010). Electrophysiological effects of the repeated administration of agomelatine on the serotonin, norepinephrine, and dopamine systems in the rat brain. *International Journal of Neuropsychopharmacology*. 13(Suppl 1): 71. In *International College of Neuropsychopharmacology 27th World Congress*.
47. ALVAREZ-GOLDMAN M, WICKRAMARTNE P, BATTEN LA, HERNANDEZ M, MALTAIS P, PAQUIN B, DUGAL-TESSIER D, ADAMS P, WARNER V, PILOWSKY DJ, FLAMENT MF, BERGERON R, BLIER P, WEISSMAM MM. (2010). Parental Depression and Child Psychopathology in Four Studies. In *118th Annual Meeting of the American Psychological Association*.
46. Ghanbari R, El Mansari M, Blier P. (2010). Sustained administration of bupropion enhances serotonergic and noradrenergic neurotransmission. *European Neuropsychopharmacology*. 20(Suppl 3): S265-S266. In *23rd European College of Neuropsychopharmacology Congress*.
45. Ghanbari R, El Mansari M, Blier P. (2010). Electrophysiological effects of sustained administration of trazodone on the serotonin system. *European Neuropsychopharmacology*. 20(Suppl 3): S266-S267. In *23rd European College of Neuropsychopharmacology Congress*.
44. Szabo S, Blier P. (2010). Flibanserin and mixed 5-HT_{1A} receptor agents on locus coeruleus norepinephrine neuron firing activity: insight into neurocircuits relevant in treatment of sexual dysfunction. *The Journal of Sexual Medicine*. 7(Suppl 6): 388. In *13th Annual Meeting for the European Society of Sexual Medicine*.
43. Manta S, Blier P. (2010). Optimization of vagus nerve stimulation in the rat brain using serotonin neuronal firing. *Neuropsychopharmacology*. 35(S1): S271. In *49th Annual Meeting of the American College of Neuropsychopharmacology*.
42. MANTA, S., BLIER, P. (2010). Impact of vagus nerve stimulation on the norepinephrine, serotonin, and dopamine systems in the rat brain. In *British Association for Psychopharmacology*.

PRESENTATIONS:

160. (2019) A breakthrough in psychiatry: targeting glutamate for rapid-onset antidepressant action Douglas. Hospital, McGill University. Montreal, Canada.
159. (2019) « Le tout sérotonine: panacée ou piège? » 17^{ième} Congrès de l'Encéphale. Symposium: Les aventuriers de la dépression perdue, Paris, France.
158. (2019) « Mise à jour en Psychopharmacologie », Hôpital St-Sacrement, Université Laval, Québec, Canada
157. (2019) « Le rôle des agonistes partiels dopaminergiques D₂ dans les troubles de l'humeur et la psychose ». Hôpital Montfort, Département de Psychiatrie, Université d'Ottawa, Ottawa, Canada
156. (2019) "Treatment resistant depression". Fourth Psychiatric Summit in Psychiatry, Turkish Association of Psychiatry, Antalya, Turkey
155. (2019) "Glutamate in psychiatric disorders". Fourth Psychiatric Summit in Psychiatry, Turkish Association of Psychiatry, Antalya, Turkey.
154. (2018) *Mise à jour en psychopharmacologie-2018*. Département de Psychiatrie, Hôpital Charles-Lemoyne, Université de Montréal. Longueuil, Québec
153. (2018) *Investigative treatments targeting glutamate in major depressive disorder*. European College of Neuropsychopharmacology Annual Meeting. Symposium: Glutamate and depression Barcelona, Spain
152. (2018) *Inclusion of drug-drug interactions in the practical notes of the Neuroscience-based Nomenclature*. European College of Neuropsychopharmacology Annual Meeting. Symposium: E-based naming of psychotropics. Barcelona, Spain.
151. (2018) Neurobiological bases for rapid onset antidepressant action. Canadian Psychiatric Association 68th Annual Meeting. Symposium: Treating Depression Today and Tomorrow. Toronto, Canada
150. (2018) "New developments in the treatment of major depressive disorder". Mood and Anxiety Disorders 18th Annual Conference - Queen's University. Kingston, Ontario.

149. (2018). "Efficacy of medications for major depressive disorder-does it reflect your long-term goals". Malaysian Psychiatric Association, 22nd Malaysian Conference of Psychological Medicine: The Biopsychosocial and Collaborative Models in Psychiatry, Malaysia.
148. (2018). "Bases neurobiologiques de la réponse antidépressive: mécanismes d'action et résultats cliniques". Association du Congrès de Psychiatrie et de Neurologie de Langue Française: 116ième colloque international, France.
147. (2017). "Neurobiological basis for the antidepressant response: basic and clinical results". The 5th Asian College of Neuropsychopharmacology, Indonesia.
146. (2016). "Pharmacological characterization of trazodone on monoamine systems and its mechanism of action in major depressive disorder". 58th Annual Meeting of the Czech Republic and Slovakia Neuropsychopharmacology Association Symposium: Trazodone in the treatment of major depressive disorder, Czech Republic.
145. (2016). "Neurobiological basis for the antidepressant response: basic and clinical studies". Department of Psychiatry, Hiroshima University, Japan.
144. (2016). "Does the route of administration matter for rapid-acting antidepressants?". Annual Anxiety and Depression Association of America, United States.
143. (2016). "Guidelines in Psychiatry: light and dark". Chilean Psychiatric Association, Chile.
142. (2016). "How Neuroscience-based Nomenclature helps reduce stigma". Annual Meeting of the American Psychiatry Association Presidential Symposium: New Nomenclature for Medications (Neuroscience-Based Nomenclature-NbN), United States.
141. (2016). "Psychopharmacologie des troubles de l'humeur". Centre Hospitalier Universitaire de Sherbrooke, Département de Psychiatrie, Canada.
140. (2016). "From molecules and circuits to high impact clinical treatments for depression". Annual Anxiety and Depression Association of America Symposium: Translational Psychopharmacology in Depression in Depression: New Challenges, New Opportunities, United States.
139. (2016). "Does the route of administration matter for rapid-acting antidepressants?". Annual Anxiety and Depression Association of America, United States.
138. (2016). "Drugs used to treat major depressive disorder". 30th Biennial World Congress of the International College of Neuropsychopharmacology Symposium: Neuroscience-Based Nomenclature for Psychotropic Medications, Korea, Republic of.
137. (2016). "Psychopharmacologie stratégique de la dépression". 14ième Congrès de l'Encéphale Symposium : Psychopharmacologie de la dépression : au-delà des frontières, France.
136. (2016). "The evidence on current antidepressants and their effects on cognitive function". Guatemala Psychiatric Association, Guatemala.
135. (2016). "Le traitement multimodal de la dépression". Département de Psychiatrie, Hôpital Charles-Lemoyne, Université de Montréal, Canada.
134. (2015). "Interactions between neurotransmitters: the key to remission for major depressive disorder". CINP CNS Drug Innovation Summit: Private Public Partnerships for Accelerating New Psychotropic Drug Development, Japan.
133. (2015). "Contributions of advances in neuroscience to the treatment of depression". Campus Alberta Neuroscience and Canadian Depression Research and Intervention Network Symposium: Innovation in Depression Research and Intervention, Canada.
132. (2015). "Optimizing outcome in major depressive disorders". New Brunswick Psychiatric Association Annual Fall Conference, Canada.
131. (2015). "Therapeutic aspects of cognitive dysfunction in major depressive disorder". Economic Club of Canada, Symposium: Cognition is the ignition of a brain-driven economy, Canada.
130. (2015). "A framework to optimize the pharmacotherapy of treatment-resistant major depressive disorders". Canadian Psychiatric Association Annual Meeting Symposium: Treatment-resistant depression and treatment-resistant anxiety disorders: what is next?, Canada.
129. (2015). "Pharmacological considerations for the management of treatment-resistant depression". Canadian Psychiatric Association Annual Meeting, Canada.
128. (2015). "Neurochemical targets in depression: relation with psychopathology". World Congress on Brain, Behavior and Emotions, Brazil.

127. (2015). "Role of monoaminergic autoreceptor desensitization in the antidepressant response". American Society for Pharmacology and Experimental Therapeutics Symposium: Presynaptic, Autoreceptor-Mediated Regulation of Neurotransmission: Physiological and Pharmacological Relevance, United States.
126. (2015). "Neuroscience-based nomenclature for psychotropic medications". Canadian Psychiatric Association Annual Meeting, Canada.
125. (2015). "Pharmacological management of treatment-resistant depression". World Congress on Brain, Behavior and Emotions, Interactive Keynote Lecture, Brazil.
124. (2014). "Interactions between neurotransmitters: the key to remission for depression". International College of Neuropsychopharmacology, 29th Biennial CINP-CCNP Meeting, Plenary Lecture, Canada.
123. (2014). "Interactions between neurotransmitters: the key to remission in depression". Integration of Psychiatry in Primary Health Care, Ministry of Health, Kuwait.
122. (2014). "New classification for antidepressants". European College of Neuropsychopharmacology Annual Meeting, Symposium: Pharmacology-based nomenclature: an ECNP, CINP, ACNP, and AsCNP task force, Germany.
121. (2014). "A new nomenclature proposal for psychotropic drugs". International College of Neuropsychopharmacology - 29th Biennial Meeting, Vancouver, Canada.
120. (2014). "Neural circuits and pharmacological targets in mood disorders". World Congress on Brain, Behaviour and Emotions, Interactive Keynote Lecture, Canada.
119. (2014). "Impact of subanesthetic doses of ketamine on AMPA-mediated electrophysiological responses of neurons in the rat brain". Society for Biological Psychiatry 69th Annual Meeting, Symposium: Translational biomarkers of ketamine response, United States.
118. (2014). "Combination studies and overcoming research challenges in predicting functional consequences of system modulation". European Association of Psychiatry - Annual Meeting Symposium: When one is more than two, Munich, Germany.
117. (2014). "Current treatments of depression: impact on monoamine and glutamate". International College of Neuropsychopharmacology- 29th Biennial Meeting, Canada.
116. (2013). "Advances in the treatment of depression: ketamine use in the clinic". University of Ottawa, Young Researchers' 5th Annual Conference, Ottawa, Canada.
115. (2013). "Combination of antidepressants in treatment resistant depression". World Federation of Societies of Biological Psychiatry Symposium: Management of treatment resistant depression, Kyoto, Japan.
114. (2013). "Impact of the melatonin receptor agonist, 5-HT_{2B} and 5-HT_{2C} antagonist agomelatine on monoaminergic transmission". American College of Neuropsychopharmacology Annual Meeting, Symposium: Melatonin and its receptors: important players in major depressive disorders, United States.
113. (2013). "Combination of antidepressant medications from treatment initiation for major depressive disorder". World Federation of Societies of Biological Psychiatry Symposium: Multimodality as a new approach for the treatment of major depressive disorder, Kyoto, Japan.
112. (2013). "Optimisation des interactions entre les neurotransmetteurs : la clé de la rémission dans le trouble dépressif majeur". Association Canadienne-Française pour l'Avancement des Sciences. 81 Réunion annuelle, Quebec City, Canada.
111. (2013). "Anhédonie: de la neurobiologie aux résultats cliniques". Université de Sherbrooke, Département de Psychiatrie, Centre Hospitalier Universitaire, Sherbrooke, Canada.
110. (2013). "Depression: deeper evaluation of symptoms and neurobiology". American Psychiatric Association, 168th Annual Meeting, San Francisco, United States.
109. (2013). "Science and nomenclature – could infusion of neuroscience change an outdated psychotropic classification? An update". European College of Neuropsychopharmacology- 26th Annual Meeting, Barcelona, Spain.
108. (2013). "Melatonin and its receptors: important players in major depressive disorder". American College of Neuropsychopharmacology Annual Meeting, Hollywood, United States.
107. (2013). "Anhedonia : from neurobiology to clinical outcomes". Douglas Hospital Grand Rounds, McGill University, Montreal, Canada.
106. (2012). "Bases neurobiologiques de l'utilisation des antipsychotiques atypiques dans les troubles de l'humeur". Centre de Recherche Fernand-Séguin, Université de Montréal Symposium : Les hauts et les bas du trouble bipolaire, Montreal, Canada.

105. (2012). "Approche psychopharmacologique raisonnée de la dépression". Symposium : Dépression au Milles Visages Université de Montréal, Département de Psychiatrie, Montreal, Canada.
104. (2012). "Management of treatment-resistant depression". Collegium Internationale Neuropsychopharmacologicum CIMP Education Tour, New Dehli, India.
103. (2012). "New approaches and advances in the psychopharmacology of mood disorders". Ontario Psychiatric Association, Toronto, Canada.
102. (2012). "Anhédonie: de la neurobiologie aux résultats cliniques". Canadian Psychiatric Association-Continuous Professional Development, Montreal, Canada.
101. (2012). "Acción en el Sitio Alostérico: Beneficios para el tratamiento de la depresión y ansiedad". Central America Psychiatry Congress, Panama city, Panama.
100. (2012). "Asenapine: the first tetracyclic antipsychotic". International Federation for Mood and Anxiety Disorder Annual Meeting Symposium: Broad-Spectrum Symptom Control in Bipolar Disorder, Barcelona, Spain.
99. (2012). "Mechanisms of action of antidepressants: what a clinician should know". Collegium Internationale Neuropsychopharmacologicum CIMP Education Tour, Chennai, India.
98. (2012). "Neurobiological rationale for the use of atypical antipsychotics in mood disorders". Department of Psychiatry, Academic Grand Rounds, St-Paul's Hospital, Vancouver, Canada.
97. (2012). "The use of generic medicines in mental health". Department of Psychiatry, University of Alberta, Grand Rounds, Edmonton, Canada.
96. (2012). "Management of treatment-resistant depression". Collegium Internationale Neuropsychopharmacologicum CIMP Education Tour, Mumbai, India.
95. (2012). "Anhedonia : from neurobiology to clinical outcomes". Canadian Psychiatric Association-Continuous Professional Development, Vancouver, Canada.
94. (2012). "Rational site-directed pharmacotherapy for major depressive disorder". Canadian Association of Psychiatry and the Law, Whistler, Canada.
93. (2012). "Anhedonia : from neurobiology to clinical outcomes". Canadian Psychiatric Association-Continuous Professional Development, Toronto, Canada.
92. (2012). "New antidepressants, novel mechanisms?". European Winter Conference on Brain Research Symposium: Refractory depressed patients and delayed action of antidepressants: new development and perspectives, Villar sur Ollon, Switzerland.
91. (2012). "Neurobiological basis for the use of atypical antipsychotics in bipolar illness". Department of Psychiatry, Douglas Mental Health McGill University Institute Grand Rounds, Montreal, Canada.
90. (2012). "Outstanding needs in depression and how multimodal antidepressants may solve them". European College of Neuropsychopharmacology Annual Meeting, Vienna, Austria.
89. (2012). "Optimal psychopharmacological treatments for anxiety disorders: preclinical and clinical evidence". China Society of Psychiatry Annual Congress, Chengdu, China.
88. (2012). "Bringing research to clinical practice-How to treat depression?". Simpósio Internacional de Psiquiatria Symposium: MDD and Bipolar Disorder, Sao Paulo, Brazil.
87. (2012). "Pharmacological basis for the use of atypicals in major depression". Department of Psychiatry, St-Joseph Hospital Grand Rounds, Hamilton, Canada.
86. (2011). "Interactions between monoaminergic systems: the key to remission in depression". University of South Western Texas, Department of Psychiatry Grand Rounds, San Antonio, United States.
85. (2011). "Les troubles de l'humeur: progress recents et conseils pratiques". Canadian Psychiatric Association Program: Perspectives en soins de santé mentale, Montreal, Canada.
84. (2011). "Impact of Depression on Society and the Need for More Effective Treatments". Health Research Caucus, Parliament Hill, Canada.
83. (2011). "Mood Disorders Workshop". Canadian Psychiatric Association Symposium : Perspectives in Mental Health Care, Toronto, Canada.
82. (2011). "Functional connectivity between monoaminergic systems: the key to remission in depression". University of Calgary, Department of Psychiatry Grand Rounds, Calgary, Canada.
81. (2011). "The clinical importance of monoamine interactions in antidepressant monotherapy". International Forum on Mood and Anxiety Disorders Symposium : Multidimensional Interactions in Depression, Budapest, Hungary.

80. (2011). "Anhedonia: from neurobiology to clinical outcomes". Canadian Psychiatric Association Annual Meeting, Montreal, Canada.
79. (2011). "Le rôle de la dopamine dans la dépression et la réponse antidépressive". Groupe de Recherche en Neurobiologie Translationnelle McGill University, Montreal, Canada.
78. (2011). "Insight onto rational site-directed pharmacotherapy of combination treatments for depression". European College of Neuropsychopharmacology Annual Meeting Symposium : Aesthetics predict failure, Paris, France.
77. (2011). "L'approche aux atypiques de la schizophrénie et du trouble bipolaire". Annual meeting of Association des Medecins Psychiatres du Quebec, Mont-Tremblant, Canada.
76. (2011). "Rational combination therapies for mood disorders". Fifth Canadian Neuroscience Annual Meeting Symposium: Rational neuropsychopharmacology, Quebec, Canada.
75. (2011). "Les troubles de l'humeur: progrès récents et conseils pratiques". Canadian Psychiatric Association. Symposium: Perspectives en Soins de Santé Mentale, Montreal, Canada.
74. (2011). "Use of atypical antipsychotics in the management of mood disorders". University of Toronto, Toronto General Hospital Department of Psychiatry Grand Rounds, Toronto, Canada.
73. (2011). "Ketamine and Depression". Healthy Caucus, Parliament Hill, Canada.
72. (2011). "Mythes et réalités dans le traitement des troubles de l'humeur". Canadian Psychiatric Association-Continuous Professional Development Symposium : Innovations en Psychiatrie : du neurone à la pratique clinique, Montreal, Canada.
71. (2011). "Combination of antidepressants from treatment initiation: new treatment strategy in clinical practice". World Congress of Psychiatry, Symposium: Improving efficacy and tolerability of antidepressants in clinical practice, Buenos Aires, Argentina.
70. (2011). "Pharmacological mechanisms for the use of atypical antipsychotics in depression". International Society for Affective Disorders/CANMATRegional Conference Symposium: Atypicals in Mood Disorders, Toronto, Canada.
69. (2011). "Neurobiological basis for the antidepressant response: basic and clinical studies". University of South Western Texas, Department of Pharmacology, San Antonio, United States.
68. (2011). "Managing Clinical Challenges". Canadian Psychiatric Association Symposium : Perspectives in Mental Health Care, Ottawa, Canada.
67. (2011). "Mood Disorders : recent progress and practical tips". Canadian Psychiatric Association Symposium : Perspectives in Mental Health Care, St-Johns, Canada.
66. (2011). "Burden of major depression in Canada and the need to improve on the antidepressant response". Health Research Caucus of Members of Canadian Parliament, Canada.
65. (2011). "Myths and realities in the treatment of mood disorders". Canadian Psychiatric Association-Continuous Professional Development Symposium : Innovations in Psychiatric care, Vancouver, Canada.
64. (2011). "Brand and generic medications : Myths and realities". New York University, Bellevue Hospital Psychopharmacology Updates, New York, United States.
63. (2011). "Rational site-directed pharmacotherapies of major depression". International College of Neuropsychopharmacology Thematic Meeting, Polypharmacy: The good, the bad, and the ugly, Salzburg, Austria.
62. (2011). "The boosting effect of combination treatments". European Winter Brain Research Conferences Symposium: New approaches for the treatment of major depression, Les Deux Alpes, France.
61. (2011). "Myths and realities in the treatment of mood disorders". Canadian Psychiatric Association-Continuous Professional Development Symposium : Innovations in Psychiatric care, Vancouver, Canada.
60. (2011). "Novel therapeutics and beyond". Université de Montreal, Groupe de Recherche en Sciences Neurologiques Symposium: The neurobiology of depression: the serotonin hypothesis revisited, Montréal, Canada.
59. (2011). "Mood Disorders : recent progress and practical tips". Canadian Psychiatric Association Symposium : Perspectives in Mental Health Care, Vancouver, Canada.
58. (2010). "Neurobiological rationale for using atypical antipsychotics in mood disorders". University of British Columbia-St Paul Hospital; Psychiatry Grand Rounds, Vancouver, Canada.
57. (2010). "Neurobiology of add-on therapy". Canadian Psychiatric Association Annual Meeting Symposium: Taking our MDD patients beyond remission: are we ready for the add-on era?, Toronto, Canada.

56. (2010). "Animal pharmacological studies: an insight into the mechanisms of VNS action in depression". British Association of Psychopharmacology, Symposium: Severe and chronic treatment-resistant depression: emerging neurobiology, United Kingdom.
55. (2010). "Animal pharmacological studies- an insight into the mechanisms of VNS action in depression?". British Association of Psychopharmacology Symposium: Severe and chronic treatment-resistant depression-emerging neurobiology, Harrogate, United Kingdom.
54. (2010). "Pharmacotherapy of depression". Canadian Psychiatric Association-Institute of Continuous Professional Development, Miami, United States.
53. (2010). "Annual presentation by awardee for outstanding contribution to psychopharmacology". Heinz Lehmann Award Lecture, Canada.
52. (2010). "Combination pharmacotherapy from treatment initiation for major depressive disorder". Collegium Internationale Neuropsychopharmacologicum Symposium: Improving the outcome for depressed patients and their children, Hong Kong, Hong Kong.
51. (2010). "Current advances and practical tips: new treatments in mood disorders". Canadian Psychiatric Association- Continuous Professional Development Institute Symposium: Advances in Psychiatry, Ottawa, Canada.
50. (2010). "Functional interactions between monoaminergic neurons: the key to remission in depression". Southwestern Medical Center Texas 6th Annual update: Personalized Treatment for Depression, Dallas, United States.
49. (2010). "Miami, Florida March 6, 2010. The treatment of bipolar illness". Canadian Psychiatric Association-Institute of Continuous Professional Development, Miami, United States.
48. (2010). "Heinz Lehmann Award Lecture". Canadian College of Neuro-Psychopharmacology, Ottawa, Canada.
47. (2010). "Neurobiological bases for the antidepressant response: basic and clinical studies". University of Alberta, Department of Psychiatry Grand Rounds, Edmonton, Canada.
46. (2010). "Advances in neuroscience: clinical implications in psychiatry". Canadian Psychiatric Association-Continuous Professional Development Institute Symposium: Neuroscience and Clinical advances in Psychiatry Advances in Psychiatry, Vancouver, Canada.
45. (2010). "Combined pharmacologic treatment for depression". The American College of Psychiatrists, Ft Lauderdale, United States.
44. (2010). "New developments in Psychopharmacology of depression". Department of Psychiatry, Douglas Mental health McGill University Institute Symposium on Anxiety and Depression, Montreal, Canada.
43. (2010). "Impact of antidepressant treatments on forebrain structures". Canadian College of Neuro-Psychopharmacology, Ottawa, Canada.
42. (2010). "Systèmes monoaminergiques et troubles de l'humeur". Groupe de Neurobiologie Translationnelle, Universités Laval et McGill Symposium: Du Neurone au Patient-Thérapies rationnelles ciblées des troubles de l'Humeur, Quebec, Canada.
41. (2010). "Applying pharmacology to improve clinical practice". 9th International Meeting in Clinical Pharmacology in Psychiatry, Skodsborg, Denmark.
40. (2010). "The noradrenergic symptom cluster-clinical expression and neuropharmacology". 10th International Forum on Mood and Anxiety Disorders Symposium : The noradrenergic symptom cluster in depression, Vienna, Austria.
39. (2010). "Neurobiological basis of the antidepressant response: from the bench to the clinic". University of California, Department of Psychiatry Grand Rounds, San Francisco, United States.
38. (2010). "Assessment of monoamine transmission in animals to identify superior antidepressant strategies". Society for Biological Psychiatry Symposium: Toward individualized treatment for depression: from neurophysiology to clinical practice, New Orleans, United States.
37. (2010). "Using combinations of antidepressants from treatment initiation". European College of Neuropsychopharmacology Annual Meeting Brain Storming Session: Using antidepressants: when to act?, Amsterdam, Netherlands.
36. (2010). "L'évolution du traitement de la dépression majeure – une approche ciblée et multiréceptorielle". Association des Médecins Psychiatres du Québec, Montreal, Canada.

35. (2010). "Plenary lecture: New developments in the rational site-directed pharmacotherapy of depression". 5th Biennial Conference of the International Society for Affective Disorders, Vancouver, Canada.

INTERVIEWS AND MEDIA RELATIONS:

Broadcast Interviews

4. (2018). *Old drugs, new uses*. Ottawa Morning. CBC.
3. (2018). *Old drugs, new uses*. Minding the Brain. Podcast.
2. (2017). *Can psychedelic drugs work magic on depression?*. Quirks and Quarks. CBC.
1. (2009). *Dr. Norman Doidge, Brain Man Daniel Tammet / Peace of Mind: medication and the brain: how to treat mood disorders - a patient's perspective*. The Agenda with Steve Paiken. TVO.

Text Interviews

12. (2018). *How old drugs can lead to new treatments for mental illness*. TVOntario (TVO.org).
11. (2017). *La kétamine dans le traitement de la dépression: Entrevue avec le Dr. Pierre Blier*. CBC Radio Canada.
10. (2017). *CAN-BIND study searches for more effective depression treatment*. Fulcrum.
9. (2017). *Ketamine offers new hope for patients with severe depression*. The Globe and Mail.
8. (2017). *Biggest breakthrough since antidepressants' is turning lives around in Ottawa*. Ottawa Citizen.
7. (2016). *Around Town: Ottawa women raise \$1.6 million for mental health*. Ottawa Citizen.
6. (2016). *State-of-the-art scanner gives Royal researchers a peek inside brain*. Ottawa Citizen.
5. (2013). *Drugs to lift depression in hours rather than weeks*. The Wall Street Journal.
4. (2012). *Ottawa doctor explores use of well-known anesthetic to treat patients with serious depression; Short-term effects can prevent suicide*. Ottawa Citizen Newspaper.

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CURRICULUM VITAE

DOMINIQUE BOURGET, M.D.

**Faculty of Medicine - University of Ottawa
Faculté de Médecine - Université d'Ottawa**

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APPENDICES (provided on request as appropriate / fournis sur demande si nécessaire)

A. Continuing Medical Education / Training Events Attended	
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B. List of trainees / Residents / Clinical Fellows Supervised

1. IDENTIFICATION

Office address /

Adresse professionnelle: 1145 Carling Avenue
Ottawa (Ontario) K1Z 7K4

Phone / téléphone: 613-722-6521

Fax / télécopieur: 613-798-2992

Email / courriel: dominique.bourget@leroyal.ca

Citizenship / citoyenneté: Canadian / Canadienne

Languages / langues: French, English / Français, Anglais

2. EDUCATION AND TRAINING ÉDUCATION ET FORMATION

Secondary/secondaire:

Polyvalente Emile-Legault, 1976

Certificat Secondaire V.

College/collège:

CEGEP Bois-de-Boulogne, Health Sciences / Sciences de la Santé, 1978

Diploma of Collegial Studies / Diplôme d'études collégiales

University/université:

University of Ottawa, 1988

Diploma in Psychiatry / Diplôme en psychiatrie

Université de Montréal, 1983

Doctor of Medicine (M.D.) Doctorat en médecine

Professional training - Formation professionnelle:

- Psychopharmacology (Dr. Y.D. Lapierre), Royal Ottawa Hospital, Jan 1988 - Jun 1988
- Neuropsychiatry (Dr E. Koranyi), Royal Ottawa Hospital, Jul 1987 - Dec. 1987
- Adult Outpatient Department, senior resident, Pierre-Janet Hospital, Jan 1987-Jun 1987
- Forensic Psychiatry (Dr J. Bradford), Royal Ottawa Hospital, January 1986-Dec. 1986
- Child and Adolescent Psychiatry, Pierre-Janet Hospital, July 1985-December 1985
- Adult Psychiatry, Ottawa General Hospital, 1984-1985
- Cognitive-Behavioral Therapies (Dr. W. Surphlis), 1986-1988
- Dissociative Disorders (Dr. George Fraser), Royal Ottawa Hospital, 1986-1988
- Internat multi-disciplinaire, Centre Hospitalier de Verdun, 1983-1984

Additional training - Formation additionnelle:

- Canadian Medical Association's Physician Manager Institute training –
 - PMI Level 1 - Leadership Skills for Shaping the Future, Château Laurier, Ottawa, Ontario, 4-6 June 2000.
 - PMI Level 2 - Leadership Skills Development, Château Laurier, Ottawa, Ontario, 7-9 June 2000.
 - PMI Level 3 - Conflict Management and Negotiation Skills for Effective Physician Managers, Pillar and Post Inn, Niagara-on-the-Lake, Ontario, 1-3 May 2005.
 - PMI Level 4 - Planning and Managing Change: The Medical Manager in a Shifting Environment, Pillar and Post Inn, Niagara-on-the-Lake, Ontario, 4-6 May 2005.
- Interagency Advisory Panel on Research Ethics' Introductory Tutorial for the Tri Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS). Ottawa, Ontario, 15 September 2004 / Introduction aux énoncés de principes du groupe interconseil sur la conduite éthique dans le cadre de recherches impliquant l'Humain, débats dirigés par le Groupe consultatif interagences en éthique de la recherche [Comité technique des enquêtes par panel]]. Ottawa, Ontario, 15 septembre 2004.
- HARE PCL-R Training Workshop. Ottawa, Ontario, 8-10 May 2003 / Atelier de formation sur l'échelle de psychopathie de Hare, Ottawa, Ontario, 8-10 mai 2003.
- Clinical Trial Applications Workshop, sponsored by the Ottawa Life Sciences Council, BIOTEC Canada and the Biotechnology Human Resource Council. Ottawa, Ontario, 26 February 2003 / Atelier sur les demandes d'essai clinique, commandité par le conseil bioscientifique d'Ottawa, BIOTEC Canada et le Conseil des ressources humaines de BIOTEC Canada. Ottawa, Ontario, 26 février 2003.
- SCO Health Services, Research Ethics Board Retreat - Ottawa, Ontario, 23 January 2001 / Retraite du Conseil de recherche en éthique, Services de santé des soeurs de la Charité d'Ottawa - Ottawa, Ontario, 23 janvier 2001.
- Workshop on Dissociative Disorders by Dr David Spiegel / Atelier sur les troubles dissociatifs avec le Dr. David Spiegel.
- Workshop on Cults and Terrorism, February 1990 / Atelier sur les cultes et le terrorisme, février 1990.
- Inter-rater reliability training in various clinical and research scales, including PANSS, START / Formation sur le coefficient d'objectivité de différentes échelles cliniques et de recherches, incluant le ESPN et le START.

Continuing Medical Education / Éducation Médicale Continue:

- In good standing with the Royal College of Physicians and Surgeons of Canada Maintenance of Certification Program / En règle avec le programme de Maintien du certificat du Collège royal des médecins et chirurgiens du Canada.
 - Canadian Psychiatric Association Annual Conference attended yearly / Participation annuelle au congrès de l'Association des psychiatres du Canada.
 - Canadian Academy of Psychiatry and the Law Conference attended yearly / Participation annuelle au congrès de l'Académie de Psychiatrie et Droit.
 - Other scientific conferences attended sporadically / Autres congrès scientifiques sur une base sporadique.
- A list of activities is available on request (appendix I) / Une liste des activités est disponible sur demande (appendice I)

3. QUALIFICATIONS AND LICENSURE
QUALIFICATIONS ET PERMIS

- Certificat de spécialiste en psychiatrie légale, Collège des médecins du Québec, 10 novembre 2015.
- Certificate of Specialty in Forensic Psychiatry, Royal College of Physicians and Surgeons of Canada, 26 September 2013 // Certificat de spécialité en psychiatrie légale, Collège Royal des Médecins et Chirurgiens du Canada, 26 septembre 2013.
- Fellow of the Royal College of Physicians and Surgeons of Canada, 1988
- Certificat de spécialité en psychiatrie, Collège des Médecins du Québec, 1988
- Certificate of Specialist in Psychiatry, Royal College of Physicians and Surgeons of Canada // Certificat de spécialiste en psychiatrie, Collège Royal des Médecins et chirurgiens du Canada, 1988
- College of Physicians & Surgeons of Ontario (#54525), 1987
- Collège des Médecins du Québec (#84-064), 1984
- License of the Medical Council of Canada (LMCC) // Licence du Conseil Médical du Canada, 1984

4. PROFESSIONAL AND ACADEMIC APPOINTMENTS POSITIONS PROFESSIONNELLES ET ACADÉMIQUES

CURRENT APPOINTMENTS / POSITIONS ACTUELLES

A. Academic / Académique:

- University of Ottawa, Department of Psychiatry /// Université d'Ottawa, Département de Psychiatrie
 - Associate Professor, /// Professeure Agrégée: 05-2001-present
- Member of the Ottawa Institute of Mental Health Research, /// Membre de l'Institut de Recherche en Santé Mentale d'Ottawa: 2001-present
- Program Director - Postgraduate Education Director for the Division of Forensic Psychiatry, University of Ottawa, /// Directrice du Programme d'éducation postgradué pour la division de Psychiatrie légale, Université d'Ottawa: 08-2011- present

The Postgraduate Education Director for the Division of Forensic Psychiatry, University of Ottawa is for a 5-year term, renewable once. The PGE Director has the responsibility for the overall conduct of the Residency Program of the Division of Forensic Psychiatry, Department of Psychiatry.

During my term as Program Director, the Residency Training Program in Forensic Psychiatry at the University of Ottawa was accredited by the Royal College of Physicians and Surgeons of Canada, making it the second accredited Forensic Psychiatry Residence Program in Canada.

- Member of the Faculty of Medicine, Faculty Council Appeals Committee, May 2012 present

This committee is a standing committee of the Faculty Council of the Faculty of Medicine. Its mandate is to hear any academic appeal by a student or postgraduate trainee registered within the Faculty of Medicine. The Faculty Council Appeals Committee reports to the Dean who shall inform the Faculty Council of the cases that it received.

- Nomination, examiner on the Royal College of Physicians and Surgeons of Canada Examination Committee, October 1, 2012 – September 30, 2013.
- Full Postgraduate Education Committee, University of Ottawa, Faculty of Medicine.
- Specialty Committee in Forensic Psychiatry, Royal College of Physicians and Surgeons of Canada.

- Member, Division of Addiction and Mental Health, Department of Psychiatry, University of Ottawa.

B. Hospital / Hôpital:

- Royal Ottawa Hospital:
Staff Psychiatrist, Forensic Service and Sexual Behaviors Clinic
1998-present
Staff Psychiatrist, Schizophrenia Program, 1998-present
- Brockville Psychiatric Hospital:
Active Staff Psychiatrist, 2003-present
- Ottawa Hospital, Civic/General/Riverside Campuses:
Consulting Staff Psychiatrist, September 2000-present

C. Provincial Boards / Tribunaux Administratifs :

- Appointment as Member to the Ontario Review Board, Executive Council of Ontario, Pursuant to section 672.38(1) of the Criminal Code, R.S.C. 1985, c. C-46
 - Appointment by Order in Council 999/97: 1997-2000
 - Re-appointed by Order in Council 833/2000: 2000-2003
 - Re-appointed by Order in Council 1244/2003: 2003-2006
 - Re-appointed by Order in Council 322/2006: 2006- 2009
 - Re-appointed by Order in Council 728/2009: 2009- 2014

This consists of reviewing the cases of mentally ill individuals who came under the jurisdiction of the Review Board after they were found not competent to stand trial or not criminally responsible due to a mental disorder. /

Étude des dossiers d'individus souffrants de troubles de santé mentale et ayant été placé sous la juridiction de la Commission d'examen après avoir été jugé incompétent à subir leur procès ou non criminellement responsable de leurs actes en raison de troubles de santé mentale.

- Appointment as Member to the Consent and Capacity Board, Executive Council of Ontario, Pursuant to subsection 70 (2) and (3) of *the Health Care Consent Act*, S.O. 1996, Chapter 2, Schedule A
 - Appointment by Order in Council 1123/2006: June 22, 2006 to and including June 21, 2009; Re-appointment by Order in Council 1123/2006: June 22, 2009 to and including June 21, 2014.

Nomination à la Commission du consentement et de la capacité, Conseil exécutif de l'Ontario, en vertu du sous paragraphe 70 (2) et (3) de la Loi sur le consentement en matière de soins de santé, S.O. 1996, Chapitre 2, Annexe A

- Sélectionné par ordre du conseil 1123/2006: du 22 juin 2006 au 21 juin 2009 inclusivement
Nomination reconduite par ordre du Conseil:
1123/2006: du 22 juin, 2009 au 21 juin 2014 inclusivement.

This consists of reviewing decisions concerning treatment, admission to a care facility or personal assistance services of persons who were found to lack the capacity to make decisions about such matters. /

Étude de décisions prises en matière de traitements, d'admission en institution de soins ou d'accès à des services d'aide personnel au bénéfice de personnes ayant été jugées incapables à prendre ce genre de décisions par eux-mêmes

PREVIOUS APPOINTMENTS / POSITIONS TERMINÉES

A. Academic / Académique:

- University of Ottawa, Department of Criminology, Cross Appointment, July 2004-2009

B. Provincial Boards / Tribunaux administratifs:

- Nomination as part-time coroner, Province of Québec, Decree 612-92, April 1992. Renewed by Decree 959-2004, October 2004-October 2009. Renewed by Decree 1058-2009, October 2009-October 2011 //

Coroner à temps partiel, province de Québec, Décret 612-92, avril 1992 - à ce jour. Renouvelé par le décret 959-2004, octobre 2004 - octobre 2009. Renouvelé par le décret 1058-2009, octobre 2009 - octobre 2011.

As an appointed coroner, the main role is to act as consultant for the Chief coroner in all matters of violent death relevant to psychiatry /

La fonction principale de cette charge de coroner est d'agir en tant que consultant pour le coroner en chef dans les dossiers de morts violentes ayant un aspect pertinent au domaine de la psychiatrie

- Nomination, membre médecin psychiatre à temps partiel, Section des Affaires Sociales, Tribunal Administratif du Québec (Commission d'examen des troubles mentaux), 1999-2004

This consists of reviewing the cases of mentally ill individuals who came under the jurisdiction of the tribunal after they were found not competent to stand trial or not criminally responsible due to a mental disorder. //

Étude des dossiers d'individus souffrants de troubles de santé mentale et ayant été placé sous la juridiction du Tribunal après avoir été jugé incompétent à subir leur procès ou non criminellement responsable de leurs actes en raison de troubles de santé mentale.

- Member, Health Care Advisory Committee, Canadian Psychiatric Association Representative, Correctional Services Canada, 1992-1998

Membre du Comité-conseil en matière de soins de santé, représentante pour l'Association des psychiatres du Canada, Service correctionnel du Canada, 1992-1998

Served as an advisor on the quality of health care services dispensed in federal penitentiaries

across Canada. Visits of institutions, reports and reviews of health care matter for Corrections Canada. //

Agir à titre de consultant au sujet de la qualité des soins de santé dispensé dans les pénitenciers fédéraux à travers le Canada. Visite d'institutions, rédaction de rapport et étude de questions ayant trait aux soins de santé au bénéfice de Service correctionnel du Canada.

C. Hospital / Program Division

- Co-Director of Research, Division of Forensic Psychiatry of the University of Ottawa / Co-Directrice de la Recherche, Division de Psychiatrie Légale de l'Université d'Ottawa

In this capacity the responsibility is to promote research in the division. This is done by liaising with the Schizophrenia Program for psychopharmacological research and pursuing collaborative research efforts at a national and international level. //

Ce poste demande à faire la promotion de la recherche au sein de la division. Ceci est accompli en liaison avec le Programme de schizophrénie et recherche en psychopharmacologie, tout en poursuivant les efforts de recherches collaboratives au niveau national et international.

- Co-Director, Sexual Behaviours Clinic, Forensic Program, 2004-2007 / Co-Directrice, Clinique des Comportements Sexuels, Programme de Psychiatrie Légale
- Psychiatrist-in-Charge, Forensic service, Pierre-Janet Hospital, 1989-1995
- Active Staff, Emergency Services, Royal Ottawa Hospital, 1998-2000
- Consulting Staff, Brockville Psychiatric Hospital, 2000-2003
- Clinical Assistant Professor, Department of Psychiatry, University of Ottawa, 1988-2001

5. SPECIAL HONOURS AND AWARDS **HONNEURS ET PRIX D'EXCELLENCE**

- 2012 Distinguished Fellow of the Canadian Psychiatric Association (DFCPA)
(The designation of Distinguished Fellow of the Canadian Psychiatric Association (DFCPA) is an honour that rewards outstanding CPA members for the exceptional breadth and depth of their contributions to the excellence of their specialty.)
- Distinguished Fellow de L'Association des Psychiatres du Canada (DFAPC)
(Le titre de Distinguished Fellow de l'APC honore des membres exceptionnels de l'APC pour l'étendue et la profondeur extraordinaires de leurs contributions à l'excellence de leur spécialité.)

- 2007 Fellow of the Canadian Psychiatric Association (FCPA)
(The designation of Fellow of the CPA honours psychiatrists for demonstrated allegiance to their profession and commitment to the ongoing work of their association. It rewards members who have made significant contributions in concentrated areas of achievement, enhancing the excellence of their specialty.)
- Fellow de l'Association des psychiatres du Canada (FAPC)
(Le titre de Fellow de l'APC honore les psychiatres ayant démontré une loyauté envers leur profession et un engagement au travail continu de leur association. Il reconnaît les membres qui ont contribué significativement à des domaines de réalisations concentrés en faisant ressortir l'excellence de leur spécialité.)
- 2002 Distinguished Fellow of the American Psychiatric Association
(The highest honor the APA can bestow - APA Distinguished Fellowship is a nationally-recognized honor awarded to those members of the psychiatric profession who are truly outstanding - physicians who not only have achieved distinction in special areas, but whose depth and scope of knowledge and breadth of skills and interests are recognized and highly respected.)
- (Distinction récompensant les membres pour leurs accomplissements et contributions significatives au sein de leur profession)*
- 2002 Canadian Academy of Psychiatry and the Law "Bruno Cormier Award"
(The Bruno Cormier Award is awarded annually to a distinguished psychiatrist who has made a significant contribution to forensic psychiatry in Canada)
- (Le prix Bruno Cormier est remis chaque année à un psychiatre ayant contribué à l'avancement de la psychiatrie légale au Canada)*
- 1987 La Presse (Montréal), "Personnalité de la Semaine"
(An award to recognize the contribution of a community member for the advance of the society from a humanity perspective)
- (Prix reconnaissant la contribution d'un citoyen à l'avancement de la société d'un point de vue humaniste)*
- 1987 University of Ottawa Review Course Award, "Homicidal Parents"
- 1987 American Academy of Psychiatry and the Law Rappeport Fellowship (1987-1988)
(An award to recognize significant contributions to the field of forensic psychiatry by a resident and to provide support toward individual development. The American Academy of Psychiatry and the Law is the largest medico-legal organization in the world. First Canadian recipient of this award)
- (Prix reconnaissant les contributions au champ de la psychiatrie légale par un résident et visant au soutien du développement des récipiendaires. L'Académie américaine de*

psychiatrie et droit est la plus grande organisation médico-légale au monde. Première canadienne à recevoir ce Prix).

1987 Ontario Psychiatric Association Meeting Best Paper Presented by a Resident, "Homicidal Parents"

6. PROFESSIONAL BODIES AND ASSOCIATIONS **ORDRES PROFESSIONNELS ET ASSOCIATIONS**

A. Licensing bodies / Ordres Professionnels

- Royal College of Physicians and Surgeons of Canada
Collège Royal des médecins et chirurgiens du Canada
- College of Physicians and Surgeons of Ontario
- Collège des médecins du Québec
- Fédération des médecins spécialistes du Québec

B. Professional organisations / Associations professionnelles:

- Canadian Psychiatric Association

Founded in 1951, the Canadian Psychiatric Association (CPA) is the national voluntary professional association for Canada's 47000 psychiatrists. As the national voice of Canadian psychiatrists, the Canadian Psychiatric Association advocates for the professional needs of its members and promotes excellence in education, research, and clinical practice.

Fondée en 1951, l'Association des psychiatres du Canada (APC) est l'association professionnelle libre et nationale des quelque 4 700 psychiatres canadiens. En qualité de voix nationale des psychiatres canadiens, l'Association des psychiatres du Canada défend les besoins professionnels de ses membres et préconise l'excellence de la formation, de la recherche et de la pratique clinique.

- American Academy of Psychiatry and the Law

AAPL (pronounced "apple") is an organization of psychiatrists dedicated to excellence in practice, teaching, and research in forensic psychiatry. Founded in 1969, AAPL currently has more than 1,500 members in North America and around the world.

- Canadian Academy of Psychiatry and the Law

Canadian Academy of Psychiatry and the Law (CAPL) is the national body representing forensic psychiatrists in Canada.

L'Académie canadienne de psychiatrie et droit (ACPD) est l'organisme national qui représente les psychiatres médico-légaux du Canada.

- American Psychiatric Association

The American Psychiatric Association is the world's largest psychiatric organization. It is a medical specialty society representing more than 33,000 psychiatric physicians from the United States and around the world. Its member physicians work together to ensure humane care and effective treatment for all persons with mental disorders, including intellectual disabilities and substance use disorders.

- International Academy of Sex Research (full member) 2012-

The International Academy of Sex Research is a scientific society whose objectives are the promotion of high standards of research and scholarship in the field of sexual behaviour by fostering communication among scholars engaged in such research. IASR membership is by election.

- Schizophrenia International Research Society (full member) 2013-

The mission of the Schizophrenia International Research Society (SIRS) is to bring researchers in schizophrenia and other related disorders from across the world together to, amongst other goals, exchange the latest advances in research and facilitate the applications and these findings to clinical practice; increase the public understanding of the personal, familial and societal impact of schizophrenia; and promote the highest scientific and ethical standards in research and its application in clinical psychiatric practice. Membership is by election.

Past (passé):

- Association des Coroners du Québec (1992- 2011)
- Association des médecins de langue française du Canada (1988- 2012)

7. ADMINISTRATIVE RESPONSIBILITIES: **(Professional associations and hospital committees)** **RESPONSABILITÉS ADMINISTRATIVES** **(comités d'associations professionnelles et intra-hospitaliers)**

A. Professional Associations Committee / Comités d'associations professionnelles

2011

Ad-Hoc Consultant to the Canadian Psychiatric Association Membership Affairs

Committee

My role was to evaluate and make recommendations with respect to the nominations of candidates for fellowship status that were submitted in French. The Membership Affairs Committee submits recommendations for fellowship status to CPA Executive Committee for confirmation.

Mon rôle était d'évaluer les dossiers de candidats francophones au Fellowship et de faire des recommandations. Le comité des affaires aux membres soumet ensuite ses recommandations au Comité exécutif de l'APC pour confirmation.

2011 Content Advisor for Collaborative Forums in Mental Health, Canadian Psychiatric Association / Membre du corps professoral du *Forum de collaboration en santé mentale 2011*

As a content area advisor, participated in the development of the Risk Assessment: Current Advances and Practical Tips module. This module was part of the CPA Continuous education programming, presented at the five, regional Perspectives in Mental Health Care, and presented at the provincial psychiatric associations' annual meetings.

En tant que membre du corps professoral du Forum de collaboration en santé mentale, participation au développement du module de l'évaluation du risque: Progrès actuels et conseils pratiques. Ce module faisait partie du programme de formation continue de l'APC et fut présenté lors des cinq événements régionaux: Perspective en soins de santé mentale, ainsi qu'aux rencontres annuelles d'automne des associations provinciales de psychiatrie.

2009-2015 Chair, Continuous Professional Development Committee, Canadian Academy of Psychiatry and the Law (forensic subspecialty academy)

As Chair of the Continuous Professional Development Committee, role was to provide leadership in educational activities of the Canadian Academy of Psychiatry and the Law, including developing scientific programs for the Annual and semi-annual meetings.

En tant que présidente du comité de formation continue, mon rôle était de voir aux orientations des activités de formations à l'académie canadienne de psychiatrie et droit, ce qui inclut le développement de programmes scientifiques pour les rencontres annuelles et semestrielles.

2009- Member, Canadian Psychiatric Association Special Committee on Continuing Professional Development, Annual Conference Program Subcommittee, October 2009-present / Membre du Comité spécial sur la formation continue à l'Association des psychiatres du Canada, sous-comité au programme du congrès annuel

This is a three-year term, renewable once. Members to this committee are appointed by the chair of the committee with the Board's approval. The Annual Conference Program Committee provides expert advice and leadership to the Canadian Psychiatric Association on matters related to the scientific program held during the CPA Annual Conference. The Committee strives to ensure that the highest quality of continuing professional development activities is available to psychiatrists at the Annual Conference.

Mandat de trois ans, renouvelable une fois. Les membres de ce comité sont nommés par le président du comité avec approbation du conseil. Le comité au programme du congrès annuel offre son expertise et ses orientations à l'Association des psychiatres du Canada pour tout ce qui attrait au programme scientifique du congrès annuel de l'APC. Le comité vise à assurer le plus haut niveau de qualité dans les activités de formation continue offertes aux psychiatres durant le congrès annuel.

2000-02 Chair of the Council of Academies, Canadian Psychiatric Association / Présidente du Conseil des académies à l'Association des psychiatres du Canada

This is a two-year term. The council of academies represents the three major academies of psychiatric subspecialties under the Canadian Psychiatric Association: The Academy of Child Psychiatry, The Academy of Geriatric Psychiatry, and The Academy of Psychiatry and the Law.

Mandat de deux ans. Le conseil des académies représente les trois académies principales des sous-spécialités au sein de l'Association des psychiatres du Canada: l'Académie de pédopsychiatrie, l'Académie de gériopsychiatrie et l'Académie de psychiatrie et droit.

1999-2005 President, Canadian Academy of Psychiatry and Law (CAPL) / Présidente, Académie Canadienne de Psychiatrie et Droit (ACPD)

This is an elected position. CAPL is the professional body representing forensic psychiatrists across Canada and it comprised over 125 members at the time.

Poste assujetti au suffrage. L'Académie canadienne de psychiatrie et droit représente les psychiatres oeuvrant dans le domaine médico-légal au Canada et comptait plus de 125 membres à cette époque.

1999-2005 Chair, Section of Forensic Psychiatry, Canadian Psychiatric Association / Présidente de la section de psychiatrie légale au sein de l'Association des

psychiatres du Canada.

This is an elected position. The Forensic Psychiatry Section includes over 300 psychiatrists who have indicated an interest in matters of psychiatry and the law. The main function of the section is to identify educational needs and provide feedback to members.

Poste assujéti au suffrage. La section de psychiatrie légale inclut plus de 300 psychiatres ayant manifesté leur intérêt dans le domaine de la psychiatrie et du droit. Le rôle principal de cette section est d'identifier les besoins en formation et d'offrir une rétroaction à ses membres.

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| 1990-93 | Chair, Criminal Behavior Committee, American Academy of Psychiatry and the Law |
| 1989-94 | Member, Research Committee, American Academy of Psychiatry and the Law |
| 1987-99 | Member, Criminal Behavior Committee, American Academy of Psychiatry and the Law |

B. Hospital Committee / Comités intra-hospitaliers

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| 2007-10 | <p>Member of the Inter-professional Care (IPC) Committee at the Royal Ottawa Mental Health Centre - a joint committee for the Royal Ottawa Health Care Group</p> <p><i>This consists of providing a forum for broad-based clinical discussions, to oversee clinical issues, to provide a transition to an integrated model of patient care and to discuss patient safety issues.</i></p> |
| 2008 | <p>Member of the Task Force on High Risk Voluntary Policy (HRVP) subcommittee of the ICP Committee</p> <p><i>This subcommittee was convened to review HRVP, Authorized Leave and Levels of Responsibility policies and recommend updates.</i></p> |
| 2004- | <p>Member, Research Ethics Board, Royal Ottawa Hospital</p> <p><i>Review research projects submitted for ethical approval and make recommendations</i></p> <p><i>Étude des projets de recherche soumis pour approbation éthique et faire des recommandations.</i></p> |
| 2004 | Member, ROHCG Industry Task Force, Royal Ottawa Hospital |
| 2003-04 | Member, Medical Audit Committee, Royal Ottawa Hospital |
| 2001-03 | Member, Research Committee, Institute of Mental Health Research |

1998-03	Member, Research Ethics Committee, Royal Ottawa Hospital <i>Review research projects submitted for ethical approval and make recommendations</i>
1994	Présidente, Comité exécutif du C.M.D.P., Pierre-Janet Hospital
1993-95	President, Scientific Research Committee, Pierre-Janet Hospital
1989-95	Présidente, Comité d'éthique à la recherche (Research Ethics Committee), Hôpital Pierre-Janet
1989-95	Conseil des médecins (Physicians' Committee), Hôpital Pierre-Janet
1989-93	Co-Présidente, Comité de recherche scientifique (Scientific Research Committee), Hôpital Pierre-Janet
1989-92	Conseil d'administration (Administration council), Hôpital Pierre-Janet.
1989	Member, Physician Utilization Committee, Patient Care Information System, Royal Ottawa Hospital
1989	Member, Women's Issues in Mental Health Committee, Royal Ottawa Hospital
1987	Member, Physicians' Committee, Pierre-Janet Hospital
1987-88	Chair, Residents' Executive Committee, Department of Psychiatry, University of Ottawa
1986	Member, Research Ethics Committee, Royal Ottawa Hospital
1986-88	Residents' Representative, Post-Graduate Education Committee, Department of Psychiatry, University of Ottawa

8. AREAS OF SPECIAL INTEREST AND CLINICAL EXPERTISE **CHAMPS D'INTÉRÊT PARTICULIER ET EXPERTISE CLINIQUE**

Professional Experience / Expérience Professionnelle

(Expertise - not limited to these areas / non limitée à ces domaines)

Assessment of fitness and criminal responsibility, dangerous offenders / paraphilia /sex offenders, sexual victimization / child abuse / child custody issues / family violence and homicide, dissociative disorder / post-traumatic disorder / amnesia / memory processes, schizophrenia / major psychiatric disorder, substance use, neuropsychiatric sequelae to brain injury. My strengths are in assessment and diagnosis of major mental illnesses, along evidence based knowledge.

Évaluation de l'aptitude à subir un procès et responsabilité criminelle, délinquants dangereux / paraphilies / délinquants sexuels, victimisation sexuelle / abus d'enfant / garde parentale / violence intra-familiale et homicide, troubles dissociatifs / désordres de stress post-traumatique / amnésie / mémoire, schizophrénie / désordres psychiatriques majeurs, abus de substance, séquelles neuropsychiatriques des traumatismes crâniens. Mes forces sont dans le domaine de l'évaluation et du diagnostic des troubles psychiatriques majeurs, selon une approche fondée sur les données probantes.

Expert Testimony / Témoignage à titre d'expert

I have produced over 1000 written court reports, in either French or English. I have testified in criminal hearings, civil hearings, and numerous review board hearings. I have been qualified as an expert in forensic psychiatry, psychiatry, and medicine, in numerous jurisdictions throughout the provinces of Ontario, Quebec, Nova Scotia, and BC, in provincial, superior and appellate court. In addition to receiving court-appointment mandates to evaluate accused with respect to their mental state and provide written reports directly to the Judge, I have been retained by plaintiffs and defendants in both civil and criminal proceedings. I have offered expert witness testimony on forensic psychiatry issues such as: fitness to stand trial and criminal responsibility / insanity defense, dangerous offenders, sentencing issues, mental illness, malingering, amnesia, civil litigation, standard of care and other areas within my areas of competence.

J'ai produit plus de 1000 rapports écrits pour la cour, en français ou en anglais. J'ai témoigné lors d'audiences pénales, civiles, ainsi qu'à l'occasion de nombreuses audiences pour des commissions d'examen. J'ai été qualifiée d'expert en psychiatrie légale, psychiatrie, et médecine, dans de nombreuses juridictions à travers les provinces d'Ontario, Québec, Nouvelle-Écosse, et Colombie-Britannique, devant les cours provinciales, cours supérieures, et cours d'appel. En plus de recevoir des mandats du tribunal pour évaluer l'état mental d'accusés et fournir des rapports écrits directement au juge, j'ai été retenue par les demandeurs et les défendeurs dans les procédures civiles et pénales. J'ai offert un témoignage d'expert sur des questions de psychiatrie médico-légale, telles: l'aptitude à subir un procès et la responsabilité criminelle, les délinquants dangereux, les questions de détermination de la peine, la maladie mentale, la simulation, l'amnésie, le litige civil, les normes de soins et autres sujets dans mes champs de compétence.

ACADEMIC ACTIVITIES – ACTIVITÉS ACADÉMIQUES

9. TEACHING **ENSEIGNEMENT**

A. National

- 2009- Chair, Continuous Professional Development Committee, Canadian Academy of Psychiatry and the Law (forensic subspecialty academy)
- Directrice, Comité de développement professionnel continu, Académie canadienne de psychiatrie et droit.
- 2002- Law and Psychiatry course on “Confidentiality, Privilege, Consent and Capacity” and “Tort Law, Malpractice and Liability”, delivered annually at the Canadian Psychiatric Association Annual Meeting
- Cours sur la psychiatrie et droit sur “Confidentiality, Privilege, Consent and Capacity” et “Tort Law, Malpractice and Liability”, enseigné annuellement au congrès de l'Association canadienne de psychiatrie.

B. Postgraduate / Troisième cycle

- 2012- Supervisor of residents involved in accredited PGY6 subspecialty training in forensic psychiatry
- Superviseur des résidents enrôlés dans le programme accrédité de surspécialité en psychiatrie légale
- 2011- Program Director, Forensic Psychiatry Residency Training Program
- Directrice du programme de formation de résidence en psychiatrie légale
- 2011- Member, University of Ottawa Forensics Residency Training Committee (RTC)
- 2010-11 Supervisor of fellow resident in forensic psychiatry, University of Ottawa
- 1995- Supervision of residents in psychiatry
- 2003 Pharmacy Preceptor Program

1999-00	Supervisor to fellow resident in forensic psychiatry, University of Ottawa
1997-00	Lecture on professional liability, psychiatric malpractice, negligence and tort law to psychiatric residents, University of Ottawa
1994-95	Supervisor to fellow resident in forensic psychiatry, University of Ottawa
1998-00	Core teaching program, Department of Psychiatry, University of Ottawa "Informed Consent"
1997	Supervisor, Master thesis, psychology student, University of Ottawa
1994-	Clinical teaching and direct supervision to residents in Psychiatry, University of Ottawa
1994-95	Lecture to psychiatric residents, Department of Psychiatry, University of Ottawa "Mental Health Law: Comparing Québec and Ontario Legislation"
1990-94	Clinical teaching to residents in Family Medicine, McGill University
1989-91	Lectures to psychiatric residents, University of Ottawa (PG 1 and 2) "Overview of Forensic Psychiatry"
1989-90	Lectures to psychiatric residents, University of Ottawa "Arson"

C. Undergraduate / Premier cycle

1996-	Supervision, Criminology and psychology students, University of Ottawa
2006	Supervision, étudiants en criminologie et psychologie, Université d'Ottawa
1999-03	Module Psychisme, Université d'Ottawa "Psychose, schizophrénie et abus de substances: Évaluation de la violence"
1989	Lectures to Law students, University of Ottawa "Fire Setting and Schizophrenia"
1989	Lectures to Medical students, University of Ottawa "Personality Disorders" Cours aux étudiants en médecine de l'Université d'Ottawa
1996-97	Lectures to Criminology students, University of Ottawa Cours aux étudiants en criminologie, Université d'Ottawa

10. PRESENTATIONS **PRÉSENTATIONS**

A. Peer-reviewed / Comité de pairs

1. **Bourget, D.**, Gagné, P., Labelle, A. Poster Presentation "Psychosis in intra-familial homicide". 5th Biennial Schizophrenia International Research Society Conference, Florence, Italy, 3 April 2016.
2. Wood, F, **Bourget, D.** "A pilot study of the rate of compliance with Section 54 of the Ontario Mental Health Act". The Canadian Academy of Psychiatry and the Law 20th Annual Winter Conference, Quebec, QC, 4 March 2015.
3. **Bourget, D.** Gagné, P. "Adjustment disorders. Should they be persona non grata in forensic psychiatry? If so, then what?" The Canadian Academy of Psychiatry and the Law 20th Annual Winter Conference, Quebec, QC, 3 March 2015.
4. **Bourget, D.** Gagné, P. Clinical and Social Considerations Involving Filicide. The Canadian Academy of Psychiatry and the Law 19th Annual Winter Conference, Lake Louise, AB, 3 March 2014.
5. **Bourget, D.** Brink, J, Choy, A, Ramshaw, L, Watts, J. Open for Business! The First Years of PGY-6 Forensic Psychiatry Subspecialty Training – A Collaborative Process and National Perspective from the Programs Directors Across Canada. The Canadian Academy of Psychiatry and the Law 19th Annual Winter Conference, Lake Louise, AB, 3 March 2014.
6. **Bourget, D.** Gagné, P. Clinical and Research Experience with Filicide – 20 years later, Addressing Filicide, International Conference for Cross National Dialogue, Monash Prato Centre, Tuscany, 30 – 31 May 2013.
7. Watts, J, Ramshaw, L, **Bourget, D.** Landmark Cases in Canada: Development of a List for Forensic Psychiatrists, The Canadian Academy of Psychiatry and the Law 18th Annual Winter Conference, Mont-Tremblant, 4 March 2013
8. Dufour, M, **Bourget, D.** Self-incrimination during a psychotic episode: review of case laws and the “operating mind” test, The Canadian Academy of Psychiatry and the Law 18th Annual Winter Conference, Mont-Tremblant, 5 March 2013
9. **Bourget, D.** Gagné, P. Spousal Homicide: A Comparative Study of Women vs Men who Kill an Intimate Partner. The Canadian Academy of Psychiatry and the Law 17th Annual Winter Conference, Whistler, BC, 5 March 2012

10. **Bourget, D**, Gagné, P. Women who kill their mate. American Academy of Psychiatry and the Law 42nd Annual Meeting, Boston, MA, 28 October 2011.
11. **Bourget, D**, Gagné, P. A Review of Mass Homicide in Canada. CAPL semi-fall annual conference, Vancouver, BC, 12 October 2011.
12. Gagné, P, **Bourget, D**, Forget, K. Do Forensic Psychiatrists Have a Future in Court? CAPL 16th Annual Winter Conference. Quebec, QC, 28 February 2011.
13. Gagné P, Borduas-Pagé S, **Bourget D**. Violent Offenders with Peritraumatic Dissociation and Amnesia. CAPL 15th Annual Winter Conference. Banff, AB, 1 March 2010.
14. **Bourget D**. Current Perspectives on Addiction and Forensic Issues. CAPL 15th Annual Winter Conference. Banff, AB, 2 March 2010.
15. **Bourget D**, Gagné P, Labelle A. Portraits of Domestic Homicide: A 15-Year Retrospective Review (poster). World Psychiatric Association WPA 2009 International Congress. Florence, Italy, 4 April 2009.
16. Gagné P, **Bourget D**, Moamaï J. Psychopathology and Suicide among Quebec Physicians: A Nested Case Control Study (poster). World Psychiatric Association WPA 2009 International Congress. Florence, Italy, 2 April 2009.
17. **Bourget, D**, Gagné, P, Labelle, A. Portraits of Domestic Homicide: A 15-Year Retrospective Review (poster). CAPL 14th Annual Winter Conference. Mont-Tremblant, QC, 2 March 2009.
18. Gagné P, **Bourget D**, Moamaï J. Psychopathology and Suicide among Quebec Physicians: A Nested Case Control Study (poster). CAPL 14th Annual Winter Conference. Mont-Tremblant, QC, 2 March 2009.
19. Moamaï J, Gagné P, **Bourget D**. Nos confrères suicidés: les méthodes utilisées par les médecins québécois (poster). 7^e Congrès de l'Encéphale. Paris, France, 23 janvier 2009.
20. Corbin JF, Gagné P, **Bourget D**. Les tueurs de masse ou l'impossible entrée dans la vie? 2e congrès international francophone «Psychiatrie et violence». Lausanne, Suisse, 12 septembre 2008.
21. **Bourget D**, Gagné P. "A Series of Mass Homicide in Quebec". CAPL 13th Annual Winter Conference. Lake Louise, AB, 3 March 2008.
22. **Bourget D**, Gagné P. "Fratricide: Forensic Psychiatric Perspectives". CAPL 12th Annual Winter Conference. Mont-Tremblant, QC, 27 February 2007.

23. Gagné P, **Bourget D**, Allard MF. "The Dangerous Diagnosis of Delusional Disorder in Criminal Courts". Canadian Psychiatric Association 56th Annual Conference. Toronto, ON, 11 November 2006.
24. **Bourget D**, Le Melledo JM, Tessier P, Curry S. "Standardized Plethysmographic Assessment in Heterosexual Pedophile Admitters versus "Sexually Normal" Controls". CAPL 11th Annual Winter Conference. Kelowna, BC, 27 February 2006.
25. **Bourget D**, Gagné P, Trottier D. "First Episode Psychotic Homicide Then and Now - 15 years Later". CAPL 11th Annual Winter Conference. Kelowna, BC, 26 February 2006.
26. **Bourget D**, Gagné P. "Comparative Study of Matricide versus Patricide". American Academy of Psychiatry and the Law. Montreal, QC, 28 October 2005.
27. Villeneuve J, Demers MF, Alméras N, Proulx I, Labelle A, **Bourget D**, Mottard JP, Roy MA, Bouchard RH. Advantages of Quetiapine on Sexual Dysfunctions: A Switch Study. International Congress on Schizophrenia Research. Savannah, Georgia, April 2005.
28. Bouchard RH, Demers MF, Proulx I, Alméras N, Roy MA, Mottard JP, Labelle A, **Bourget D**, Villeneuve J. "Switching to Quetiapine Improves Sexual Dysfunction". Canadian Psychiatric Association. Montreal, QC, 14-17 October 2004.
29. Bouchard RH, Desmers MF, Roy MA, Alméras N, Proulx I, Mottard JP, Labelle A, **Bourget D**, Villeneuve J. "Quetiapine Advantages Over Other Atypical Antipsychotics on Sexual Dysfunction: Preliminary Results". Les meilleures pratiques en santé mentale. Colloque organisé par les hôpitaux psychiatriques Louis-H. Lafontaine, Robert-Giffard, Douglas et leurs partenaires. Montréal, QC, 16-17 September 2004.
30. **Bourget D**, Labelle A, Boulay LJ, Ellis J, Tessier P. "Switching Forensic Schizophrenia Outpatients from Long-Acting Antipsychotics to Olanzapine: an Open-Label Naturalistic Study". CAPL 9th Annual Winter Conference. Lake Louise, AB, 2 March 2004.
31. Boulay LJ, Labelle A, **Bourget D**, Tessier P, Robertson S, Habib R, Tombaugh T, Milin R, Ward H. "Dissociating Medication Effects from Learning and Practice Effects in a Neurocognitive Study of Schizophrenia: Olanzapine versus Haloperidol. 12th Biennial Winter Workshop on Schizophrenia. Davos, Switzerland, 7-13 February 2004.
32. Labelle A, Boulay LJ, **Bourget D**, Robertson S, Tessier P, Habib R, Milin R, Ward H. The Impact of Family History of Schizophrenia and Related Disorders on Neurocognitive Functioning in Schizophrenia Patients. 12th Biennial Winter Workshop on Schizophrenia. Davos, Switzerland, 7-13 February 2004.

33. **Bourget D**, Labelle A, Boulay LJ, Ellis J, Tessier P. Switching Forensic Schizophrenia Outpatients from Long-Acting Injectable Antipsychotics to Olanzapine: An Open-Label Naturalistic Study. 12th Biennial Winter Workshop on Schizophrenia. Davos, Switzerland, 7-13 February 2004.
34. Bouchard RH, Demers MF, Roy MA, Almeras N, Labelle A, **Bourget D**, Villeneuve J. Poster Presentation: "Switching to Quetiapine From Other Antipsychotics Improves Sexual Dysfunction: Preliminary Results of an Open Label Study." 12th Winter Workshop on Schizophrenia. Davos, Switzerland, February 2004.
35. **Bourget D**, Gagné P. "Parricide: A Descriptive Study of 49 Cases." 8th Annual CAPL Conference - CPA Forensic Winter Meeting. Mont-Tremblant, QC, 2-5 March 2003.
36. **Bourget D**, O'Shaughnessy R. "Confidentiality in Review: A Theoretical and Practical "Survival" Guide for the Psychiatrist - The Aftermath of Smith v. Jones". The Canadian Academy of Psychiatry and the Law 1st Semi-annual Fall Conference. Banff, AB, 31 October 2002.
37. **Bourget D**, Gagné P. "Parricide: A Descriptive Review of 49 cases". Annual Meeting of the American Academy of Psychiatry & the Law. Newport Beach, CA, 26 October 2002.
38. **Bourget D**, Gagné P. "The Impact of Media Coverage on Suicide". 7th Annual CAPL Conference - CPA Forensic Section Winter Meeting. Whistler, BC, 4 March 2002.
39. Boulay LJ, Labelle A, Robertson S, **Bourget D**, Habib R, Tessier P, Tombaugh TN. Poster presentation: "Learning Effects on Attention, Concentration and Working Memory: Pilot Data Contrasting Performance in Patients with Schizophrenia, Never Diagnosed Family Members and Normal Controls." 11th Biennial Winter Workshop on Schizophrenia. Davos, Switzerland, 24 February -1 March 2002.
40. El-Guebaly N, Atkinson M, **Bourget D**, MacKenzie KR, Leszcz M. Poster presentation "CPA's Practice Research Network: The Third Survey." 51st Annual Meeting of the Canadian Psychiatric Association. Montréal, QC, 16 November 2001.
41. **Bourget D**, Gagné P, Moamaï J, Turmel, S. Moderator of Symposia "Le psychiatre et le coroner: études sur le suicide." 51st Annual Meeting of the Canadian Psychiatric Association. Montréal, QC, 16 November 2001.
42. **Bourget D**, Gagné P, Ward H, Turmel S. "Caractéristiques des suicides liés au jeu pathologique." 51st Annual Meeting of the Canadian Psychiatric Association. Montréal, QC, 16 November 2001.

43. **Bourget D**, Gagné P, Moamaï J, Turmel S. "Impact de la couverture médiatique sur le suicide." 51st Annual Meeting of the Canadian Psychiatric Association. Montréal, QC, 16 November 2001.
44. Moamaï J, Gagné P, Tennina S, **Bourget D**. "L'impact des désastres naturels sur le suicide: mise à jour et résultats de l'étude sur la tempête de verglas au Québec." 51st Annual Meeting of the Canadian Psychiatric Association, Montréal, QC, 16 November 2001.
45. Moamaï J, Labelle A, **Bourget D**. Poster presentation: "Related Psychiatric Disorders in People who subsequently get diagnosed with Schizophrenia." 51st Annual Meeting of the Canadian Psychiatric Association. Montréal, QC, 16 November 2001.
46. **Bourget D**, Labelle A, Gagné P, Tessier P. Poster presentation: "First Episode Psychosis and Homicide: A Diagnostic Challenge." 51st Annual Meeting of the Canadian Psychiatric Association. Montréal, QC, 16 November 2001.
47. Moamaï J, Labelle A, **Bourget D**, Boulay L, Tessier P. "The Relationship of Parkinsonism to Negative Symptoms in Schizophrenia." 7th World Congress of Biological Psychiatry. Berlin, Germany, July 2001.
48. **Bourget D**, Labelle A, Gagné P, Tessier P. Poster presentation: "First-episode Psychosis and Homicide: a Diagnostic Challenge". 154th Annual Meeting of the American Psychiatric Association. New Orleans, LA, 10 May, 2001.
49. Labelle A, **Bourget D**, Boulay LJ, Ellis J, Tessier P. Poster presentation: "Switching Outpatients with Schizophrenia and Related Disorders on Long Acting Injectable Antipsychotics to Olanzapine: An Open Label Naturalistic Pilot Study". 154th Annual Meeting of the American Psychiatric Association. New Orleans, LA, 9 May 2001.
50. **Bourget D**. "Professional Liability in a Case of Filicide: Who is Responsible for the Death of Sylvia?" 6th Annual CAPL Conference - CPA Forensic Section of Winter Meeting, Mont-Tremblant, QC, February 2001.
51. **Bourget D**. "Female Sex Offenders". 6th Annual CAPL Conference - CPA Forensic Section of Winter Meeting. Mont-Tremblant, QC, February 2001.
52. Ward H, **Bourget D**, Gagné P. "Characteristics of Suicides in Quebec Linked to Pathological Gambling. 6th Annual CAPL Conference - CPA Forensic Section of Winter Meeting. Mont-Tremblant, QC, February 2001.
53. Moamaï J, **Bourget D**, Labelle A. "Commitment of People with Schizophrenia: Protection of the Patient or of Society?" 6th Annual CAPL Conference - CPA Forensic Section of Winter Meeting. Mont-Tremblant, QC, February 2001.

54. Moamaï J, **Bourget D**, Labelle A. "Levée de la cure fermée du patient schizophrène: raisons cliniques". Congrès international du jubilé: Association Mondiale de Psychiatrie. Paris, France, 2000.
55. Labelle A, Moamaï J, **Bourget D**, Boulay L, Ellis J, Tessier P. "Parkinsonism and Negative Symptoms in Treated Schizophrenic Patients". Canadian Forum for Population Therapeutics. Montreal, QC, 2000.
56. Tessier P, **Bourget D**, Labelle A. "Homicidal Violence in Schizophrenia." 5th Annual CAPL Conference - CPA Forensic Section of Winter Meeting. Lake Louise, AB, February 2000.
57. **Bourget D**. "New Pharmacological Avenues with Antiandrogen Medications." 5th Annual CAPL Conference - CPA Forensic Section of Winter Meeting. Lake Louise, AB, February 2000.
58. Allard M-F, **Bourget D**. "Forensic Psychiatric Issues and Pregnancy." 5th Annual CAPL Conference - CPA Forensic Section of Winter Meeting. Lake Louise, AB, February 2000.
59. **Bourget D**, Gagné P. "Tableau clinique de l'homicide domestique au Québec." Association des médecins-psychiatres du Québec, Annual Meeting. Aylmer, QC, 16-19 June 1999.
60. **Bourget D**, Gagné P. "Domestic Homicide in Québec: 1991-1998." Canadian Academy of Psychiatry and Law Annual Meeting. Mont-Tremblant, QC, 16 March 1999.
61. **Bourget D**, Moamaï J, Gagné P. "Maternal homicide in Québec." 48th Annual Meeting of the Canadian Psychiatric Association. Halifax, NS, 17 September 1998.
62. Moamaï J, **Bourget D**. "Les femmes violentes hospitalisées en psychiatrie: caractéristiques cliniques." 48th Annual Meeting of the Canadian Psychiatric Association. Halifax, NS, 17 September 1998.
63. Moamaï J, **Bourget D**, Gagné P. "Morts par arme à feu au Québec: cas de 118 victimes." 89^e conférence annuelle de l'association canadienne de santé publique. Montréal, QC, 7-10 June 1998.
64. **Bourget D**. "Profil de l'homicide domestique au Québec de 1990 à 1996". Oral communication forming part of a panel presentation, International Academy of Law and Mental Health, 23rd International Congress on Law and Mental Health. Paris, France, 3 July, 1998.
65. **Bourget D**, Gagné P, Moamaï J. "Spousal Homicide and Extended Suicide in Québec." American Psychiatric Association Annual Meeting. Toronto, ON, 4 June 1998.

66. Moamaï J, **Bourget D**, Labelle A, Moamaï N. "Les patients psychiatriques les plus violents en salle d'urgence: facteurs cliniques associés". 3e Congrès Annuel International "Maladie Mentale et Intervention". Montréal, QC, 31 October 1997.
67. Moamaï J, **Bourget D**, Gagné P. "Homicide au Québec: profil des victimes de 1991 à 1995." XXXVIIe réunion annuelle du club de recherches cliniques du Québec. Trois-Rivières, QC, 18 October 1997.
68. Moamaï J, **Bourget D**, Gagné P. "Suicide after the Murder: Demographic Factors." Canadian Academy of Psychiatric Epidemiology (CAPE) Annual Scientific Symposium. Calgary, AB, 16 September 1997.
69. **Bourget D**, Labelle A, Alda M, Tessier P, Bradford JMW. "Familial Paraphilia: a Pilot-study." Annual Meeting of the American Academy of Psychiatry & the Law. San Juan, Puerto Rico, 20 October 1996.
70. **Bourget D**, Labelle A, Alda M, Tessier P, Bradford JMW. "Familial Paraphilia: a Pilot-study with Genograms." 46th Annual Meeting of the Canadian Psychiatric Association. Québec City, QC, 4 October 1996.
71. **Bourget D**, Labelle A, Tessier P. "Dilemme thérapeutique en psychiatrie légale: concilier la clinique et le judiciaire." 30e congrès de l'association des médecins psychiatres du Québec. Manoir Richelieu, QC, 20 June 1996.
72. Proulx F, **Bourget D**, Tessier P. "Le psychiatre expert: porte d'entrée au système de santé." 29e congrès annuel de l'association des médecins psychiatres du Québec. St-Hyacinthe, QC, 15 June 1995.
73. Tessier P, **Bourget D**, Labelle A, Proulx F. "Le psychiatre général vs le spécialiste: une question de vision." 29e congrès annuel de l'association des médecins psychiatres du Québec. St-Hyacinthe, QC, 15 June 1995.
74. **Bourget D**, Bradford JMW, Tessier P, Labelle A. "La déviance sexuelle familiale: étude pilote." 28ème congrès des médecins psychiatres du Québec. Hull, QC, 9 June 1994.
75. **Bourget D**, Bütter H, Le Melledo JM, Tessier P. "Discriminating Non-incestuous Heterosexual Pedophile Admitters from 'Sexually Normal' Subjects by Means of a Standardized Psychophysiological Assessment." Collège Canadien de Neuropsychopharmacologie (CCNP) / L'Association Française de Psychiatrie Biologique (AFPB), 17ème réunion annuelle. Château Frontenac, QC, 30 May 1994.

76. Tessier P, **Bourget D**, Labelle A. “Problématique diagnostique chez le schizophrène meurtrier.” 27ème congrès des médecins psychiatres du Québec. St-Jovite, QC, 10 June 1993.
77. **Bourget D**, Beahrs J, Tessier P. “The Concept of Criminal Behavior: Toward a Working Definition.” 23rd Annual Meeting of the American Academy of Psychiatry and the Law. Boston, MA, 18 October 1992.
78. **Bourget D**. “Adolescent Murderers.” Symposium - 2nd World Congress on Violence and Human Coexistence. Montréal, QC, 14 July 1992.
79. **Bourget D**, Labelle A, Tessier P. “Criminality among Police Officers.” 22nd Annual Meeting of the American Academy of Psychiatry and the Law. Lake Buena Vista, FL, 20 October 1991.
80. Labelle A, **Bourget D**, Tessier P, Alda M, Bradford JMW. “Familial Pedigrees of Paraphilia.” 143rd Annual Meeting of the American Psychiatric Association. New York, NY, 15 May 1990.
81. **Bourget D**, Bradford JMW. “Sex Offenders who Claim Amnesia for their Alleged Offences.” American Academy of Psychiatry and the Law. San Francisco, CA, 21 October 1988.
82. **Bourget D**, Bradford JMW. “Female Arsonists: a Clinical Study.” 68th Annual Ontario Psychiatric Association Meeting. Toronto, ON, 28 January 1988.
83. **Bourget D**, Bradford JMW. “Female Arsonists: a Clinical Study.” 18th Annual Meeting of the American Academy of Psychiatry and the Law. Ottawa, ON, 16 October 1987.
84. **Bourget D**, Gagnon A, Bradford JMW. “Le satanisme dans une population adolescente psychiatrique.” Association des Psychiatres du Québec 22nd Annual Meeting. Québec City, QC, 11 June 1987.
85. **Bourget D**, Bradford JMW. “Homicidal Parents.” 67th Annual Ontario Psychiatric Association Meeting. Toronto, ON, 23 January 1987.

B. Peer-Reviewed Courses, workshops, seminars / Cours, ateliers, séminaires, avec comité de pairs

1. **Bourget, D**. [Bourget, D, Chaimowitz. 3-hr “Law and Psychiatry Course” Canadian Psychiatric Association 65th Annual Meeting, Vancouver, The Fairmont Vancouver Hotel, 30 September 2015], on “Consent and Capacity”, “Confidentiality and Privilege” and “Tort Law, Malpractice and Liability”.

2. **Bourget, D.** [Chaimowitz, G. Bourget D. 3-hr “Law and Psychiatry Course” Canadian Psychiatric Association 64th Annual Meeting, Toronto, The Westin Harbour Conference Centre, 12 September 2014], on “Consent and Capacity”, “Confidentiality and Privilege” and “Tort Law, Malpractice and Liability”.
3. **Bourget, D.** [Chaimowitz, G. Bourget D. 3-hr “Law and Psychiatry Course” Canadian Psychiatric Association 63rd Annual Meeting, Ottawa Convention Centre, 27 September 2013], teaching “Consent and Capacity”, “Confidentiality and Privilege” and “Tort Law, Malpractice and Liability”.
4. **Bourget, D.** [Chaimowitz, G. Bourget D. 3-hr course on “An Introduction to Forensic Psychiatry: A review of key topics” Canadian Psychiatric Association 62st Annual Meeting, Palais des Congrès de Montréal, 29 September 2012], teaching “Consent and Capacity”, “Confidentiality and Privilege” and “Tort Law, Malpractice and Liability”.
5. **Bourget, D.** [Chaimowitz, G. Bourget D. 3-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 61st Annual Meeting, Fairmont Vancouver Hotel, 15 October 2011], teaching “Consent and Capacity”.
6. **Bourget, D.** [Chaimowitz, G. Bourget D. 3-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 61st Annual Meeting, Fairmont Vancouver Hotel, 15 October 2011], teaching “Tort Law, Malpractice and Liability”.
7. **Bourget, D.** [Chaimowitz, G. Bourget D. 3-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 61st Annual Meeting, Fairmont Vancouver Hotel, 15 October 2011], teaching “Violence in the Psychiatric Patient”.
8. **Bourget, D.** [Chaimowitz, G. Bourget D. 3-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 60th Annual Meeting, Westin Harbour Castle, Toronto, 24 September 2010], teaching “Consent and Capacity”.
9. **Bourget, D.** [Chaimowitz, G. Bourget D. 3-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 60th Annual Meeting, Westin Harbour Castle, Toronto, 24 September 2010], teaching “Tort Law, Malpractice and Liability”.
10. **Bourget, D.** [Chaimowitz, G. Bourget D. 3-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 60th Annual Meeting (Westin Harbour Castle, Toronto), 24 September 2010], teaching “Violence and Mental Illness”.
11. **Bourget, D.** [Bradford J, Bourget D, Chaimowitz G. 4.75-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 5^{9th} Annual Meeting, St. John’s, NF, 27 August 2009], teaching “Consent and Capacity”.

12. **Bourget, D** [Bradford J, Bourget D, Chaimowitz G. 4.75-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 59th Annual Meeting (St. John’s, NL), 27 August 2009], teaching “Tort Law, Malpractice and Liability”.
13. **Bourget, D** [Bradford J, Bourget D. 4.75-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 57th Annual Meeting, Montreal, QC, 18 November 2007,] teaching “Confidentiality, Privilege, Consent and Capacity”.
14. **Bourget, D** [Bradford J, Bourget D. 4.75-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 57th Annual Meeting, Montreal, QC, 18 November 2007], teaching “Tort Law, Malpractice and Liability”.
15. **Bourget, D.** [Bradford J, Bourget D. 4.75-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 56th Annual Meeting (Toronto, ON), 10 November 2006], teaching “Confidentiality, Privilege, Consent and Capacity”.
16. **Bourget, D.** [Bradford J, **Bourget D.** 4.75-hr course on “Law and Psychiatry”, Canadian Psychiatric Association 56th Annual Meeting (Toronto, ON), 10 November 2006], teaching Tort Law, Malpractice and Liability”.
17. **Bourget D.** “Law and Psychiatry Interface - Confidentiality, Privilege, Consent and Capacity / Tort Law, Malpractice and Liability”. Forming part of the Forensic Psychiatry Course”, Canadian Psychiatric Association 55th Annual Meeting (Vancouver, BC), 4 November 2005.
18. **Bourget D.** “Law and Psychiatry Interface - Confidentiality, Privilege, Consent and Capacity / Tort Law, Malpractice and Liability”. Forming part of the Forensic Psychiatry Course”, Canadian Psychiatric Association 54th Annual Meeting, Montreal, QC, 16 October 2004.
19. **Bourget D.** “Overview of Violence and Mental Illness”. Canadian Psychiatric Association 53rd Annual Meeting, Halifax, NS, 31 October 2003.
20. **Bourget D.** “Law and Psychiatry Interface - Confidentiality, Privilege, Consent and Capacity / Tort Law, Malpractice and Liability”. Forming part of the Forensic Psychiatry Course, Canadian Psychiatric Association 53rd Annual Meeting (Halifax, NS), 1 November 2003.
21. **Bourget D.** “Law and Psychiatry Interface- Confidentiality, Privilege, Consent and Capacity / Tort Law, Malpractice and Liability”. Forming part of the Forensic Psychiatry Course, Canadian Psychiatric Association 52nd Annual Meeting, Banff, AB, 1 November 2002.

22. **Bourget D.** "Profil de l'homicide domestique au Québec de 1990 à 1996". Paper forming part of a panel presentation, International Academy of Law and Mental Health, 23rd International Congress on Law and Mental Health (Paris, France), 3 July 1998.
23. **Bourget D.** "La déviance sexuelle: maladie ou crime abject?" Workshop presentation, Colloque régional psychiatrie et médecine (organized by Centre Hospitalier Pierre-Janet, Hull, QC), 29 November 1991.
24. **Bourget D.** "La déviance sexuelle: un phénomène médical objectif?". Workshop presentation, Fédération des médecins omnipraticiens du Québec, "La santé mentale et l'omnipraticien", 19 September 1991.

C. Invited presentations / Présentations sur invitation

International

1. **Bourget D,** Tessier P, Labelle A. "A clinical study of satanic cult participants". Workshop on "Cults and Terrorism...A pathway to violence?" (Montego Bay, Jamaica), 7 February 1990.

National

1. **Bourget D.** Program Director and Coordinator of the 20th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Québec), 1-4 March 2015.
2. **Bourget D.** Program Director and Coordinator of the 19th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Lake Louise, AB), 2-5 March 2014.
3. **Bourget D.** "Expert Psychiatric Series: Coercion, Recovery and the Community: Recent Trends in the Care of Persons with Serious Mental Illness", Symposium Chair, Canadian Psychiatric Association 63rd Annual Meeting, Ottawa Convention Centre, 28 September 2013
4. **Bourget D.** "Cases of Domestic Homicide – the victims" – Guest Speaker, Dynamics of Maternal and Child Death, Annual Ontario Coroner's Association Spring Conference, Niagara-on-the-Lake, April 20, 2013.
5. **Bourget D.** Program Director and Coordinator of the 18th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Mont-Tremblant, QC), 3-6 March 2013.
6. **Bourget D.** Program Director and Coordinator of the 17th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Whistler, BC), 4-7 March 2012.

7. **Bourget D.**, Labelle A. « La psychose dans tous ses états. Sixième édition du colloque de l'Association québécoise des avocats et avocates de la défense, Manoir Richelieu, 3 février 2012.
8. **Bourget D.** “L’évaluation des risques: Progrès récents et conseils pratiques ». Perspectives en soins de santé mentale: mise à jour destinée aux psychiatres et aux médecins de famille, Association des Psychiatres du Canada, Montréal, 6 mai 2011.
9. **Bourget D.** Program Director and Coordinator of the 16th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Quebec, QC), 27 February-02 March 2011.
10. **Bourget D.** Program Director and Coordinator of the 15th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Banff, AB), 28 February-03 March 2010.
11. **Bourget D.** Program Director and Coordinator of the 14th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Mont-Tremblant, QC), 01-04 March 2009.
12. **Bourget D.** Program Director and Coordinator of the 13th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Lake Louise, AB), 02-05 March 2008.
13. **Bourget D.** Program Director and Coordinator of the 12th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Mont-Tremblant, QC), 25-28 February 2007.
14. **Bourget D.** Atelier sur “Santé et logement font bon ménage”. Coalition pour Prévenir l’Itinérance chez les Francophones d’Ottawa, Forum de lutte à l’itinérance 2007: Plein feux sur les enjeux, (Ottawa, ON), 30 octobre 2007.
15. **Bourget D.** Program Director and Coordinator of the 11th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Kelowna, BC), 25 February-2 March 2006.
16. **Bourget D.** The NCR defense: A Psychiatric Perspective. The Nova Scotia Criminal Lawyers Association Conference, (Halifax, NS), 2 December 2005.
17. **Bourget D.** Program Director and Coordinator of the 10th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Mont Tremblant, QC), 27 February-2 March 2005.
18. **Bourget D.** Violence and First-Episode Psychosis Assessment and Management Issues - 2nd Annual Forensics Conference Sex and Violence: From Assessment to Treatment (Ottawa, ON), 11 November 2004.
19. **Bourget D.** Program Director and Coordinator of the 9th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Lake Louise, AB), 29 February-2 March 2004.

20. **Bourget D.** Pedophilia Perspectives - Ontario Conference of Judges, Eastern Regional Conference, (Kingston, ON), 16 October 2003.
21. **Bourget D.** Presentation before the Standing Senate Committee on Social Affairs, Science and Technology: Mental Health and Mental Illness Hearings. Roundtable 11 - Deinstitutionalisation and Rehabilitation. Representing the Canadian Academy of Psychiatry and the Law (Ottawa, ON), 5 June 2003.
22. **Bourget D,** Gagné P. “Étude sur la violence domestique (suicides, homicides): Profil de l'agresseur, données à inclure aux rapports d'investigation et nature des recommandations à formuler”. Colloque des Coroners (Longueuil, QC), 26 April 2003.
23. **Bourget D.** Program Director and Coordinator of the 8th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Mont-Tremblant, QC), 2-5 March 2003.
24. **Bourget D.** “Psychosis and the Law” Real Problems, Real Solutions Annual Conference (Winnipeg, MB), 27 September 2002.
25. Gagné P, **Bourget D,** Turmel S. “Pourquoi se suicide-t-on à l'adolescence au Québec?” 10e colloque de l'Association québécoise de suicidologie - UQAH (Hull, QC), 17 May 2002.
26. House of Commons Committees, The Standing Committee on Justice and Human Rights (Comité Permanent de la Justice et des Droits de la Personne). Witness representing the Canadian Academy of Psychiatry and the Law and the Canadian Psychiatric Association, 10 April 2002.
27. **Bourget D.** Program Director and Coordinator of the 7th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Whistler, BC), 3-6 March 2002.
28. **Bourget D.** “Psychosis and the Law Workshop”. Real Problems, Real Solutions Annual Conference, Winnipeg, MB, 27 September 2002.
29. **Bourget D.** “Violence and first-episode psychosis: assessment and management issues”. Workshop session, Recovery: A Long-term Commitment, educational program for McGill University and the University of Ottawa, sponsored by an unrestricted educational grant from AstraZeneca, Hôtel La Sapinière, 10 March 2001.
30. **Bourget D.** Program Director and Coordinator of the 6th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Mont-Tremblant, QC), 25-28 February 2001.
31. **Bourget D.** Program Director and Coordinator of the 5th Annual CAPL Conference - CPA Forensic Section Winter Meeting (Lake Louise, AB), 28 February 2000.

32. **Bourget D.** CME “Violence domestique au Québec.” Sherbrooke University (Sherbrooke, QC), 27 November 1998.
33. **Bourget D.** “Atelier sur la violence domestique en deux volets: violence familiale et violence conjugale.” Colloque annuel des coroners du Québec (Laval, QC), 31 October 1997.
34. **Bourget D.** Moderator: “Establishing and maintaining the professional role.” Correctional Service of Canada - National Health Care Services Conference (Ottawa, ON), 27 May 1993.

Local

1. **Bourget D.** “Understanding Mental Illness and the Legal System”. Keynote speaker, Schizophrenia and Families, Royal Ottawa Mental Health Centre, 23 September 2011.
2. Labelle A, Boulay, LJ, **Bourget D**, Robertson S, Tessier P, Habib R, Milin R, Ward H. “The Impact of Family History of Schizophrenia and Related Disorders on Neurocognitive Functioning in Schizophrenia Patients”. 24th Annual Research Day-7th Annual Y.D. Lapierre Resident Research Day, Royal Ottawa Hospital, 21 November 2003. (poster)
3. Boulay LJ, Labelle A, **Bourget D**, Tessier P, Robertson S, Habib R, Tombaugh T, Milin R, Ward H. “Dissociating Medication Effect from Learning and Practice Effects in a Neurocognitive Study of Schizophrenia: Olanzapine vs Haloperidol”. 24th Annual Research Day-7th Annual Y.D. Lapierre Resident Research Day, Royal Ottawa Hospital, 21 November 2003.
4. **Bourget D**, Labelle A, Boulay LJ, Ellis J, Tessier P. Switching Forensic Schizophrenia Outpatients from Long-Acting Antipsychotics to Olanzapine: An Open-Label Naturalistic Study. 24th Annual Research Day-7th Annual Y.D. Lapierre Resident Research Day, Royal Ottawa Hospital, 21 November 2003. (poster)
5. Labelle A, **Bourget D**, Ellis J, Boulay L. “Switching outpatients with Olanzapine: an open label naturalistic pilot study.” 20th Annual Research and Teaching Day, Royal Ottawa Hospital (Ottawa, ON), 19 November 1999.
6. **Bourget D.** “La psychiatrie légale: Son rôle, ses fonctions”, March 1997.
7. **Bourget D.** “What is criminal behavior: The dilemma”, October 1992.
8. **Bourget D.** “Évaluation de la violence”. Services de psychiatrie légale et clinique des comportements sexuels, Hôpital Royal Ottawa (Ottawa, ON).

9. **Bourget D.** Mouvement satanique et psychiatrie.” Journal Club, Centre Hospitalier Pierre-Janet (Hull, QC), 30 November 1990.
10. **Bourget D.** “Déviances sexuelles: de la normalité à l'illégalité.” Centre Hospitalier Pierre-Janet, (Hull, QC), 19 September 1990.
11. **Bourget D.** “Satanism in a psychiatric adolescent population.” Resident Research Day, Royal Ottawa Hospital (Ottawa, ON), 15 April 1988.
12. **Bourget D, Klein J.** Grand Rounds “Klinefelter's Syndrome.” Royal Ottawa Hospital (Ottawa, ON), 30 November 1987.
13. **Bourget D, Bradford JMW.** “Female arsonists: a clinical study.” Annual Research and Teaching Day, Royal Ottawa Hospital (Ottawa, ON), 23 October 1987.
14. **Bourget D.** “Parents homicides.” Centre Hospitalier Pierre-Janet (Hull, QC), 23 April 1987.

Public education and media presentations / Éducation grand public et média

1. “The Motts” live, interview on women who kill their husbands, 10 October 2012.
2. When women kill: “Burning-bed” cases rarer than thought. Tom Blackwell, The National Post, 3 October 2012.
3. Subtle signs signal potential of filicide. Robert Sibley, Ottawa Citizen, 26 October 2011
4. Diagnosing danger in the mentally ill. Erin Anderssen, Globe and Mail, 21 January 2011
5. Reforming killer likely to take years; Intense Therapy. James Cowan, National Post, 11 July 2007
6. Participant in Canal Vox program “90 minutes P.M.” 5 December 2001.
7. Radio-Canada (SRC-TV), Le Téléjournal, “Infanticide.” 31 October 1997.
8. Télé-Québec (CIVQ), émission *Droit de parole*. Theme: “Prend-on au sérieux les menaces d'un conjoint violent?” Invited guest as psychiatrist and coroner, 27 September 1996.
9. Radio-Canada (CBVT), émission *Actualités Québec*. Report on conjugal violence, 20 September 1996.
10. CBC Ottawa, “Arson”, 1990.

11. The Ottawa Citizen, "A special report on Satanism", 4 March 1990.
 12. CBC Outaouais, émission *Ce soir*. "Satanic cults", 10, 11, 12 September 1990.
 13. CBC Outaouais, émission *Ce soir*. "Adolescent murderers", 20-21 November 1990.
 14. CJOH Ottawa, "Satanism", 5 September 1990.
 15. The Ottawa Citizen, "Firesetters driven by a storm of motives", 7 January 1989.
 16. CKO Ottawa, "Sex offenders who claim amnesia", 1989.
 17. CHQR Calgary, "Female Arsonists", 9 June 1988.
 18. CBC Québec (French Station), "Satanism in Adolescents", June 1987.
- CBC Ottawa (French Station), "Sexual Offenders", 1986.

11. **RESEARCH ACTIVITIES** **ACTIVITÉS DE RECHERCHE**

Principal investigator / *investigateur principal

****Co-investigator / *co-investigateur***

A. Externally funded / Subventions Externes

1. *Incidence of osteoporosis in men receiving androgen deprivation treatment due to pedophilia. UMRF grant, 2012.
2. **Enquête sur les conduites suicidaires et homicide chez les patients psychiatriques vivant dans la communauté. La Fondation du CHPJ, 1994.
3. *Evaluation psychophysiologique des préférences sexuelles en laboratoire. Controlled study. La Fondation du CHPJ, 1993.
4. *Victims of family violence. A retrospective review of all cases over a twenty-year period in the province of Québec, in collaboration with the Coroner's office. Supported by the Coroner's Office of Québec and the Institute of Mental Health Research, Schizophrenia program, 1992-present.
5. **Open Imi-Dox outpatient study: double-blind comparison study in major affective disorders. OMHF, 1988.

B. Peer Reviewed / Évaluées par des pairs

1. **Inter-rater reliability and validity of the proposed DSM5 diagnosis of Pedohebephilia, Principal Investigator: Paul Fedoroff.

This field trial intended to systematically test the inter-rater reliability of proposed diagnostic categories of "Pedohebephilia Disorder"; "Pedohebephilia"; and specifiers, using the most recent criteria posted by the DSM5 workgroup.
2. ** International multi-centre study of homicides of strangers by psychotic people, 2007-2010.
3. *Étude sur la violence domestique meurtrière. REB # 2005-42. January 2006-present
4. **A pilot-study on families with paraphilia: a genetic hypothesis. 1990-1999.
5. **Evaluation of the sexual functioning of schizophrenic patients taking neuroleptic medication. Ongoing.
6. *Klinefelter's syndrome: a forensic review of cases. 1990-1992.
7. **Early neurochemical and neurophysiological predictors of Imipramine Response Outcome. 1988.

C. Industry Funded / Subventions de l'industrie

As a co-investigator and member of the research team in the pharmacologically based research projects conducted at the Royal Ottawa Hospital, my role is to participate in inter-rater reliability training, recruitment, and to screen, enroll, treat, evaluate, and monitor patients involved in projects.

1. **Open-Label, Parallel, Randomized, Dose Proportionality Pharmacokinetic Study of Paliperidone after Intramuscular Injection of Paliperidone Palmitate in the Deltoid or Gluteal Muscle in Subjects with Schizophrenia. Protocol R092670-PSY-1004, Janssen-Ortho Inc.; October 2005-September 2006.
2. **A Randomized, Double Blind, Parallel-Group Comparative Study of Flexibly Dosed Paliperidone Palmitate (25, 50, 75, or 100 mg eq.) Administered Every 4 Weeks and Flexibly Dosed RISPERDAL® CONSTATM (25, 37.5, or 50 mg) Administered Every 2 Weeks in Subjects with Schizophrenia. Protocol R092670-PSY-3002. Janssen-Ortho Inc.; May 2005- November 2006.
3. **A Study of Galantamine Hbr as an Adjunctive Treatment to Risperdal® in Outpatients with Schizophrenia and Associated Cognitive Deficits. Protocol GAL-SCH-201. Johnson & Johnson; November 2003-February 2005.

4. **A Canadian, Multicenter, Double-Blind, Randomized, Parallel-Group Study of the Safety, Tolerability, and Efficacy of Treatment with Higher Doses of Quetiapine Fumarate (Seroquel®) Greater than 800 mg/day in Schizophrenic or Schizoaffective Subjects. Protocol DC-990-0165. AstraZeneca; September 2003-October 2005.
5. **A 52-week, Prospective, Randomized, Double-blind, Multi-center Study of Relapse following Transition from Oral Antipsychotic Medication to Two Different Doses (25 or 50 mg given every two weeks) of Risperidone Long-acting Microspheres (Risperdal Consta™) in Adults with Schizophrenia or Schizoaffective Disorder. Protocol RIS-SCH-401. Janssen (US); May 2003-December 2004.
6. **Aripiprazole (BMS) for Outpatients and Community Treated Patients with Schizophrenia or Bipolar Disorder Completing Aripiprazole Clinical Trials: A Non-Comparative Roll-over. Protocol (CN138-112); January 2003-present.
7. **An Open-Label Study on the Efficacy and Safety of Risperdal Long-Acting Microspheres (Risperdal Consta™) Administered Once Monthly in Adults with Schizophrenia or Schizoaffective Disorder. Protocol RIS-USA-305. Janssen (US); September 2002-February 2004.
8. **Study on the Benefits of Quetiapine (Seroquel) versus Other Atypical Antipsychotics on Sexual Function. Protocol 5077-9902. AstraZeneca; May 2002-March 2004.
9. **Open Extension Study Evaluating the Safety and Tolerability of Oral Ziprasidone in the Treatment of Patients Who Have Successfully Completed a Previous Ziprasidone Study. Protocol A1281024. Pfizer Canada Inc; March 2002-June 2005.
10. **A Multicenter, Double-blind, Randomized Comparison of the Efficacy and Safety of Sustained-release Formulation Quetiapine Fumarate (Seroquel™) and Placebo in the Treatment of Patients with Schizophrenia. Protocol 5077il/0041. AstraZeneca; August 2001-March 2002.
11. **A Comparison of Fasting Triglyceride Levels in Cohorts with Schizophrenia and Related Disorders Treated Chronically with Olanzapine, Risperidone, and Typical Antipsychotics. Protocol F1D-MC-HGJX. Eli Lilly and Company; August 2001-April 2002.
12. **A One Year Open-Label Study Comparing Patient Outcomes and Cost-Effectiveness of Treatment Initiation with Oral Ziprasidone Hydrochloride Versus Treatment Initiation with Oral Olanzapine in Patients with Schizophrenia or Schizoaffective Disorder. Protocol ZIP-CDN-98-002. Pfizer Canada Inc.; November 2000-November 2001.

13. **Comparisons of Patients Treated with Risperidone versus Olanzapine for 6 to 24 Months: A Cross-sectional Comparison of Body Fat, Adipose Tissue Distribution and Metabolic Risk Factors. Protocol RIS-CAN-26. Janssen-Ortho Inc.; March 2001-May 2001.
14. **A Multicenter, Randomized, Double-Blind, Study of Flexible Doses of Aripiprazole versus Perphenazine in the Treatment of Patients with Treatment-Resistant Schizophrenia. Protocol CN 138-032. Bristol-Myers Squibb; January 2001.
15. **The Relationship between Treatment Response to Olanzapine or Haloperidol and Family History of Schizophrenia or Schizophrenia Spectrum Disorders: A Parallel, Randomized, Double-blind, Variable Dose Study. Protocol F1D-CA-0045. Eli Lilly Canada Inc.; June 2000-June 2001.
16. **Risperidone Depot (Microspheres) in the Treatment of Subjects with Schizophrenia or Schizoaffective Disorder - an Open Label Follow-up Trial of RIS-INT-57 and RIS-INT-61. Protocol RIS-INT-63. Janssen Research Foundation; January 2000-December 2001.
17. **Open Extension Study Evaluating the Safety and Tolerability of Oral Ziprasidone in the Treatment of Patients who have Successfully Completed a Previous Ziprasidone Study. Protocol ZIP-NY-98-035. Pfizer Canada Inc.; January 2000-January 2001.
18. **Risperidone Depot (Microspheres) vs Risperidone Tablets - a Non-inferiority, Efficacy Trial in Subjects with Chronic Schizophrenia. Protocol RIS-INT-61. Janssen-Ortho Inc.; June 1999-June 2000.
19. **A Randomized, Double-blind, Placebo- and Risperidone-controlled, Multicenter Study to Evaluate the Efficacy and Safety of Two Nonoverlapping Dose Ranges of Iloperidone Given b.i.d. for 42 Days to Schizophrenic Patients with Acute or Subacute Exacerbation, Followed by a Risperidone-controlled, Long-term Treatment Phase with Iloperidone Given q.d. Protocol ILP3004. Novartis Pharmaceutical Corporation; 1999-2000.
20. **Risperidone Depot (Microspheres) - Long Term Safety Trial. Protocol RIS-INT-57. Janssen-Ortho Inc.; April 1999- April 2000.
21. **Zeldox (Ziprasidone) vs Olanzapine in the Treatment of Chronic Schizophrenia and Schizoaffective Disorder Associated with Significant Depressive Symptoms: a 12 Week Double Blind Study. Protocol ZIP-NY-97-019. Pfizer Canada Inc.; September 1999-June 2000.

22. **Ziprasidone versus Risperidone in the Treatment of Chronic Schizophrenia and Schizoaffective Disorder Associated with Predominantly Negative Symptoms: A One Year Double-blind Study. Protocol ZIP-NY-97-014. Pfizer Pharmaceutical Group; September 1998-September 2000.
23. **Olanzapine (LY170053) Switch Protocol - Switching Outpatients with Schizophrenia and Related Disorders on Long-acting Injectable to Olanzapine: An Open-label Naturalistic Pilot Study. Protocol FID-CAO 005. Eli Lilly Canada Inc.; November 1997-November 1999.
24. **An Incremental Cost Effectiveness Analysis of Risperidone vs other Neuroleptics in Patients with Chronic Schizophrenia. Protocol RIS-CAN-17. Janssen Pharmaceutica Inc.; July 1995-2000.
25. **A Multi-centre, Double-blind Comparison of 4 Fixed Doses of Nefazodone (50 mg, 100 mg, 200 mg, 300 mg) and Placebo in Patients with Moderate to Severe Depression. Bristol Myers Co.; January 1986- December 1986.
26. **The Clinical Evaluation of Ritanserin vs Placebo and Imipramine in the Treatment of Dysthymic Disorders: Double-blind Comparison Study. Janssen Pharmaceutica Inc.; 1987-1989.

12. PUBLICATIONS

A. Peer-reviewed Papers/ Articles avec Comité de pairs

1. **Bourget, D.** Forensic considerations of substance-induced psychosis. J Am Acad Psychiatry Law 41(2): 168-73, 2013.
2. **Bourget, D,** Gagné, P. Women who kill their mates. Behav Sci Law 2012; Sep-Oct: 598-614, DOI: 10.1002/bsl.2033
3. **Bourget, D,** Labelle A. Management of pathological aggression in people with psychotic disorders. J Psychiatry Neurosci, 2012; 37(2), E3-4.
4. Labelle, A, **Bourget, D,** Bradford, JMW, Alda, M, Tessier, P. Familial Paraphilia: a pilot study with the construction of genograms. ISRN Psychiatry, vol. 2012, Article ID 692813, 9 pages, 2012.doi:10.5402/2012/692813.
Available at www.hindawi.com/isrn/psychiatry/2012/692813/.

5. Gagné P, Moamai J, **Bourget D**. Psychopathology and Suicide among Quebec Physicians: A Nested Case Control Study. *Depression Research and Treatment*, doi: 10.1155/2011/936327, 2011.
Available at: <http://www.hindawi.com/journals/drt/2011/936327/>.
6. Nielssen, O., O'Dea, J., Sullivan, D., Rodriguez, M., **Bourget, D.** and Large, M. Child pornography offenders detected by surveillance of the Internet and by other methods. *Criminal Behav. Ment. Health*, 21: 215–224. doi: 10.1002/cbm.809, 2011.
7. **Bourget D**, Gagné P, Whitehurst L. Domestic homicide: the older offender. *J Am Acad Psychiatry Law* 38(3): 305-311, 2010.
8. **Bourget D**, Chaimowitz G. Forensic psychiatry in Canada: a journey on the road to specialty. *J Am Acad Psychiatry Law* 38(2): 158-162, 2010.
9. Nielssen O, **Bourget D**, Laajasalo T, Liem M, Labelle A, Hakkanen-Nyholm H, Koenraadt F, Large MM. Homicide of strangers by people with a psychotic illness. *Schizophrenia Bulletin* E published ahead of print 2009. doi:10.1093/schbul/sbp112.
10. **Bourget D**, Bradford JMW. Evidential basis for the assessment and treatment of sex offenders. *Brief Treatment & Crisis Intervention* (Oxford University Press) 1-17, 2008.
<http://brief-treatment.oxfordjournals.org/cgi/reprint/8/1/130>.
11. **Bourget D**, Whitehurst L. Amnesia and crime. *J Am Acad Psychiatry Law* 35: 469-80, 2007.
12. **Bourget D**, Gagné P, Labelle ME. Parricide: a comparative study of matricide versus patricide. *J Am Acad Psychiatry Law* 35:306-12, 2007
13. **Bourget D**, Grace J, Whitehurst L. A review of maternal and paternal filicide. *J Am Acad Psychiatry Law* 35:74-82, 2007.
14. **Bourget D**, Gagné P. Fratricide: a forensic psychiatric perspective. *J Am Acad Psychiatry Law* 34(4): 529-533, December 2006.
15. Boulay LJ, Labelle A, **Bourget D**, Robertson S, Habib R, Tessier P, Tombaugh T, Milin R. Dissociating medication effects from learning and practice effects in a neurocognitive study of schizophrenia: olanzapine versus haloperidol. *Cog Neuropsychiatry* 12(4), 322-338, July 2007.
16. **Bourget D**, Gagné P. Paternal filicide in Quebec. *J Am Acad Psychiatry Law* 33(3): 354-360, September 2005.

17. **Bourget D**, Whitehurst L. Capgras syndrome: A review of the neurophysiological correlates and presenting clinical features in cases involving physical violence. *Can J Psychiatry* 49: 719-725, November 2004.
18. **Bourget D**, Labelle A, Gagné P, Tessier P. First-episode psychosis and homicide. *Bulletin of the Canadian Psychiatric Association* 36(4): 6-9, September 2004.
19. **Bourget D**, Ward H, Gagné P. Characteristics of 75 gambling-related suicides in Quebec. *Bulletin of the Canadian Psychiatric Association*, 35(6): 17-21, December 2003.
20. Labelle A, **Bourget D**, Boulay LJ, Ellis J, Tessier P. Switching outpatients with schizophrenia and related disorders on long-acting injectable antipsychotics to olanzapine: an open-label naturalistic pilot study. *J Clin Psychopharmacology* 22(6): 545-553, 2002.
21. **Bourget D**, el-Guebaly N, Atkinson M. The CPA Practice Research Network Part IV: The assessment and management of the violent patient. *Bulletin of the Canadian Psychiatric Association* 34(5): 25-27, October 2002.
22. **Bourget D**, Gagné P. Maternal filicide in Quebec. *J Am Acad Psychiatry Law* 30(3): 345-351, 2002.
23. **Bourget D**, Gagné P. The impact of media coverage on suicide. *Bulletin of the Canadian Psychiatric Association*, April 2002.
24. Bouchard RH, Mérette C, Pourcher E, Demers MF, Villeneuve J, Roy-Gagnon MH, Gauthier Y, Cliche D, Labelle A, Filteau MJ, Roy MA, (**Bourget D**) the Québec Schizophrenia Society Study Group, Maziade M. Longitudinal comparative study of Risperidone and conventional neuroleptics for treating patients with schizophrenia. *J Clin Psychopharmacology* 20(3): 295-304, 2000.
25. **Bourget D**, Gagné P, Moamaï J. Spousal homicide and suicide in Québec. *J Am Acad Psychiatry Law* 28(2): 179-182, 2000.
26. **Bourget D**, Bradford JMW. Sex offenders who claim amnesia for their alleged offence(s). *Bull Am Acad Psychiatry Law* 23(2): 299-307, 1995.
27. Melanson GGJ, **Bourget D**. Mise en garde en établissement (cure fermée): guide pour l'omnipraticien. *Le Clinicien* 10(5): 139-152, May 1995.
28. **Bourget D**, Tessier P. La déviance sexuelle: une approche médicale objective? *Le Clinicien* 9(7): 101-110, July 1994.

29. **Bourget D**, Tessier P, Labelle A. Problématique diagnostique chez le schizophrène meurtrier. *Le Clinicien* 8(11): 67-74, November 1993.
30. Bakish D, Lapierre YD, Weinstein R, Klein J, Wiens A, Jones B, Horn E, Browne M, **Bourget D**, Blanchard A, Thibaudeau C, Waddell C, Raine D. Ritanserin, imipramine, and placebo in the treatment of dysthymic disorder. *J Clin Psychopharmacology* 13(6): 409-414, December 1993.
31. Labelle A, Bradford JMW, **Bourget D**. Adolescent murderers. *Can J Psychiatry* 36(8): 583-587, October 1991.
32. **Bourget D**, Bradford JMW. Homicidal parents. *Can J Psychiatry* 35(3): 233-238, April 1990.
33. **Bourget D**, Bradford JMW. Female arsonists: a clinical study. *Bull Am Acad Psychiatry Law* 17(3): 293-300, 1989.
34. **Bourget D**, Gagnon A, Bradford JMW. Satanism in a psychiatric adolescent population. *Can J Psychiatry* 33(3): 197-202, April 1988.
35. Bradford JMW, Bloomberg D, **Bourget D**. The heterogeneity / homogeneity of pedophilia. *Psychiatric Journal of the University of Ottawa* 13(4): 217-226, December 1988.
36. Bradford JMW, **Bourget D**. Sexually aggressive men. *Psychiatric Journal of the University of Ottawa* 12(3): 169-175, September 1987.
37. **Bourget D**, Bradford JMW. Fire fetishism: diagnostic and clinical implications - a review of two cases. *Can J Psychology* 32(6): 459-462, August 1987.
38. **Bourget D**, Bradford JMW. Affective disorder and homicide: a case of familial filicide - theoretical and clinical considerations. *Can J Psychology* 32(3): 222-225, April 1987.

B. Letters and Brief Communications / Lettres et brèves communications

1. **Bourget D**, Whitehurst L. Commentary: a response to Wortzel and Arciniegas about amnesia and crime. *J Am Acad Psychiatry Law* 36(2): 224-226, 2008.
2. **Bourget D**. Fire fetishism [letter to the Editor]. *Can J Psychiatry* 33(1): 75, February 1988.

C. Books / Livres

1. Bergeron R, **Bourget D**, Tessier P, Delage J. "Syndrome prémenstruel: mythe pour les uns, réalité pour les autres." Louise Courteau (éditrice), 1991.

D. Chapters / Chapitres

1. **Bourget, D.** "Change in Management of Persons with Problem Sexual Behaviors". In: *Bearing Witness to Change in Forensic Practice*, Chapter 19, Griffith Ezra EH, Norko, Michael, Buchanan, Alex, Baranovski, Madelon, and Howard Zonana, Editors, CRC Press, Taylor & Francis, 2016. In print.
2. Reeves, R, Rosner, R, Gunn J, Reiss, D, **Bourget, D.** "Education and Training in Forensic Psychiatry". In: *Principles and Practice of Forensic Psychiatry*, Chapter 7, edited by Rosner, R and Scott, C., 2015.
3. Seto, M, Kingston, D, **Bourget D.** "Assessment of the Paraphilias". In *Psychiatric Clinics of North America*, June 2014. Bradford JMW & Ahmed AG, Editors, Elsevier (New York), June 2014, pp. 149-161. <http://dx.doi.org/10.1016/j.psc.2014.03.001>.
4. Briken, P, **Bourget, D**, Dufour M. "Sexual sadism in sexual offenders and sexual motivated homicide". In *Psychiatric Clinics of North America*, June 2014. Bradford JMW & Ahmed AG, Editors, Elsevier (New York), June 2014, pp. 215–230. <http://dx.doi.org/10.1016/j.psc.2014.03.003>.
5. **Bourget D**, Labelle A. "Homicide, Filicide and Infanticide." In *Psychiatric Clinics of North America* "Clinical Forensic Psychiatry." W.B. Saunders Co., Philadelphia. Charles C. Thomas, Editor (Springfield, Illinois), September 1992.
6. Reeves D, Rosner R, **Bourget D**, Gunn J. "Training and Education for Mental Health Professionals". In *International Handbook on Psychopathic Disorders and the Law*. Volume II. Felthous A, & Heening S, Editors, John Wiley & Sons Ltd., (West Sussex, England), 2007.

[The International Handbook on Psychopathic Disorders and the Law was chosen for the 2009 Manfred S. Guttmacher Award, honoring outstanding contributions to the literature on forensic psychiatry. The award is officially presented at the AAPL meeting held in conjunction with the APA annual meeting, as is the recipient's award lecture. Recognition is provided at the APA Convocation].
7. **Bourget D.** "Self-defence, provocation, and duress." In *Law and Mental Disorder, A Comprehensive and Practical Approach*; Bloom H, Schneider R, Editors (Toronto), Irwin Law, Toronto, 2013.

E. Abstracts / Résumés

1. Villeneuve J, Demers, MF, Almeras N, Proulx I, Labelle A, **Bourget D**, Mottard JP, Roy MA, Bouchard RH. Advantages of quetiapine on sexual dysfunctions: a switch study. International Congress on Schizophrenia Research - Savannah, April 2005.
2. Boulay LJ, Labelle A, Robertson S, **Bourget D**, Habib R, Tessier P, Tombaugh TN. Learning effects on attention, concentration and working memory: pilot data contrasting performance in patients with schizophrenia, never diagnosed family members and normal controls. *Schizophrenia Research* 53(3):133-134, 2002.
3. Moamaï J, Labelle A, **Bourget D**, Boulay L, Tessier P. The relationship of parkinsonism to negative symptoms in schizophrenia. *World J Biol Psychiatry* 2(1S): 3845, 2001.
4. Labelle A, Moamaï J, **Bourget D**, Boulay L, Ellis J, Tessier P. Parkinsonism and negative symptoms in treated schizophrenic patients. *Can J Clin Pharmacology* 7(1): 62-3, 2000.
5. Moamaï J, **Bourget D**, Labelle A, Moamaï N. Les patients psychiatriques les plus violents en salle d'urgence: facteurs cliniques associés. Third Annual International Colloquium Mental Disorders and Intervention Book of Abstracts, Centre de Recherche Philippe Pinel de Montréal. *Am J Forensic Psychiatry*, 1997.
6. Moamaï J, **Bourget D**, Gagné P. Homicide domestique au Québec: profil des victimes de 1991 à 1995. *Int J Biology and Medicine* 13(2): 35, 1997.

F. Invited Book Reviews - Révisions de livres

1. **Bourget D**. Le passage à l'acte. 2e édition. *La Revue canadienne de psychiatrie*, 2010, 55 (6): 178-179.
2. **Bourget D**. Les meurtriers sexuels: Analyse comparative et nouvelles perspectives. *Canadian Journal of Psychiatry*, 2006, 51(11): 52-53.

G. Others / Autres

1. **Bourget D**. Stranger homicide. *CAPL Newsletter*, December 2009, 4:3.
2. **Bourget D**. L'aripiprazole, du nouveau dans le traitement de la schizophrénie. *Bulletin Écluseur du Haut-Richelieu*, été 2003: 11-12.
3. **Bourget D**. Man guilty of murder, but jury asks for leniency. *Bulletin of the Canadian Academy of Psychiatry and the Law*, 1993; 1(2): 2.

4. **Bourget D**, Labelle A, Tessier P. Perpetration of criminal acts by law enforcement officers. (Report submitted to the organization) 1989.
5. **Bourget D**, Bradford JMW, Trent B (based on paper and interviews). Why do women commit arson? Canadian Medical Association Journal, 1988; 138: 745-747.

13. OTHER SIGNIFICANT ACADEMIC CONTRIBUTIONS **AUTRES CONTRIBUTIONS ACADÉMIQUES IMPORTANTES**

A. Editorial Board / Comité de Rédaction

- | | |
|---------|---|
| 2015- | Member of the editorial board, Progress in Neuropsychopharmacology |
| 2011- | Editor, ISRN Psychiatry (International Scholarly Research Network) Journal |
| 2007-13 | Associate Editor, Journal of the American Academy of Psychiatry and the Law
Éditrice déléguée, Journal of the American Academy of Psychiatry and the Law |
| 2001-04 | Contributing Editor, The Bulletin – (Canadian Psychiatric Association publication) |

B. Scientific journal reviews / Révision d'articles scientifiques

- | | |
|-------|--|
| 2012 | Behavioural Sciences and Law Journal |
| 2011 | Ad-Hoc Reviewer, Scandinavian Journal of Public Health |
| 2011 | Ad-Hoc Reviewer, Criminal Behaviour and Mental Health Journal |
| 2007 | Ad Hoc Reviewer, Child Abuse & Neglect – The International Journal |
| 2004 | Ad Hoc Reviewer, Child Abuse & Neglect - The International Journal |
| 2000- | Reviewer, Journal of the American Academy of Psychiatry & the Law |
| 1994 | Reviewer, Forensic Articles, Canadian Journal of Psychiatry |
| 1989 | Reviewer, Psychiatric Journal of the University of Ottawa |

C. Research Grant reviews / Évaluation de demandes de subventions à la recherche

1998 Membre, Comité plénier pour le programme d'évaluation des demandes de subventions à la recherche en santé mentale, clinique, évaluative, épidémiologique et opérationnelle, Fonds de la recherche en santé du Québec (FRSQ)

Review, evaluate and make recommendations on the value of research projects for which grants were requested to the FRSQ

D. Other peer reviews activities/ Autres activités d'examen par les pairs

2006 Invited Appraiser, Faculty of Social Work, University of Toronto Ph.D. Thesis of Billy Chan, entitled Violence in Families Providing Care to Relatives with Schizophrenia

Ann-Marie O'Brien MSW RSW

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Education

Master of Social Work, Wilfrid Laurier University 1985
BA Sociology (Honours), University of Waterloo 1983
Osgoode Certificate in Mental Health Law, York University 2009
Dialectical Behavior Therapy Foundational Training , Behaviour Tech 2013
Certified Prolonged Exposure Therapist , Centre for Treatment and Study of Anxiety,
University of Pennsylvania 2016

Employment History

Lead , Women's Mental Health

2016-present

- Provide leadership for the continued development of women's mental health services
- Identify capacity building opportunities for women's mental health in our community
- Develop and deliver education sessions on women's mental health
- Identify and develop opportunities for women's mental health peer support
- Provide leadership and support for peer volunteers in the women's resource center
- Collaborate with The ROHCG Foundation to secure continued funding

Social Worker , Women's Mental Health

2012-2016

- Accountable for the development of women's mental health services
- Provide clinical social work services including psycho social assessments and individual and group psychotherapy
- Develop peer support opportunities for women
- Provide leadership to peer support volunteers
- Supervise social work and nursing students
- Develop methodology for tracking referrals
- Collaborate to develop methodology to evaluate clinical outcomes

Project Manager, Women's Mental Health**2011-2012**

- Reporting to Women's Mental Health project sponsors, developed project plan for 1.5 million dollar donation
- Collaborated to develop and conduct needs assessment survey of internal and external stakeholders
- Ensure women's mental health is aligned with corporate policies and practices

Project Manager, Regional Program Integration**2010-2011**

- Reporting to the Chief Executive Officer, developed methodology to report on regional activities of the Royal Ottawa Health Care Group
- Engaged internal and external stakeholders to produce the first report on regional activities
- Identified best practices at peer sites which were adapted and used in the Champlain LHIN

**Adjunct Research Professor, Carleton University School of Social Work
2007-2015**

- Developed curriculum to teach graduate students mental health social work law, policy and practice
- Utilized best practices to teach curriculum
- Organized subject matter experts to make presentations
- Consistently achieved high student ratings

Professional Practice Leader, Social Work R.O.M.H.C.**2006-2008**

- Provided leadership to 35 professional social work practitioners
- Managed the budget for social work professional practice
- Liaised with family empowerment council
- Provided guidance to managers and directors on discipline and practice issues
- Addressed performance issues and provided mentorship and coaching to social workers
- Represented The ROMHC on Champlain LHIN ALC committee

Community Treatment Order Co-ordinator R.O.H.C.G**2003-2011**

- Collaborated with physicians to issue Community Treatment Orders

- Provided education to physicians on use of Community Treatment Orders
- Routinely testified at Consent and Capacity Board hearings
- Developed methodology to evaluate CTOs
- Collaborated to publish the first outcome data on CTOs in Canada

Social Worker, The Royal Ottawa Hospital **1998-2003**

- Provided clinical social work services on several inpatient, outpatient and day hospital units at The Royal Ottawa Hospital

Social Worker, The Royal Ottawa Hospital **1987-1993**

- Provided clinical social work services on neuropsychiatry unit

Social Worker, The Brockville Psychiatric Hospital **1985-1987**

Professional / Volunteer Activity

Board Member, Ottawa Coalition to End Violence Against Women **2017-present**

Board Member, Ottawa Coalition to End Human Trafficking **2015- present**

Board Member, Ottawa Mothercraft **2015- 2017**

Elected, College Council, Ontario College of Social Workers and Social Service Workers **2010-2013**

- Served on statutory and non-statutory committees including Standards of Practice committee , Discipline committee, and Fitness to Practice committee

Appointed, Minister Madeleine Meilleur's Accessibility Standards Advisory Committee **2008-2011**

- Met quarterly with the Minister and provided input on mental health aspects of accessibility

Chair, OASW Advisory Committee on Mental Health **2006-2014**

- Provided leadership to social work practitioners, academics, and administrators to develop role statement for mental health social workers

Member, Ontario Association of Social Workers Board of Directors 2006-2010

- Represented professional social workers from Eastern Ontario

Chair, Royal Ottawa Mental Health Centre United Way Campaign 2004-2011

President, Trend Arlington Community Association 1997-2000

- Successfully lobbied City Council to secure funding for renovations to local community centre
- Successfully lobbied City Council to improve safety for children walking to school

Past member Project Upstream Community Advisory Board 1991

Conference Presentations

Canadian Psychiatric Association Meeting 2015
 Society for Social Work Leadership 2015
 Women's Heart Health initiative 2014
 Women in Mind Conference 2014
 Women in Corrections Conference 2013
 ROMHC –Ivy Dunn Research Day 2013
 York University Osgoode Certificate in Mental Health Law 2011, 2012, 2013,2014, 2015
 Carlton University Symposium on eliminating stigma barriers in mental health 2011
 ROMHC Schizophrenia Conference 2011
 Ottawa Schizophrenia Journal Club Inaugural Meeting April 7 2009
 Schizophrenia Society Strengthening Families course October 2008
 Schizophrenia Society Strengthening Families course June 2008
 ROMHC Schizophrenia Conference 2007
 ROMHC forensic program community conference 2007
 Schizophrenia Society Family Conference 2006
 New Brunswick Psychiatric Association 2006
 Alberta Mental Health Board video conference 2005

Research Interests

Women's Mental Health , Mental health social work, mental health law, family psycho-education, university community partnerships

Publications

Davidson G, Brophy L, Campbell J, Farrell SJ, Gooding P, O'Brien A-M (2015) An International comparison of legal frameworks for supported and substitute decision-making in mental health services . *International Journal of Law and Psychiatry*, 44.

Schwartz, K., VandeSande, A. **O'Brien, A-M.** (2012) The pedagogy of community research: moving out of the ivory tower and into community organizations in Canada, in *Community research for participation*. Lisa Goodson and Jenny Phillimore (eds). London: Policy Press.

Chan W Y, **O'Brien A-M** (2011). The right of caregivers to access health information of relatives with mental illness. *International Journal of Law and Psychiatry*, 34, 386-392.

Schwartz K, **O'Brien A-M**, Morel V, Armstrong M, Fleming C, Moore P (2011). Community Treatment Orders : The Service User Speaks. *International Journal of Psychosocial Rehabilitation*, 15 (2).

O'Brien A-M, Calderwood, K. (2010) Living in the shadows: a Canadian Experience of Mental Health Social Work, *Social Work in Mental Health* , 8, 319-335.

O'Brien A-M, Farrell S, Faulkner S. (2009) Community Treatment Orders beyond hospital utilization rates, *Community Mental Health Journal*, 45 (6), 2.

Schwartz, K and **O'Brien, A-M** . Injustice can happen whether you're psychotic or not, in S. Hicks, H. Peters, and T. Corner (eds) *Structural Social Work in Action: Examples from Practice*, Toronto: Canadian Scholars Press.

Campbell, J, Brophy L, Healey B and **O'Brien A-M.** (2006) International comparisons on the use of Community Treatment Orders: Implications for mental health social workers. *British Journal of Social Work*, 36, 1110-1118.

O'Brien, A. M., & Farrell, S. (2005). Community treatment orders: Profile of a Canadian experience. *Canadian Journal of Psychiatry*, 50, 27-30

Conference Papers

Freeland, A and O'Brien, A-M Trauma Informed Care : Implication for Practice. Canadian Psychiatric Association Meeting Vancouver, Canada October 2015.

O'Brien, A-M., Developing a Women's Mental Health Program . Society for Social Work Leadership in Healthcare. Austin, Texas October 2015 .

O'Brien, A-M., Schwartz, K., VandeSande, A. Building collaborative relationships for student engagement between schools of social work and mental health care settings. International conference on social work in health and mental health. Dublin, Ireland. July 2010.

O'Brien, A-M., Calderwood, K. Living in the Shadows: A Canadian experience of mental health social work. International conference on social work in health and mental health. Dublin, Ireland. July 2010.

O'Brien, A-M., Moore, P., Morel, V., Armstrong, M., Flemming, C., Schwartz, K. Community Treatment Orders : The Service User Speaks. International conference on social work in health and mental health. Dublin, Ireland. July 2010.

O'Brien, A-M, Farrell S , Freeland A.(2009). Dangerousness or Deterioration : What criteria are psychiatrists using to issue community treatment orders ? XXX1st International Congress on Law and Mental Health. New York, New York. June 29th to July 5th, 2009.

O'Brien, A-M and Chan, B (2009) . Privacy vs Secrecy: The right of family care givers to the personal health information of their severely mentally ill relatives. XXX1st International Congress on Law and Mental Health. New York, New York. June 29th to July 5th, 2009.

O'Brien, Ann-Marie and Calderwood, Kim (2009). Living in the Shadows : A Canadian experience of mental health social work. Congress of the Social Sciences and Humanities; Carleton University, Ottawa, May 26, 2009.

Schwartz K and **O'Brien A-M** (2009) Building Collaborative Relationships for Student Engagement Between Schools of Social Work and Health Care Settings. International Partnership Institute, Portland Oregon , May 18 and 19th, 2009.

Calderwood, K and **O'Brien A-M** (2009) Sustaining the Social Work Profession. Society for Social Work Research, 13th Annual Conference, New Orleans LA January 15-19, 2009.

O'Brien Ann-Marie, Calderwood Kim, Mackenzie Davies Joan (2008). Report of the OASW Survey of Mental Health Social Workers, Ontario Psychiatric Association Meeting , Toronto, Ontario ; February (**Best Poster Award 2008**)

O'Brien Ann-Marie, Calderwood Kim, Mackenzie Davies Joan (2007). Report of the OASW Survey of Mental Health Social Workers , University of Ottawa, Department of Psychiatry, Annual Research Day.

O'Brien A-M, McQuaig, A, Melligan G, Plyely C, Skufka J, Delarosbel K, Stewart D (2007). "A Comparative Study on the use of CTOs across six communities." International Academy of Law and Mental Health Padua, Italy.

O'Brien A-M, Farrell SJ, Freeland, A.(2006). “ What Criteria are Psychiatrists using to issue Community Treatment Orders?” Canadian Psychiatric Association meeting Toronto, Canada.

O'Brien, A-M, Farrell, SJ, Faulkner, (2005) “Community Treatment Orders in the Champlain Health District” International Academy of Law and Mental Health Paris, France .

Campbell, J, Brophy, L, Healey B, **O'Brien A-M** (2005). “ Involuntary care and treatment in the community: international comparisons” International Academy of Law and Mental Health Paris, France

Freeland A, **O'Brien A-M**, Farrell, S (2005). “Community Treatment Orders with and without Assertive Community Treatment” . International Academy of Law and Mental Health Paris, France .

Freeland A, **O'Brien A-M**, Farrell, S (2005) . “Community Treatment Orders with and without Assertive Community Treatment”. Canadian Psychiatric Association Meeting Vancouver, Canada .

O'Brien A-M , Freeland A (2004). “Networking Discussion Group Community Treatment Orders”. Canadian Psychiatric Association meeting Montreal, Canada .

O'Brien A-M, (2004). “Community Treatment Orders: implications for social workers”
4th International congress of social work in health care . Quebec City, Canada .

CURRICULUM VITAE

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CITIZENSHIP & LANGUAGE

Citizenship: Canadian & Polish

Language: English (spoken & written); Polish (spoken & written); French (basic spoken & written)

AREAS OF RESEARCH INTEREST & EXPERTISE

- Neurodevelopmental trajectories in psychiatric disorders; adolescent mental health
- Clinical electrophysiology (EEG/ERP), neuroimaging (f/MRI), positron emission tomography (PET) in the context of psychiatric disorders & emotional processing
- Psychopharmacology & neuroplasticity in psychiatric disorders
- Sex differences in mood, psychiatric disorders

ACADEMIC POSITIONS & TRAINING

- Mar.2017 **Laboratory Director:** Clinical Neuroelectrophysiology & Cognitive Research Laboratory, Institute of Mental Health Research, Ottawa, ON, Canada
- 2014-17 **Post-Doctoral Fellow:** Department of Psychiatry, McGill University, Montreal, QC, Canada
Supervisor: Dr. Marco Leyton
- 2012-14 **Post-Doctoral Fellow:** Department of Psychiatry, University of Calgary, Calgary, AB, Canada
Supervisors: Dr. Glenda MacQueen (primary) & Dr. Frank MacMaster

ACADEMIC APPOINTMENTS

- Jul.2017-20 **Adjunct Professor:** School of Psychology, University of Ottawa, Ottawa, ON, Canada

EDUCATION

- 2007-12 **Doctor of Philosophy (PhD.):** Psychology, University of Ottawa, Ottawa, ON, Canada
Supervisor: Dr. Verner Knott
"Electrophysiological and neurocognitive correlates and predictors of antidepressant response to single and dual pharmacotherapies"
- 2004-06 **Master of Science (MSc.):** Psychology & Neuroscience, Dalhousie University, Halifax, NS, Canada
Supervisors: Dr. Benjamin Rusak

“Behavioural and neurochemical changes in response to repeated, early maternal and littermate separation in adult gerbils of both sexes and following chronic treatment with a substance P antagonist.”

2000-04 **Bachelor of Science (BSc.): Neuroscience (Honours), University of Alberta, Edmonton, AB, Canada**

FELLOWSHIPS

- 2015-18 Canadian Institutes of Health Research (CIHR) Fellowship (Government of Canada) **Ranked 1st** (1/1119)
“The brain at risk: Neural features of addiction vulnerability”
 Role: PI (\$40,000/yr [**\$116,250 CDN total**] + \$5,000/yr allowance); Award held at McGill University
- 2015-16 Fonds de Recherche Santé, Québec (FRSQ) Fellowship (Government of Quebec) **Ranked 1st** (1/18)
 Role: PI (\$30,000/yr [**\$60,000 CDN total**]) - declined
- 2014 Dr. David T.W. Lin Fellowship (McGill University)
\$20,000 CDN total (salary support)
- 2012-14 Alberta Innovates Health Solutions (AIHS) Fellowship (Government of Alberta) **Ranked 1st** (1/19)
“Neuroanatomical & functional correlates in individuals with Major Depression Disorder (MDD) and their utility in predicting treatment outcome”
 Role: PI (\$50,000/yr [**\$100,00 total**] + \$5,000/yr allowance); Award held at University of Calgary

AWARDS, SCHOLARSHIPS & DISTINCTIONS

External awards & distinctions

- 2009-12 Banting & Best Graduate Scholarship, CIHR Doctoral Award University of Ottawa
 (Government of Canada: \$30,000/yr + \$5,000/yr allowance)
“Electrophysiological and neurocognitive correlates and predictors of antidepressant response to single and dual pharmacotherapies”
- 2009-10 Ontario Graduate Scholarship (OGS) - Doctoral Award
 (Government of Ontario: \$20,000/yr - declined)
- 2009 University of Ottawa Institute of Mental Health Research Young Investigator Research Award
 (Clinical Research) (\$1,000)
- 2003 Jason Lang Academic Scholarship (\$1,000) University of Alberta
- 2000-04 University Scholarship Stream Flo. Industries Ltd. (Industry Scholarship: \$2,500/yr)
- 2000 Alexander Rutherford Scholarship for High School Achievement (\$2,500/yr)

Internal awards & distinctions

- 2016 Research Institute of the McGill University Health Centre (RI-MUHC) Kudos *“Focus on Our Trainees”*
- 2014 March ‘Investigator of the Month’ – University of Calgary’s Mathison Centre for Mental Health Research & Education <http://www.mathison.ucalgary.ca/ROTMMarch2014>
- 2012 Werner M. Herrmann Memorial Grant 17th International Pharmacology-EEG Society (IPEG) Conference –
 Oral (2nd place) New York, NY (10/18-21/2012)
- 2012 8th Annual Hotchkiss Brain Institute Research Day – Poster (2nd place) Calgary, AB (06/06/2012)
- 2012 Faculty of Graduate & Postdoctoral Studies Dean’s Scholarship (\$3,500) University of Ottawa
- 2010-12 Excellence Scholarship (tuition coverage)
- 2007-09 Admission Scholarship (~\$20,000/yr)

2009	Pierre Baron Scholarship (\$1,000)	
2004-06	Dalhousie Graduate Scholarship (~\$20,000/yr)	Dalhousie University
2000	Academic Excellence Scholarship (\$1,000)	University of Alberta

TEACHING

Teaching Assistant

2007-11	University of Ottawa Cognition (PSY 3377) Computing in Psychology (PSY 3172) Drugs & Behavior (PSY 3142) Introduction to Brain & Behavior (PSY 2301) Introduction to Experimental Psychology (PSY 1101)	Forensic Psychology (PSY 3391) Personality (PSY 3303) Psychology of Death & Dying (PSY 3101) Research Ethics & Methods (PSY 2174)
2004-05	Dalhousie University Drugs & Behavior (NESC 3237) Contemporary Research Problems in Psychology (PSYO 2500)	

Guest Lecturer

2008-13	"Psychopathology" (PSYC 479; 04/2013) "Linking Brain Structure & Function (Neuroimaging)" (PSY 2301; 03/2011) "APA Tutorial" & "Methods & Results Tutorial" (PSY 3377; 02/2010 & 01/2010) "Mood Disorders: Major Depressive & Bipolar Disorders" (PSY 3142; 11/2008-10) "Introduction to Affective Disorders" (PSYC 1002; 03/2011)	University of Calgary University of Ottawa Carleton University
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RESEARCH & TRAINING

09/2014	Coursera: Statistical Analysis of fMRI Data <i>On-line training hosted by Johns Hopkins University</i>
05/2014	Montreal Resting-State fMRI Workshop <i>Hosted at McGill University</i>
04/2014	Training: Advanced fMRI Design & Analysis Using SPM <i>Neurometrika; Hosted at the University of Calgary</i>
10/2010	Training: fMRI Visiting Fellowship Program <i>Hosted at the Martinos Center for Biomedical Imaging, Massachusetts Institute of Technology & Harvard Medical School</i>
04/2010	Training: BrainVision Analyzer Workshop (electrophysiological software) <i>Hosted at the University of Montreal</i>
2006-07	Research Assistant/Lab Manager <i>Douglas Hospital Research Centre, McGill University</i>
2004	Student Research Assistant <i>Department of Psychiatry, University of Alberta</i>
2002-04	Student Research Volunteer <i>Neuropsychology Unit, Alberta Hospital, University of Alberta</i>

PEER-REVIEWED PUBLICATIONS

1. **Jaworska N**, Cox SM, Casey KF, Boileau I, Cherkasova M, Larcher K, Dagher A, Benkelfat C, Marco L (2017) Is there a relation between novelty seeking, striatal dopamine release and frontal cortical thickness? Submitted to *PLOSOne* (Accepted).
2. De Somma E, **Jaworska N**, Heck E, MacQueen G (2016) Campus mental health policies across Canadian regions: Need for a national comprehensive strategy. *Can Psychology* (Accepted).

3. Lefebvre D, Langevin LM, **Jaworska N**, Harris AD, Lebel RM, Jasauri Y, Kirton A, Wilkes TC, Sembo M, Swansburg R, MacMaster FP (2016) A pilot study of hippocampal N-acetyl-aspartate in youth with treatment resistant major depression. *J Affect Disord*; 207:110-13.
4. MacQueen G, Frey BN, Ismail Z, **Jaworska N**, Steiner M, Van Lieshout RJ, Kennedy SH, Lam RW, Milev RV, Parikh SV, Ravindran AV, CANMAT Depression Work Group (2016) Canadian Network for Mood and Anxiety Treatments (CANMAT) 2016 clinical guidelines for the management of adults with major depressive disorder: Section 6. Special Populations: Youth, women, and the elderly. *Can J Psychiatry*; 61(9):588-603.
5. MacQueen G, Santaguida PL, Keshavarz H, Levine M, Beyene J, **Jaworska N**, Raina P (2016) Critical appraisal of clinical practice guidelines for failed antidepressant treatment response in major depressive disorder, dysthymia, and subthreshold depression; a systematic review. *Can J Psychiatry* (Epub ahead of print).
6. Yang X-R, Langevin LM, **Jaworska N**, Kirton A, Lebel R, Harris A, Jasauri Y, Wilkes T, Mariko S, Swansburg R, MacMaster F (2016) Proton Spectroscopy Study of the Dorsolateral Prefrontal Cortex in Youth with Familial Depression. *Psychiatry Clin Neurosci*; 70(7):269-77.
7. **Jaworska N**, De Somma E, Fonseka B, Heck E, MacQueen G (2016) Mental Health Services for Students at Post-Secondary Institutions: A National Survey. *Can J Psychiatry* (Epub ahead of print).
8. **Jaworska N**, MacMaster FP, Foster J, Ramasubbu R (2016) The influence of 5-HTTLPR and Val66Met polymorphisms on cortical thickness and volume in limbic and paralimbic regions in depression: a preliminary study. *BMC Psychiatry*; 16(1):61.
9. Fonseka B, **Jaworska N**, Courtright A, MacMaster FP, MacQueen G (2016) Cortical Thickness and Emotion Processing in Young Adults with Mild Depression. *BMC Psychiatry*; 16(1):38.
10. **Jaworska N**, Yücel K, Courtright A, MacMaster FP, Sembo M, MacQueen G (2016) Subgenual Anterior Cingulate Cortex and Hippocampal Volumes in Depressed Youth: The Role of Comorbidity and Age. *J Affective Disord*; 190:726-32.
11. Mohammadi M, Al-Azab F, Raahemi B, Richards G, **Jaworska N**, Smith D, de la Salle S, Blier P, Knott V (2015) Data mining EEG signals in depression for their diagnostic value. *BMC Med Inform Decis Mak*; 15(1):108.
12. **Jaworska N**, MacQueen G (2015) Adolescence as a unique developmental period. *J Psychiatry Neurosci*; 40(5):291-3.
13. MacMaster FP, Langevin LM, **Jaworska N**, Kemp A, Sembo M (2014) Corpus callosal morphology in youth with bipolar depression. *Bipolar Disord*; 16(8):889-93.
14. **Jaworska N**, MacMaster F, Yang XR, Courtright A, Pradhan S, Gaxiola I, Cortese F, Goodyear B, Ramasubbu R (2014) Influence of age of onset on limbic and paralimbic structures in depression. *Psychiatry Clin Neurosci*; 68(12):812-20.
15. Yang XR, Kirton A, Wilkes C, Pradhan S, Liu I, **Jaworska N**, Damji O, Keess J, Langevin LM, Rajapakse T, Lebel RM, Sembo M, Fife M, MacMaster FP (2014) Glutamate Alterations Associated With Transcranial Magnetic Stimulation in Youth Depression: A Case Series. *Journal of ECT*; 30(30):242-7.
16. **Jaworska N**, Yang XR, Knott V, MacQueen G (2014) A Review of fMRI studies during visual emotive processing in major depressive disorder. *World J Biol Psychiatry* (Epub ahead of print).
17. **Jaworska N**, Blondeau C, Tessier P, Norris S, Fusee W, Blier P, Knott V (2014) Examining relations between alpha power as well as anterior cingulate cortex-localized theta activity and response to single or dual antidepressant pharmacotherapies. *J Psychopharmacol*; 28(6):587-95.
18. Heck E, **Jaworska N**, DeSomma E, Dhoopar AS, MacMaster FP, Dewey D, MacQueen G (2014) A survey of mental health services at post-secondary institutions in Alberta. *Can J Psychiatry*; 59(5):250-8.

19. **Jaworska N**, MacMaster FP, Yang XR, Courtright A, Gaxiola I, Cortese F, Goodyear B, Ramasubbu R (2014) A preliminary study of the influence of age of onset and childhood trauma on cortical thickness in major depressive disorder. *Biomed Res Int*; 2014:410472.
20. Reynolds S, Carrey N, **Jaworska N**, Langevin LM, Yang XR, MacMaster FP (2014) Cortical thickness in youth with major depressive disorder. *BMC Psychiatry*; 14:83.
21. MacMaster FP, Carrey N, Langevin LM, **Jaworska N**, Crawford S (2013) Disorder-specific volumetric brain difference in adolescent major depressive disorder and bipolar depression. *Brain Imaging Behav*; 8(1):119-27.
22. **Jaworska N**, Protzner A (2013) Electro cortical features of depression and their utility in assessing antidepressant treatment outcome. *Can J Psychiatry*; 58(9):509-14.
23. Kemp A, Macmaster FP, **Jaworska N**, Yang XR, Pradhan S, Mahnke D, Courtright A, Ramasubbu R (2013) Age of onset and corpus callosal morphology in major depression. *J Affect Disord*; 150(2):703-706.
24. **Jaworska N**, De Somma E, Blondeau C, Tessier P, Norris S, Fusee W, Blier P, Knott V (2013) The auditory P3 in antidepressant pharmacotherapy treatment responders, non-responders and controls. *Eur Neuropsychopharmacol*; 23(11):1561-9.
25. **Jaworska N**, Blondeau C, Tessier P, Norris S, Fusee W, Blier P, Knott V (2013) Response prediction to antidepressants using scalp and source-localized loudness dependence of auditory evoked potential (LDAEP) slopes. *Prog Neuropsychopharmacol Biol Psychiatry*; 44:100-7.
26. Fisher D, Knobelsdorf A, **Jaworska N**, Daniels R, Knott V (2013) Effects of nicotine on electroencephalographic (EEG) and behavioural measures of visual working memory in non-smokers during a dual-task paradigm. *Pharmacol Biochem Behav*; 103(3):494-500.
27. **Jaworska N**, Berrigan L, Ahmed AG, Gray J, Bradford J, Korovessis A, Fedoroff P, Knott V (2012) The resting electrophysiological profile in adults with ADHD and co-morbid dysfunctional anger: A pilot study. *Clin EEG Neurosci*; 44:100-7.
28. **Jaworska N**, Berrigan L, Fisher D, Ahmed AG, Gray J, Bradford J, Korovessis A, Fedoroff P, Knott V (2012) A pilot study assessing electrocortical profiles during a continuous performance task in adults with dysfunctional anger. *Aggress Behav*; 38(6):469-80.
29. **Jaworska N**, Blier P, Fusee W, Knott V (2012) Alpha power, alpha asymmetry and anterior cingulate cortex activity in depressed males and females. *J Psychiatr Res*; 46(11):1483-91.
30. **Jaworska N**, Berrigan L, Ahmed AG, Gray J, Bradford J, Korovessis A, Fedoroff P, Knott V (2012) Resting electrocortical activity in adults with anger dysfunction: A pilot study. *Psychiatry Res: Neuroimaging*; 203(2-3):229-36.
31. **Jaworska N**, Blier P, Fusee W, Knott V (2012) Scalp- and sLORETA-derived loudness dependence of auditory evoked potentials (LDAEPs) in unmedicated depressed males and females and healthy controls. *Clin Neurophysiol*; 123(9):1769-78.
32. **Jaworska N**, Fusee W, Blier P, Knott V (2012) The temporal electrocortical profile of emotive facial processing in depressed males and females and healthy controls. *J Affective Disord*; 136(3):1072-81.
33. **Jaworska N**, Thompson A, Shah D, Fisher F, Ilivitsky V, Fisher D, Knott V (2012) Acute tryptophan depletion effects on the VPP and LPP to emotive faces in individuals with a family history of depression. *Neuropsychobiology*; 65(1):28-40.
34. Fisher DJ, Knobelsdorf A, **Jaworska N**, Daniels R, Knott VJ (2012) Effects of acute nicotine administration on behavioral and neural (EEG) correlates of working memory in non-smokers. *Brain Res*; 1429:72-81.
35. Fisher DJ, Daniels R, **Jaworska N**, Knobelsdorf A, Knott VJ (2012) Effects of acute nicotine administration on resting EEG in nonsmokers. *Exp Clin Psychopharmacol*; 20(1):71-5.

36. **Jaworska N**, McIntosh J, Villeneuve C, Thompson A, Fisher D, Milin R, Knott V (2011) Effects of nicotine on EEG and affect in adolescent females with major depressive disorder: A pilot study. *J Addict Med*; 5(2):123-33.
37. **Jaworska N**, Thompson A, Shah D, Fisher F, Ilivitsky V, Fisher D, Knott V (2010) Electro cortical effects of acute tryptophan depletion on emotive facial processing in depression-prone individuals. *Eur Neuropsychopharmacol*; 20(7):473-86.
38. **Jaworska N**, Chupetlovska-Anastasova A (2009) A review of multidimensional scaling (MDS) and its utility in various psychological domains. *Tutorials in Quantitative Methods for Psychology*; 5(1):1-10.
39. **Jaworska N**, Dwyer SM, Rusak B (2008) Repeated neonatal separation results in different neurochemical and behavioral changes in adult male and female Mongolian gerbils. *Pharmacol Biochem Behav*; 88(4):533-41.

UNDER REVIEW

40. De Somma E, **Jaworska N**, Courtright A, Bray S, Lebel M, MacMaster PF, MacQueen G. Hippocampal activity during a verbal memory task in depressed young adults. Submitted to *J Neuropsychiatry Clin Neurosci* (2017).
41. Shah D, Cameron C, Smith D, **Jaworska N**, Blais C, Fisher D, Knott V. (2016). An Electrophysiological Investigation of Attentional Bias in a PTSD Population: Avoidance to Threat. Submitted to *Psychol Trauma* (2016).
42. McLellan Q, Kirton A, Schwartz KD, Ma K, **Jaworska N**, Langevin LM, Swansburg R, Zewdie E, Ciechanski P, Damji O, MacMaster FP. Cortical thickness and treatment response to repetitive transcranial magnetic stimulation in youth with treatment resistant major depressive disorder. Submitted to *J Res Adolesc* (2016).

PRESENTATIONS & CONFERENCE ABSTRACTS

Oral Presentations

- Jaworska N**. 'Is there a relation between novelty-seeking, striatal dopamine release & frontal cortical thickness?.' Drugs, Brain & Behaviour Journal Club (McGill University) *Montreal, QC (11/29/2016)*.
- Jaworska N**. 'Understanding depression ... With a little help from Neuroimaging.' The Royal's Lecture Series (University of Ottawa-affiliated) *Ottawa, ON (11/27/2015)*. – **invited talk**
- Jaworska N**. 'The utility of electrocortical measures in characterizing depression and treatment response.' International Pharmacology-EEG Society (IPEG) Meeting *Leipzig, Germany (09/24,27/2014)* – **invited talk**; Drugs, Brain & Behaviour Journal Club (McGill University) *Montreal, QC (09/16/2014)*.
- Jaworska N**. 'Structural and functional correlates of depression.' Mathison Centre Rounds *Calgary, AB (09/23/2013)*.
- Jaworska N, et al**. 'Subgenual anterior cingulate cortex volume in major depressive disorder (MDD): influence of MDD onset age.' Sebastian K. Littman Research Day: Department of Psychiatry *Calgary, AB (02/28/2013)*.
- Jaworska N, et al**. 'Response prediction to antidepressants using alpha power and asymmetry and anterior cingulate cortex theta activity.' IPEG Meeting *New York, NY (10/20/2012)*.
- Jaworska N**. 'Electrophysiological indices in Major Depressive Disorder (MDD) & their utility in predicting response to antidepressant regimens.' Hotchkiss Brain Institute (HBI) Depression & Psychosis Program - Cognitive Neuroscience Rounds *Calgary, AB (05/14/2012)*.
- Jaworska N**. 'The temporal electrocortical profile of facial expression processing in depressed individuals & controls.' Sebastian K. Littman Research Day: Department of Psychiatry *Calgary, AB (02/24/2012)*.
- Jaworska N**. 'Utility of electrophysiological recordings in understanding & treating depression.' University of Ottawa Institute of Mental Health Research (IMHR) Young Researcher's Forum *Ottawa, ON (02/20/2009)*.

Oral Presentations (As Collaborator)

- De Somma E (presenter), **Jaworska N**, *et al.* Campus mental health policies across Canadian regions: Need for a national comprehensive strategy. Canadian Psychological Association (CPA) Meeting *Toronto, ON (06/08-12/2017)*.
- Vosberg D (presenter), Chalupa A, **Jaworska N**, *et al.* fMRI measured motor representation in congenital mirror movement individuals with DCC haplotype: preliminary findings. Canadian College of Neuropsychopharmacology (CCNP) 39th Annual Meeting *Halifax, NS (06/17/2016)*.
- Courtright A (presenter), **Jaworska N**, *et al.* Hippocampus volume in major depressive disorder (MDD) and the effects of age of illness onset. Sebastian K. Littman Research Day: Department of Psychiatry *Calgary, AB (02/28/2013)*.
- Kemp A (presenter), MacMaster F, **Jaworska N**, *et al.* Age of onset and corpus callosal morphology in depression. Sebastian K. Littman Research Day: Department of Psychiatry *Calgary, AB (02/28/2013)*.
- Yang X-R (presenter), Kirton A, Wilkes C, MacQueen G, Liu I, **Jaworska N**, *et al.* Neurochemical alterations associated with repetitive transcranial magnetic stimulation intervention in adolescent major depressive disorder. Sebastian K. Littman Research Day: Department of Psychiatry *Calgary, AB (02/28/2013)*.
- De Somma E (presenter), **Jaworska N**. The auditory P3 in antidepressant pharmacotherapy treatment responders, non-responders and controls. HBI Depression & Psychosis Program - Cognitive Neuroscience Rounds *Calgary, AB (09/24/2012)* & HBI Summer Student Symposium *Calgary, AB (08/24/2012)*.

Published Abstracts

- McLellan Q, Kirton A, Wilkes TC, Schwartz KD, Ma K, **Jaworska N**, *et al.* Cortical thickness and treatment response to repetitive transcranial magnetic stimulation in youth with treatment resistant major depressive disorder. Presented at the Society of Biological Psychiatry (SOBP) Meeting *San Diego, CA (05/18-20/2017)*.
- Jaworska N**, *et al.* Is There a Relation between Striatal Dopamine Release, Cortical Thickness, and Novelty Seeking? Presented American College of Neuropsychopharmacology (ACNP) Annual Meeting *Hollywood, FL (12/04-8/2016)*.
- Vosberg D, Chalupa A, **Jaworska N**, *et al.* fMRI measured motor representation in congenital mirror movement individuals with DCC haplotype. Presented American College of Neuropsychopharmacology (ACNP) Annual Meeting *Hollywood, FL (12/04-8/2016)*.
- Vosberg D, Chalupa A, **Jaworska N**, *et al.* Personality Traits in People with a Mutation to the Axon Guidance Gene, DCC. Presented at CCNP 39th Annual Meeting *Halifax, NS (06/14-17/2016)*.
- Jaworska N**, *et al.* Subgenual Anterior Cingulate Cortex Volume in Depressed Youth: The Role of Comorbidity and Age. *Biological Psychiatry*, 2015. Presented at SOBP *Toronto, ON (05/14-16/2014)*.
- Yang X-R, Langevin LM, **Jaworska N**, *et al.* Dorsolateral Prefrontal Cortex Choline and Creatine in Youth with Treatment-Resistant Familial Depression. *Biological Psychiatry*, 2015.
- Langevin LM, Lefebvre D, Wilkes TC, **Jaworska N**, *et al.* Hippocampal Metabolite Laterality in Major Depressive Disorder. *Biological Psychiatry*, 2015.
- Jaworska N**, *et al.* Resting-state functional connectivity with the hippocampus in young adults with major depressive disorder (MDD). *Biological Psychiatry*, 75(9), 99S-99S, 2014. Presented at SOBP Meeting *New York City, NY (05/08-10/2014)*.
- Jaworska N**, *et al.* The influence of age of onset and childhood trauma on cortical thickness in major depressive disorder. *Biological Psychiatry* 75(9), 239S-239S, 2014. Presented at SOBP Meeting *New York City, NY (05/08-10/2014)*.
- MacMaster FP, Borgland S, Langevin LM, **Jaworska N**, *et al.* Hippocampal glutamate and glutathione in pediatric obesity. *Biological Psychiatry* 75(9), 361S-361S, 2014.
- Langevin LM, Kirton A, Wilkes TC, **Jaworska N**, *et al.* Changes in callosal white matter following rTMS treatment of major depressive disorder. *Biological Psychiatry* 75(9), 239S-239S, 2014.
- Pradhan S, MacMaster F, **Jaworska N**, *et al.* Volume of caudate nucleus in major depressive disorder. *European Psychiatry* - EPA-0077, 29, 1, 2014.

- Wilkes T, Yang XR, Kirton A, Wilkes C, Pradhan S, Liu I, **Jaworska N** et al. Glutamate alterations associated with transcranial magnetic stimulation in youth depression: a case series 'ptsd and the phantom of the opera.' *European Psychiatry* - EPA-0491, 29, 1, 2014.
- Choueiry J, Fisher D, Heenan A, Clough E, Shah D, **Jaworska N**, et al. Separate and combined effects of bupropion and varenicline on spectral EEG in tobacco abstinent smokers. *Psychophysiology* 50, S85-S85, 2013.
- Jaworska N**, et al. Subgenual anterior cingulate cortex volume in major depressive disorder (MDD) - Influence of MDD onset age. *Biological Psychiatry* 73(9), 192S-192S, 2013. Presented at SOBP Meeting San Francisco, CA (05/17/2013).
- MacMaster F, Carrey N, Langevin LM, **Jaworska N**, et al. Disorder-specific volumetric brain difference in adolescent major depressive disorder and bipolar depression. *Biological Psychiatry* 73(9), 193S-193S, 2013.
- Reynolds S, Rosenberg DR, Carrey N, **Jaworska N**, et al. Validation of automated morphometric analysis in pediatric samples. *Biological Psychiatry* 73(9), 84S-85S, 2013.
- Shah DK, Cameron C, Smith D, **Jaworska N**, et al. An electrophysiological investigation of attentional bias towards fearful and angry faces in a PTSD population. *Perception* 41, ECV Abstract Supplement, pg 246, 2012.
- Jaworska N**, et al. Resting electrocortical activity in adults with anger dysfunction: A pilot study. *Psychophysiology* 48, S78-S79, 2011. Presented at the Society for Psychophysiological Research (SPR) Meeting Boston, MA (09/14-18/2011) & University of Ottawa IMHR Young Researcher's Forum Ottawa, ON (03/25/2011).
- Shah D, Cameron C, Smith D, **Jaworska N**, et al. An electrophysiological investigation of attentional bias in a forensic PTSD population: An avoidance of threat. *Psychophysiology* 48, S54-S54, 2011.
- Jaworska N**, et al. The Late Positive Potential to emotive faces following acute tryptophan depletion effects in individuals with a family history of depression. *Psychophysiology*, 47, S60-S60 2010. Presented at SPR Meeting Portland, OR (09/29-10/03/2010) & 2010 Canadian Association of Neuroscience (CAN) Meeting Ottawa, ON (05/15-18/2010).
- Shah D, Heenan A, Choueiry J, Clough E, **Jaworska N**, et al. Electrophysiological effects of acute combination pharmacotherapy on executive control of attention in morning abstinent smokers using a modified Wisconsin card sorting task. *Psychophysiology* 47, S57-S58, 2010.
- Jaworska N**, et al. Neural and behavioral effects of tryptophan depletion on emotive facial processing in depression-prone individuals. *Psychophysiology* 46, S110-S110, 2009. Presented at SPR Meeting Berlin, Germany (10/21-24/2009).
- Sachot C, **Jaworska N**, et al. Lipopolysaccharide induces cytokine synthesis and release in rat white adipose. Program No. 300.26/VV13. 2007 Neuroscience Meeting Planner. San Diego, CA: Society for Neuroscience, 2007.
- Conference Abstracts & Poster Presentations**
- Kirton A, Yang XR, Wilkes C, MacQueen G, Pradhan S, Liu I, **Jaworska N**, et al. Repetitive transcranial magnetic stimulation of dorsolateral prefrontal cortex in adolescent depression: clinical and neurochemical effects. 13th International Child Neurology Congress Iguazu Falls, Brazil (05/04-09/2014).
- Shah DK, Cameron C, Smith D, **Jaworska N**, et al. Allocation of attention during dual tasks in PTSD population and healthy controls. Canadian Society for Brain, Behaviour & Cognitive Science (CSBBCS) Meeting Calgary, AB, (06/7-9/2013).
- Courtright AC, **Jaworska N**, et al. Aerobic exercise induced hippocampal plasticity in youth with major depression. CSBBCS Meeting Calgary, AB, (06/7-9/2013).
- Shah D, Thompson A, **Jaworska N**, et al. Effects of tryptophan depletion and nicotine treatment on mood and emotive facial processing in depression vulnerable individuals: An event-related potential study. CSBBCS Meeting Kingston, ON, (06/7-9/2012).
- De Somma E, **Jaworska N**, et al. Characteristics of the P3a/b during the course of antidepressant pharmacotherapy. American Association for the Advancement of Science (AAAS) Chicago, IL (02/13-17/2014).
- Pradhan S, MacMaster F, **Jaworska N**, et al. Volume of caudate nucleus in major depressive disorder. Sebastian K. Littman Research Day: Department of Psychiatry Calgary, AB (02/28/2013).

- Reynolds S, Carrey N, **Jaworska N**, *et al.* Cortical thickness in youth with major depressive disorder. Sebastian K. Littman Research Day: Department of Psychiatry *Calgary, AB (02/28/2013)*.
- De Somma E, **Jaworska N**, *et al.* The auditory P3 in antidepressant pharmacotherapy treatment responders, non-responders and controls. HBI Depression & Psychosis Program - Cognitive Neuroscience Rounds *Calgary, AB (09/24/2012)* *Calgary, AB (08/24/2012)* & University of Alberta's Neuroscience Research Day *Edmonton, AB (01/25/2013)*.
- Jaworska N**, *et al.* Predicting antidepressant response via EEG alpha power & anterior cingulate cortex theta activity. 8th Annual HBI Research Day *Calgary AB (06/06/2012)*.
- Choueiry J, Clough E, **Jaworska N**, *et al.* Separate and combined effects of bupropion and varenicline on spectral EEG in tobacco abstinent smokers. Society of Research on Nicotine & Tobacco (SRNT) *Toronto, ON (02/16-19/2011)* & IMHR Young Researcher's Forum *Ottawa, ON (03/25/2011)*.
- Shah D, Thompson A, **Jaworska N**, *et al.* Effects of tryptophan depletion on mood and neuronal indicators of emotive facial processing in depression vulnerable individuals treated with acute nicotine. CAN Meeting *Ottawa, ON (05/15-18/2010)*.
- Heenan A, Shah D, **Jaworska N**, *et al.* The effects of combined bupropion and varenicline administration on selective attention in abstinent smokers using a modified version of the Wisconsin card sorting task: An event-related potential (ERP) study. University of Ottawa IMHR Young Researcher's Forum *Ottawa, ON (03/26/2010)*.
- Jaworska N**, *et al.* Moderating effects of nicotine on EEG activity and mood in adolescent major depressive disorder: a pilot study. CAN Meeting *Montreal, PQ (05/25-28/2008)* & Society for Neuroimaging in Psychiatry (ISNIP)/EEG & Clinical Neuroscience Society (ECNS) *Frankfurt, Germany (10/10-13/2008)*.

PROFESSIONAL ASSOCIATION MEMBERSHIPS

2013-2016	Society of Biological Psychiatry (SOBP)
2012-15	International Pharmaco-EEG Society (IPEG)
2009-12	Society of Psychophysiological Research (SPR)
2008-11	Canadian Association for Neuroscience (CAN)

AD HOC REVIEWER

Archives of Medial Research

Behavioural Brain Research

Bipolar Disorders

*Biological Psychology**

*Certificate of Excellence in Reviewing – 2013/14

Biological Psychiatry

BMC Neuroscience

Brain Topography

Canadian Medical Association Journal

Clinical EEG & Neuroscience

Cognitive, Affective, and Behavioral Neuroscience

Experimental Brain Research

Frontiers

International Journal of Molecular Sciences

International Journal of Psychophysiology

International Journal of Molecular Sciences

Journal of Attention Disorders

Journal of Affective Disorders

Journal of the International Neuropsychological Society

Journal of Neuroscience Methods

PLOS ONE

Progress in Neuro-Psychopharmacology & Biological Psychiatry

Psychiatry Research

Psychological Medicine

Psychology, Health & Medicine

Psychophysiology

Neuropsychiatric Disease and Treatment

Neuropsychopharmacology

Neuroscience Letters

World Journal of Biological Psychiatry

SUPERVISION*

The trainees listed below are officially supervised by Dr. Verner Knott. However, given his part-time status, the day-to-day supervision is shared by me as of April 01, 2017.

Institute of Mental Health Research (2017-present)

- Lawrence Torkan, BSc. Honours in Biomedical Sciences, University of Ottawa 2017-18
- Fiona Tang, BSc. Honours in Biomedical Sciences, University of Ottawa 2017-18
- Isabel Shore, BSc. Honours in Biomedical Sciences, University of Ottawa 2017-18
- Kelsey Fillier, BA. Honours in Psychology, Carleton University 2017-18 (Dr. V. Knott is a co-supervisor)

MENTORSHIP*

**No official supervisory status of the trainees listed below, however, I was the primary individual involved in overseeing day-to-day training.*

McGill University (2014-2017)

- Maria Tippler, PhD. Candidate, Integrated Program in Neuroscience (IPN) 2012-present, 'A longitudinal study of risk factors associated with the development of substance-related disorders in relation to brain responsiveness to drug cues'
- Stephanie Scala, PhD. Candidate, IPN 2012-present, 'Mapping neural function in cocaine addiction'
- Daniel Vosberg, PhD. Candidate, IPN 2011-present, 'Mapping neural function in individuals with *dcc* haplotype'

University of Calgary (2012-14)

- Allegra Courtright, MSc. Neuroscience 2012-14, 'Aerobic exercise & hippocampal plasticity in young adults with depression'
- Devin Mahnke, MSc. Neuroscience 2012-14, 'Measurement of the cerebellar vermis in bipolar disorder & the effect of lithium treatment'
- Bernice A. Fonseca, BSc. Honours in Neuroscience 2013-14, 'Cortical thickness & emotion processing in depressed young adults before & after aerobic exercise intervention'
- Elisea De Somma, BSc. Honours in Neuroscience 2012-13, 'Hippocampal activity during a word-pair association task in young adults with major depressive disorder (MDD)'
- Katie Antulo, BSc. Honours in Neuroscience 2012-13, 'Neuroimaging of pediatric obesity'
- Anne Kemp, BSc. Honours in Neuroscience 2012-13, 'White matter in depression'
- Xiao-Ru Yang, BSc. Honours in Biology 2012-13, 'Neurochemical alterations associated with repetitive transcranial magnetic stimulation intervention in adolescent major depressive disorder'
- Emma Heck, MD Candidate (2013 summer student), 'Mental Health of Students on Canadian Campuses'
- *Thesis evaluation committee:* Emily Hildenbrandt, BSc. Honours in Neuroscience 2012, 'The effects of nutrients on sleep quality in children with mood & anxiety disorders'

University of Ottawa (2008-11)

- Erin Clough, BSc. Honours in Neuroscience 2009-10, 'Electrophysiological effects of acute combination pharmacotherapy on neural and subjective correlates of cigarette craving'
- Joelle Choueiry, BSc. Honours in Neuroscience 2009-10, 'Effects of acute combination pharmacotherapy on attentional deficits accompanying morning smoking abstinence'
- Richelle JoAnne Daniels, BA. Psychology (Carleton University, 2008-09), 'Effects of acute nicotine administration on behavioural and neural correlates of working memory in non-smokers: and electroencephalographic (EEG) study'
- Amy-Lynn Knobelsdorf, BA. Psychology (Carleton University, 2008-09), 'Electroencephalographic (EEG) effects of nicotine on working memory & attention in non-smokers'

SERVICE

University Associations/Committees

2015-17	<i>President: McGill Association of Postdoctoral Fellows (APF)</i>	<i>McGill University</i>
2014	<i>Executive member: McGill APF</i>	
2012-13	<i>Internal director: Post-Doctoral Association of the University of Calgary</i>	<i>University of Calgary</i>
2012-13	<i>Trainee representative: Mathison Centre for Mental Health Research Education</i>	
2012-14	<i>Volunteer: Bachelor of Health Science Mentor Program</i>	
2011	<i>Organizing committee: University of Ottawa (UOttawa) Days</i>	<i>University of Ottawa</i>
2009-11	<i>Graduate student representative: Psychology School Council & Executive Committee</i>	
2008-11	<i>Member: Graduate Association Student in Psychology</i>	
2008-09	<i>Psychology representative: Graduate Student's Association</i>	
2009-11	<i>Organizing committee: Young Researcher's Forum (YRF) Conference</i>	
2005-06	<i>Organizing committee: Psychology In-House Conference</i>	<i>Dalhousie University</i>
2004-06	<i>Psychology representative & secretary/treasurer: Students in Neuroscience Society</i>	
2002-04	<i>Member: Undergraduate Neuroscience Society</i>	<i>University of Alberta</i>
2005-09	<i>Volunteer: Let's Talk Science</i>	<i>McGill University & University of Ottawa</i>
2005-09	<i>Volunteer: Brain Awareness Week</i>	<i>University of Ottawa, Dalhousie & McGill Universities</i>

University & Community Service/Outreach

- 'Industry Partnership: What Works, What Doesn't?' - **presenter/panelist**
2015 Canadian Association of Postdoctoral Administrators (CAPA) Conference (Calgary, AB, 10/29/2015)
- 'A Panel Discussion with New Faculty- **moderator/organizer**
Event hosted by the Association of Postdoctoral Fellows (APF) of McGill University (Montreal, QC, 09/21/2015)
- 'How to "Successfully" Apply for a Fellowship'- **presenter/organizer**
Event hosted by APF, McGill University (09/21/2015)
- International Postdoc Interchange - **presenter/organizer**
Information session hosted by the APF, McGill University (01/28/2015)
- Faculty of Medicine, McGill University, Student Research Day - **poster presentation judge** (11/2014-15)
- 'Life After Graduate School' - **oral presentation & poster presentation judge**
6th Annual University of Ottawa Institute of Mental Health Research (IMHR) Young Researcher's Conference (06/06/2014)
- University of Ottawa IMHR Young Researchers' Conference - **poster & oral presentation judge** (2009-11)

Conference Organization

- 'Am I on the Right Track?' Post-Doctoral Association University of Calgary Professional development day (01/11/13)
- Young Researchers' Conference University of Ottawa IMHR Conference geared at mental health research (2009-11)
- UOttawa Day Laboratory tours for high school students in the University of Ottawa (10/28/11)

RESEACH COLLABORATIONS & RESEARCH INVOLVEMENT

Institute of Mental Health Research*

**Due to Dr. Verner Knott's part-time status (as of April 2017), I am overseeing the following funded research projects as well as supervising the associated staff/trainees on a day-to-day basis.*

- 2017- **Natural Sciences and Engineering Research Council (NSERC)**
'Probing the pharmacogenetic underpinnings of human attention with brain potentials'

- 2017- PI: Verner Knott; Funding: **\$75,000** CDN (2013-17)
Canadian Institutes of Health Research (CIHR)
 'Role of CDP-Choline on Gating & Cognition in First Episode Schizophrenia'
 PI: Verner Knott; Funding: \$227,725 CDN (2014-18)
 Co-Investigator: Dr. S. Robertson, Dr. A. Labelle, Dr. S. Purdon
- 2017- **Privately-funded grant (Neuroqore)**
 'Monophasic vs. biphasic repetitive transcranial magnetic stimulation (rTMS) in major depressive disorder'
 PI: Verner Knott; Funding: \$168,344 CDN (5 yr; start date: 2015-18)
 Co-Investigator: Dr. P. Blier, Dr. L. McMurray
- 2017- **University Medical Research Foundation (UMRF)**
 'Neurocognitive markers of treatment outcomes for prescription opioid dependence'
 PI: Verner Knott; Funding: \$110,00 CDN (2015-17)
 Co-Investigator: Dr. K. Corace, Dr. M. Willows
- 2017- **University Medical Research Foundation (UMRF)**
 'Acute effects of CDP-choline in cognitive deficits in remitted patients with major depressive disorder'
 PI: Verner Knott; Funding: \$54,744 CDN (2016-18)
 Co-Investigator: Dr. P. Blier
- 2017- **University Medical Research Foundation (UMRF)**
 'Acute effects of transcranial direct current stimulation (tDCS) on persistent auditory verbal hallucinations in schizophrenia'
 PI: Verner Knott; Funding: \$54,953 CDN (2017-19)
 Co-Investigator: Dr. A. Labelle, Dr. V. Illivitsky

University of Calgary & McGill University

- 2015-16 **Canadian Network for Mood and Anxiety Treatments (CANMAT) Depression Guidelines**
 Role: Involved in updating treatment guidelines for the 'Special Populations – Pediatric & Adolescent Depression' section of the CANMAT guidelines (expected release date: 2016).
<http://www.canmat.org/guides.php>
- 2014-18 **Canadian Institutes of Health Research (CIHR) – Operating Grant**
 'Dopamine and Risk for Addictions'
 PI: Marco Leyton; Funding: \$1,124,691 CDN (5 yr; start date: 2013/09)
 Role: *Collaborator (McGill University)*; Involved in running study (neuroimaging, clinical assessment, behavioral data acquisition), supervising doctoral student involved in study (Maria Tippler, McGill University) & data analyses.
- 2014-17 **ERA-NET NEURON (European Research Area-Network of EUROpean funding for Neuroscience research)**
 'Cocaine addiction: a translational study to identify and characterize dysfunctional neural networks (COCADDICT)'
 PI: Veronique Deroche-Gamonet; Collaborators: Marco Leyton, Rainer Spanagel, Cyril Herry; Funding: \$1,119,000 CDN (3 yr; start date: 2014/05)
 Role: *Collaborator (McGill University)*; Involved in running study (neuroimaging & data analyses), supervising doctoral student involved in study (Stephanie Scala, McGill University).
- 2012-14 **Canadian Institutes of Health Research (CIHR) – Operating Grant**
 'Predicting Antidepressant Treatment Response in Major Depressive Disorder: An Integrated Clinical & Neuroimaging Approach'
 PI: Sidney H. Kennedy & Glenda M. MacQueen; Funding: \$893,950 CDN (5 yr; start date: 2012/09)
 Role: *Collaborator (University of Calgary)*; Involved in piloting, coordinating & running study at University of Calgary site (clinical trial, biological samples, neuroimaging).
- 2012-14 **Alberta Children's Hospital Foundation/Children's Hospital Aid Society**
 'Transcranial Magnetic Stimulation for Adolescent Depression'
 PI: Frank P. MacMaster; Funding: \$240,000 CDN total (start date: 2011/05)
 Role: *Collaborator (University of Calgary)*; Involved in running study (participant assessment) & data analysis.
- 2012-16 **Department of Psychiatry, University of Calgary** (investigator-initiated funds)
 a) PI: Frank MacMaster & Glenda MacQueen

'Effects of Aerobic Exercise on Mood and Hippocampal Plasticity and Function in Young Adults with Mild Major Depressive Disorder (MDD)'

Role: *Collaborator*; Involved in running study, supervising honours students associated with study (Bernice Fonseca & Elisea De Somma, University of Calgary), data analysis & publication (ongoing).

b) PI: Glenda MacQueen

'Mental Health of Students on Canadian Campuses'

Role: *Collaborator*; Involved in running study, supervising students associated with study (Elisea De Somma, Bernice Fonseca & Emma Heck, University of Calgary), data analysis & publication (ongoing).

**Alan B. Douglass
M.D.**



Mental Health - Care & Research
Santé mentale - Soins et recherche

Curriculum Vitae

Alan B. Douglass M.D.

A. Biographical Information

Primary Office	Royal Ottawa Hospital 1145 Carling Avenue, Room 3127 Ottawa, Ontario, Canada K1Z 7K4
Telephone	613-722-6521 ext. 6226
Email	alan.douglass@theroyal.ca

1. EDUCATION AND QUALIFICATIONS

Degrees

1973 - 1977	MD, University of Alberta, Edmonton, Alberta, Canada
1970 - 1972	BA, Honours program in Psychology, McGill University, Montreal, Quebec, Canada
1965 - 1968	Senior Matriculation (Honour Roll), Strathcona Composite High School, Edmonton, Alberta, Canada

Research and Other Specialty Training

1983 Jan - 1983 Jun	Alberta Heritage Scholar, Faculty of Medicine / Sleep Disorders Clinic & Research Center, Stanford University & Palo Alto VA Medical Centre, Palo Alto, California, United States. Supervisor: Dr. William C. Dement; Dr. Christian Guilleminault
1982 Jul - 1982 Dec	Alberta Heritage Scholar, Toronto Western Hospital / Sleep Disorders Clinic, University of Toronto, Toronto, Ontario, Canada. Supervisor: Dr. Harvey Moldofsky
1982 - 1983	Research Fellowship, Fellowship at Stanford Univ. & Univ. of Toronto, Alberta Heritage Foundation for Medical Research (AHFMR), Alberta, Canada
1982	Laughlin Fellowship, American College of Psychiatrists, Orlando, Florida, United States
1978 - 1982	Psychiatry Residency, Faculty of Medicine / Psychiatry Dept. University of Alberta, Edmonton, Alberta, Canada
1972 - 1973	Special Student, Faculty of Science / special student, University of Alberta, Edmonton, Alberta, Canada
1968 - 1970	Student, Faculty of Arts, University of Alberta, Edmonton, Alberta, Canada

Qualifications, Certifications and Licenses

2001	Medical Licensure, "Independent Practice Certificate", Ontario, Canada, No. 42,808
1991	Diplomate of American Board of Sleep Medicine, United States, No. 105
1990	Diplomate of American Board of Psychiatry and Neurology, United States, No. 32,732
1989	Passed written exam, American Board of Psychiatry and Neurology, United States
1988	Medical Licensure, State of Michigan, Michigan, United States, No. 4301-052594

1987	F.L.E.X. by examination, Detroit, Michigan, United States
1985	Accredited Clinical Polysomnographer, Association of Sleep Disorders Centers, Rochester, Minnesota, United States
1984	Diplomate, American Board of Sleep Medicine, Sleep Physiology and Sleep Disorders
1982 - 1983	Licensed Specialist in Psychiatry, Alberta, Canada, #7382
1982 - 1983	Educational License in the State of California, United States, GFE-75547
1982	Fellow of the Royal College of Physicians of Canada, FRCP(C), Psychiatry, Canada, cert No. 2659
1979	Medical Licensure, Province of Alberta, Alberta, Canada, #7382
1978	Licentiate of the Medical College of Canada, Canada, L.M.C.C., cert. No. 45,120
1977 - 1978	L.M.C.C., Rotating Internship, Scarborough General Hospital, Toronto, Ontario, Canada
1977	Educational License in Ontario, Ontario, Canada, ER 15508
1975 - 1977	Educational License in Alberta, Alberta, Canada, #7392

2. EMPLOYMENT

Positions Held

2006 - present	Director, Residency Research Mentorship Program, University of Ottawa, Ontario, Canada
2001 - present	Asst. Professor, Psychiatry, Faculty of Medicine, University of Ottawa, Ottawa, Ontario, Canada
2001 - present	Medical Director, Sleep Disorders Clinic, Royal Ottawa Health Care Group, Ottawa, Ontario, Canada
2001 - 2004	Lecturer, Psychology, Psychology, University of Ottawa, Ottawa, Ontario, Canada
1996 - 2001	Asst. Clinical Professor, Department of Psychiatry, University of Michigan, Ann Arbor, Michigan, United States
1996 - 2001	Medical Director, Behavioral Services, McPherson Hospital, Howell, Michigan, United States
1996 - 2001	Staff Psychiatrist, St. Joseph Mercy Health System, Ann Arbor, Michigan, United States
1996 - 2001	Consultant Psychiatrist, Jackson County Community Mental Health, Jackson, Michigan, United States
1993 - 1996	Director, Sleep Program in Psychiatry, University of Michigan, Ann Arbor, Michigan, United States
1992 - 1996	Director, Sleep Laboratory, Battle Creek VA Medical Center, Battle Creek, Michigan, United States
1991 - 1993	Staff Psychiatrist, CMH-ACT Program, Adrian, Michigan, United States
1989 - 1993	Ward Chief and Staff Psychiatrist, VAMC and Asst. Service Chief, AAVA Psychiatry, Ann Arbor VA Medical Center, Ann Arbor, Michigan, United States
1988 - 1996	Staff Psychiatrist and Director of Schizophrenia Research, Ann Arbor VA Medical Center, Ann Arbor, Michigan, United States
1988 - 1996	Asst. Professor, Psychiatry, University of Michigan, Ann Arbor, Ann Arbor, Michigan, United States
1985 - 1988	Consultant Psychiatrist, Misericordia Hospital, Edmonton, Alberta, Canada
1985 - 1988	Staff Psychiatrist, W.C. Mackenzie Health Sciences Center, University of Alberta Hospital, Edmonton, Alberta, Canada
1984 - 1988	Co-Director, Sleep Disorders Clinic, University of Alberta, Edmonton, Alberta, Canada
1983 - 1988	Asst. Professor of Psychiatry, Faculty of Medicine, University of Alberta, Edmonton, Alberta, Canada
1983 - 1985	Staff Psychiatrist, Misericordia Hospital, Edmonton, Alberta, Canada

1982 - 1983	Staff Physician, Travel Rural Clinics, Dr. R.C. Bland, Director, Alberta Mental Health Services, Edmonton, Alberta, Canada
1972 - 1973	Assistant Psychologist, Behaviour Therapy and Admission Units, Alberta Hospital Edmonton, Edmonton, Alberta, Canada

3. PROFESSIONAL AFFILIATIONS AND ACTIVITIES

Professional Associations

2001 - present	Member, Ontario Medical Association
1987 - present	Member, Sleep Society of Canada
1984 - present	Member, Sleep Research Society
1984 - present	Member, Society for Psychophysiological Research
1984 - present	Member, Society of Biological Psychiatry
1983 - present	Member, Canadian Psychiatric Association
1982 - present	Member, Canadian Medical Association
1979 - present	Member, Alberta Medical Association
1994 - 1998	Member, American Psychiatric Electrophysiology Association
1991 - 1998	Member, American Psychiatric Association
1991 - 1998	Member, Michigan Psychiatric Association
1990 - 2001	Member, Michigan Sleep Disorders Association
1986 - 1995	Medical Advisory Board Member (by invitation), Canadian Association for Narcolepsy
1976 - 1999	Student member, Society for Psychophysiological Research

Administrative Committees and Boards

2011 - present	Member, Research Ethics Board, Royal Ottawa Hospital
2001 - 2011	Chair, Research Ethics Board, Royal Ottawa Hospital
1995 - 1999	Chair, National Examination Committee, American Board of Sleep Medicine
1994 - 1999	Member, Executive Committee, American Board of Sleep Medicine
1993 - 1999	Member, Examination Committee, American Board of Sleep Medicine
1993 - 1994	Member, Standards of Practice Subcommittee, American Sleep Disorders Association
1991 - 1996	Asst. Service Chief, Ann Arbor Psychiatry Service
1991 - 1996	Director, VA-Academic Liaison Program, Ann Arbor VA Medical Center
1989 - 1991	Member, Computer Committee, University of Michigan - Department of Psychiatry
1989 - 1991	Member, Information Resources Management Oversight Committee, Ann Arbor VA Medical Center
1989 - 1991	Director, Battle Creek Initiative, Department of Veterans' Affairs Central Region
1989 - 1991	Representative, Adult Service Executive Committee, University of Michigan Medical Center
1986 - 1987	Member, Dean's Special Committee on the Evaluation of Teaching in the Faculty of Medicine, University of Alberta
1985 - 1988	Interviewer of prospective medical students, University of Alberta, Faculty of Medicine
1984 - 1988	Member, Academic Standings Committee for second year medical students, University of Alberta
1984 - 1988	Chair, Department of Psychiatry Computer Utilization Committee, University of Alberta
1984 - 1988	Chair, Sleep Laboratory Committee, University of Alberta Hospital
1984 - 1988	Member, Inter-Faculty Committee on Computerized Learning Systems (PLATO), University

	of Alberta
1983 - 1988	Psychiatry Education Coordinator for second year medical students, University of Alberta
1983 - 1988	Member, Inter-hospital Academic Administration Committee, University of Alberta
1982 - 1983	National Secretary, "Section on Residents", Canadian Psychiatric Association
1981 - 1982	Chief Resident, Residency Program in Psychiatry, University of Alberta
1979 - 1981	Representative, Canadian Psychiatric Association's Committee on Psychiatric Education (C.O.P.E.), University of Alberta

Peer Review Activities

GRANT REVIEWER

Research

2007	C.I.H.R.
1994	N.I.H. Special Study Group
1988 - 1993	Medical Research Council of Canada
1986 - 1989	Alberta Mental Health Advisory Council

JOURNAL REVIEWER

Academic

2009	Chronobiology International
2008	Perceptual & Motor Skills
2007	Journal of Psychiatry & Neuroscience
2006	Journal of Sleep Research
2005	Journal of Clinical Sleep Medicine
2002	Sleep Medicine
1993	Journal of Psychiatric Research
1993	Archives of General Psychiatry
1992	Journal of Psychosomatic Research
1989	SLEEP
1988	Biological Psychiatry
1988	Canadian Journal of Psychiatry

B. Research Funding

1. GRANTS, CONTRACTS AND CLINICAL TRIALS

PEER-REVIEWED

CONTRACT

Funded

2002	Principal Investigator , Ropinirole: a 13-week double-blind, placebo-controlled, parallel group study to assess the efficacy and safety of Ropinirole in patients suffering from Restless
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Legs Syndrome (RLS). Glaxo-Smith-Kline

1993 - 1994

Co-Principal Investigator, A study of the efficacy of 4 mg. and 8 mg. of HP-873 (Iloperidone) administered to schizophrenic patients for 42 days. Two-site project (Ann Arbor and Battle Creek VAMCs). Hoechst-Roussel Pharmaceuticals

GRANT

Funded

2004

Principal Investigator, Cholinergic agonist and antagonist effects on Markovian analysis of REM sleep density. (Grant Renewal), University of Ottawa, University Medical Research Fund

2003

Principal Investigator, Cholinergic agonist and antagonist effects on Markovian analysis of REM sleep density. University of Ottawa, University Medical Research Fund

1992 - 1995

Principal Investigator, HLA typing in psychiatric patients with narcolepsy. Ann Arbor VA Medical Center, VA Merit Grant

1990

Supervisor, Summer research studentship to Ms. Asha Alex. University of Michigan, Alcohol Research Center

1989

Principal Investigator, HLA typing in schizophrenics with narcolepsy. University of Michigan, Kughn Clinical Research Center

1986

Supervisor, HLA antitens in narcolepsy and CNS hypersomnolence. Summer research assistantship (\$4000) to Lyndsay Harris, second year medical student. Also a UAH-SSRC grant (\$3450) to cover the technical costs. Alberta Heritage Foundation for Medical Research (AHFMR)

1985 - 1987

Principal Investigator, For the study of sleep physiology in schizophrenia (middle ear muscle activity in rapid eye movement sleep "REM-MEMA"). Alberta Mental Health Advisory Council (AMHAC)

1983 - 1988

Co-Principal Investigator, Establishment Grant for a Neurochemistry Unit to study non-responding depression. Tourette's disorder, and attention deficit disorder over five years. Alberta Mental Health Advisory Council (AMHAC). Collaborators/Co-Investigators: **Douglass A**, Baker G, Bornstein R, Coutts R.

1983 - 1985

Principal Investigator, Sleep Questionnaire and Assessment of Wakefulness (SQAW). For psychometric research on the Stanford SQAW. Stanford University Sleep Research Foundation

1980 - 1982

Principal Investigator, The study of temperature physiology in schizophrenia. University of Alberta Hospital Foundation, Special Services and Research Committee (SSRC)

NON-PEER-REVIEWED

OTHER

Funded

2011 Apr - 2012 Mar

Principal Investigator, Review of Sleep Research in PTSD, Government of Canada

C. Publications

1. PEER-REVIEWED PUBLICATIONS

Journal Articles

PUBLISHED

28. Lee EK, **Douglass AB**. Sleep in psychiatric disorders: where are we now? *Can. J. Psychiatry* 55(7):403—412, 2010.
27. Sculthorpe LD, **Douglass AB**. Sleep pathologies in depression and the clinical utility of polysomnography. *Can. J. Psychiatry* 55(7):413--421, 2010.
26. Mercer D, **Douglass AB**, Links P. Meta-analyses of mood stabilizers, antidepressants and antipsychotics in the treatment of borderline personality disorder: Effectiveness for depression and anger symptoms. *J. Personal Disorders* 23(2): 156-74, 2009.
25. Booth BD, Fedoroff JP, Curry SD, **Douglass AB**. Sleep apnea as a possible factor contributing to aggression in sex offenders. *J Forensic Sci* 51(5):1178-81, 2006.
24. Walters AS, Ondo WG, Dreyfluff T, **Douglass AB**, et al. Ropinirole is effective in the treatment of restless legs syndrome. *TREAt-RLS-2: a 12-week, double-blind, randomized, parallel-group, placebo-controlled study. Movement Disorders* 19(12):1414--1423, 2004.
23. Baran AS, Richert AC, **Douglass AB**, May W, Ansarin, K. Change in periodic limb movement index during treatment of obstructive sleep apnea with Continuous Positive Airway Pressure. *SLEEP* 26(6):717--720, 2003.
22. **Douglass AB**. Narcolepsy: differential diagnosis or etiology in some cases of bipolar disorder and schizophrenia. *CNS Spectrums* 8(2):120-126, 2003.
21. **Douglass AB**, Bornstein R, Nino-Murcia G, Keenan S, Miles L, Zarcone VP, Guilleminault C, Dement WC. The Sleep Disorders Questionnaire I: creation and multivariate structure of SDQ. *Sleep* 17(2):160-167, 1994.
20. **Douglass AB**, Shipley JE, Haines R, Scholten R, Dudley E, Tapp A. Schizophrenia, narcolepsy, and HLA-DR15, DQ6. *Biol Psychiatry* 34:773-78, 1993.
19. Baker GB, Bornstein RA, **Douglass AB**, Van Muyden JC, Ashton S, Bazylewich TL. Urinary excretion of MHPG and normetanephrine in attention deficit hyperactivity disorder. *Mol. Chem. Neuropathol* 18:173-178, 1993.
18. **Douglass AB**, Benson K, Hill EM, Zarcone VP Jr. Markovian analysis of phasic measures of REM sleep in normal, depressed, and schizophrenic subjects. *Biol. Psychiatry* ; 31:542-559, 1992.
17. Bornstein RA, Baker GB, **Douglass AB**. Depression and memory in major depressive disorder. *J. Neuropsychiat. Clin. Neurosciences* 3(1):78:80, 1991.
16. Bornstein RA, Baker GB, Bazylewich TL, **Douglass AB**. Tourette's syndrome and neuropsychological performance. *Acta Psychiatrica Scandinavica* 83(3):212-216, 1991.
15. Olson TR, Baker SR, **Douglass AB**. Lidocaine in outpatient surgery: central nervous system toxicity manifested by doom anxiety. *Am. J. Cosmetic Surgery.* 8(2):115-117, 1991.
14. **Douglass AB**, Hays P, Pazderka F, Russell JM. Florid refractory schizophrenias which turn out to be treatable variants of HLA-associated narcolepsy. *J. Nerv. Mental Dis.* 179(1):12-17, 1991.

13. Baker GB, Bornstein RA, **Douglass AB**, Carroll A, King G. Urinary excretion of metabolites of norepinephrine in Tourette's syndrome. *Mol. Chem. Neuropathol* 13:225-232, 1990.
12. Bornstein RA, Baker GB, Carroll A, King G, Wong JTF, **Douglass AB**. Plasma amino acids in attention deficit disorder. *Psychiatry Res.* 33:301-306, 1990.
11. **Douglass AB**. Narcoleptic twins. *Neurology* 39:1005-1006, 1989.
10. Bornstein RA, Baker GB, **Douglass AB**. Short term retest reliability of the Halstead Reitan battery in a normal sample. *J. Nerv. Mental Dis.* 175(4):229-232, 1987.
9. **Douglass AB**, Toogood RW. Temperature regulation and dopamine in schizophrenia. *Biol. Psychiat.* 22:1048-1051, 1987.
8. **Douglass AB**, Hays P. Three simultaneous major sleep disorders. *Can. J. Psychiatr.* 32(1):57-60, 1987.
7. **Douglass AB**. Sleep Disorders. *Medicine North America* 36:5293-5298.
6. Wilson DWS, **Douglass AB**. Niacin skin flush is not diagnostic of schizophrenia. *Biol. Psychiat.* 21(10):974-977, 1986.
5. Baker GB, Coutts RT, Bornstein RA, Dewhurst WG, **Douglass AB**, MacDonald RN. An electron-capture gas chromatographic method for analysis of urinary 3-methoxy-4-hydroxyphenylethylene glycol (MHPG). *Res. Commun Chem. Path Pharmacol.* 54(1): 141-144, 1986.
4. Hays P, **Douglass AB**. A comparison of puerperal psychosis and the schizophreniform variant of manic-depression. *Acta Psychiatrica Scandinav.* 69:177-181, 1984.
3. Hopkinson G, Baker GB, **Douglass AB**, McKim HR, Dewhurst WG. Analysis of urinary excretion patterns of bioactive amines and their metabolites in normal control subjects. *Prog. Neuro-Psychopharmacol Biol. Psychiatry*, 6:495-498, 1982.
2. Smart M, **Douglass AB**, Bland R. Psychiatry in the pre-licensure internship. *Can. J. Psychiatry* 27:597-598, 1981.
1. **Douglass AB**, Hays P. An objective study of relationships and discontinuities between paranoid schizophrenia and Kretschmer's syndrome of sensitive delusions of reference. *Acta Psychiatr. Scand.*, 61:387-394, 1980.

OTHER

2. Valenstein M, Dalack G, Blow F, Figueroa S, Standiford C, **Douglass AB**. Screening for Psychiatric Illness with a Combined Screening and Diagnostic Instrument. *J. Gen. Int. Medicine* 12:679-685, 1997.
1. **Douglass AB**, Harris L, Pazderka F. Monozygotic twins concordant for the narcoleptic syndrome. *Neurology* 39(1):140-141, 1989.

Books

PUBLISHED

8. Douglass AB [book review]: Martin Szuba, Jacqueline Kloss, David Dinges, editors. *Insomnia: Principles and Management*. *Can J Psychiatry* 51:332, 2006.
7. Douglass AB [book review]: Edward F Pace-Schott, Mark Solms, Mark Blagrove, Steven Harnad (eds.). *Sleep and Dreaming: Scientific Advances and Reconsiderations*. *Can J Psychiatry* 50:81, 2005.
6. **Douglass AB**, Aldrich M. *Insomnia and Sleep Disorders*. Chap. 13 in: *Primary Care Psychiatry*. Knesper D, Riba M, Schwenk (eds.) Philadelphia: W. B. Saunders Company, 1997.
5. **Douglass AB**. Sleep abnormalities in major psychiatric illness: Polysomnographic and clinical features. p. 153-177 in *Advances in Biological Psychiatry*, Jaak Panksepp (ed.), Greenwich, Connecticut: JAI Press Inc, 1996.

4. Chediak A, **Douglass AB**, Ferber R and the Standards of Practice Committee of the American Sleep Disorders Association. Practice parameters for the use of polysomnography in the evaluation of insomnia. *Sleep* 18:55-57, 1995.
3. **Douglass AB**. Sleep Disorders associated with other mental disorders: major psychoses. In: Gilman S, Goldstein GW, Waxman SG (eds.), *Neurobase*, v. 2.1, Rochester, NY: Arbor Publishing Corp., 1994.
2. **Douglass AB**, Carskadon M, Houser R. Historical data-base, questionnaires, sleep and life cycle diaries. Clinical evaluation and physiological monitoring in the home and work environment, L. Miles editor. New York: Raven Press, 1989.
1. Hays P, **Douglass AB**. The CT scan and the classification of the schizophrenias, in *Biological Psychiatry* 1981, Perris C, Struwe G, Jansson B. (eds.) 246-249, Amsterdam: Elsevier-North Holland, 1981.

Abstracts

PUBLISHED

35. **Douglass AB**, Kaluziński M. A novel physical exam technique to screen for obstructive sleep apnea. *SLEEP* 31(Supp.): A172, 2008 (abstr.).
34. **Douglass AB**, Biard K, Elgie B. An external Validation of the Sleep Apnea (SA) Scale of the Sleep Disorders Questionnaire (SDQ). *SLEEP* 31 (Supp.):A172, 2008 (abstr.).
33. **Douglass AB**, Ward M, Godbout M, Biard K. Fitting a power function to time intervals between rapid eye movements may predict the rate of human PGO waves. *SLEEP* 30 (Supp.):A347, 2007. (abstr.).
32. Biard K, **Douglass AB**, Orr L. Markov analysis of eye movement density in normal controls and narcoleptics. *SLEEP* 30(Supp.):A222, 2007. (abstr.).
31. **Douglass AB**, Ward M, Viardot G, Staner L. Markov analysis of eye movement density in normal controls under tryptophan depletion and acute fluvoxamine treatment. *SLEEP* 27 (Supp.):A331, 2006. (abstr.).
30. **Douglass AB**, Orr L, Busby K, Vadneau A, Fathi K. Sleep state misperception in a psychiatric hospital outpatient sleep clinic. *SLEEP* 28 (Supp.):A241, 2005. (abstr.).
29. **Douglass AB**, Orr L, Willsey F, Walker J, Dales R. CPAP significantly increases EKG premature ventricular contractions at lower pressures. *SLEEP* 27 (Supp.):195, 2004. (abstr.).
28. Willsey F, Orr L, Dales R, **Douglass AB**. Pressure Transducer vs. Thermistor: Inclusion of the Four Percent O2 Desaturation Criterion Narrows the Discrepancy Between the Two Methods. *SLEEP* 26(Supp):A399, 2003. (abstr.).
27. Santiago-Ayala V, Castano-Meneses VA, Resendiz-Garcia M, Rosales-Garcia M, **Douglass AB**, Valencia-Flores M. Sleep Disorders Questionnaire and its Polysomnographic correlation in sleep apnea patients. *SLEEP* 23(Supp):A289, 2000. (abstr.).
26. **Douglass AB**, Man G, Baran S, Eiser A, Schreiner R. Creation of a Total-of-Responses Validity Scale "TOT" for the Sleep Disorders Questionnaire (SDQ). *Sleep Res* 24:483, 1995.
25. Tapp A, Tandon R, **Douglass AB**, Dudley E, Scholten R, Underwood MJ. Brief neuroleptic discontinuation and clinical symptoms in chronic hospitalized schizophrenic patients. *Biol. Psychiatry* 35(9):744, 1994. (abstr.).
24. Goldman RS, Tapp R, Scholten R, Dudley E, Collier P, Underwood MJ, **Douglass AB**, Mahapatra S, Tandon R. Latent structure of the HRSD in schizophrenia. *Biol. Psychiatry* 35(9):694, 1994. (abstr.).
23. Tandon R, Taylor S, Lewis C, Shipley JE, Greden JF, Douglass AB DeQuardo JR, Goodson J. Relationship between DST findings and polysomnographic abnormalities in schizophrenia. *Biol. Psychiatry* 35(9):675, 1994. (abstr.).

22. Tandon R, Taylor SF, Shipley JE, Greden JF, **Douglass AB**, Goodson J. Effects of anticholinergic modulation on polysomnographic abnormalities in schizophrenia. *Biol. Psychiatry* 35(9):673, 1994. (abstr.).
21. Tapp A, Tandon R, **Douglass AB**, Dudley E, Scholten R, Underwood M. Depression in severe chronic schizophrenia. *Biol. Psychiatry* 35(9):667, 1994. (abstr.).
20. **Douglass AB**, Bloem W, Bains D. Unsuspected physical sleep disorders in PTSD. *Biol. Psychiatry* 35(9):656, 1994 (abstr.).
19. Zubietta JK, Demitrack MA, Shipley JE, Engleberg NC, Eiser A, **Douglass AB**. Sleep EEG in Chronic fatigue syndrome: comparison with major depression. *Biol. Psychiatry* 33(6A):73A, 1993. (abstr.).
18. **Douglass AB**, Shipley JE, Tandon R, Grunhaus L. A Markovian measure of REM density in depression and schizophrenia. *Biol. Psychiatry* 33(6A):101A, 1993. (abstr.).
17. **Douglass AB**, Joshua A, Benson K, Zarcone VP. Middle ear muscle activity (MEMA) and rapid eye movement activity in the same REM period. *Sleep Res.* 22:6, 1993. (abstr.).
16. **Douglass AB**, Shipley JE, Nino-Murcia G, Keenan S, Miles L, Zarcone VP, Guilleminault C, Dement WC. Validation of the "Psych" scale of the Sleep Disorders Questionnaire (SDQ). *Sleep Res.* 21:150, 1992. (abstr.).
15. **Douglass AB**, Shipley JE, Tandon R, Goodson J. Markovian analysis of biperiden's effect on REM sleep eye movements in schizophrenics and normals. *Biol. Psychiatry* 31:165A, 1992. (abstr.).
14. **Douglass AB**, Shipley JE, Haines R. HLA-DR antigens in schizophrenia. *Biol. Psychiatry* 29:103A, 1991. (abstr.).
13. **Douglass AB**, Bornstein RA, Nino-Murcia G, Keenan S, Miles L, Zarcone VP Jr., Guilleminault C, Dement WC, Abelson D. Item test-retest reliability of the Sleep Disorders Questionnaire (SDQ). *Sleep Res.* 19:215, 1990. (abstr.).
12. **Douglass AB**, Tandon R, Shipley JE, Taylor S, Goodson J. REM density changes in schizophrenia due to biperiden. *Biol. Psychiatry* 27:108A, 1990. (abstr.).
11. Hsu T, Shipley JE, Eiser AS, **Douglass AB**, Haskett RF, Grunhaus LJ, Pande AC. Number of REM periods and weight change in major depression. *Sleep Res.* 19:165, 1990. (abstr.).
10. **Douglass AB**, Tandon R, Shipley JE. EEG sleep in schizophrenia and affective disorders. *Biol. Psychiatry* 25:203A, 1989. (abstr.).
9. Hsu T, Shipley JE, Greden JF, Eiser AS, **Douglass AB**, Haskett RF, Grunhaus LJ, Pande AC. Effect of weight change on sleep in major depressive disorder. *Sleep Res.* 18:181, 1989. (abstr.).
8. **Douglass AB**, Hays P, Pazderka F, Russell JM. A schizophrenic variant of narcolepsy. *Sleep Res.* 18:173, 1989. (abstr.).
7. Harris L, **Douglass AB**, Pazderka F, Dossetor JB. Patterns of HLA-DR2 inheritance in families with narcolepsy and hypersomnolence. *Sleep Res.* 16:347, 1987. (abstr.).
6. **Douglass AB**, Bornstein RA, Nino-Murcia G, Keenan S, Miles L, Zarcone VP, Guilleminault C, Dement WC. Creation of the ASDC sleep disorders questionnaire. *Sleep Res.* 15:117, 1986. (abstr.).
5. **Douglass AB**, Benson KL, Zarcone VP. The frequency distribution of rapid eye movements in normal, depressed, and schizophrenic subjects. *Sleep Res.* 14:127, 1985. (abstr.).
4. **Douglass AB**, Benson K, Zarcone VP. Analysis of REM sleep using a connectivity statistic. *Sleep Res.* 13:200, 1984. (abstr.).
3. **Douglass AB**, Benson K, Zarcone VP. Analysis of REM sleep in control, schizophrenic, and depressed subjects using a "connectivity" statistic. *Sleep Res.* 13:115, 1984. (abstr.).

2. **Douglass AB**, Benson K, Zarcone VP. The frequency distribution of rapid eye movements. Sleep Res. 13:31, 1984. (abstr.).
1. **Douglass AB**. Body temperature in schizophrenia. Am. J. Psychiat. 138(11):1516-1517, 1981. (letter).

D. Presentations

Presentations - National/International

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| 2008 Jun | Poster presentation of the paper listed for Sleep. Association of Professional Sleep Societies. Baltimore, Maryland, United States. Annual Meeting. Presenter(s): Douglass AB . |
| 2007 Jun | Poster presentation of the paper for Sleep. Association of Professional Sleep Societies. Minneapolis, Minnesota, United States. Annual Meeting. Presenter(s): Douglass AB . |
| 2006 Jun | Poster presentation of the paper listed Sleep. Association of Professional Sleep Societies. Salt Lake City, Utah, United States. Annual Meeting. Presenter(s): Douglass AB . |
| 2005 Jun | Poster presentation of the paper listed Sleep. Association of Professional Sleep Societies. Denver, Colorado, United States. Annual Meeting. Presenter(s): Douglass AB . |
| 2004 Jun | Poster presentation of the paper listed Sleep. Association of Professional Sleep Societies. Philadelphia, Pennsylvania, United States. Annual Meeting. Presenter(s): Douglass AB . |
| 2003 Sep | Poster presentation: "Markov analysis of REM eye movements shows significant differences between normals and neuro-psychiatric disorders". Lyon, France. Jouvett Meeting. Presenter(s): Douglass AB . |
| 2003 Jun | Poster presentation of the paper listed Sleep. Association of Professional Sleep Societies. Chicago, Illinois, United States. Annual Meeting. Presenter(s): Douglass AB . |
| 2002 Jun | Poster presentation of the paper for Sleep. Association of Professional Sleep Societies. Seattle, Washington, United States. Annual Meeting. Presenter(s): Douglass AB . |
| 2000 Jun | Poster presentation of the paper for Sleep. Association of Professional Sleep Societies. Las Vegas, Nevada, United States. Annual Meeting. Presenter(s): Douglass AB . |
| 2000 | Psychiatric aspects of sleep disorders medicine. American College of Chest Physicians. Chicago, Illinois, United States. Annual meeting. Presenter(s): Douglass AB . |
| 1995 | Poster presentation of the paper for Sleep Research 1995. Association of Professional Sleep Societies. Nashville, Tennessee, United States. Annual meeting. Presenter(s): Douglass AB . |
| 1994 Dec 14 | HLA Studies in Schizophrenia Suggesting Narcolepsy. University of Michigan. Michigan, United States. Grand Rounds - Department of Psychiatry. Presenter(s): Douglass AB . |
| 1994 Jun | "Usage of the Sleep Disorder Questionnaire" – presentation of a "Meet the Professor" breakfast seminar. Association of Professional Sleep Societies. Boston, Massachusetts, United States. Presenter(s): Douglass AB . |
| 1994 May | Brief neuroleptic discontinuation and clinical symptoms in chronic hospitalized schizophrenic patients. Society of Biological Psychiatry. Philadelphia, Pennsylvania, United States. Poster presentation. Presenter(s): Tapp A, Tandon R, Douglass AB , Dudley E, Scholten R, Underwood MJ. |
| 1994 May | Latent structure of the HRSD in schizophrenia. Society of Biological Psychiatry. Philadelphia, Pennsylvania, United States. Poster presentation. Presenter(s): Goldman RS, Tapp R, Scholten R, Dudley E, Collier P, Underwood MJ, Douglass AB , Mahapatra S, Tandon R. |
| 1994 May | Relationship between DST findings and polysomnographic abnormalities in schizophrenia. Poster |

presentation: "Markov analysis of REM eye movements shows significant differences between normals and neuro-psychiatric disorders". Philadelphia, Pennsylvania, United States. Poster presentation. Presenter(s): Tandon R, Taylor S, Lewis C, Shipley JE, Greden JF, **Douglass AB**, DeQuardo JR, Goodson J.

- 1994 May Effects of anticholinergic modulation on polysomnographic abnormalities in; schizophrenia. Society of Biological Psychiatry. Philadelphia, Pennsylvania, United States. Poster presentation. Presenter(s): Tandon R, Taylor SF, Shipley JE, Greden JF, **Douglass AB**, Goodson J.
- 1994 May Depression in severe chronic schizophrenia. Society of Biological Psychiatry. Philadelphia, Pennsylvania, United States. Poster presentation. Presenter(s): Tapp A, Tandon R, **Douglass AB**, Dudley E, Scholten R, Underwood M.
- 1994 May Unsuspected physical sleep disorders in PTSD. Society of Biological Psychiatry. Philadelphia, Pennsylvania, United States. Poster presentation. Presenter(s): **Douglass AB**, Bloem W, Bains D.
- 1994 May A Sleep Disorders Questionnaire (SDQ) subscale for chronic fatigue syndrome. Philadelphia, Pennsylvania, United States. Poster presentation at APA "New Research" Program, APA Annual Meeting. Presenter(s): **Douglass AB**, Zubieta JK, Demitrack MA, Engleberg N.
- 1993 Jun Oral presentation of the paper listed for Sleep Research. Association of Professional Sleep Societies. Los Angeles, California, United States. Annual Meeting. Presenter(s): **Douglass AB**.
- 1993 May Sleep EEG in chronic fatigue syndrome: comparison with major depression. APA. San Francisco, California, United States. Poster presentation at APA annual meeting. Presenter(s): Zubieta JK, Demitrack MA, Shipley JE, Engleberg NC, Eiser A, **Douglass AB**.
- 1993 May Poster presentation of the 2 papers for Biol.Psychiatry. Society for Biological Psychiatry. San Francisco, California, United States. Annual Meeting. Presenter(s): **Douglass AB**.
- 1992 Jun Poster presentation of the paper listed for Sleep Research 1992. Association of Professional Sleep Societies. Phoenix, Arizona, United States. Presenter(s): Douglas AB.
- 1992 May Poster presentation of paper for Biol. Psychiatry. Society for Biological Psychiatry. Washington, District of Columbia, United States. Annual meeting. Presenter(s): **Douglass AB**.
- 1992 Feb Oral presentation "Clinical scoring scales of the Sleep Disorders Questionnaire (SDQ)" Advances in Sleep Medicine. Breckenridge, Colorado, United States. Winter Meeting. Presenter(s): **Douglass AB**.
- 1992 Markovian analysis of eye-movements in REM sleep. Austrian Sleep Society Annual Meeting. Innsbruck, Austria. Keynote Speaker. Presenter(s): **Douglass AB**.
- 1991 Jun Oral presentation of the paper for Sleep Research 1993. Association of Professional Sleep Societies. Los Angeles, California, United States. Annual Meeting. Presenter(s): **Douglass AB**.
- 1990 Jun Poster presentation of the paper listed for Sleep Research 1990. Association of Professional Sleep Societies. Minneapolis, Michigan, United States. Presenter(s): **Douglass AB**.
- 1990 May Poster presentation of two papers listed for Biol. Psychiatry. Society for Biological Psychiatry. New York, United States. Annual Meeting. Presenter(s): **Douglass AB**.
- 1989 Urinary metabolites of norepinephrine in Tourette's Syndrome. American Academy of Neurology. Chicago, Illinois, United States. American Academy of Neurology. Presenter(s): Bornstein RA, Baker GB, **Douglass AB**.
- 1989 HLA-DR2 Positive schizophrenics who prove to have narcolepsy. Psychiatric Research Society. Park City, Utah, United States. Presenter(s): **Douglass AB**.
- 1988 Battle Creek Initiative. VA Medical Center. Ann Arbor, Michigan, United States. Major Lecturer. Presenter(s): **Douglass AB**.

- 1987 Jun Poster presentation of the paper for Sleep Research 1987. Fifth International Congress on Sleep Research. Copenhagen, Denmark. Presenter(s): **Douglass AB.**
- 1986 Abnormality of body temperature control in schizophrenia", poster presentation. Society for Biological Psychiatry. Washington, District of Columbia, United States. Annual Meeting. Presenter(s): **Douglass AB.**
- 1986 Poster presentation for Sleep Research 1986. Sleep Research Society. Columbus, Ohio, United States. Presenter(s): **Douglass AB.**
- 1986 Clinical management of sleep disorders in general practice. Prince Albert, Saskatchewan, Canada. Upjohn General Practice Lecture. Presenter(s): **Douglass AB.**
- 1986 Middle ear muscle activity in schizophrenia. University of Michigan. Ann Arbor, Michigan, United States. Department of Psychiatry Rounds. Presenter(s): **Douglass AB.**
- 1986 A review of psychophysiology in schizophrenia. Edmonton, Alberta, Canada. Department of Psychiatry City-wide Grand Rounds. Presenter(s): **Douglass AB.**
- 1985 Clinical approach to sleep disorders. St. Paul Hospital. St. Paul, Alberta, Canada. Grand Rounds. Presenter(s): **Douglass AB.**
- 1985 Review of recent research in narcolepsy. Canadian Association for Narcolepsy Alberta Branch. Edmonton, Alberta, Canada. Annual General Meeting. Presenter(s): **Douglass AB.**
- 1985 Differential diagnosis of sleep disorders from the neurologists point of view. Edmonton, Alberta, Canada. City-wide Neurology Grand Rounds. Presenter(s): **Douglass AB.**
- 1985 Poster presentation for Sleep Research 1985. Sleep Research Society. Seattle, Washington, United States. Presenter(s): **Douglass AB.**
- 1984 Sleep disorders in clinical practice. University of Saskatchewan CME. Saskatoon, Saskatchewan, Canada. Office Psychiatry Update 1984. Presenter(s): **Douglass AB.**
- 1984 Techniques of recording the pathology of sleep. Canadian Association of EEG Technologists. Edmonton, Alberta, Canada. Presenter(s): **Douglass AB.**
- 1983 Diagnosis and treatment of sleep disorders. Edmonton Society of Pharmacists. Edmonton, Alberta, Canada. Presenter(s): **Douglass AB.**

Presentations - Provincial

- 1996 Schizophrenia, narcolepsy, and HLA-DR15, DQ6. University of Toronto. Toronto, Ontario, Canada. Grand Rounds Speaker - Dept. of Psychiatry. Presenter(s): **Douglass AB.**
- 1991 The Sleep Disorders Questionnaire. Association of Professional Sleep Societies. Toronto, Ontario, Canada. Annual meeting, Meet the Professor lecture series. Presenter(s): **Douglass AB.**
- 1984 Oral presentation of the 3 abstracts listed for Sleep Research 1984. Sleep Research Society. Toronto, Ontario, Canada. Presenter(s): **Douglass AB.**

Presentations - Local

- 2004 Sleepy Residents. University of Ottawa. Ottawa, Ontario, Canada. Grand Rounds in Pediatrics, Surgery and Psychiatry. Presenter(s): **Douglass AB.**

Media Presentations

- 2003 Nov 15 "Quirks & Quarks" national science program – interview about the results of sleep deprivation. CBC Radio. Ontario, Canada. Presenter(s): **Douglass AB.**

2002	Morning show interview about diagnosing sleep apnea. CJRO Radio Ottawa. Ottawa, Ontario, Canada. Presenter(s): Douglass AB.
1995	30 minute interview about sleep disorders. Host: Tod Greenman. VA Health Today. Michigan, United States. Presenter(s): Douglass AB.
1987	Interview program with Dr. Godfrey Man, also of the Sleep Disorders Clinic, University of Alberta Hospital regarding symptoms of sleep disorders. CJA Radio. Edmonton, Alberta, Canada. Presenter(s): Douglass AB.
1986	"Good Good Morning" interview show with Gerald Dunkley, president of the Canadian Association for Narcolepsy. CITV Television. Edmonton, Alberta, Canada. Presenter(s): Douglass AB.
1985	Documentary on the University of Alberta Hospital Sleep Laboratory. Canadian Broadcasting Corporation. Edmonton, Alberta, Canada. Presenter(s): Douglass AB.

E. Teaching

1. UNDERGRADUATE

2001 - 2005	Lecturer, Sleep and Dreams, Course Director and Lecturer, Psychology 3327/4327, School of Psychology, Faculty of Social Sciences, University of Ottawa
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2. UNDERGRADUATE PRE-CLERKSHIP

1989 - 1995	Ward Preceptor, Year 1, Guest Lecturer, Neurological and Behavioral Sciences course, UM second year medical students. Psychiatry, University of Michigan
1983 - 1988	Introduction to Psychiatry for Second Year Medical Students, Year 2, Principal lecturer and Course Coordinator, Psychiatry 421, Psychiatry, University of Alberta

3. UNDERGRADUATE CLERKSHIP

2001 - 2005	Lecturer, Clinical Skills Course to Undergraduate Medical Students, University of Ottawa
1985 - 1988	Primary lecturer for all undergrad teaching in Psychiatry, Ward Preceptor for one-fourth year medical student (clinical clerk) and one psychiatric resident, 12 hours per week, rotating continuously throughout the year. University of Alberta, Didactic Teaching Hours = 30
1980 - 1982	Lecturer, Senior medical student Psychiatry Seminars, Psychiatry, University of Alberta

4. POSTGRADUATE

2006 - present	Host and moderator, Resident's Journal Club, Psychiatry, University of Ottawa
2003 - present	Statistics, Sleep, PGY-3, Course Director and Principal Lecturer, PGY3 Seminar Series for psychiatric residents, Psychiatry, University of Ottawa
2002 - 2003	Seminar, PGY-5, Course Director and Principal Lecturer, PGY5 Seminar Series (psychiatric residents), Psychiatry, University of Ottawa
1984 - 1988	Sleep physiology, sleep disorders, PGY-5, Guest Lecturer, Psychiatry 511, Psychiatry, University of Alberta

5. MULTI-LEVEL EDUCATION

1993 - 1996	Sleep physiology and disorders, Lecturer to M-2 & 4 medical students. HO-2 Psychiatry Resident lecturer -- Sleep Disorders, Psychiatry, University of Michigan
1983 - 1988	Introduction to psychiatric disorders and symptoms, Guest Lecturer, Pharmacy 480, Psychiatry, University of Alberta
1972 - 1973	Lecturer, Psychology Introductory Course, Alberta Hospital, Edmonton School of Nursing

Nelson Pearce B.Sc. (Hons), B.Sc. Pharm.

4 Kimberly Ave.
Kemptville, ON K0G 1J0

709-631-0711 | nelson.pearce@theroyal.ca

Highlight of Qualifications

- Awarded a B.Sc. in Pharmacy from Memorial University and currently registered as a Part A Pharmacist with the Ontario College of Pharmacists
- Currently employed as pharmacist in a tertiary care mental health hospital with experience in areas of care including forensics, geriatrics, addictions, mood and anxiety disorders, youth, recovery, and schizophrenia
- Experienced and proficient in the use of Meditech CS 5.66 software
- Experience in performing and optimizing the medication reconciliation process in a variety of healthcare settings
- Strong interpersonal communication skills and experience with patient interactions in community, hospital, and mental health care settings
- Knowledgeable of both therapeutic and chemical aspects of pharmaceuticals
- Creative problem solver with experience developing solutions to unique problems encountered in research and experimental design

Professional Experience

Pharmacist

Oct 2014 – Present

Brockville Mental Health Centre

- Effectively balanced dispensary activities with clinical activities such as medication reviews, medication reconciliations, answering drug information questions, and providing therapy recommendations
- Performed and coordinated duties within the pharmacy to ensure efficient and accurate distribution of medications
- Collaborated with other health care professionals to improve the safety and efficiency of current practices and procedures regarding medication management and expand the role of pharmacy practice
- Collaborated with other health care professionals and patients to provide optimized patient centered care during interdisciplinary activities such as rounds and Kardex
- Attended Pharmacy and Therapeutics Committee meetings and participated in policy development and formulary review processes

Pharmacy Intern

Jun 2014 – Sep 2014

Royal Ottawa Mental Health Centre

Ottawa, ON

- Performed medication reconciliations by collecting, organizing and documented patient medication information to minimize medication errors during admissions, transfers and discharges
- Performed and coordinated duties to ensure efficient and accurate distribution of medications
- Collaborated with other health professionals to develop effective care plans for patients with a focus on patients in the forensic assessment and recovery programs
- Designed and presented a multimedia presentation to healthcare professionals highlighting important aspects of new antipsychotic medications
- Attended and participated in Pharmacy and Therapeutics Committee meetings
- Researched and reviewed relevant documents and studies to formulate responses to drug information questions

Pharmacy Student Clerk

Feb 2014 – Apr 2014

Health Sciences Centre - Cystic Fibrosis Clinic

St. John's, NL

- Authored educational material for health professionals regarding cystic fibrosis published in the Pharmacists' Association of Newfoundland and Labrador (PANL) newsletter
- Collaborated with a multi-disciplinary team to coordinate effective care for patients
- Evaluated and recommended antimicrobial therapies based on reviews of primary literature
- Counseled patients and families on managing therapy and disease in their daily lives
- Educated patients and families on correct use of different medications and devices

Pharmacy Student Clerk

Jan 2014 – Feb 2014

Royal Ottawa Mental Health Centre

Ottawa, ON

- Communicated effectively with a variety patient populations, including patients in geriatrics, addictions, mood and anxiety, forensics, and schizophrenia, and provided education regarding medications and health related topics during focus groups
- Designed and presented a multimedia presentation to healthcare professionals highlighting important aspects of new antipsychotic medications
- Collaborated with other health professionals to develop effective care plans for patients in areas of care including geriatrics, addictions, and mood and anxiety disorders
- Researched and evaluated primary literature data to develop responses to clinical queries and for special access requests for medications to be used in treatment resistant illness
- Collected, organized and documented patient medication information to perform medication reconciliations for admissions, transfers and discharges to minimize medication errors

Pharmacy Student

Jun 2013 – Dec 2013

Sobeys Pharmacy

St. John's, NL

- Assessed and assisted patients in selection of appropriate products for symptom management

Pharmacy Student

Apr 2013 – May 2013

Lawtons Pharmacy

St. John's, NL

- Structured Practice Experience (SPE) Memorial University
- Counselling and monitored patients in the methadone maintenance program to provide assistance in symptom management and to help adherence to the recovery program in an outpatient setting

Student Researcher

May 2012 – Sep 2012

Memorial University of Newfoundland

St. John's, NL

- Developed and coordinated experimental procedures to provide accurate data collection from multiple experimental populations simultaneously and meet deadlines
- Collected and organized large quantities of data
- Designed Excel spread sheets and protocols for efficient and accurate data interpretation
- Communicated results in a multimedia presentation and poster presentation at a national conference

Pharmacy Student

Apr 2012 – May 2012

Waterford Mental Health Hospital

St. John's, NL

- Structured Practice Experience (SPE) Memorial University
- Collaborated with other health professionals in developing care plans for new admission to hospital
- Gained experience with managing therapy used in treatment of mood and anxiety disorders

Student Researcher

Sep 2009 – May 2010

University of Ottawa

Ottawa, ON

- Designed and optimized experimental protocols for construction of a plasmid vector designed to stimulate sigma factor over expression in *E. coli* and which provided accurate, reproducible results
- Generated and documented data that led to a publication in a peer reviewed journal

Student Researcher

May 2009 – Sep 2009

Health Canada Centre for Biologics Research

Ottawa, ON

- Organized and performed series of cell cultures and immunoassays allowing for quantification and characterization of murine mesenchymal stromal cells by flowcytometry
- Generated and documented data that resulted in a publication in a peer reviewed journal

Student Researcher

Jan 2008 – Dec 2008

Children's Hospital of Eastern Ontario – Apoptosis Research Centre

Ottawa, ON

- Designed and optimized experimental protocols for siRNA transfection of various cell lines allowing for the design of a high-throughput assay and genome-wide gene silencing experiment
- Organized and interpreted large quantities of experimental data using Excel
- Generated data that contributed to a publication in a peer reviewed journal

Pharmacy Related Presentations and Articles

Psychopharmacology: A Brief Overview

Sep 2015

St. Lawrence College

Brockville, ON

- Multimedia presentation provided to nursing students introducing them to the mechanism of action, indications, and adverse effects of major classes of psychotherapeutic agents

New Antipsychotic Therapies

Jun 2014

Royal Ottawa Mental Health Centre

Ottawa, ON

- Multimedia presentation for health professionals to outline important aspects of asenapine, lurasidone, paliperidone and aripiprazole

Medications in Cystic Fibrosis

Apr 2014

Health Sciences Centre

St. John's, NL

- Multimedia presentation for nurses regarding common medications used in the treatment of cystic fibrosis in pediatrics

Brief Overview of Therapy in Cystic Fibrosis

Apr 2014

Published in PANL Newsletter

- Summary of chronic therapies used in the treatment of cystic fibrosis
- Designed as educational material for community pharmacists to assist in counselling patients with cystic fibrosis

Asenapine and Lurasidone: Where they fit in the treatment of psychosis

Feb 2014

Royal Ottawa Mental Health Centre

Ottawa, ON

- Multimedia presentation for health professionals to outline important aspects of new antipsychotic therapies

NSAID Use in Patients with an ASA Allergy

Oct 2013

Memorial University of Newfoundland School of Pharmacy

St. John's, NL

- Multimedia presentation presented to students and faculty

Treatment of Bipolar Depression During Pregnancy

Mar 2013

Memorial University of Newfoundland School of Pharmacy

St. John's, NL

- Multimedia presentation presented to students and faculty

Development of an Animal Model for Examination of the Relationship Between Stroke and Rheumatoid Arthritis

Mar 2013, Jun 2013

Memorial University of Newfoundland School of Pharmacy

St. John's, NL and Vancouver, BC

University of British Columbia – CSPA Conference

- Research poster summarizing research performed by myself and Dr. Noriko Daneshtalab

Education

Bachelor of Science in Pharmacy <i>Memorial University of Newfoundland</i>	2010 – 2014 St. John's, NL
Honours Bachelor of Science in Biopharmaceutical Sciences (CO-OP) <i>University of Ottawa</i>	2005 – 2010 Ottawa, ON
<ul style="list-style-type: none"> • Concentration: Medicinal Chemistry • Graduated <i>summa cum laude</i> 	

Certifications

ODT-Opioid Dependence Treatment Course <i>CAMH</i>	May 2015
Ottawa Model for Smoking Cessation Workshop <i>University of Ottawa Heart Institute</i>	Sep 2014
Injection and Immunization Certification <i>Ontario Pharmacist's Association</i>	Aug 2014
Standard First Aid, CPR C and AED <i>Canadian Red Cross</i>	Oct 2013

Honours and Awards

CSPS Undergraduate Research Poster Award <i>Memorial University of Newfoundland School of Pharmacy</i>	Feb 2013
TEVA Scholarship <i>TEVA Canada Ltd.</i>	Sep 2012
<ul style="list-style-type: none"> • Awarded to a student achieving excellence in one of pharmaceutical manufacturing, biopharmaceutics, or medicinal chemistry 	
NSERC USRA <i>NSERC</i>	Apr 2012
<ul style="list-style-type: none"> • Provided funding for undergraduate research performed with Dr. Noriko Daneshtalab 	
School of Pharmacy Entrance Scholarship <i>Memorial University of Newfoundland School of Pharmacy</i>	Sep 2010
<ul style="list-style-type: none"> • Awarded to students of the high academic standing prior to admission 	
Dean's List <i>University of Ottawa</i>	2006 – 2010

University of Ottawa Entrance Scholarship

2005 – 2009

University of Ottawa

- Awarded to students of high academic standing prior to admission
- Renewed annually based on academic standing

Professional Associations

Canadian Society of Hospital Pharmacists	2012 – Present
Ontario College of Pharmacists	2011 – Present
Canadian Pharmacists Association	2010 – Present
Pharmacists Association of Newfoundland and Labrador	2010 – Present
Committee on Curriculum Planning and Development	2012 – 2014
<i>Memorial University of Newfoundland School of Pharmacy</i>	
Academic Council	2012 – 2013
<i>Memorial University of Newfoundland School of Pharmacy</i>	

Publications

Non-multipotent stroma inhibit the proliferation and differentiation of mesenchymal stromal cells *in vitro*. Michael Rosu-Myles, Joel Fair, **Nelson Pearce** & Jelica Mehic. *Cytotherapy*. 2010 DOI: 10.3109/14653249.2010.501785

Virus-Tumor Interactome Screen Reveals ER Stress Response Can Reprogram Resistant Cancers for Oncolytic Virus-Triggered Caspase-2 Cell Death. Douglas J Mahoney, Charles Lefebvre, Kristin Allen, Jan Brun, Cina A. Sanaei, Stephen Baird, **Nelson Pearce**, Susanna Gronberg, Brian Wilson, Mikael Prakesh, Ahmed Aman, Methvin Isaac, Ahmed Mamai, David Uehling, Rima Al-Awar, Theresa Falls, Tommy Alain, David F. Stojdl. *Cancer Cell*. 2011 DOI: 10.1016/j.ccr.2011.09.005

Alternative Sigma Factor Over-Expression Enables Heterologous Expression of a Type II Polyketide Biosynthetic Pathway in *Escherichia coli*. David Cole Stevens, Kyle Conway, **Nelson Pearce**, Anthony Garza, Christopher N. Boddy. *PLoS ONE*. 2013. DOI:10.1371/journal.pone.0064858

References

Noriko Daneshtalab PhD.

Assistant Professor, School of Pharmacy with Cross-Appointment to Faculty of Medicine
709-777-2218
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John Hawboldt BSP, ACPR, PharmD.

Clinical Pharmacist, Health Sciences Centre Cystic Fibrosis Clinic
Associate Professor, School of Pharmacy with Cross-Appointment to Faculty of Medicine
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Curriculum Vitae

Michael D. Bodnar

Date of last revision: Aug 20, 2018

A. IDENTIFICATION

Current Working Affiliations: The Royal's Institute of Mental Health Research, Ottawa, Canada

Phone: 613-722-6521 ext.6711 (The Royal)
514-969-1796 (personal mobile)

E-mail: michael.d.bodnar@gmail.com

Home address: 125 rue des Grands-Chateaux, Aylmer, Quebec, J9H 7S1

Date of Birth: June 7, 1979
Place of Birth: Saskatoon, Saskatchewan, Canada
Citizenship: Canadian

Career Objectives

To pursue a clinical academic career with a focus on psychosis involving clinical intervention design and application, and neuroimaging. To continue clinical work with people who present with psychosis or related mental health disorders in the public sector.

B. PROFESSIONAL APPOINTMENTS

Certifications

Under Review	Clinical psychologist, College of Psychologists of Ontario
2017 – present	Clinical psychologist, <i>Ordre des Psychologues du Québec</i> (Permit #13161-17)

University

2016 – 2018	Assistant Professor (non-tenure), Department of Psychiatry, McGill University, Montreal, Canada
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Health Centre

2018 - Current	Clinical Research Scientist, The Royal's Institute of Mental Health Research, Ottawa, Canada
2016 – 2018	Clinical Psychologist, Psychotic Disorders Program, Douglas Mental Health University Institute, Montreal, Canada

C. EDUCATION

Post-graduate Training

2015-2016	Post-Doctoral Fellowship	Institute of Psychiatry, Psychology, and Neuroscience, King's College London, London, UK
	Project:	Developing a novel intervention for negative symptoms.
	Mentor:	Dr. Matteo Cella

Graduate

2016	PhD: Clinical Psychology	Department of Psychology, McGill University, Montreal, Canada
	Thesis:	<i>Towards a better understanding of primary negative symptoms: a longitudinal study in first-episode psychosis.</i>
	Supervisor:	Dr. Martin Lepage
2011	PhD: Neuroscience	Department of Neurology and Neurosurgery, McGill University, Montreal, Canada
	Thesis:	<i>Neurocognitive and neuroimaging markers of early remission in first-episode schizophrenia</i>
	Supervisors:	Dr. Ashok K. Malla & Dr. Martin Lepage

Undergraduate

2005	BA: Psychology (with Great Distinction)	Department of Psychology, University of Regina, Regina, Saskatchewan, Canada
2004	BSc: Biology (with Great Distinction)	Department of Biology, University of Regina, Regina, Saskatchewan, Canada

D. CLINICAL ACTIVITY

Therapeutic Training

Aug 2015 – Aug 2016	Psychological Interventions Clinic for outpatients with Psychosis (PICuP), Maudsley Hospital, London, UK	
	Interventions	Cognitive Behavioural Therapy, Acceptance and Commitment Therapy, Mindfulness
	Population	Chronic schizophrenia and psychosis
	Supervisors	Dr. Emmanuelle Peters, Dr. Majella Byrne
	Total Hours	2000 hours (400 hours direct contact)
Aug 2015 – Aug 2016	King's College London, Institute of Psychiatry, Psychology, and Neuroscience, London, UK	
	Interventions	Cognitive Remediation Therapy using Computerised Interactive Remediation of Cognition Training For Schizophrenia (CIRCUITS)
	Population	First-episode of psychosis
	Supervisor	Dr. Matteo Cella
	Total Hours	250 hours (80 hours direct contact)

Jan 2013 – Jun 2015	Prevention and Early Intervention Program for Psychoses (PEPP), Douglas Institute, Montreal, Canada	
	Interventions	Cognitive Behavioural Therapy
	Population	First-episode of psychosis
	Supervisor	Dr. Martin Lepage
	Total Hours	1100 hours (255 hours direct contact)

Neuropsychological Training

Jan 2009 – Jun 2015	Prevention and Early Intervention Program for Psychoses (PEPP), Douglas Institute, Montreal, Canada	
	Tests	WAIS-III, WASI, WMS-III, SSTICS, Tower of London, Stroop Test, Trail Making A & B, d2 Test of Attention, Grooved Peg Board, CogState
	Population	First-episode of psychosis
	Supervisors	Dr. Martin Lepage
	Total Hours	125 hours direct contact (25 evaluations)

Volunteering

2010 - 2013	Assertive Community Treatment, Douglas Institute, Montreal, Canada.	
	Population	Chronic schizophrenia
	Contact	karl.beck@douglas.mcgill.ca
	Total Hours	150 hours direct contact
2010 - 2011	Moving Ahead Program, Douglas Institute, Montreal, Canada.	
	Population	Chronic schizophrenia
	Contact	stella.gaucher-murovic@douglas.mcgill.ca
	Total Hours	70 hours direct contact

Training Workshops

Title	Date	Hours	Presenter(s), Location
Cognitive Remediation Therapy	2016 Jul 11	16	Matteo Cella and Clare Reeder, King' College, London, UK
CBT Boot Camp 2.0	2016 May 23-24	16	Christine Padesky, UCL, London, UK
Working with Delusions	2016 Mar 10	5.5	Emmanuelle Peters, King's College, London, UK
Working with At-Risk Mental States	2016 Mar 10	1.5	Majella Byrne, King's College, London, UK
Stigma & Psychosis	2016 Mar 03	8	Anthony Morrison & Patrick Corrigan, Manchester, UK
Working with Trauma and Psychosis	2016 Jan 22	8	Nadine Keen, Goodmayes Hospital, London, UK
Group Work / Neurological Difficulties in Psychosis	2015 Nov 26	6	Rumina Taylor, Vaughan Bell, King's College, London, UK
Cognitive Difficulties in Psychosis	2015 Nov 19	7	Vaughn Bell, King's College, London, UK
Relapse Prevention	2015 Nov 15	5	Juliana Onwumere, King's College, London, UK

Inpatient Work	2015 Nov 12	5	Rumina Taylor, King's College, London, UK
CBT Interventions for the prevention and reduction of suicide risk	2015 Oct 26	7	Nick Tarrier, King's College, London, UK

E. SPECIAL HONOURS, AWARDS, RECOGNITION

2016	Editorial by Sophia Frangou in <i>British Journal of Psychiatry Open</i> for article - The effect of second-generation antipsychotics on hippocampal volume in first episode of psychosis: longitudinal study
2014	Award for Best Presentation, PEPP Research Day, \$750 CAD
2012	Special Editorial by Stefan Borgwardt and Paolo Fusar-Poli in <i>British Journal of Psychiatry</i> for article - Functional magnetic resonance imaging correlates of memory encoding in relation to achieving remission in first-episode schizophrenia.
2012	Leo and Rachel Hendlisz Award for Most Influential and Significant Scientific Publication - 2 nd Place, Douglas Institute, \$500 CAD

F. TEACHING

1. UNIVERSITY COURSES

Undergraduate

Invited Lectures/Seminars

Date	Hours	Description
Fall 2014	1.5	<i>Brain Imaging Methods</i> Topics in Neuropsychology (Psyc410) for Dr. Martin Lepage, Department of Psychology, McGill University, Montreal, Canada
Fall 2008	1.5	<i>Outcome from Psychosis</i> Topics in Neuropsychology (Psyc410) for Dr. Martin Lepage, Department of Psychology, McGill University, Montreal, Canada

Full Course

Date	Hours	Description
Winter 2005	45	Teaching Assistant & Lab Instructor Developmental Biology (Biol395) for Dr. Richard Manzoni, Department of Biology, University of Regina, Regina, Canada

G. RESEARCH

1. RESEARCH INTERESTS

My research interest includes outcome in schizophrenia and related psychotic disorders. In my research, our group initially looked for neurocognitive and neurobiological (structural and functional) markers related to early remission (i.e., after 1 year of treatment) in people with a first-episode of schizophrenia. We then continued to explore for neurocognitive and neurobiological markers in people with a first-episode of psychosis but in relation to persistent negative symptoms and using more modern brain imaging analyses (such as cortical thickness and multi-atlas, label fusion). With my clinical degree, I plan to continue this research while applying new psychosocial treatment techniques to people with psychosis who predominantly display negative symptoms.

2. RESEARCH TRAINEES SUPERVISED

A. Current Supervision of Students

None

B. Past Supervision of Students

M.Sc. Students

FITZPATRICK, Naomi
M.Sc., IoPPN, King's College London
Sept 2016 – Sept 2017

Date Conferred

withdrew

RAVINDRAN, Judhika
M.Sc., IoPPN, King's College London
Sept 2015 – Nov 2016

Nov 2016

3. PERSONAL SUPPORT AWARDS

A. Current Personal Support Awards

The Royal, Emerging Research Innovators in Mental Health (e-RIMh) – Salary Award	2018-07-03 – 2023-07-03 (5 Years)	\$475 000 CAD
<i>Negative symptoms among severe mental health disorders : multimodal characterisation to develop novel treatments</i>		

B. Submitted Personal Support Awards

None		
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C. Past Personal Support Awards

Fonds de recherche du Québec – Santé (FRQS) Chercheurs-boursiers cliniciens (1st rank)	2017-07-01 – 2021-06-30 (4 Years) - Discontinued	\$147 792 CAD
<i>Les symptômes négatifs de la schizophrénie et des autres troubles psychotiques : une approche multidimensionnelle.</i>		
Canadian Institutes of Health Research (CIHR) Frederick Banting and Charles Best Canada Graduate Scholarships Doctoral Award	2009-05-01 – 2010-04-30 (1 Year)	\$35 000 CAD
<i>The early identification of neuroimaging markers of clinical outcome in a cohort of first episode psychosis.</i>		
McGill University McGill Top-Up Award	2009 (one time instalment)	\$2500 CAD

McGill University Provost Graduate Fellowship PhD Entrance Award	2008 (one time instalment)	\$10 000 CAD
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4. RESEARCH OPERATING GRANTS

A. Current Research Operating Grants

Principal Applicant

The Royal, Emerging Research Innovators in Mental Health (e-RIMh) – Operating Grant	2018-07-03 – 2023-07-03 (5 Years)	\$500 000 CAD
Bodnar, M. (Principal Applicant)		
<i>Negative symptoms among severe mental health disorders : multimodal characterisation to develop novel treatments</i>		

Co-applicant

Canadian Institutes of Health Research (CIHR)/Otsuka/Lundbeck Alliance	2015-10-01 – 2020-09-30 (5 Years)	\$1 136 670 CAD
Lepage, M. (Principal Applicant) Bodnar, M. (Co-applicant) Chakravarty, M. (Co-applicant) Joober, R. (Co-applicant) Malla, A. (Co-applicant) Shah, J. (Co-applicant)		
<i>Aripiprazole Long Acting Injectable (ALAI), its potential enhancing effect on memory and associated neural structures: A longitudinal brain imaging study in first-episode psychosis</i>		

B. Past Research Operating Grants

Principal Applicant

Fonds de recherche du Québec – Santé (FRQS) Établissement de jeunes chercheurs cliniciens	2017-07-01 – 2020-06-30 (3 Years) - Discontinued	\$45 000 CAD
Bodnar, M. (Principal Applicant) Lepage, M. (Co-applicant)		
<i>Les symptômes négatifs de la schizophrénie et des autres troubles psychotiques : une approche multidimensionnelle.</i>		

Co-applicant

MITACS/Janssen-Ortho	2015-05-01 – 2016-04-30 (1 Year)	\$30 000 CAD
Lepage, M. (Principal applicant) Bodnar, M. (Co-applicant/student)		
<i>Brain changes after 1 year of treatment with an injectable antipsychotic in people with a first-episode psychosis</i>		

C. Submitted Operating Grants**Principal Applicant**

None		

Co-applicant

None		

5. JOURNALS**Ad Hoc Reviews**

Peer Reviewed Journal	Total	2018
Clinical Schizophrenia & Related Psychoses	7	
Early Intervention in Psychiatry	2	
Journal of Clinical Psychiatry	2	
Lancet: Psychiatry	1	
JAMA Psychiatry	1	
Psychiatry Research: Neuroimaging	1	
Psychiatry Research	2	
Progress in Neuropsychopharmacology & Biological Psychiatry		1

Published Articles**In Preparation**

Bodnar, M., Malla, A.K., Joober, R., & Lepage, M. (previously submitted). Persistent negative symptoms and remission: a longitudinal study in a cohort of first-episode of psychosis.

Bodnar, M., Foussias, G., Malla, A.K., Joober, R., & Lepage, M. (in prep). Parahippocampal volume changes in early primary and secondary persistent negative symptoms: a longitudinal study of first-episode schizophrenia.

Bodnar, M., Malla, A.K., Joober, R., & Lepage, M. (in prep). Long-lasting injectable versus oral antipsychotics: a longitudinal MRI study of first-episode psychosis.

Bodnar, M., Malla, A.K., Joober, R., & Lepage, M. (in prep). Ventricles re-visited. The effect of relapse: a longitudinal MRI study of first-episode schizophrenia.

Submitted

None.

In revision

None.

In press

1. Rosengard, R., **Bodnar, M.**, Malla, A.K., Joober, R., Lepage, M., & Shah, J. Impact of Pre-Onset Sub-threshold Psychotic Symptoms on Longitudinal Outcomes During Treatment for First Episode Psychosis. *JAMA Psychiatry*.

2017

2. Makowski, C., **Bodnar, M.**, Shenker, J., Malla, A.K., Joober, R., Chakravarty, M.M., & Lepage, M. (2017). Linking Persistent Negative Symptoms to Amygdala-Hippocampus Structure in First Episode Psychosis. *Translational Psychiatry*, 7(8):e1195.

2016

3. **Bodnar, M.**, Malla, A.K., Makowski, C., Chakravarty, M.M., Joober, R., & Lepage, M. (2016). The effect of second-generation antipsychotics on hippocampal volume in first episode psychosis: a longitudinal study. *British Journal of Psychiatry Open*, 2: 139-146.
4. Makowski, C., **Bodnar, M.**, Malla, A.K., Chakravarty, M.M., Joober, R., & Lepage, M. (2016). Age-related cortical thickness trajectories in first episode psychosis patients presenting with early persistent negative symptoms. *npj Schizophrenia*, 2: 16029.

2015

5. Hawco C, Buchy L, **Bodnar M**, Izadi S, Dell'Elce J, Messina K, Joober R, Malla AK, & Lepage M. (2015). Source retrieval is not properly differentiated from object retrieval in early schizophrenia: an fMRI study using virtual reality. *Neuroimage: Clinical*, 7: 336-346.
6. Hovington, C., **Bodnar, M.**, Chakravarty, M., Joober, R., Malla, A.K., & Lepage, M. (2015). Investigation of white matter abnormalities in first episode psychosis patients with persistent negative symptoms. *Psychiatry Research – Neuroimaging*, 233: 402-408.
7. Lepage, M., Hawco, C., & **Bodnar, M.** (2015). Relational memory: a neurocognitive marker of schizophrenia? *JAMA Psychiatry*, 72(9): 946-947.

2014

8. Benoit, A., **Bodnar, M.**, Malla, A.K., Joober, R., Bherer, L., & Lepage, M. (2014). Changes in memory performance over a 12-month period in relation to achieving symptomatic remission after a first episode psychosis. *Schizophrenia Research*, 153(1-3):103-108.
9. **Bodnar, M.**, Hovington, C.L., Buchy, L., Malla, A.K., Joober, R., & Lepage, M. (2014). Cortical thinning in temporo-parietal junction in non-affective first-episode of psychosis patients with persistent negative symptoms. *PLoS ONE*, 9(6): e101372.
10. Buchy, L., Hawco, C., **Bodnar, M.**, Izadi, S., Dell'Elce, J., Messina, K., & Lepage, M. (2014). A functional Magnetic Resonance Imaging study of external source memory and its relation to cognitive insight in non-clinical subjects. *Journal of Behavioral Therapy & Experimental Psychiatry*, 68: 683-691.

11. Cassidy, C., Buchy, L., **Bodnar, M.**, Dell'Elce, J., Choudry, Z., Fathalli, F., Fox, R., Sengupta, S., Iyer, S., Ad-Dab'bagh, Y., Evans, A., Malla, A., Lepage, M., & Joober, R. (2014). Association of a risk allele of ANK3 with cognitive performance and cortical thickness in patients with first-episode psychosis. *Journal of Psychiatry & Neuroscience*, 39(1):31-39.
12. Lepage, M., **Bodnar M.**, & Bowie, C. (2014). Neurocognition: Clinical and Functional Outcomes in Schizophrenia. *Canadian Journal of Psychiatry*, 59(1): 5-12.

2013

13. Hovington, C.L., **Bodnar, M.**, Joober, R., Malla, A., & Lepage, M. (2013). Impairment in verbal memory observed in first episode psychosis patients with persistent negative symptoms. *Schizophrenia Research*, 147(2-3):223-229.

2012

14. Benoit, A., **Bodnar, M.**, Malla, A.K., Joober, R., & Lepage, M. (2012). The structural neural substrates of persistent negative symptoms in first-episode of non-affective psychosis: a voxel-based morphometry study. *Frontiers in Psychiatry*. 3(42): 1-12.
15. **Bodnar, M.**, Achim, A.M., Malla, A.K., Joober, R., Benoit A., Sutton, H., & Lepage, M. (2012). Functional magnetic resonance imaging correlates of memory encoding in relation to achieving remission in first-episode schizophrenia. *British Journal of Psychiatry*. 200(4): 300-307.
16. **Bodnar, M.**, Malla, A.K., Joober, R., Lord, C., Smith, E., & Lepage, M. (2012). Neural markers of remission in first-episode schizophrenia: a volumetric neuroimaging study of the parahippocampus. *Psychiatry Research: Neuroimaging*, 201(1): 40-47.
17. Hovington, C.L., **Bodnar, M.**, Joober, R., Malla, A., & Lepage, M. (2012). Identifying persistent negative symptoms in first episode psychosis. *BMC Psychiatry*, 12(1):224.

2011

18. **Bodnar, M.**, Harvey, P.-O., Malla, A., Joober, R., & Lepage, M. (2011). The parahippocampal gyrus as a neural marker of early remission in first episode psychosis: a voxel-based morphometry study. *Clinical Schizophrenia & Related Psychoses*, 4(4): 217-228.
19. Buchy, L., **Bodnar, M.**, Lepage, C., Ad-Dab'bagh, Y., Evans, A., Sergerie, K., Armony, J., Malla, A., Joober, R., & Lepage, M. (2011). Cortical thickness is associated with poor insight in first-episode psychosis. *Journal of Psychiatry Research*, 45(6): 781-787
20. Luck, D., Buchy, L., Czechowska, Y., **Bodnar, M.**, Pike, G.B., Campbell, J., Achim, A., Malla, A., Joober, R., & Lepage, M. (2011) Fronto-temporal disconnectivity and clinical short-term outcome in first episode psychosis: a DTI-tractography study. *Journal of Psychiatry Research*, 45(3): 369-377.

21. Malla, A.K., **Bodnar, M.**, Joober, R., & Lepage, M. (2011). Duration of Untreated Psychosis and Grey Matter Reductions in First Episode Psychosis. *Schizophrenia Research*, 125(1): 13-20.

2010

22. **Bodnar, M.**, Malla, A.K., Czechowska, Y., Benoit, A., Fathalli, F., Joober, R., Pruessner, M., Pruessner, J. & Lepage, M. (2010). Neural markers of remission in first-episode schizophrenia: a volumetric neuroimaging study of the hippocampus and amygdala. *Schizophrenia Research*, 122(1-3): 72-80.
23. Buchy, L., **Bodnar, M.**, Malla, A., Joober, R., & Lepage, M. (2010). A 12-month outcome study of insight and symptom change in first episode psychosis. *Early Intervention in Psychiatry*, 4(1): 79-88.
24. Brodeur, M., Pelletier, M., **Bodnar, M.**, Buchy, L., & Lepage, M. (2010). The Effect of Viewpoint on Visual Stimuli: A Study of Episodic Memory on Schizophrenia. *Psychiatry Research*, 176(2-3): 126-131.
25. Lepage, M., **Bodnar, M.**, Buchy, L., Joober, R., & Malla, A. (2010). Early medication adherence and insight change in first episode psychosis. *Clinical Schizophrenia & Related Psychoses*, 3(4): 201-208.
26. Lepage, M., **Bodnar, M.**, Joober, R., & Malla, A. (2010). Is there an association between neurocognitive performance and medication adherence in first episode psychosis? *Early Intervention in Psychiatry*, 4(2): 189-195.
27. Montreuil, T., **Bodnar, M.**, Bertrand, M-C., Malla A., Joober, R., & Lepage, M. (2010). Social cognitive markers of short-term clinical outcome in first episode psychosis. *Clinical Schizophrenia & Related Psychoses*, 4(2): 105-114.

2009

28. Harvey, P.-O., **Bodnar, M.**, Sergerie, K., Armony, J., & Lepage, M. (2009). Relation between emotional face memory and social anhedonia in schizophrenia. *Journal of Psychiatry and Neuroscience* 34(20): 102-110.

2008

29. **Bodnar, M.**, Malla, A., Joober, R., & Lepage, M. (2008). Cognitive markers of short-term clinical outcome in First Episode Psychosis. *British Journal of Psychiatry* 193 (4): 297-304.
30. Lepage, M., Buchy, L., **Bodnar, M.**, Bertrand, M.-C., Joober, R., & Malla, A. (2008). Cognitive insight and verbal memory in first episode psychosis. *European Psychiatry* 23 (5): 368-374.

Published Abstracts

2016

1. Bodnar, M., Malla, A.K., Joober, R., & Lepage, M. (2016). Insight, Adherence, & Cognition in Primary and Secondary Persistent Negative Symptoms: A Longitudinal Investigation of First-Episode Psychosis. *npj Schizophrenia* 16008: 94.
2. Makowski, C., Bodnar, M., Malla, A.K., Joober, R., & Lepage, M. (2016). Cortical thickness changes with age in a subset of first episode psychosis patients presenting with persistent negative symptoms: a longitudinal MRI study. *npj Schizophrenia* 16008: 94.
3. Makowski, C., Bodnar, M., Malla, A.K., Joober, R., Chakravarty, M.M., & Lepage, M. (2016). Hippocampal and Amygdalar Structural Changes Across Age in First Episode Psychosis. *Biological Psychiatry*, 79: 47S
4. Makowski, C., Bodnar, M., Malla, A.K., Joober, R., Chakravarty, M.M., & Lepage, M. (2016). Cortical Thickness Differentially Changes with Age in First Episode Psychosis Patients with Early Persistent Negative Symptoms. *Organisation for Human Brain Mapping booklet*, p116.

2015

5. Azar, M., Bodnar, M., Malla, A., Joober, R., & Lepage, M. (2015). Determining the prevalence of persistent negative symptoms in affective and non-affective psychosis during the first 12 months following a first episode of psychosis. *Schizophrenia Bulletin*, 41S: 104.
6. Bodnar, M., Malla, A.K., Joober, R., & Lepage, M. (2015). Primary negative symptoms and remission in first-episode psychosis: a longitudinal approach. *Schizophrenia Bulletin*, 41S: 162-163.
7. Lepage, M, Bodnar, M., Joober, R., & Malla, A. (2015). Aripiprazole increases hippocampal volume in first-episode psychosis: a naturalistic outcome, longitudinal neuroimaging study. *Late-breaking abstract; International Conference on Schizophrenia Research (ICOSR)*, Colorado Springs, CO, USA. March 28-April 1, 2015.
8. Makowski, C., Bodnar, M., Lewis, J., Lepage, C., Evans A.C., Malla A.K, Joober, R., & Lepage, M. (2015). Cortical thinning and structural covariance in a subset of first episode psychosis patients exhibiting persistent negative symptoms. *Late-breaking abstract; Society of Biological Psychiatry 70th Annual Scientific Meeting (SOBP)*, Toronto, ON, Canada. May 14-16, 2015.

2014

9. Buchy, L., Hawco, C., Bodnar, M., Izadi, S., Dell'Elce, J., Messina, K., & Lepage, M. (2014). A functional magnetic resonance imaging study of external source memory and its relation to cognitive insight in non-clinical subjects. *Biological Psychiatry*, 75: 251S.

10. Cassidy, CM., Buchy, L., Bodnar, M., Dell'elce, J., Choudhry, Z., Sengupta, S., Fox, R., Iyer, S., Malla, A., Lepage, M., & Joober, R. (2014). Association of a risk allele of ANK3 with cognitive performance and cortical thickness in patients with first-episode psychosis. *Schizophrenia Research*, 153S: 136-137.
11. Hawco, C.S., Buchy, L., Bodnar, M., Izadi, S., Dell'Elce, J., Messina, K., Joober, R., Malla, A., & Lepage, M. (2014). Source memory is not properly differentiated from object memory in early schizophrenia: An fMRI study using virtual reality. *Biological Psychiatry*, 75: 59S.

2013

12. Buchy, L., Hawco, C., Bodnar, M., Izadi, S., Dell'Elce, J., Messina, K., Malla, A.K., Joober, R., & Lepage, M. (2013). A functional magnetic resonance imaging study of source memory and its relation to cognitive insight in first-episode schizophrenia. *Schizophrenia Bulletin*, 39S: 150.
13. Lepage, M., Bodnar, M., Buchy, L., Hovington, C., Malla, A.K., & Joober, R. (2013). Cortical thickness and persistent negative symptoms in non-affective first-episode psychosis. *Schizophrenia Bulletin* 39S: 187.

2012

14. Benoit, A., Bodnar, M., Malla, A., Joober, R., Bherer, L., & Lepage, M. (2012). Changes in memory performance over a 15-month period in relation to achieving symptomatic remission after a first episode psychosis. *Poster: International Neuropsychological Society Meeting, Montreal, QC, Canada. February 15-18, 2012.*
15. Hawco, C., Bodnar, M., Schmitz, N., Malla, A., Joober, R., Benoit, A., & Lepage, M. (2012). Patterns of neurocognitive deficits in people with psychosis: Evidence for generalized and domain specific deficits. *Poster: International Neuropsychological Society Meeting (INS). Montreal, QC, Canada. February 15-18, 2012.*
16. Lepage, M., Malla, A., Bodnar, M., Hovington, C., & Joober, R. (2012). Progressive brain change associated with persistent negative symptoms: A longitudinal study of non-affective first episode psychosis. *Early Intervention in Psychiatry*, 6S: 34.

2011

17. Benoit, A., Bodnar, M., Czechowska, Y., Mostert, J., Malla, A., Joober, R., & Lepage, M. (2011). The Neural Correlates of Persistent Negative Symptoms in First Episode Schizophrenia: A multimodal structural MRI investigation. *Schizophrenia Bulletin*, 37S: 159.
18. Buchy, L., Luck, D., Ad-Dab'bagh, Y., Malla, A., Lepage, C., Bodnar, M., Joober, R., Sergerie, K., Evans, A., & Lepage, M. (2011). Fronto-temporal pathology in first-episode psychosis patients with poor insight: a multi-modal structural neuroimaging study. *Canadian Student Health Research Forum abstract booklet.*
19. Buchy, L., Luck, D., Ad-Dab'bagh, Y., Malla, A., Lepage, C., Bodnar, M., Joober, R., Sergerie, K., Evans, A., & Lepage, M. (2011). Fronto-temporal pathology in first-episode

psychosis patients with poor insight as revealed by convergent findings from multi-mode structural neuroimaging. *Schizophrenia Bulletin*, 37S: 160.

20. Hovington, C.L., Bodnar, M., Joober, R., Malla, A., & Lepage, M. (2011). Prevalence of Persistent Negative Symptoms in First Episode Psychosis: A Comparison of Three Definitions and their relation to Cognition and Functional Outcome. *Schizophrenia Bulletin*, 37S: 244-245.
21. Hawco, C., Bodnar, M., Schmitz, N., Malla, A., Joober, R., & Lepage, M. (2011). Cognitive Deficits in Psychosis: Evidence for both generalized and specific cognitive impairments. *3rd Annual IMHR Young Researchers' Conference*, March 25th, 2011, Ottawa, ON.

2010

22. Buchy, L., Ad-Dab'bagh, Y., Malla, A., Lepage, C., Bodnar, M., Joober, R., Sergerie K, Evans, A., & Lepage, M. (2010). Regional thinning of the cerebral cortex in first-episode psychosis: Effect of poor insight. *2nd IMHR Young Researcher's Forum (IYRF) program book*, p11.
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3. ORAL PRESENTATIONS, POSTERS

Invited

- Nov 2017 Negative Symptoms, Remission, and Psychosis: A Longitudinal Neuroimaging Approach. *Centre de recherche en neuropsychologie et cognition (CERNEC)*. Montréal, Canada (60min).
- Sep 2017 Negative Symptoms: A Multidimensional Approach across the Spectrum of Psychoses. *Consortium d'imagerie en neurosciences en santé mentale de Québec (CINQ)*. Québec City, Canada (60min).
- Dec 2013 Negative Symptoms and Remission. *General Rounds*, PEPP, Douglas Institute, Montreal, QC. (40min)
- May 2013 Early Identification of neurobiological markers of remission. *Early Intervention in Psychosis: Current Knowledge and Future Directions*. Douglas Institute, Montreal, QC. (20min)
- Feb 2012 Progressive Grey Matter Changes in FEP: A Longitudinal VBM Analysis in relation to Persistent Negative Symptoms. *General Lab Meeting*, Douglas Institute, Montreal, QC. (40min)
- Feb 2009 Grey matter concentration or volume: what do we use in VBM? *General Lab Meeting*, Douglas Institute, Montreal, QC. (30min)
- Apr 2006 Neurocognitive and neuroimaging markers of 12 month clinical outcome in a cohort of first episode psychosis. *Brain Imaging Group Meeting*, Douglas Institute, Montreal, QC. (45min)

Others

- Apr 2016 Insight, Adherence, & Cognition in Primary and Secondary Persistent Negative Symptoms: A Longitudinal Investigation of First-Episode Psychosis. *Schizophrenia International Research Society*, Florence, Italy (poster)
- Apr 2014 Negative Symptoms, Adherence, and Insight. *PEPP Research Day*, Douglas Institute, Montreal, QC. (10min)
- Apr 2009 Specific deficits during memory formation as a marker of short-term clinical outcome in first episode psychosis: behavioural fMRI results. *International Congress of Schizophrenia Research*, San Diego, CA, USA (poster)
- Jun 2008 Neurocognitive and Neuroimaging Markers of Short-term Clinical Outcome following a First Episode of Psychosis. *Student Research Day*, Douglas Institute, Montreal, QC. (10min)

- Jun 2008 The hippocampus as a neural marker of short-term clinical outcome in first episode schizophrenia. *Canadian College of Neuropsychopharmacology Annual Meeting*, Toronto, ON. (poster)
- May 2008 Structural neural markers of short-term clinical outcome in first episode psychosis: a voxel-based morphometry study. *Society of Biological Psychiatry Annual Meeting*, Washington, D.C. (poster)
- Feb 2008 Response to Treatment following a First Episode of Psychosis: Neurocognitive and Structural MRI Markers of Outcome. *Prevention and Early Intervention Program for Psychoses Research Day*, Douglas Institute, Montreal, QC. (20min)
- Mar 2007 Neurocognitive markers of 6 month clinical outcome in first episode psychosis. *International Congress of Schizophrenia Research*, Colorado Springs, CO, USA. (poster)

Dr Moshieve Febin Edwin
M.B.B.S., MRCPsych, FRCPC

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CURRICULUM VITAE

PERSONAL DETAILS

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LICENSE, MEMBERSHIPS AND CERTIFICATIONS:

CPSO: Restricted Academic License, Since 2016
CPSNB: Independent regular License, July 2018

Royal College of Physicians and Surgeons of Canada: June 2018

CMPA: Since June 2016
OMA and CMA: Since June 2016

Quality Improvement System: Certified Lead, since 2014, annual renewal

Approved Educational and Clinical Supervisor: Since 2008

Medical Students examiner: 2010- 2016

Adult ADHD CPD (CME) Trainer: 2010- current

Specialist Registrar Trainer (Fellowship and Resident trainer): 2010- current

Member of UK Adult ADHD Network: 2012- current

PROFESSIONAL QUALIFICATIONS:

March 1997	MBBS, MADRAS MEDICAL COLLEGE, INDIA
January 2005	MRCPPsych, ROYAL COLLEGE OF PSYCHIATRISTS, UK
June 2018	FRCPC, ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

EMPLOYMENT HISTORY:

January 2008-February 2008 Locum Consultant Bankfields Court, Dr. Nick Land/ Dr. Julian Whaley

(This was part of the Fellowship training, the last 1 month acting up as Consultant with supervision, before taking up the substantive post as a full time Consultant in Intellectual disabilities, hence 1 month)

Since February 29th 2008- June 2016: Consultant In Dual Diagnosis(Intellectual Disability and Mental Illness) and Adults with ADHD, Tees Esk and Wear NHS Foundation Trust, Durham ,Clinical Lead Adult ADHD Service Trust wide.

July 2016- Current: Assistant Professor in Psychiatry, Royal Ottawa Mental health Care, CMHT

WORK EXPERIENCE: (current since 2016, Canada)

I have been teaching and practicing at the Royal Ottawa Health Centre and University of Ottawa as an Assistant Professor in Psychiatry since July 2016. The Royal is tertiary specialist center for adults with mental health issues. I have been working at the Community Mental health Team, leading Psychiatrist at the Flexible Assertive Community Treatment Team. Offer training, support, consults and assessments for Clients with Dual Diagnosis. The work also covers clinics in Cornwall and Pembroke. The area involves a population over 1 million, both urban and rural with a significant focus on diverse population and needs. My approach to the DD service in Ottawa had been user focused to minimize hospitalizations and reduce the burden on acute

emergency services. I actively participate in medical students teaching through elective placements on Community experience in Adults with Intellectual Disability.

Work Experience: (UK)

I started the Consultant Post as Locum in January 2008 as standing up post in Redcar and Cleveland Adult Intellectual Disability team. I took up the substantive post on February 29th, 2008. I have been working as Intellectual Disability Consultant in the current post for the last 8 years. During this period, I have acquired a range of experiences. I was also the Clinical Lead for the Adult ADHD service, which covers a population of 1.4 million. I developed up this service from scratch and managed and supervised a team of 3 senior nurses, 2 admin and 1 support worker.

CLINICAL EXPERIENCE: (UK)

I was the Team Lead for the Community Intellectual Disability Adult Team. This had given me a wider experience in working with adults with complex needs and Intellectual Disability. I offered clinical advice, consultancy to the multi-professional team of around 20 members. I have also been doing the inpatient management for adults with Intellectual Disability (This finished in 2014). In the last 6 years, I have managed to keep the bed occupancy rate to a bare minimum, hence managing clients in the community effectively. I offer regular training, supervision, advice and management advice to the Crisis and Community Assertive Outreach Team for adults with Intellectual Disability. This service had been running for more than 8 years and prevents unnecessary hospital admissions. I am continuing to develop my clinical skills and competencies in the field of Adult with ADHD and Intellectual Disability. (Neuro Developmental disorders). Jointly with the Family Physicians, I have developed a community pathway for epilepsy and intellectual disability to improve the wellbeing of adults with epilepsy and Intellectual Disability. I also did regular audits on the physical wellbeing of adults with Intellectual disability.

From 2009 January till April 2016, I have been running the Adult ADHD service. I had a case load of around 375 adults with ADHD. I was the clinical lead for this challenging service; offering 3-4 sessions per week for this. I have gained wider experience and knowledge in working with previously undiagnosed ADHD. This job had given me very good insight around co-morbid mental illnesses and other Neurodevelopmental conditions. Being ADOS (Autism Diagnostic Observatory Schedule) trained had helped me to screen for Autistic spectrum disorder in this cohort.

AWARDS AND ACHIEVEMENTS:

1. Employer Based Clinical Excellence Awards: For Invaluable Contribution to Medical Services 1 point, 2011
2. Clinical Excellence Awards: For over and beyond contribution to Service development and teaching 1 point, 2013

3. Clinical Excellence Awards: For Invaluable Contribution to Research and Teaching , 1 point, 2015
4. Lilly Excellence in ADHD Awards: November 11th 2010, Finalist in Adult ADHD service innovation, held in London

My commitment to research, teaching of 3rd and 5th year medical students, examining medical students, and service development helped to achieve 3 Locality based Clinical Excellence Awards. I have successfully secured the Adult ADHD service funding and recruited 3 full time nurses, team secretary and dedicated clinical time to reduce the waiting list to the trust required standards. This service model was the finalist in the Nationwide Adult ADHD excellence awards held in London 11/11/2010. I also managed to successfully develop the trust wide shared care guidance for methylphenidate and atomoxetine, which is available for Family Physicians to continue with the prescription in the primary care. This reduced the cost of prescribing by about 2/3rds.

ACADEMIC APPOINTMENTS:

Assistant professor at University of Ottawa, since June 2016

Affiliated to TEESIDE AND NEWCASTLE UNIVERSITY MEDICAL SCHOOL (ended 2016 April)

2010- 2016: CLINICAL / EDUCATIONAL SUPERVISOR AND TRAINER FOR CORE AND SPECIALIST TRAINEES, TEES ESK AND WEAR VALLEYS NHS FOUNDATION TRUST

Student Selected Components (SSC): Adult Learning disability Services and Neuro developmental disorders, since 2011 till 2016, Allocated 3rd or 5th Year medical students

TEACHING:

Currently, I am involved in medical student teaching through electives from all over Canada doing community placements, residents doing community placements and on call supervision to Residents. I have also been providing regular teaching, training to the community team and Ottawa police regarding adults with Intellectual disability.

Previous Experience: (UK)

I was successful in developing, delivering and completing the Introduction to Adult ADHD course, aimed at training all range of professionals from doctors to nurses, social workers, psychologists. I have been running this course since 2011. The first two years, I delivered over 4 courses per year covering both pharmacological interventions and non pharmacological interventions for adults with ADHD. I teamed up with Dr Sanjay Rao in delivering the CBT aspects of training for adults with ADHD. The feedback was positive and highly commended. So far I have trained over 300 delegates in total. The course involves 5 hour intense training in Introduction to Adults with ADHD. I have also successfully published the Adult ADHD service outcome in a reputed journal in August 2011 and the Quality Assurance(audit) outcome of the service in August 2014.

TEACHING EXPERIENCE: (ACADEMIC TRAINER ROLE, Royal College Approved Trainer)

My job gets core trainee (Resident) in psychiatry on a rotational basis. I am also a Specialist Registrar trainer (Fellow trainer) and have been allocated a Specialist Trainee year 6. From time to time, I get ST's (specialist trainees) attached to my adult ADHD clinics as special interest sessions. I regularly supervise 3 Nurse Medical Practitioners on a weekly basis. I get regular attachments in the community for 1st year medical students. I also teach and exam 3rd and 5th year medical students. I am also regularly involved in providing local teaching to trainees in psychiatry and given talks about Adult ADHD in meetings both at local and National level.

Training and Supervision Completed Since 2010:

NAME	LEVEL OF TRAINING	TIME
TRAINEE1.	Core Trainee 2(Resident 2 nd year)	August 2009- February 2010
TRAINEE2	Core Trainee 2(Resident 2 nd year)	February 2010- August 2010
SENIOR TRAINEE1	Specialist Trainee (Yr 5)Fellowship trainee year 2	August 2010- July 2011
SENIOR TRAINEE2	Specialist Trainee (Yr 5) fellowship Trainee Year 2	August 2011- July 2012
TRAINEE3	Core Trainee 3(Resident year3)	February 2013-July 2013
TRAINEE4	Core trainee 2(Resident year 2)	August 2013- February 2014
SENIOR TRAINEE3	Specialist Trainee year 4 (Fellowship year 1)	February 2014- February 2015
TRAINEE5	Core trainee 3 (Resident year 3)	February 2015- July 2015)
TRAINEE6	Core Trainee 3 (Resident year3)	August 2015- February 2016

Since 2010, I have trained 9 Trainees both in Resident and Fellowship category. The system works in a way each resident will be allocated to the Trainer for a period of 6 months. This involves dedicated weekly protected supervision, doing regular clinics, observed clinical exam, work based assessments, quality assurance and research work. They also get to do in patient and community reviews both with the Trainer and independently.

In the last 5 years, I trained 3 Fellowship trainees. Two have progressed to become full time Adult Intellectual Disability Consultants. The fellowship training placement is for 12 months with the Trainer. During this placement they get rigorous supervision, appraisal and get to make independent clinical decisions and manage independent clinical caseloads. They also get plenty of opportunity to teach and train medical students and participate in research, governance and quality assurance type of work.

MEDICAL STUDENTS TEACHING TEES AND DURHAM BASE SINCE 2010

DATE	MEDICAL STUDENTS 3 rd and 5 th year	DURATION
February 25 th 2010	3	3hrs
March 16 th and 18 th 2010	2	4hrs(clinic observation and teaching)
March 3 rd 2010	3	3hrs
April 19 th 2010	3	3.5hrs
April 26 th 2010	3	3.5hrs
May 4 th 2010	3	3.5hrs
July 8 th 2010	3	3.5
April 12 th 2011	1	3hrs
May 3 rd 2011	2	3.5hrs
March 11 th , 18 th 25 th 2013	9	9hrs
May 10 th 2013	3	3.5hrs
October 7 th , 14 th , 2013	6	7hrs
May 19 th ,27 th 2014	6	6hrs
June 2 nd 2014	3	3hrs
September 15 th ,22 nd 2014	6	6hrs
October 6 th , 13 th 2014	6	6hrs
November 17 th ,24 th 2014	6	6hrs
January 12 th ,19 th ,26 th 2015	9	9hrs
	total	88hrs

MEDICAL STUDENTS EXAMINER ROLE: SINCE 2010 (3rd and 5th year medical students)

DATE	MEDICAL STUDENTS EXAM NOS	DURATION
November 5 th 2010	3	3.5hrs
April 21 st 2011	3	3.5hrs
June 7 th 2013	3	3.5hrs
July 5 th 2013	3	3.5hrs
July 4 th 2014	3	3.5hrs
September 9 th 2014	3	3.5hrs

November 28 th 2014	3	3.5hrs
May 8 th 2015	3	3.5hrs
June 5 th 2015	3	3.5hrs
July 3 rd 2015	4	4hrs
		(total hrs=35.5 hrs)

CORE AND SPECIALIST TEACHING (RESIDENT/ FELLOWSHIP EQUIVALENT):

This teaching involves common mental disorders, risk assessments, genetic syndromes in adults with intellectual disability, neurodevelopmental disorders, epilepsy management and pharmacology, mental health act and mental capacity act in adults with intellectual disability, challenging behavior assessment's and physical health screening for adults with intellectual disability. Please see below for breakdown of time.

TEACHING DATES	DURATION/preparation	CORE TRAINING LEVEL
May 20 th 2010	4 hours	CT2 and CT3 (residents)
September 14 th 2010	4 hrs.	CT2 and CT3, ST4(Specialist Trainee)
October 26 th 2010	4hrs	CT2,3,ST4,Consultants
August 11 th 2011	4hrs	CT2,3
August 25 th 2011	4hrs	CT2,3, ST4-5
February 16 th 2012	4hrs	CT2,3,ST4,5
April 12 th 2012	4hrs	Same as above
December 5 th 2012	4hrs	Same as above
February 12 th 2014	4hrs	Same as above
September 5 th 2014	4hrs	Same as above
December 19 th 2014	4hrs	Same as above

Academic Presentations on Intellectual Disability and Neuro –developmental disorder Teachings:

I had the opportunity to present and teach about Intellectual disability syndromes, assessment and neuro developmental disorders at locality level with in the NHS trust and also to speak as guest speaker in National Conferences. Please see below for the dates the presentations were delivered.

1. 2nd of June 2010, Neuro developmental Disorders talk to Children and Adolescent services ,preparation time 3 hrs, talk 3 hours

2. 30th of October 2013, 11th of November 2013; presentation on Intellectual disability and ADHD, preparation 4 hours, delivery 4 hours
3. 22nd of April 2014, Neuro developmental disorders and Co morbidities, preparation time 4 hrs, talk 3 hours
4. Adult ADHD national conferences: February 25th 2014, Warrington, March 19th 2014 , Glasgow; preparation 8 hours and presentation over 4 hours

MEDICAL EDUCATION TRAINING, CONFERENCES AND SEMINARS:

- May 21st 2010, Educational Supervisor Training : 6 hrs
- July 7th 2010, November 6th 2012, June 6th 2013, June 11th 2015 : Medical Education Conference : 18 hrs
- November 14th 2011, Faculty Development Day Conference, 6 hrs
- Tutor Lead training x 3 hours each: September 13th, 20th, 2010; July 1st 2010, March 7, 14, 21, and 2011. These tutor lead training involves teaching 3rd year medical students; history taking, assessments, mental state exam, common mental illnesses and their management.
- Programmed Medical Students teaching Seminar: September 27th 2010, October 18th 2010, November 8th 2010, April 9th 2013, preparation and presentation 3 hours each; total 18 hours.

Adult ADHD (Neurodevelopmental Disorder Training) 5 CPD Credits (CME equivalent):

I developed this training module bespoke pack comprising of an Introduction to adult ADHD, Assessment, Diagnosis, Aetiology, Co- morbidities, Psycho pharmacology, Investigations, Case study and MCQ type questions. This tailor made training was developed to target all range of professionals from doctors (all levels), Psychologists, allied health professionals, Social workers, Family physicians and Nurses. The training covered other aspects of neurodevelopmental disorders such as autism spectrum disorders and Intellectual disability as well. The course had a 5 hour CPD peer group approval. The attendees have to attend the course, get the study and course materials and must pass the MCQ component in order to get the Course certificate. I secured the funding to put this course via discussion and agreement with my community stake holders and trust education training department.

Each course date has to be booked via the training department and candidates have to apply and approve 1 day study leave from their line managers. The maximum number of trainees per course was limited to 30. So far I have trained over 300 delegate's; majority from the trust catchment and few from out of area as well. The training course gets updated with evidence based treatment modes each year. I usually take about 10 hours before each training date to prepare for this rigorous training pack.

Please see below table for Training delivered so far with dates and numbers attended:

DATE	ATTENDEES	DURATION
February 23 rd 2011	25	5hrs
April 13 th 2011	20	5hrs
June 15 th 2011	28	5hrs
September 14 th 2011	20	5hrs
October 12 th 2011	18	5hrs
December 14 th 2011	16	5hrs
March 14 th 2012	25	5hrs
September 12 th 2012	25	5hrs
April 8 th 2013	25	5hrs
June 12 th 2013	25	5hrs
September 11 th 2013	25	5hrs
May 6 th 2014	25	5hrs
September 9 th 2014	25	5hrs
June 25 th 2015	20	5hrs
Total	322	70hrs(delivery of training)

My vision is to set up a curriculum for Resident and Fellowship training at the Royal Ottawa Mental Health Centre focusing on Neuro developmental disorders and Dual diagnosis (Intellectual Disability and mental illness). This course should attract a wider audience beyond the local area and become nationwide. I am also planning to set the training course for all range of professionals to become more aware in the assessment, diagnosis and management of dual diagnosis and neuro developmental disorders.

PRIMARY CARE TEACHING :(FAMILY PHYSICIANS):

1. February 16th 2012, I gave a teaching session to the Derwent side Clinical Commission group Family Physicians on Epilepsy Update in Intellectual Disability. This talk covered the dual diagnosis and its wider impact on epilepsy and medication monitoring in the community. The talk also covered practical referral and rescue medications issues for the Physicians in the community. Attendees 20, preparation 8 hours, duration 3 hours.
2. February 21st Tuesday, 2012. Family physicians talk about Adults with ADHD, covering the interface between referrals and medication management with stimulants and non-stimulants in the community. Attendees around 20, preparation 6 hrs. Delivery 2.5 hours.

MANAGEMENT EXPERIENCE:

- I continue to get actively involved in the community governance group for Adults with Intellectual disability locally.
- I took the role of Adult Intellectual Disability representative in the Drug and Therapeutics committee for the trust. I represent on behalf of 14 consultant psychiatrist and teams.
- We have a rigorous peer and continuing professional development group to keep up to date with the advances in the field of Intellectual disability. We meet quarterly to discuss these issues.
- I have chaired several Governance meetings in setting up the Adult ADHD service. I made the Business proposal for this service to the Trust Board and the Local Commissioners. The current service model worth 300000£ per year. Now this service had been running for the last 4 years with full funding.
- I do regular reflection of my management meetings which includes senior medical staff meetings and trust wide meetings.
- I keep up-to-date with my professional standards and appraisal in the form of Appraisal Folders. My GMC revalidation license was renewed in 2015 may for another 5 years.
- I am also currently leading a project on Personality Disorders for adults with Intellectual Disability in my catchment area. Ended in 2016
- I have completed the level 2, Quality Improvement System and achieved the Certified Leadership, based on the Toyota Model (Virginia Mason System). My role as a medical manager continues to improve.
- I am currently enrolled into Edward Jenner Leadership NHS program to further strengthen my Leadership skills. This ended in 2016
- At a National level, I have my commitment to the Royal College of Psychiatry as the elected Executive member for the North east division.
- I also provide bespoke assessment, diagnosis and management for new patients with Adult ADHD from out of area on a specialist funding arrangement. This generates an annual income of 25000£ per year to our trust.
- I also developed the ADHD service transitional pathway and ADHD policy document, which provides service for adults with Intellectual Disability and ADHD. This service is one of a kind in United Kingdom.

SPECIAL INTERESTS

I have special interest in the assessment and management of ADHD and Adult ADHD. I undertook a survey on Adult ADHD Prevalence in England and Wales. This study was published in the August 2007 edition of Advanced Psychiatric Bulletin. My other areas of interest include teaching Medical Students, Management of Epilepsy in Intellectual Disability, Challenging Behavior and Intellectual disability, Intellectual Disability and Personality Disorder and ADHD and offending behavior

HOSPITAL OR AFFILIATED INSTITUTION APPOINTMENTS:

2010-2016, Clinical Lead Adult ADHD service, Tees Esk and Wear Valleys NHS Foundation Trust

MAJOR COMMITTEE ASSIGNMENTS:

Year	Title and Role
2008- 2010	Local Governance Committee member for the Inpatient and Community patient safety
2010-2016	Drugs and Therapeutic Committee member(Intellectual Disability):Member of the committee, participation in committee review of applications for medication formulary inclusions, monitoring psychotropic medication usage in hospital, presenting to the committee for formulary inclusions of new psychotropic medications, recent inclusions: Lis Dexamfetamine mesilate, Injectable Abilify. Development of shared care documents for the Family Physicians.
2012-2016	Elected Executive Committee member of the Royal College of psychiatrist's Northern division. In this role I play a pivotal role in recruitment and training of medical students and resident trainees. I also contribute to Question bank, for Membership exams. I also do

review of Policies and contribute to organize the 1 day education conference for the Northern Division (twice a year), next one is on October 2nd 2015 @ York race course. I regularly review and rate poster presentations for these conferences.

2008- 2016

Medical Staff Committee meetings: Represent Intellectual disability and Neurodevelopmental Disorders. Regular discussions of Risk management, psycho pharmacology and clinical governance issues at both local and national levels

2013- 2016

Annual Review of Competence Progression (ARCP)

I am part of the ARCP panel, which reviews outcome and progressions of Fellowship trainees on path to become Consultant Psychiatrists. This takes place annually in a rigorous manner to review the Trainees portfolio in affiliation to the Northern Deanery Training Scheme. Part of Can-Med process.

QUALITY ASSURANCE ;(PROGRAM EVALUATION)

“A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structure, processes, and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.” NICE, 2002

1. Audit of Health Outcomes of Adults with Intellectual Disability, Epilepsy in Redcar and Cleveland, England. I was the Project Lead and my junior doctor was co project lead: March 1st 2010. The aim of this quality assurance study was to evaluate the quality of assessment and management of patients with Learning disability and Epilepsy using the NICE clinical guideline for Epilepsy 2004. A total of 46 patient case notes reviewed. The conclusion was good clinical practice was evident in over 85% of the case notes. The area needed improvement was weight monitoring and advise to female patients on child bearing potentials due to use of epilim.(Presented at the trust Quality Assurance Meeting in 2010)

2. Prescribing Observatory for Mental Health (POMH) Audit: 7b UK clinical Audit on Lithium Monitoring: April 27th 2010. My role was to do data collection for my team and contribute to the nationwide audit. The aim of this quality assurance study was to look at adults with dual diagnosis and bipolar disorder receiving Lithium from family physicians. The main outcomes to look at regular 3 monthly lithium levels, serum calcium check with thyroid functions. We underperformed in Lithium bloods for patients with intellectual disability due to their level of learning disability and fear of needles. The outcome suggested to improve communication with family physicians regarding regular blood monitoring and renal function tests.
3. Quality assurance study on Clinical Record Keeping: This was a mandatory program evaluation for all Consultants to improve Quality and Performance. I participated and contributed to the data collection of this evaluation study. Trust wide, July 23rd 2010. Aim of this audit to maintain Good psychiatric practice in keeping complete and understandable records. They must be legible, dated and signed with doctors name printed. Electronic records must be detailed accurate and verified according to the trust standards. The outcome suggested legible entry and date and sign for the clinician in almost 100% of the records. The area of improvement was to record results of the blood investigations
4. Quality Assurance on summary feedback on Patient satisfactory survey of Pilot adult ADHD service: I developed this program evaluation to improve the patient feedback and was the main Project Lead October 2010. The aim was to send questionnaires to patients based on Gold standard set by the Care Quality Commission (CQC). The response rate was 57.1% out of the 70 send. The Likert scale model was used for 14 questions highlighted .More than 85% agreed with the service locality, treatment offered. We had to improve of lack of support workers, lack of written information provided to improve patient experience. The findings were presented to the Trust Clinical Governance Group meeting.
5. POMH Quality Assurance on use of Anti- Psychotics in Intellectual Disability patients, Trust wide. I participated and contributed to this evaluation as it was trust wide to improve the quality of service. February 2011 and May 12th 2014. This study was look at documentation of side effects of medication, metabolic syndrome screening, weight, ECG and prolactin reviews, and extra pyramidal side effects from the medication. The Gold standard was set by the Royal College of Psychiatrists, POMH anti-psychotic monitoring tool. The performance was 100% for glucose and side effects screening. We under performed in weight and side effect documentation in the electronic notes. This will get repeated in 2016- 2017.
6. POMH Quality Assurance study on Attention deficit disorder, Clinical Re-Audit of NICE Clinical Guideline 72 – Attention Deficit Hyperactivity Disorder, February 2014. As the Clinical Lead, I took the project Lead role for this program evaluation: Diagnosis and Management of ADHD in Adults .The study looked at the use of medications, monitoring of medications for adults with ADHD. The existing case load was reviewed using the NICE guidance tool as Gold standard. The compliance rating for this study was between 80- 100%. We needed to improve on weight and ECG monitoring for stimulant and Atomoxetine induced side effects.

PUBLICATIONS:

Please click the link for the details of the papers published (ALL PEER REVIEWED): http://www.scie-socialcareonline.org.uk/search?q=author_name:%22febin+edwin%22

1. Services for adults with attention-deficit hyperactivity disorder: national survey
Psychiatric Bulletin (2007), 31, 286^288. doi: 10.1192/pb.bp.106.012237,Febin Edwin and Joe Mc Donald.
2. A pilot service for adults with attention deficit hyperactivity disorder: a descriptive study, Febin Edwin
DOI 10.1108/20441281111165607 VOL. 5 NO. 4 2011, pp. 47-52, Q Emerald Group Publishing Limited, ISSN 2044-1282 j ADVANCES IN MENTAL HEALTH AND INTELLECTUAL DISABILITIES
3. Moshieve Febin Edwin , (2014),"Adult ADHD outcome audit based on NICE guidelines", Advances in Mental Health and Intellectual Disabilities, Vol. 8 Iss 5 pp. 331 – 337,Permanent link to this document: <http://dx.doi.org/10.1108/AMHID-08-2013-0054>

CAREER INTENTIONS

My CV reflects my commitment to community based services for people with Mental illness and Intellectual Disability, and Teaching Residents, Fellowship Trainees and Medical Students. I am looking for the opportunity to provide a leading role in developing services and ensuring stability with a user –focused approach. I would like to focus on Academic Role, to develop a Curriculum Based Model on Intellectual Disability and Neuro developmental disorders such as ADHD and Autistic Spectrum Disorders.

I would like to further strengthen my commitment to teach medical students, residents and fellowship trainees and medical management working closely with stake holders in setting up services. I also would like to see the FACTT –DD service develops into a nationwide model to be implemented in all the provinces of Canada.

TRAINING IN PSYCHIARTY:

RESIDENCY PROGRAM (SENIOR HOUSE OFFICER TRAINING):

I undertook the Northern Deanery Psychiatry Training for 4 years. This involves 2.5 years of training in general adult psychiatry, 6 months each in CAMHS and Intellectual Disability placement, 1 year in Old Age psychiatry. During this period, I developed a wide variety of skills in Liaison Assessments, general mood and anxiety disorders, personality disorders, somatic conditions, psychotic illnesses, dementia and delirium

conditions, schizophrenia, drug and alcohol and forensic cases. I also took a long term psychodynamic psychotherapy case under supervision. I cleared my Membership Exam during this four year training.

Northern deanery Higher Specialist Training Scheme in Psychiatry of Intellectual Disabilities (Equivalent to Fellowship Training)

Date	Job Title	Location/Hospital	Consultant Supervisor
March 2005- October 2005	SpR	Northgate & Prudhoe NHS Trust Monkton Hall Hospital	Dr. Jane Radley/ Dr. Steve Wilkinson
Nov/2005-June/2006	SpR	Earls House Hospital Sniperley House Durham	Dr. Margaret Graham
July2006-Dec 2006	SpR	Flatts Lane, St Luke's Hospital	Dr. Ahmad Khouja
Jan/2007-Dec/2007	SpR	Prudhoe Hospital	Dr. Andy Richardson/ Dr. Lisa Rippon

FELLOWSHIP YEAR 1:

During this placement I spend a significant time in managing dual diagnosis, managing Intellectual disability and acute mental illnesses. This involved clinical and management responsibilities for both community out patients and in patients. I also did several governance management meetings associated with Care program approach principles, Challenging Behaviour Pathways and Community Epilepsy Pathways. As part of my special interest, I undertook General Neurology Placement at Newcastle General Hospital doing Epilepsy clinic weekly once under the supervision of Consultant Neurologist, Dr Margaret Jackson. I was also involved in the project of developing the first electronic portfolio for Specialist registrars in Intellectual disability in the country.

FELLOWSHIP YEAR 2:

The second year phase involved working exclusively in Forensic Low secure setting for adults with Intellectual Disability and Offenders with Intellectual disability and personality disorders in females. I also started to take Medico legal work under the supervision of my Consultant Forensic Trainer, Dr Ahmad Khouja.

FELLOWSHIP YEAR 3:

My final year as Specialist registrar training involved 12 months of working and training in Children with Intellectual Disability (up to the age of 18) and mental illnesses. This mainly covered the behavioral disorders and dual diagnosis with genetic syndromes conditions and their complex management in both inpatient and community setting. I lead the clinical team as acting role of a consultant with the team. During this period I gained a wider knowledge as a medical leader and role of being a consultant making independent decisions and advising the team on crisis management and governance issues. The final 2 months of my fellowship training, I did the acting up role of a Consultant psychiatrist in Intellectual disability.

During the course of the three year fellowship training, I was heavily involved in medical students teaching, core trainees teaching and training, audits and publication of the services for adults with ADHD. This lead to my special interest in adults with ADHD eventually developed into a fully commissioned funded service.

BASIC MEDICAL EDUCATION:

I did my MBBS training and degree from 1991-1997. It was in one of India's prestigious and oldest medical school, Madras Medical College.

SCHOOL EDUCATION:

I undertook my basic primary and secondary school education in English Standard in a Church of South India School, called Scott Christian Higher Secondary School. Before I got selected to do Medicine through merit, I was the district topper in Biology, Zoology.

REFEREES

Dr. Susan Farrell Ph.D., C.Psych., CHE
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 Associate Professor, Department of Psychiatry, Faculty of
 Medicine
 Clinical Professor, School of Psychology, Faculty of Social
 Sciences
 University of Ottawa
 Fellow, Canadian Psychological Association
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 F. 613.729.3316 Ottawa, Ontario
susan.farrell@theroyal.ca Canada K2A 1H2

Dr. Timothy Moran, PhD, MD, FRCPC
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Substance Use and Concurrent Disorders Program
Royal Ottawa Mental Health Center
1145 Carling Avenue
Ottawa, ON, K1Z 7K4

Phone: 613.722.6521
Fax: 613.729.3316 (CMHP) or 613.715.5802 (SUCD)
Email: timothy.moran@theroyal.ca

Dr. Sanjay Rao, MBBS, MD, FRCPsych, FRCPC, MBA ,
Clinical Lead for Cognitive Behavioural Therapy
Increasing Access to Structured Psychotherapies (IASP), Ontario (Ottawa Hub)
Associate Professor of Psychiatry, Ottawa University and Additional Professor Dalhousie University
Cognitive Behaviour Therapist (CACBT-ACTCC Credentialed)
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Dr. Carl Ripley, MD, FRCPC
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Ottawa, ON
K2A 1H2
T:(613) 722-6521 x 6257
Email: Carl.Ripley@theroyal.ca

Briefing Note

To: Governance Committee	Date: January 23, 2020
From: October 2, 2019 Governance Committee meeting	Prepared By: P. Robb
CC to: C. Coulter	
Subject: Role of the Past Chair	

Purpose (mark an X beside the appropriate choice)

For approval		For Information		For Review	X	Other	
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Issue:

At the October 2, 2019 Governance Committee meeting, S. McLean tabled the issue of the position of the Past Chair. In the Governance Committee Terms of Reference it still refers to this role as a voting member, but the Past Chair is not able to vote at Board meetings (it was noted that the Past Chair is non-voting at Board meetings so the new Chair is unencumbered).

This item was to be brought back to the Governance Committee for a fuller discussion and a decision.

Background:

In summary, the Past Chair:

- is an **ex-officio member of the Board of Trustees** and has no vote.
- Is a voting member of the Governance Committee. The Governance Committee Terms of Reference still refers to this position as being a voting member, but no longer the Chair. The Terms of Reference were changed so that one of the Vice-Chairs now serve as Chair of the Governance Committee.
- can act as Chair of the Board of Trustees in the absence of Chair and Vice Chair(s)
- holds office for one year renewable or until a successor is appointed

References from the ROHCG By-laws are noted below:

3.3. Board Composition

3.3.1. The Board shall be composed of:

1. 13 Trustees elected by the Members and selected from a list of names determined by the Board; and
2. the following *ex officio* Trustees:

- a. the President and Chief Executive Officer
- b. the Chief of Staff/Psychiatrist-in-Chief;
- c. the President of the Medical Staff;
- d. the Vice President, Quality Patient Care Services, Professional Practice and Chief Nursing Executive;
- e. the Past Chair; and
- f. the University Trustee.

3.3.2. The number of French-speaking Trustees shall be proportionate to the French-speaking community served and not less than three.

3.3.3. The *ex officio* Trustees described in sections 3.3.1.2(a)-(d) **shall be non-voting.**

4.4. Chair

4.4.1. The chair of a meeting of the Corporation shall be:

- 1. the Chair;
- 2. a Vice Chair, if the Chair is absent; or
- 3. the Past Chair, if the Chair and Vice Chair(s) are absent; or
- 4. a chair elected by the Members present if the Chair, Vice Chair(s) and Past Chair are absent.

11.1. Terms of Office

11.1.1. The Past Chair shall hold office for a one-year renewable term or until a successor is appointed.

SECTION 12 – DUTIES OF OFFICERS

12.1. Duties

12.2. Past Chair

12.2.1. The Past Chair shall perform the duties described in Schedule 12.2.1 and such other duties as may be determined by the Board.

DUTIES OF THE PAST CHAIR

The Past Chair shall hold office for a one-year renewable term or until a successor is appointed.

The Past Chair shall attend the Executive Committee meetings and in the absence of the Chair and Vice-Chair(s), perform the duties and exercise the powers of the Chair, and shall perform such other duties as shall from time to time, be assigned by the Board.

Governance Committee Terms of Reference

Membership & Voting	<p><u>Voting Members of Committee</u></p> <p>The Governance Committee shall be composed of:</p> <ul style="list-style-type: none"> a) the Past Chair of the Board; if in office b) the Vice Chair(s) of the Board c) the Vice Chair of the Committee and d) up to three other independent board members as selected by the Board of Trustees, taking into account the Committee Terms of Reference and the Committee's Work Plan; and
	<p><u>Non-Voting Members of Committee</u></p> <ul style="list-style-type: none"> a) the President and CEO, as a management resource.
	<p>There shall be French-speaking representation on the Committee.</p>
Chair	<p>The Vice-Chair of the Board shall serve as the Chair of the Governance Committee.</p>

SKILLS MATRIX THOUGHTS

1. Given Joanne's comments at the last meeting, we probably could also use a column for community building. There probably aren't a ton of people who could fit into that box but one that I'm thinking of is Cyril Leeder. I don't know him personally and wouldn't be comfortable approaching him as a result, but he's extremely well known and highly regarded in town, and his fingerprints were all over the Sens Foundation involvement with greater Ottawa. Someone like that would be a great catch if we want a community builder.
2. I'm not sure that we need a new column for innovation. While there isn't necessarily a bright line between information technology and innovation, there is certainly a relationship between the two. Perhaps they could be merged into one heading?
3. Likewise, and as discussed, there's no need to have HR and labour relations as separate categories. While the later deals with unionized workforces only, there is a linkage between the two and anyone who has some knowledge of one, will almost certainly have some knowledge of the other. These two columns should be merged.
4. Also, as I suggested at the meeting, I don't think that there's a need for a philanthropy column. This is where we'd be better off replacing it with community building. Philanthropy is of course key for the Foundation, but not for our board.
5. I was thinking that we could also merge Finance with Accounting Designation. I'm not sure why there are two such categories. We can easily tell who in the group has an accounting designation, as they are the only ones who get to indicate a level "3".
6. I'm not sure what Public Affairs means in the context of Public Affairs and Communications. I would have thought that Government, Government Relations and Public Affairs would be a better description, and Marketing and Communications as its own category? Particularly with Nicole Loretto leaving/having left, and remaining ever mindful of not crossing into operations, having someone on the Board who has marketing and communications as a skillset might be helpful when we're discussing things such as public perception of the Royal, and dealing with potentially difficult messaging to the public.
7. I'm not sure about the "Ethics" category. Following that heading are the words "can make ethical judgments", which makes me wonder whether or not the category is even understood, since two of our very ethical members have given themselves a 0 under that category. Presumably, everyone that is elected to the Board understands and adheres to their ethical obligations. Therefore, the category shouldn't be necessary.
8. On the other hand, and I'm not sure how we list it without being crass, but I'd love to see a category along the lines of Diversity and Inclusion. The problem of course, along with sounding crass, is that the question of what encompasses diversity is hard to pin down. Does it mean that we have equal representation as between women and men? Does it mean that we strive to have people of colour or indigenous persons? Does it mean that we strive to have different religious groups or persons on the LGBTQ+ spectrum? Furthermore, people want to be offered a board position based on their skills, and not on being a diversity statistic. In addition, they may not even self-identify into a diversity category. That said, and I don't think that we can list this formally on the chart, in my view this consideration should form part of every decision-making process when it comes to the hiring of Board members.

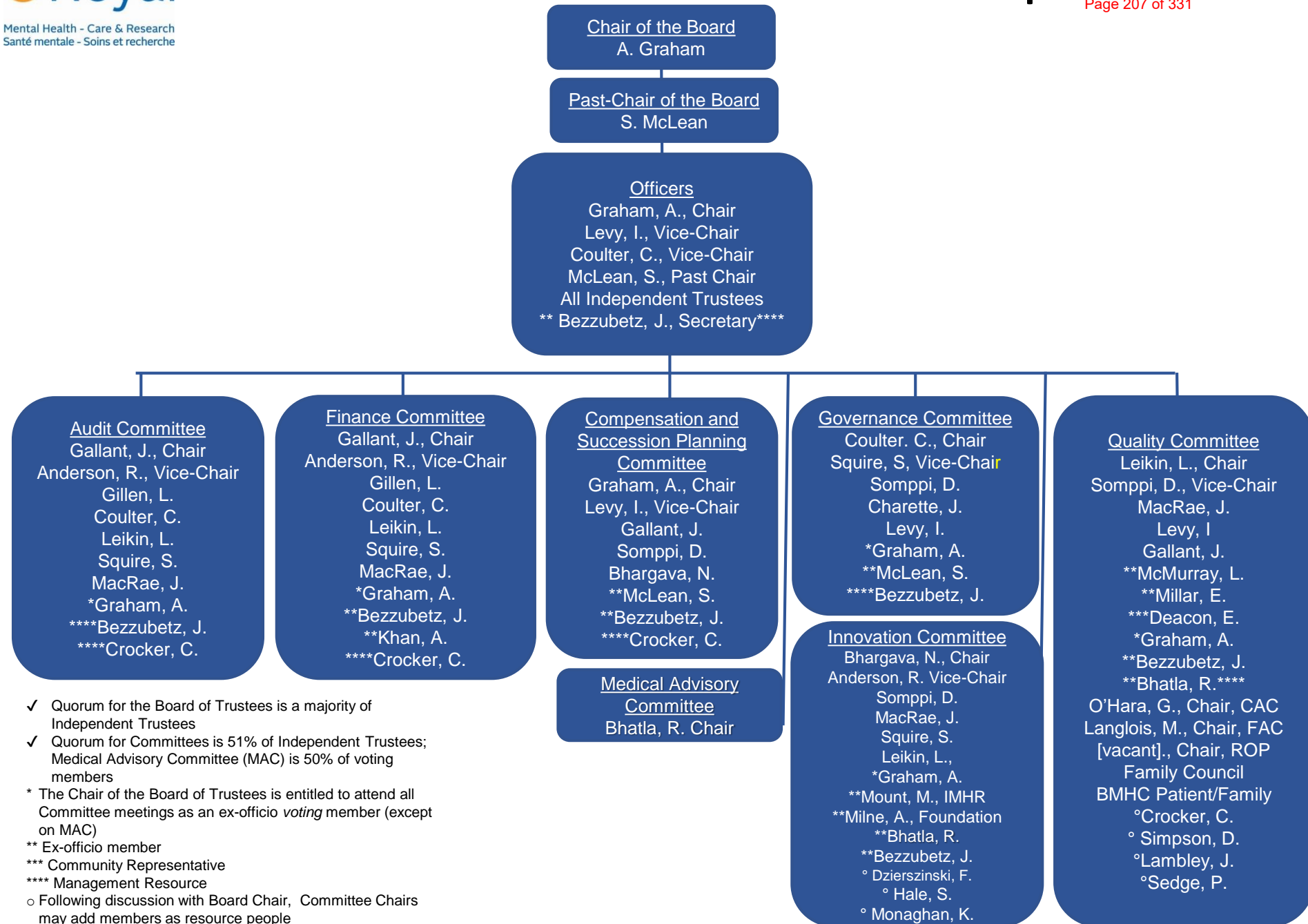
ADDITIONAL THOUGHTS:

We should also be discussing whether we want to add: (i) lived experience; and (ii) project management. Joanne would also like to see a discussion about prior non-profit experience on Skills Matrix

Knowledge, Skills & Experience																															
Please indicate your knowledge, skills & experience to each category																															
Advanced=3 Good=2 Fair=1 None=0																															
Board Members		Finance/Accounting Designation 3** =CA, CMA, CGA	Accounting Designation—— 3** =CA, CMA, CGA	Business Mgmt	Human Resources Mgmt/Labour Relations	Health Care Admin & Policy	Clinical	Government & Gov Relations	Construction & Project Management	Legal 3** =LLB	Strategic Planning	Risk Management	Information Technology/Innovation	Education	Research	Quality & Performance	Labour-Relations	Board & Governance	Marketing & Communications	Government, Government Relations & Public Affairs	Public Affairs & Communications	Ethics——(can make ethical-judgements)	Patient & Health Care Advocacy	Diversity and Inclusion	Lived Experience	Project Management	Prior Non-Profit Experience	Philanthropy	Community Building	Bilingual – English/French	Total
Name	Years on Board																														
	as of March 2019																														
Bhargava	3	2	2	3	2	1	0	2	1	1	3	1	2	3	3	2	0	3			1	3	0					1		1	37
Bhatla	ex-officio	2	1	1	2	3	3	1	1	1	2	1	1	3	2	2	1	2			3	2	3					1		2	40
Charette	8	2	2	3	3	3	0	3	1	1	3	3	2	1	1	3	3	3			3	3	0					1		3	47
Garrow	ex-officio	1	1	1	2	3	3	1	0	1	2	2	2	2	2	2	3	2			2	3	3					1		0	39
Gallant	4	3	3	3	2	1	0	1	1	1	2	3	1	0	0	0	1	2			1	1	0					1		3	30
Graham	9	1	0	3	3	1	0	1	1	1	3	1	2	3	0	1	1	2			1	2	1					1		1	30
Anderson	2	3	3	3	2	1	0	1	0	2	3	2	1	1	2	1	1	3			1	0	1					1		0	32
Leikin	3	2	0	2	1	2	3	1			3	2	1	3	3	3	1	3			2	3	3					2		1	41
Levy	7	1	0	2	2	2	3	1	0	0	1	1	0	2	2	3	1	2			1	2	1					0		0	27
Lau	ex-officio	1	0	1	2	1	3	1	0	1	1	1	1	3	1	1	1	1			2	2	2					1		0	27
MacRae	2	2	0	3	1	0	0	1	3	2	2	3	1	0	0	2	1	1			1	2	0					2		0	27
Coulter	2	1	0	1	3	1	0	1	1	3	3	3	1	3	1	2	3	3			1	3	0					2		0	36
Squire	2	1	1	2	3	1	0	3	0	0	2	2	2	3	1	3	2	3			3	3	1					2		2	40
McLean	8	2	2	2	2	2	0	2	0	3	2	2	1	1	1	1	1	2			2	2	0					1		0	31
Somppi	3	2	0	2	2	3	0	3			2	2	3		0	2		3			2	2	3					1		0	32
Bezzubetz	ex-officio	2	1	2	2	2	2	2	1	1	2	1	1	2	2	2	2	1			2	2	3					1		3	39
Gillen	3	3	0	3	3	0	1	2	0	1	3	3	1	0	0	0	0	2			3	0	2					2		0	29
TOTALS		31	16	37	37	27	18	27	10	19	39	33	23	30	21	30	22	38			31	35	23					21		16	584

Add
Remove
Question

2019-2020 Board Committee Membership



ROHCG By-laws:

3.3. Board Composition

3.3.1. The Board shall be composed of:

1. 13 Trustees elected by the Members and selected from a list of names determined by the Board; and
2. the following *ex officio* Trustees:
 - a. the President and Chief Executive Officer
 - b. the Chief of Staff/Psychiatrist-in-Chief;
 - c. the President of the Medical Staff;
 - d. the Vice President, Patient Care Services, Professional Practice and Chief Nursing Executive;
 - e. the Past Chair; and
 - f. the University Trustee.

3.3.1. The *ex officio* Trustees described in sections 3.3.1.2(a)-(d) shall be non-voting.

Environmental Scan re status of University representative on Board of Trustees

Hospital	University representative
The Ottawa Hospital (TOH)	2 ex-officio non voting members
Ottawa Health Research Institute (OHRI)	2 voting members
CHEO	1 ex-officio voting member
North York General Hospital	No University representatives
Thunder Bay Regional Health Sciences Centre	The only voting ex-officio Director is the Dean of the Northern Ontario School of Medicine, but no one from Lakehead University
Health Sciences North, Sudbury	<p>As of 3 years ago, we now have no "designates" on the HSN Board. The same applies to the Research Institute board.</p> <p>Our hospital Board now has 14 "skills based" voting members and five non-voting (CEO, CoS, CNE, president and VP of medical staff).</p> <p>It so happens though that our "skills based" appointees currently include a College President, an Associate Dean of the medical school and the President of a university federated to Laurentian. But this is circumstantial.</p>
Providence Care, Kingston	Providence Care has the Principal of Queens' University or their designate on our board as an ex-officio voting member. This is done as per our affiliation agreement with Queens. To date the designate has been the Dean of the Faculty of Health Sciences who is also the Director of the School of Medicine. The rest of the board members are skills based.
Holland Bloorview Kids Rehabilitation Hospital	We have one board seat reserved for the Dean of the Faculty of Medicine (University of Toronto) or designate. Currently this is held by Dr Allan Kaplan, Vice Dean Graduate. This is a voting position.
London Health Sciences Centre	<p>The Board moved to a fully independent model last April ratified at the annual meeting in June.</p> <p>The Dean of Medicine sits at our Board table as a Healthcare Partner, but not as a Director of any kind. The University's input is incredibly important, as is a few other of our partners, to inform hospital decision making but it is not required that he be held accountable for those decisions.</p>
St. Joseph's Health Care, London	We have the Dean who is ex-officio non voting
Montfort Hospital	We have one University of Ottawa ex-officio member on our board. This position is non-voting and is done by discussion with the University of Ottawa President.

SickKids, Toronto	We have the President of the University of Toronto who sits on our Board, but not because of his role. He is a voting member.
Sinai Health System	I am responding of behalf of Dr. Gary Newton at Sinai Health. We have one member from the University of Toronto, Dr. L. Trevor Young. Dr. Young is the Dean, Faculty of Medicine and Vice Provost, Relations with Health Care Institutions. He is an ex-officio voting member of the Sinai Health Board.
Hamilton Health Sciences	<p>1 position from McMaster University on our Board, the Dean, Faculty of Health Sciences, McMaster University is a non-voting ex officio Director. Please see below an excerpt taken from Section 4.01(b) HHS' Corporate By-law regarding Board Composition.</p> <p>4.01 Board Composition The Board shall consist of: (a) a minimum of twelve (12) Directors and a maximum of fifteen (15) Directors who satisfy the criteria set out in section 4.03 and who are elected by the Members in accordance with section 4.07 or appointed in accordance with section 4.09; and (b) the Chief Executive Officer, the Chair of the Medical Advisory Committee, the Chief Nursing Executive, the President of the Medical Staff Association and the Dean, Faculty of Health Sciences, McMaster University, as non-voting ex officio Directors.</p>



Biography:

Dr. Jacline Nyman has been appointed Vice-President, External Relations, for a five-year term beginning August 13, 2018.

As vice-president, External Relations, Jacline is responsible for the activities of the Development Office, the Alumni Relations Office, the Communications Directorate, Language Services and Advancement Services, ensuring they are consistent with the University's mission.

Prior to joining the University of Ottawa, Jacline was the president and CEO of United Way Centraide Canada, where she led a national movement for social change. She engaged with stakeholders through donor, government and media relations, participating in public policy development and driving the United Way mission forward. Jacline was at the forefront of a bold transformation of one of Canada's oldest and most trusted brands.

Immediately prior to assuming this leadership role, Jacline worked with the Smith School of Business (Queen's University) as executive director of development and alumni relations, serving as principal gifts strategist and chief development officer. She personally negotiated many significant philanthropic gifts and business partnerships, working with stakeholders around the globe. Prior to that, she worked as vice-president of fundraising and donor relations at the York University Foundation and director of development and external relations at the University of Calgary's Haskayne School of Business.

As a non-profit sector leader, Jacline engages frequently in public speaking on a wide range of topics, including organizational leadership, philanthropy and fundraising, transformational change and modernization. Most recently, she spoke on the topic of "The Future of Generosity, Philanthropy and Artificial Intelligence" and on "The Future of Corporate Philanthropy and New Technologies" at the Economic Club of Canada. In 2015, she spoke to Canada 2020 about "5 Big Ideas for the Future of Canada." She currently volunteers on a number of advisory boards, and actively mentors young professionals as they navigate their careers.

Jacline received an adjunct professor appointment at the Telfer School of Management, University of Ottawa in 2012 and upon her appointment as vice-president becomes associate professor. Formerly, as an assistant professor at Queen's School of Business (Queen's University), Jacline taught marketing, marketing ethics and social responsibility. She has ongoing research interests in marketing, corporate social responsibility, and philanthropy. In 2011, Jacline concluded a major research project entitled "Transformational philanthropy and networks of co-created value in Canada." In 2016, she co-authored a paper, entitled "Identifying the roles of the university's fundraiser in securing transformational gifts: Lessons from Canada", published in *Studies in Higher Education* (SRHE).

Jacline holds a Bachelor of Administration (University of Ottawa), an MBA (University of Calgary) and a doctorate in Business Administration — Marketing (Cranfield University, U.K.). She lives in Ottawa with her family.



Mental Health - Care & Research
Santé mentale - Soins et recherche

Board Governance

The Royal

Expression of Interest for serving on
Boards of Directors | Trustees

Expression of Interest for serving on one of the Boards of Directors | Trustees

Thank you for your interest in serving the mission and vision of The Royal as a governance volunteer. We respectfully ask you to complete this form to assist our governance committees to fulfill the difficult task of selecting candidates for nomination whose experience, skills, and personal attributes best meet the identified needs of our organization in this election year.

1. Instructions:

Please complete this form and submit it with a copy of your current resume or a brief biographical sketch by mail, fax, or e-mail to the following address:

Mail: Board Nominations
The Royal
1145 Carling Avenue
2nd Floor, Administrative Offices, c/o S. Fraser
Ottawa, ON K1Z 7K4

Email: sandra.fraser@theroyal.ca

Fax: 613.722.7686

Questions: call 613.722.6521 x 6018 or visit our website at www.theroyal.ca

2. Please indicate on which of The Royal's Boards you are interested in serving (check all that apply):

Royal Ottawa Health Care Group (hospitals) ☒

Royal Ottawa Foundation for Mental Health ☒

The Royal's Institute of Mental Health Research
affiliated with the University of Ottawa ☒

If a position is not available to fulfill your interest to serve on our boards, would you be open to serving on a committee or in another capacity?

☒ Yes ☐ No

3. Applicant Contact Information

Name	First: <u>Sean</u> Surname: <u>Stadnisky</u>
Address	Business: <u>PwC LLP</u> <u>99 Bank Street</u> <u>Ottawa, ON</u> Home: <u>2223 Watercolours Way</u> <u>Ottawa, ON</u> Preferred Address: Business <input checked="" type="checkbox"/> Home <input type="checkbox"/>
Telephone	Business: <u>6133280463</u> Home: <u>6136921376</u> Cell: _____ Preferred Telephone: Business <input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/>
Email	Business: <u>sean.stadnisky@pwc.com</u> Home: <u>sean.stadnisky@gmail.com</u> Preferred Email: Business <input checked="" type="checkbox"/> Home <input type="checkbox"/>

4. Eligibility Criteria and Conditions of Appointment

Directors/trustees is used interchangeably.

- a. Directors must be at least 18 years old.
- b. Those who have the status of bankrupt are ineligible to serve as directors.
- c. "Ineligible individual" as defined by the Income Tax Act may not serve as a director.
- d. Directors are expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 3-5 hours per month.
- e. Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligations and working cooperatively and respectfully with other board members.
- f. Directors must comply with legislation governing the corporation, the corporation's by laws and policies, and all other applicable rules.
- g. Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.
- h. Directors must complete and obtain a Police Records Check.

Please refer to the relevant Board's roles | expectations and criteria for further details.

- The Royal
- Foundation
- Research

5. Conflict of Interest and Disclosure Statement

Directors must avoid conflicts between their self interest and their duty to the corporation. In the space below, please identify any relationship with any business or organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

N/A

6. Knowledge, Skills, Abilities and Experience

Please list current or prior board experience:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Please describe any associations you may have had with various health care groups or charitable foundations:

I was previously employed in a position dealing directly with issues
that confound veterans as they transition to civilian life

Please describe how you would help The Royal advance its organizational vision and philanthropic objectives.

As a mental health survivor, it is paramount on me to give back to the
community that helped me to recover and find my new normal
I believe that as a veteran suffering from PTSD, depression and
anxiety, I can bring a wealth of real world experience regarding
MH to the board room.

The Boards seek a complementary balance of knowledge, skills, abilities and experience. Please indicate your knowledge, skills, abilities and experience for each category.

Knowledge, Skills, Abilities and Experience Please indicate your knowledge, skills, ability and experience for each category Advanced = 3 Good = 2 Fair = 1 None = 0														
All Organizations														Hospital and Research
Link to Mental Health & Addictions clients/families	Philanthropy	Individual and Corporate Networks	Board and Governance	Strategic Planning	Finance	Risk Management	Business Management	Bilingual - French / English	Research / Translational Research	Accounting – CPA, (CA, CMA, CGA)**	Public Affairs & Communications	Patient & Health Care Advocacy	Human Resources Management	Legal – LLB **
Consumer/Family Representation	Clinical Care	Quality of Care & Performance Mgmt	Health Care Admin & Policy	University / Academic	Information Technology	Government & Gov Relations								
3	1	3	2	2	2	1	2	0	0	0	1	0	2	0
0	0	2	2	3	2	2								

** means that the individual has a recognized designation

Please indicate (✓) if there are areas of board activity | responsibility that are of particular interest to you:

Finance and Investment	<input type="checkbox"/>	Governance & Policy	<input checked="" type="checkbox"/>
Audit	<input type="checkbox"/>	Quality of Care & Performance	<input checked="" type="checkbox"/>
Research	<input checked="" type="checkbox"/>	Philanthropy	<input type="checkbox"/>
Events	<input checked="" type="checkbox"/>		

Please list three references and contact information (name, phone number and email address)

1. Chris Moore, chris.moore@pwc.com

2. Kevin Horseman, kehorseman@deloitte.ca

3. Clayton Myhill, cmmmyhill@gmail.com

7. Declaration

By submitting this application, I declare that

- a. I meet the eligibility criteria and accept the conditions of nomination as described.
- b) I read and agree to comply with the following documents of The Royal's boards in which I have expressed interest:
 - **Board of Directors' | Trustees' Duties and Expectations of a Director | Trustee**
 - **Board of Trustees' Code of Conduct**
 - **Foundation Board Code of Conduct**
 - **Research Board of Conduct**
- c) I certify that the information in this application and in my resume or biographical sketch is true.

Signature Stadnisky, Sean Digitally signed by Stadnisky, Sean
 Date: 2018.11.22 14:13:33 -05'00' Date _____

SEAN STADNISKY, CD, PMP, RMC

OTTAWA, ON

[HTTPS://WWW.LINKEDIN.COM/IN/SEANSTADNISKY/](https://www.linkedin.com/in/seanstadnisky/)

613-328-0463

SEAN.STADNISKY@GMAIL.COM

PROJECT MANAGER • PROGRAM MANAGER • CONSULTANT • MANAGER

SUMMARY

Accomplished Project / Program Management Professional and Senior Consultant / Manager, with more than 19 years of experience within large, diverse organizations. Expertise in project and program planning and consulting, possessing organizational, personnel, and performance management experience. A natural communicator, liaising at all levels, briefing executive stakeholders to leading small, multi-functional teams toward a common goal. Success derived from application of lessons learned analysis and industry best practices to effectively manage resources, improve processes, and deliver organizational excellence. Serving as key advisor to executive stakeholders, held responsibility for planning / allocating annual budgets of more than \$250M, managed department budgets to \$5M, with direct responsibility for more than 75 personnel.

Pursuing leadership role with an organization seeking a professional disposition with a commitment to organizational and performance excellence, and total customer satisfaction. Canadian Armed Forces Veteran.

AREAS OF EXPERTISE

Project Management
Project Planning – Delivery
Organizational Leadership
Training & Development

Program Management
Stakeholder Engagement
Performance Management
Budgetary Oversight

Senior Consultant
Risk Management / Mitigation
Personnel Development
Team Leadership / Mentor

CAREER HISTORY

SENIOR ASSOCIATE, CONSULTING AND DEALS – OTTAWA, ON

2018- PRESENT

- A member of the Operations Practice team specializing in business architecture, project, program and portfolio management
- Currently engaged with a federal government client implementing an Enterprise Project Management Office
- Focused on Organizational design requirements, human resources requirements, succession planning, and data analytics and reporting

FINANCIAL MANAGEMENT ANALYST – OTTAWA, ON

2017-2018

- Assists in the development of the forecasts, trend analysis, commitment review and variance analysis by collecting, evaluating, reviewing, validating and reporting financial information. Researches and assembles historical, current data and projected data and information on financial matters.
- Selects, analyzes and revises financial information for multi-year operational plans, estimates, budgetary allocations and forecasts. Provides input of budget information in SAP and prepares monthly reports.
- Participates in the analysis of budget variances. Assists in the development, implementation, evaluation and maintenance on internal financial control methods, procedures and practices.
- Advises managers and makes proposals to more senior financial officers on the consequences and appropriateness of proposed financial plans and expenditure patterns and changes with regard to financial situation as well as compliance with regulations and legislation.

OPERATIONAL PLANNER / ANALYST, HEALTH CANADA – OTTAWA, ON

2017

Primary Analyst / Advisor to the Regional Executive Committee, responsible for organizing, planning and preparing budget forecast for Fiscal Year 2017/2018 for FNIHB Ontario Region.

- Planning process consists of allocating budget of more than \$250M to fund FNIHB operations for the year.
- Provides analysis on project vetting, as well as recommendations on prioritization, with an unlimited amount of client requests, and very limited resources within the Federal government.

SENIOR PROGRAM MANAGER (OFFICER) / PLANNER, HEALTH CANADA – OTTAWA, ON

2016 – 2017

Provides Budget Management, Internal/External Communications, Time Management, Grants and Contributions Information Management System, Liaising with First Nations and Health Canada Stakeholders, Management of Federal Transfer Payments, Financial Management via SAP, Briefing Notes, and Risk Management Evaluation.

- Key Knowledge areas include Treasury Board Secretariat Policy on Transfer Payments, Financial Administration Act, FNIHB Management of Contribution Funding Agreements Policy.

- First Nations Inuit Health Branch (FNIHB) supports First Nations communities through contribution agreements to deliver community based prevention health programs, primary and public health nursing, environmental health services and Non –Insured Health Benefits.
- Manage a compliment of these contribution agreements, which requires developing relations with Health Directors, Chiefs and other community health staff within First Nation communities.
- First point of contact for communities to connect in all other areas in supporting the community.

TRANSITION PROJECT MANAGER (OFFICER), VETERANS AFFAIRS CANADA – OTTAWA, ON**2014 – 2015**

Provided detailed project analysis and planning to implement Program Evaluation and Performance Measurement on all Canadian Armed Forces Employment transition programs.

- Process included planning of Logic Model, and elements of Balanced Scorecard.
 - Coordinated communications and planning process through stakeholder engagement and feedback.
 - Worked to minimize change initiatives on daily operations of all stakeholders.
- Changed initiatives focus on Content Management Server (Cascade), upgrading web function / data collection services within Canada Company, Veterans Affairs Canada and Department of National Defence.
 - Identified inefficiencies in current reporting system and worked to find a common solution.
 - Maintained process of standardizing reporting schedules to all stakeholders and provided recommendations on the exact metrics that were to be reported by each stakeholder.
- Prepared project update reports to brief senior managers and stakeholders, up to and including executives at the government of Canada and Canada Company.

OWNER, PRINCIPAL (INDEPENDENT) CONSULTANT, CKS CONSULTING – KINGSTON, ON**2013 – 2015**

Conducted research in cooperation with the Queen's School of Business and Queen's University School of Policy Studies.

- Preliminary work focused on mental health in the workplace, leader and peer helping behaviors, executive leadership, and employee engagement.
- As the principal investigator, responsibilities included literary reviews of existing academic and practitioner research, designing and deploying data collection surveys, all analysis on compiled data, and historical data provided by Statistics Canada.

RESEARCH ANALYST, ONTARIO HOSPITAL ASSOCIATION – TORONTO, ON**2013**

Provided research and analytical support around provincial health human resources, including salary benchmarking and organizational analysis.

- Synthesized research findings from key policy reports / publications for sharing with a range of audiences.
- Obtained, analyzed, and integrated quantitative and qualitative information on strategic health human resources issues and solutions within Ontario and other jurisdictions.

CANADIAN ARMED FORCES**PERSONNEL SELECTION OFFICER – OTTAWA, ON****2007 – 2012**

Provided detailed project planning to implement program evaluation and performance measurement.

- Conducted Client satisfaction study examining efficiency levels of new Canadian Forces Vocational Rehabilitation Organization.
- Developed and implemented formal Program Evaluation and Performance Management Framework.
- Managed personnel military training schedules for a squadron of 78 personnel.
- Coordinated external communications and interviews with Senior and General Officers as part of a larger Qualification Standard Board, and was responsible for reporting interview findings to the Board.

EDUCATION • CERTIFICATION

MBA , (in progress), Pennsylvania State University	Expected 2020
Master of Industrial Relations , Queen's University – Kingston, ON, Canada	2013
BA , Industrial / Organizational Psychology (Honours), The Royal Military College of Canada	2011
PMP , Project Management Professional Certification	2018
Government of Canada Authority Delegation Certification	2016
Dispute Resolution Centre Esquimalt, Victoria, BC, Canada	
• Interest-Based Dispute Resolution Practitioner	2005
• Alternate Dispute Resolution Practitioner	2005
Microsoft Office Suite Complete Level III and Access (Visual Basic Level IV)	2003



Mental Health - Care & Research
Santé mentale - Soins et recherche

Board Governance

The Royal

Expression of Interest for serving on
Boards of Directors | Trustees

Expression of Interest for serving on one of the Boards of Directors | Trustees

Thank you for your interest in serving the mission and vision of The Royal as a governance volunteer. We respectfully ask you to complete this form to assist our governance committees to fulfill the difficult task of selecting candidates for nomination whose experience, skills, and personal attributes best meet the identified needs of our organization in this election year.

1. Instructions:

Please complete this form and submit it with a copy of your current resume or a brief biographical sketch by mail, fax, or e-mail to the following address:

Mail: Board Nominations
The Royal
1145 Carling Avenue
2nd Floor, Administrative Offices, c/o S. Fraser
Ottawa, ON K1Z 7K4

Email: janie.scully@theroyal.ca

Fax: 613.761.3605

Questions: call 613.722.6521 x 6527 or visit our website at www.theroyal.ca

2. Please indicate on which of The Royal's Boards you are interested in serving (check all that apply):

Royal Ottawa Health Care Group (hospitals) ☒

Royal Ottawa Foundation for Mental Health ☒

The Royal's Institute of Mental Health Research
affiliated with the University of Ottawa ☐

If a position is not available to fulfill your interest to serve on our boards, would you be open to serving on a committee or in another capacity?

☒ Yes ☐ No

3. Applicant Contact Information

Name	First: <u>Rodney</u> Surname: <u>Nelson</u>
Address	<p>Business: <u>Carleton University, Sprott School of Business</u> <u>1125 Colonel By Drive</u> <u>Ottawa, Ontario, K1S 5B6</u></p> <p>Home: <u>1052 Brookfield Road East</u> <u>Ottawa, Ontario</u> <u>K1v 6J1</u></p> <p>Preferred Address: Business <input type="checkbox"/> Home <input checked="" type="checkbox"/></p>
Telephone	<p>Business: <u>613-520-2600 x2397</u> Home: <u>613-820-6444</u> Cell: <u>613-422-1295</u></p> <p>Preferred Telephone: Business <input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/></p>
Email	<p>Business: <u>rodney.nelson@carleton.ca</u></p> <p>Home: <u>rodney@rodneynelson.com</u></p> <p>Preferred Email: Business <input type="checkbox"/> Home <input checked="" type="checkbox"/></p>

4. Eligibility Criteria and Conditions of Appointment

Directors/trustees is used interchangeably.

- a. Directors must be at least 18 years old.
- b. Those who have the status of bankrupt are ineligible to serve as directors.
- c. "Ineligible individual" as defined by the Income Tax Act may not serve as a director.
- d. Directors are expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 3-5 hours per month.
- e. Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligations and working cooperatively and respectfully with other board members.
- f. Directors must comply with legislation governing the corporation, the corporation's by laws and policies, and all other applicable rules.
- g. Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.
- h. Directors must complete and obtain a Police Records Check.

Please refer to the relevant Board's roles | expectations and criteria for further details.

- The Royal
- Foundation
- Research

5. Conflict of Interest and Disclosure Statement

Directors must avoid conflicts between their self interest and their duty to the corporation. In the space below, please identify any relationship with any business or organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

No real or perceived conflict.

6. Knowledge, Skills, Abilities and Experience

Please list current or prior board experience:

Canadian Museum of History	Date: <u>current</u>
Canadian War Museum	Date: <u>current</u>
First Plan Pensions and Benefits	Date: <u>2013-2019</u>
Indigenous Learning Center	Date: <u>2016-2019</u>
Aboriginal Financial Officers Association	Date: <u>2012-2015</u>
Canada Dance Festival NAC	Date: <u>2009-2013</u>
Sirius Consulting	Date: <u>1998-2006</u>
	Date: _____

Please describe any associations you may have had with various health care groups or charitable foundations:

worked with several volunteer groups around mental health and taught Social Work at Carleton University. My work and research over the past six years is in providing poverty reduction strategies, mental and social support for Indigenous families through partnerships with Carleton University, Wabano Centre for Aboriginal Health, Odawa Friendship Centre, Harvest House and Minwaashin Lodge. In particular I have been involved in creating pathways to success with youth who suffer from addictions, mental health issues and learning disabilities.

The Indigenous Learning Center is a foundation dedicated to providing finances for education and training for Indigenous youth. I was Vice Chair of this board and proud to have helped create a partnership with Harvard Business School to provide financial management certificate. I helped to create this charity with grant money from government and private sources.

The Canada Dance Festival (CDF) is a registered charity that fulfills the Contemporary Canadian Dance component of the National Arts Centre. The CDF is dedicated to the creation, development and presentation of new Canadian dance artists and also bringing their productions internationally. As Vice-Chair I was responsible for ensuring all our governance documents, bylaws and policies were up to date and our strategic plan was aligned with the National Arts Centre.

Please describe how you would help The Royal advance its organizational vision and philanthropic objectives.

have extensive experience and formal training in corporate governance including sitting on and working with boards. I am a Chartered Director from the Director's College at the DeGroote School of Business a Certified Aboriginal Program Administrator (which has financial training) and a Certified Aboriginal Economic Developer. As the CEO and Principle of Governance for the Global Governance Group I am often called into organizations to help with their governance structures, values and ethics strategies, strategic planning, roles and responsibilities, business growth and emergency risk management policies. I pride myself on my governance background and enjoy working with a board to achieve governance excellence. This has far reaching implications to enhance oversight and realization of strategic objectives. I also teach entrepreneurship at Carleton University and consider myself an entrepreneur who enjoys challenges to create or increase business lines including donor strategies and philanthropy. All this experience I am happy to bring to any board.

The Boards seek a complementary balance of knowledge, skills, abilities and experience. Please indicate your knowledge, skills, abilities and experience for each category.

Knowledge, Skills, Abilities and Experience Please indicate your knowledge, skills, ability and experience for each category Advanced = 3 Good = 2 Fair = 1 None = 0																								
All Organizations														Hospital and Research										
Link to Mental Health & Addictions clients/families	Philanthropy	Individual and Corporate Networks	Board and Governance	Strategic Planning	Finance	Risk Management	Business Management	Bilingual - French / English	Research / Translational Research	Accounting – CPA, (CA, CMA, CGA)**	Public Affairs & Communications	Patient & Health Care Advocacy	Human Resources Management	Legal – LLB**	Consumer/Family Representation	Clinical Care	Quality of Care & Performance Mgmt	Health Care Admin & Policy	University / Academic	Information Technology	Government & Gov Relations			
1	2	2	3	3	2	3	3	1	3	1	3	1	1	0	1	0	0	1	3	3	3			

** means that the individual has a recognized designation

Please indicate (✓) if there are areas of board activity | responsibility that are of particular interest to you:

Finance and Investment	<input type="checkbox"/>	Governance & Policy	<input checked="" type="checkbox"/>
Audit	<input checked="" type="checkbox"/>	Quality of Care & Performance	<input type="checkbox"/>
Research	<input type="checkbox"/>	Philanthropy	<input checked="" type="checkbox"/>
Events	<input checked="" type="checkbox"/>		

Please list three references and contact information (name, phone number and email address)

1. Tim Pychyl, Professor, 613-520-2600 ext1403 tim.pychyl@carleton.ca
2. Chrissie Unterhoffer, Corporate Secretary, Canadian Museum of History, 819-776-8493, chrissie.unterhoffer@museedelhistoire.ca
3. Morag McPherson, Former colleague and personal reference, 778-268-0976, emoragm@hotmail.com

7. Declaration

By submitting this application, I declare that

- a. I meet the eligibility criteria and accept the conditions of nomination as described.
- b) I read and agree to comply with the following documents of The Royal's boards in which I have expressed interest:
 - **Board of Directors' | Trustees' Duties and Expectations of a Director | Trustee**
 - **Board of Trustees' Code of Conduct**
 - **Foundation Board Code of Conduct**
 - **Research Board of Conduct**
- c) I certify that the information in this application and in my resume or biographical sketch is true.

Signature 

Date **9/5/2019**



August, 2019

To: The Royal
Re: Board Recruitment

Dear nominating committee,

It is with great pleasure that I submit my resume for consideration to sit on the board for The Royal.

The Royal has an impressive governance structure. I appreciate the relationship The Royal has with its shareholders through the Ottawa Area. As an essential service the company has a high accountability to its users and to the taxpayers as a continuous service provider for mental health. I understand the complexity of this relationship as I have experience working closely with crown and municipal corporations and their reporting relationship and shareholder agreements. I am also impressed that The Royal is guided by, and strives to exceed, governance standards by including sustainability, accountability and community relations.

As for my qualifications, I have extensive experience and formal training in corporate governance including sitting on and working with boards. I am a Chartered Director from the Director's College at the DeGroote School of Business a Certified Aboriginal Program Administrator (which has financial training) and a Certified Aboriginal Economic Developer. As the CEO and Principle of Governance for the Global Governance Group I am often called into organizations to help with their governance structures, strategic planning, roles and responsibilities, business growth (including mergers and acquisitions) and emergency risk management policies. All this experience I am happy to bring to any board. I am currently on a Crown Corporation board with a budget of over 100 million and asset holdings of over 300 million.

Prior to my current position as Chief Executive Officer and Principal of Governance for the Global Governance Group, I was a Senior Manager at the Conference Board of Canada. In both positions I worked closely with Crown Corporations and large-scale private organizations addressing issues of governance and risk management.

I have always held myself and the organizations I have been involved with to high ethical standards. Corporate ethics is an ongoing interest of mine. Several years ago, I was appointed as the ethics officer for the Federal Government's Department of Public Works and Government Services Canada. This was certainly an organizational challenge in a time of crisis for the department as they had recently gone through the sponsorship scandal and the Gomery commission. I also currently teach business ethics at the Aboriginal Financial Officers Association as have been asked to speak on corporate ethics across Canada.

Currently, I am currently a professor at the Sprott School of Business at Carleton University teaching entrepreneurship, ethics and corporate governance. I have also taught social work, anthropology and Indigenous studies. My main area of research is in service and poverty reduction for First Nations including urban populations. I have worked for the past 30 years with First Nation communities training leadership and governance skills and working to increase economic development opportunities. I am happy to bring my experience building relationships with First Nation communities to the board. I was also honoured to be chosen as one of the Canadian Board Diversity Council's 2012 *Diversity 50* group of qualified board candidates.

I have enclosed my resume along with this cover letter to provide you with more details concerning my qualifications and accomplishments. I look forward to hearing from you and hope you find my experience an asset to your board. I wish you all the best on the search for board members and I hope we have the opportunity to work together.

Sincerely,



Rodney L. Nelson, PhD (ABD), C.Dir., PAED, CAPA

Carleton University

Professor, Sprott School of Business

[Dunton Tower](#), Room 1722

613-520-2600 ext 2397



Carleton
UNIVERSITY
Canada's Capital University



-

CEO and Principal of Governance

The Global Governance Group

613-422-1295

Home: 613-820-6444

Dr. Rodney Nelson, C.Dir., PAED, CAPA

1052 Brookfield Road ♦ Ottawa, Ontario K1B6J1
Home (613) 820-6444 ♦ E-mail rodney@rodneynelson.com

Professor, Senior Executive and Independent Director

Eight years of teaching at the University level including supervision of research projects, undergraduate teaching and first year seminars. I was recently awarded the Teaching Excellence Award and have consistently high teaching evaluations.

Over 30 years of experience in both public and private sectors with experience working with senior officials including Ministers, CEO's and corporate directors of Crown Corporations

Experienced academic administrator. Positions held include current chair of Carleton's Aboriginal Education Council, Coordinator of the Aboriginal Enriched Support Program, Senate Financial Review Committee, member of the Carleton University Institute on the Ethics of Research with Indigenous Peoples, Advisory board for the Centre of Indigenous Research Culture and Education.

Excellent ability to lead and conduct research. This includes extensive personal experience conducting interviews and collecting oral histories of Aboriginal peoples across Canada.

Proven leader in Aboriginal relations working with Aboriginal communities, governments and corporations. Expertise in governance, social policy, education, ethics and economic development.

Excellent board governance experience including Audit Committees, Governance and Nominating Committees and experience chairing board meetings.

I have a deep understanding of critical business and cultural issues including;

Aboriginal Relations

Policy development

Education

Governance

Economic Development

Business Development

Ethics

Indigenous Traditional
Knowledge

Identities and Diversity

Relevant Experiences

Board Trustee (Governor in Council position), The Canadian Museum of History formerly the Canadian Museum of Civilization, is Canada's national museum of human history.

Chair of FirstPlan Pension and Benefits. An Aboriginal company providing pension and benefits to first nations communities and businesses.

Co-Chair of Carleton University Aboriginal Education Council, to promote, guide and oversee the implementation of Carleton's Aboriginal Coordinated Strategy. The Aboriginal Education Council reports directly to the President and Vice-Chancellor.

Member of the Carleton Senate Finance Review Committee, A committee to oversee fiscal responsibilities and recommend financial advice to the Senate.

Past Chair and Board Member, AFOA Canada Aboriginal Financial Officers Association. A national Aboriginal association that helps communities better manage and govern their affairs and organizations through enhancing finance and governance practices.

Past Vice Chair of the board of directors for The Canada Dance Festival Association. This association presents, advances and celebrates dance excellence in Canada in association with the National Arts Centre and the Banff Centre for the Arts.

Past Chair of the Council on Corporate Aboriginal Relations. A council of industry and Aboriginal leaders who are responsible for relations with Aboriginal peoples.

Past Co-Chair of the Public Enterprise Governance Centre. A forum for Chairs, CEO's, and Board members of Canadian Crown corporations and agencies to discuss governance.

Past Chair of the Pandemic Preparedness Working Group. A working group for executives to discuss organizational and operational planning for a pandemic.

Past Ethics Officer for Public Works and Government Services Canada. Appointed by the Minister of Public Works and Government Services Canada.

Recent Career Highlights

Professor at Carleton University in the Sprott School of Business teaching Business Ethics and Entrepreneurship. Formerly with the Centre for Initiatives in Education teaching Introduction to Anthropology, Intro to Social Sciences, Early Colonial Contact and Indigenous Issues. I recent received a Teaching Excellence Award. The Dean of Social Science recognition for teaching excellence receiving the highest departmental evaluation and third overall in Social Sciences.

Board Trustee (Governor in Council position), The Canadian Museum of History and The Canadian War Museum

Past Chair of the **Aboriginal Financial Officers Association of Canada.**

Represented Canada at the world **APEC (Asia-Pacific Economic Cooperation)** symposium on ethics health policies relating to Pandemic Influenza.

Spoke at the **United Nations Permanent Forum on Indigenous Issues** on economic development and how corporate/First Nations partnerships have been addressing these issues.

Professional Experience

Professor, Carleton University

Current

Sprott School of Business

Academic Research	I teach Entrepreneurship, Business Ethics and Cross-Cultural Communications.
Aboriginal Issues	My current research examines how traditional Indigenous knowledge can be combined with board governance to help create an indigenous model of business governance and enhance economic development within Indigenous communities.
Community Engagement	

CEO, The Global Governance Group

Current

Board Governance	I am the current CEO of the Global Governance Group (GGG). This independent consulting firm provides research, training, strategic advice, negotiations and governance guidance to businesses and all levels of government. GGG is actively involved in training and consulting with Aboriginal leaders and communities on business and economic development, board governance, ethics, corporate relations, education and historical research for Aboriginal communities.
Senior Management	
Research Leader	
Ethics	I also work with the Aboriginal Financial Officers Association delivering courses on ethics, performance reporting, strategic planning and negotiations in the Aboriginal workplace.

Professor, Carleton University

2012-2019

Centre for Initiatives in Education, Department of Anthropology, School of Canadian Studies

Academic Research	I taught Introduction to Indigenous Studies, Contemporary Indigenous Issues, Introduction to Social Sciences and Indigenous History courses.
Aboriginal Issues	
Community Engagement	I managed the Indigenous Enriched Support Program at Carleton University. This is an entrance program for Indigenous students that may not meet traditional university admission requirements.

Senior Manager, Executive Networks, The Conference Board of Canada 2006-2009

Board Governance	Director of the Centre for Aboriginal Issues Chair of the Council on Corporate Aboriginal Relations Chair of the Public Enterprise Governance Centre Chair Pandemic Preparedness Working Group
Aboriginal Issues	
Fiscal Responsibility	
Negotiations	As a senior manager I was responsible for both the corporate governance and Aboriginal portfolios. My role included overall management of a four-million-dollar budget, staffing, contract management, research and the strategic direction.
Maintaining Organizational Membership	I sat helped facilitate several negotiations and agreements including the billion-dollar Kitamat container port project and the Churchill hydro projects. I was the media spokesperson on Aboriginal issues and business continuity.

Public Works and Government Services Canada	2005-2006
--	------------------

Management	A/Director of Audit and Evaluation – Reporting to the Chief Risk Officer of PWGSC. I managed a team of auditors, evaluators and risk managers. Our branch was responsible for oversight of the department's fiscal responsibilities, governance reporting structures and management accountability framework.
Fiscal and Program Accountability	

Public Works and Government Services Canada	2003-2005
--	------------------

Management	Ethics Officer – I was appointed by the Deputy Minister as the Ethics Officer for Public Works. I sat at the senior management table to ensure compliance to the Values and Ethics Code of the Public Service. Working alongside the Minister, Assistant Deputy Minister and the Chief Risk Officer I was responsible for enhancing the ethical climate of the organization.
Compliance and Ethics	

Public Works and Government Services Canada	2000-2003
--	------------------

Policy Development	Senior Policy Advisor – I worked on several national social policies including Ralph Goodale's Good Neighbor Policy, Aboriginal procurement strategies, access to education policies and the National Accommodation Strategy.
Aboriginal Policy	
Budgeting	I co-managed a 5-million-dollar national research innovation fund for the development of new green technologies in the STEM disciplines.

CEO and Chair - Sirius Consulting Ottawa	1996-2000
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Board Chair	Co-founded a communications company in 1994. Under my direction as CEO and Chair, I increased capacity to become a national company increasing the operational budget to over a million dollars.
Governance	
Marketing	I was responsible for the strategic vision, mandate and direction of the company that increased revenues by over 300 per cent. Client base included fortune 500 companies.

Carleton University – Instructor of Anthropology	1994-1996
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Aboriginal Issues	I was an instructor at the University where I taught <i>Native Studies and Anthropological Research Methodology</i> . I was recognized by the Dean of Social Science for teaching excellence by received the highest student evaluation in the department and third overall in social Sciences.
Research Methodology	

Department of National Defence – Various Positions	1985-1994
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Risk Management	Intelligence Officer – I worked during the Gulf War to develop and implement military security procedures to ensure national security. I was a liaison with several international governments and military leaders to ensure coordinated strategies.
Research	
Procurement and Supply Chain Management	Procurement Officer – I developed and delivered innovative supply chain solutions including leveraging Department of National Defence's buying power through implementation and facilitation with United States Government effecting saving of 3-5 million dollars in purchasing power.

Recent Speaking Engagements

International Union of Anthropological and Ethnological Sciences, Moderator and Plenary
Indigenous Movements/ Mouvements autochtones, 2018

Indigenous modernity and the concept of Bimaadiziwin: reconciling environmental stewardship and economic development from an Indigenous perspective. Panel entitled: Ambivalent Stewards: Communities, Disparities, Shifting and Resilient Subjects at the Conservation-Extraction Nexus. American Anthropological Society, Washington D.C. 2017

Understanding Meta Data and Ethical Research. Modern Treaties and Reconciliation: A New Relationship 150 Years Later, Ottawa, 2017.

Indigenous Sustainable Economic Development and Community Governance: How to Connect Strategy to Economic and Social Outcomes, AFOA International Conference, Vancouver, 2017

International Union of Anthropological and Ethnological Sciences, Moderator and Plenary
Indigenous Movements/ Mouvements autochtones, 2017

Pipelines and Puppy-dogs: Decolonizing Anthropology. Canadian Anthropology Society, Decolonizing Anthropology: Practicing Anthropology with Indigenous Communities, 2017

Generational Sustainable Development: A Path to Self Determination, Native American and Indigenous Studies Association conference, Hawaii, 2016

Ethics and Research with Indigenous Communities, Indigenous Research Ethics Institute, Carleton University, Ottawa, 2016

Aboriginal Governance in the Canadian Context, Emerging Leaders in the America Program, Ottawa, 2016

Unceded Ottawa: The Algonquin and the Outaouais, Arboretum Festival, Ottawa, 2015

Self Determination through indigenous leadership and Mentoring, Zelikovitz Centre for Jewish Studies Conference Developing Future Leaders: Partners in Emerging Leadership: Campus and Community, 2015

Evaluation and Reporting for First Nations, Waswanipi First Nation, Quebec, 2015

Aboriginal Governance in the Canadian Context, Emerging Leaders in the America Program, Ottawa, 2015

Evaluation and Reporting for First Nations, Waswanipi First Nation, Quebec, 2015

Conflict and Negotiations for First Nations Economic Development Opportunities, Opaskwayak Cree Nation, The Pas Manitoba, 2014

Governance for Chief and Council, Waswanipi Cree First Nation, Waswanipi Quebec, 2014

Session Chair, Financial Management - Analysis of Debt - Good or Bad - The Ulnooweg Community Report Process, Aboriginal Financial Officers Association, Halifax, 2014

Guest Key Note Speaker: Education and Economic Development Successes for First Nations in Canada: Indigenous Perspective, Botho University International Research Conference and the British Council, Gaborone, Botswana, 2013

Access to Education in Canada, an Indigenous Perspective, World Congress on Access to Post-Secondary Education, Montreal, 2013

Working with First Nations communities: The ethical debate on economic development. The Centre on Values and Ethics (COVE) Annual Spring Research Day. Carleton University, Ottawa, May 6th, 2013

Facilitating Chair - Indigenous Leadership and Self Governance Conference, presentation: **"Revising Your Election Code and Using Performance Measurements to Help Conquer Obstacles to Effective Leadership"**, Ottawa, 2013

Lessons in Business Strategy Planning: Aboriginal Entrepreneurs Conference, Ottawa, Oct. 2011

"A Traditional Board: Practical Applications for First Nations Board of Directors", Aboriginal Financial Officers Association, Conference Workshop, Vancouver, 2011

"Economic Development and Poverty Among First Nations in Canada" Queens University, Kingston Poverty Conference, 2010

University of Notre Dame, Promoting Student Success Conference, **"Recruitment and Retention of Native Students in Colleges and Universities: A Canadian Experience"**, Oct, 2010

Council for the Advancement of Native Development Officers, Niagara Falls, **"Incorporating Indigenous Knowledge into Good Board Governance Practices"**, 2010

"Incorporating Indigenous Knowledge into Good Board Governance Practices", Aboriginal Financial Officers Association, Ottawa, 2010

"The Role of Leadership in Community Health - Business Continuity Planning", Aboriginal Financial Officers Association, Ottawa, 2010

Keynote Speaker on **"Aboriginal Indigenous Knowledge and Corporate Governance"**, First Plan Benefits AGM, Winnipeg, 2009

"Leveraging Our Joint Resources", Land Claims Agreements Coalition Conference, Ottawa, 2009

"Seven Generation Crisis: Building Capacity for Aboriginal Board of Directors", United Nations Permanent Forum on Indigenous Issues, 2009

Moderator of Aditawazi Nisoditadiwin Aboriginal Conference at Carleton University, Sessions Nation-to-Nation and Aboriginal Ways of Knowing, 2009

"Economic Development for the Métis Nation", Métis Nation of Ontario, 2008

Represented Canada at the **Asia-Pacific Economic Cooperation** symposium on Pandemic Influenza Preparedness, 2008

"Understanding the Duty to Consult in Aboriginal Business Partnerships", Council for Corporate Aboriginal Relations, St. John's, Newfoundland, 2008

"Board Governance and Pandemic Planning: All Hazards Approach", Pandemic Preparedness Working Group, Conference Board of Canada, Montreal, 2008

"Creating Wealth and Opportunity in Aboriginal Communities", Aboriginal Financial Officers Association Conference (AFOA), Winnipeg, 2007

"Continuity and Pandemics - Are We Prepared?", Canadian Pension & Benefits Institute's National Conference, Winnipeg, 2007

"Building Better Aboriginal Relations Through Cultural Understandings", Council for Corporate Aboriginal Relations, Prince Rupert, 2007

"Business Continuity and Pandemic Influenza, Is Canada Prepared?", Information Technology Insights Network, Montreal, 2007

"Creating Wealth and Prosperity in Aboriginal Communities", Council for Corporate Aboriginal Relations, Calgary, 2006

"Managing Organizational Change Management" Invited to speak on organizational change management at the World Workplace Conferences in Toronto, Japan and Czech Republic, 2004

"Managing Organizational Change Management", World Workplace Conference, 2003

Tsimshian Secret Societies. Canadian Anthropological Society Association, Toronto, 1999

Publications

Beyond Dependency Economic Development and First Nations in Canada, Journal of Environment and Development, 2019 (forthcoming)

Book Chapters in **"Canada and the Challenges of International Development and Globalization"** Chapter on *"Historical Developmental Colonialism"*, Chapter on *"Indigenous Peoples and Western Development: A New Perspective"*, 2017

The Role of Values in Ethical Decision Making for Indigenous Leaders, Journal of Aboriginal Management, 2016

Rethinking Economic Strategies for First Nations in Canada: Incorporating Traditional Knowledge into Governance Practices, PhD Thesis, Carleton. 2016

"Corporate Social Responsibility and Partnership Development with First Nations" in Journal of Aboriginal Management, 2015 (refereed)

"A Long Shadow Looms: Opportunity Through Economic Development and Education for Indigenous People in Canada", in BURIC, Botho University Press, 2014 (refereed)

"Dispute Resolution the Anthropologist in the Middle" in Cultural Anthropology, 4th Edition with Liam Kilmurray, William Haviland, Shirley Fedorak, Richard Lee and Gary Crawford, Nelson Publishing, 2013

"A Tale of Two First Nation: Traditional Knowledge in Today's Business World" in Cultural Anthropology, 4th Edition with Liam Kilmurray, William Haviland, Shirley Fedorak, Richard Lee and Gary Crawford, Nelson Publishing, 2013

"Economic Development: The Role of Good Governance" Aboriginal Resources and Economic Development Forum, Insight Publishing, June, 2012.

"Traditional Knowledge in the Boardroom a Quest for a New Model of Aboriginal Corporate Governance", JAM: The Journal of Aboriginal Management, Sept 2010 - Volume 8 (refereed)

"Pandemic influenza planning: The Asia-Pacific Economic Cooperation Emerging Infections Network", Journal of Telemedicine and Telecare, Oct 2009, 15 (7): 368-372. (refereed)

"From Vision to Venture: The Story of Five Successful Aboriginal Businesses", The Conference Board of Canada, 2008

"The Value of Aboriginal Cultural Industries", Heritage Canada, 2008

"Through the Eyes of the Board; Governance, Enterprise Risk Management and Performance", The Conference Board of Canada, 2007

"Creating Economic Development Through Governance Structures in Aboriginal Businesses", Conference Board of Canada and INAC, 2006

"Me Change, No Way, Managing Resistance to Change in Workplace Accommodation Projects", 2003 Journal of Facilities Management, Vol: 1 #4 (refereed)

"Masking Rituals of South East Asia" 1996, Museum of Civilization

Research and Collections of Marius Barbeau, North West Coast Art, Museum of Civilization, 1995

"It's Not About Bricks and Mortar, It's About the People: An Anthropologist Perspective in the Corporate World." MA Thesis, Carleton University, Dept. Sociology and Anthropology

Consulting and Other Relevant Activities

Creation of the Values and Ethics/ Conflict of Interest documents for Micmacs of Gesgapegiag First Nation, 2017

Revision of Nemaska Cree First Nation Development Corporation's ByLaws, 2017

Comprehensive Health Policy for Interior BC Health Authority and Nlha'7kpmx Nation Health Authorities, 2017

Board training for Scw'Exmx Health Society, BC Health, 2017

Consultant for the Anishinabek Nation Economic Development committee on 20-year economic plan, 2016

City of Ottawa, Audit and evaluation of the City's Cultural Funding, 2015-2017

Nak'azdli Band Governance Workshop, 2013

Nunasi Corporation, Conflict of Interest and Policy review, 2012

Indian and Northern Affairs Canada (INAC) Economic development and leadership capacity for Aboriginal businesses, 2006

Creation of Canadian Food Inspection Agencies Internal Lines of Disclosure, 2006

Aboriginal Businesses in Nunavut, consulting on compliance structures, 2005

Delivered several courses on "Ethics in the Public Service" for the Government of Canada, 2005

Education and Credentials

Doctor of Philosophy (PhD)

Carleton University, Department of Indigenous and Canadian Studies
An interdisciplinary approach combining, Indigenous Studies, Business and Anthropology

Chartered Director (C.Dir.)

McMaster University; DeGroote School of Business, The Directors College
Certificate for director education required to be an effective board and committee member.

Master of Arts (MA) in Anthropology

Carleton University; specialized in Cultural and Medical Anthropology

Bachelor of Arts (BA) in Sociology/Anthropology

Carleton University; specialized in Native Studies and Medical Anthropology

Bachelor of Arts (BA) in Psychology

Carleton University; specialized in Clinical and Group Psychology

Professional Aboriginal Economic Development Certificate (PAED)

Council for the Advancement of Native Development Officers, 2012

Certified Aboriginal Professional Administrator (CAPA)

Aboriginal Financial Officers Association, 2013

Other Credentials

Graduate University Teaching Skills Certificate, Carleton University, 2010

Facilitation Training - Niagara Institute, 2007

Media Spokesperson Training - McLoughlin Media, 2006

Facilitation Training - Conference Board of Canada 2005, 2006

Memberships and Honors

Member of the Canadian Board Diversity

Council's Diversity 50

American Anthropological Society

Society for Cultural Anthropology

Aboriginal Barr Association

Aboriginal Financial Officers Association

Canadian Anthropological Society

Association of Indigenous Anthropologists

Society of Canadian Studies

Council for the Advancement of Native

Development Officers

Awards and Grants

Member of the Canadian Board Diversity Council's Diversity 50	
New Faculty Excellence in Teaching Award, Carleton University	2016
SF Wise Graduate Award	2013
Dr. Thomas Betz Memorial Award	2013
Diversity 50 New Corporate Leader, Canadian Board Diversity Council	2012
Ottawa Chamber of Commerce 2010 New Business of the Year - finalist	2010
Colonel William B. Sutherland Graduate Award	2010
New Sun Aboriginal Scholarship	2009
Canadian Studies Graduate Award	2008
Carleton University Doctoral Research Award	2007-2010

Research Grants

2016-2022	Social Sciences and Humanities Research Council of Canada Partnership Grant, <i>Youth Futures</i> . Building youth resilience and prosperity in First Nations communities. Amount: \$2,500,000 (over seven years)
2013	<i>Assembly of First Nations E-Governance Project</i> , AFN This research examined e-governance systems worldwide and how they can be adapted to First Nations. Amount: \$6,000.00
2010	<i>Aboriginal recruitment strategy</i> , Carleton University. To examine and recommend recruitment strategies for Aboriginal students. Amount: \$6,500
2010	<i>Aboriginal community engagement project</i> , Algonquin College. Examined post-secondary access and barriers for Aboriginal people to attend colleges and universities. Amount: \$44,700
2008	<i>Assessing the Aboriginal culture industries in Canada</i> , Heritage Canada. This research examined the Aboriginal culture industries to gain an understanding of the value it has for communities and Canada. Amount: \$120,000
2007	<i>Aboriginal entrepreneurship research project</i> , Conference Board of Canada. This research examined five successful Aboriginal businesses and proposed best practices and guidelines. Amount: \$150,000
2006	<i>The state of readiness: Canada's pandemic planning</i> , Public Health Agency of Canada. This research examined how prepared the Canadian and provincial governments, essential services and businesses are in the case of a pandemic. Amount: \$250,000

BOARD GOVERNANCE



Mental Health - Care & Research
Santé mentale - Soins et recherche

Board Governance

The Royal

Expression of Interest for serving on
Boards of Directors | Trustees

Expression of Interest for serving on one of the Boards of Directors | Trustees

Thank you for your interest in serving the mission and vision of The Royal as a governance volunteer. We respectfully ask you to complete this form to assist our governance committees to fulfill the difficult task of selecting candidates for nomination whose experience, skills, and personal attributes best meet the identified needs of our organization in this election year.

1. Instructions:

Please complete this form and submit it with a copy of your current resume or a brief biographical sketch by mail, fax, or e-mail to the following address:

Mail: Board Nominations
The Royal
1145 Carling Avenue
2nd Floor, Administrative Offices, c/o S. Fraser
Ottawa, ON K1Z 7K4

Email: janie.scully@theroyal.ca

Fax: 613.761.3605

Questions: call 613.722.6521 x 6527 or visit our website at www.theroyal.ca

2. Please indicate on which of The Royal's Boards you are interested in serving (check all that apply):

Royal Ottawa Health Care Group (hospitals)



Royal Ottawa Foundation for Mental Health



The Royal's Institute of Mental Health Research
affiliated with the University of Ottawa



If a position is not available to fulfill your interest to serve on our boards, would you be open to serving on a committee or in another capacity?

☒ Yes ☐ No

3. Applicant Contact Information

Name	First: <u>Siobhan</u> Surname: <u>Devlin</u>
Address	Business: <u>700-319 McRae Avenue, Suite 700, Ottawa ON K1Z 0B9</u> Home: <u>1 Kings Landing Pvt., Ottawa, Ontario K1S 5P8</u> Preferred Address: Business <input type="checkbox"/> Home <input checked="" type="checkbox"/>
Telephone	Business: <u>(613) 565 8696 #1467</u> Home: _____ Cell: <u>(613) 809 7669</u> Preferred Telephone: Business <input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/>
Email	Business: <u>devlin@pythian.com</u> Home: <u>devlinsiobhan@gmail.com</u> Preferred Email: Business <input type="checkbox"/> Home <input checked="" type="checkbox"/>

4. Eligibility Criteria and Conditions of Appointment

Directors/trustees is used interchangeably.

- a. Directors must be at least 18 years old.
- b. Those who have the status of bankrupt are ineligible to serve as directors.
- c. "Ineligible individual" as defined by the Income Tax Act may not serve as a director.
- d. Directors are expected to commit the time required to perform board and committee duties.
The minimum time commitment is likely 3-5 hours per month.
- e. Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligations and working cooperatively and respectfully with other board members.
- f. Directors must comply with legislation governing the corporation, the corporation's by laws and policies, and all other applicable rules.
- g. Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.
- h. Directors must complete and obtain a Police Records Check.

Please refer to the relevant Board's roles | expectations and criteria for further details.

- The Royal
- Foundation
- Research

5. Conflict of Interest and Disclosure Statement

Directors must avoid conflicts between their self interest and their duty to the corporation. In the space below, please identify any relationship with any business or organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

6. Knowledge, Skills, Abilities and Experience

Please list current or prior board experience:

<u>Corporate Secretary, The Pythian Group Inc.</u>	Date: <u>November, 2015 to present</u>
<u>FACES (First Avenue Churches & Community Embracing Sponsorship), Steering Committee</u>	Date: <u>September, 2016 to present</u>
<u>Corporate Secretary, TMI Communications Inc.</u>	Date: <u>1997 - 2006</u>
<u>Board Member & Legal Counsel, Disabled Persons' Community Resources (DPCR)</u>	Date: <u>now The In Community</u>
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Please describe any associations you may have had with various health care groups or charitable foundations:

I have been fortunate to serve on the Steering Committee for FACES (First Avenue Churches and Community Embracing Sponsorship) since 2016. I've been an active member of both the Steering and Settlement Committees in support of 10 private sponsorships of families of various sizes (including individuals and families ranging in size from 3 to 9 members) and to assist between 7-10 Government Sponsored Refugee families during this time. I was Chair for FACES, 2018 Wine and Cheese Fundraiser, Canada a Land of Opportunity, which generated sales and donations of approximately \$25,000. In 2018 I was very honoured to receive recognition as a 2018 Welcoming Ottawa Ambassador from the Ottawa Local Immigration Partnership (OLIP) as a result of my support of newcomers to Canada through FACES.

As each of my parents POA for personal care, I have had substantial contact with the CCAC, St. Elizabeth Health Care, and Bayshore Healthcare Ottawa.

Initially as a result of being on the lawyer-referral roster for REACH Canada (which, among other activities, provides independent legal referral services that address the rights and interests of persons with disabilities by fostering access to justice in the community), I served as a Board member on the Disabled Persons' Community Resources (DPCR) Board for its maximum board term of three years and, subsequently was asked and agreed to remain, as Legal Counsel to the Board on a volunteer basis. DPCR was dedicated to ensuring the independence, participation and integration of people with physical disabilities in the Ottawa community. It's Board consisted of a mix of independent Board members and consumers representing a broad range of abilities and expertise. In addition to providing a Resource Centre, DPCR also operated independent living properties in the local community.

Please describe how you would help The Royal advance its organizational vision and philanthropic objectives.

I believe my life experiences, previous and current board activities and professional experiences as a lawyer and as a corporate secretary have provided me with valuable insight, training and skills which would enable me to make meaningful contributions to the ROH. Growing up, a mentally challenged adult was part of our household starting from the time he was 15 and I was 6 years old. During my late teens and early twenties, our household also included several young indigenous women fostered by my parents while they attended high school. Often these young women had family members who suffered from drug or alcohol addiction. My Mother was one of 7 women who organized and served the Shepherds of Good Hope's first lunch at St. Brigid's Soup Kitchen. She continued to work at the Sheps for over 25 years; always as a volunteer. She taught me the value of inclusion for everyone and how being different can lead to isolation resulting, for far too many, in desperation, homelessness and/or addiction. I believe my participation on the DPCR Board and the FACES Steering Committee has also provided me with additional rich experiences that would be of value to the ROH Board.

The Boards seek a complementary balance of knowledge, skills, abilities and experience. Please indicate your knowledge, skills, abilities and experience for each category.

Knowledge, Skills, Abilities and Experience																					
Please indicate your knowledge, skills, ability and experience for each category																					
Advanced = 3 Good = 2 Fair = 1 None = 0																					
All Organizations														Hospital and Research							
Link to Mental Health & Addictions clients/families	Philanthropy	Individual and Corporate Networks	Board and Governance	Strategic Planning	Finance	Risk Management	Business Management	Bilingual - French / English	Research / Translational Research	Accounting - CPA, (CA, CMA, CGA)**	Public Affairs & Communications	Patient & Health Care Advocacy	Human Resources Management	Legal - LLB**	Consumer/Family Representation	Clinical Care	Quality of Care & Performance Mgmt	Health Care Admin & Policy	University / Academic	Information Technology	Government & Gov Relations
1	2	3	3	2	2	3	3	1	1	2	2	3	2	3	3	2	2	2	2	3	2

** means that the individual has a recognized designation

Please indicate (✓) if there are areas of board activity | responsibility that are of particular interest to you:

Finance and Investment

☐

Governance & Policy

☒

Audit

☐

Quality of Care & Performance

☒

Research

☒

Philanthropy

☒

Events

☒

Please list three references and contact information (name, phone number and email address)

1. Anne Graham, Vice-Chair, Board of Trustees, Royal Ottawa Health Care Group, asgraham@bell.net; 613 266-5770 (c); 613 565 8696 #1697 (o)
2. John Peters, Vice-Chair, Board of Directors, The Shepherds of Good Hope, jpeters@jaimacinc.com; 613 884-3837(c); 613 369-5040 (o)
3. Tom Martin, Former Chair and current Treasurer, Steering Committee, FACES, tom.martin@bell.net; 613 715-3378 (c); 613 820-5111

7. Declaration

By submitting this application, I declare that

- a. I meet the eligibility criteria and accept the conditions of nomination as described.
- b) I read and agree to comply with the following documents of The Royal's boards in which I have expressed interest:
 - Board of Directors' | Trustees' Duties and Expectations of a Director | Trustee
 - Board of Trustees' Code of Conduct
 - Foundation Board Code of Conduct
 - Research Board of Conduct
- c) I certify that the information in this application and in my resume or biographical sketch is true.

Signature  Date June 11, 2019

SIOBHAN DEVLINdevlinsiobhan@gmail.com

1 Kings Landing Private
 OTTAWA, Ontario, K1S 5P8
 June 4, 2019

613 231-3788 (Home)
 613-809-7669 (Mobile)

Profile

Siobhan is a seasoned lawyer with private law firm experience, including as a partner, and extensive in-house counsel experience in progressively senior positions in both mid-sized (Revenue\$50-\$500M) and large-sized (Revenue>\$500M) organizations. She has practiced in the Law departments of Canada's leading satellite telecommunications company, a major public-sector pension fund, as General Counsel to a leading global Software-as-a-Service provider of communication services and as General Counsel and Corporate Secretary to a global technology-enabled IT consulting and database management provider with subsidiaries in multiple jurisdictions.

She has acquired knowledge and experience of a broad spectrum of legal issues which arise in day-to-day corporate operations. She has consistently demonstrated her ability to provide strategic, commercially-minded, risk appropriate yet creative legal solutions in a wide range of areas of law, including on issues of risk, liability and exposure.

Siobhan is a dynamic leader with an established track record of designing, leading, motivating and leading effective legal services teams. She has proven skills as a mentor and the ability to develop and implement legal strategies in collaboration with partners across the entire organization, bridging diverse personalities, leadership styles and corporate objectives. She is recognized as a strong team-player, with the ability to generate support for the work of the legal team through relationship building at all organizational levels.

A skilled multi-tasker, throughout her career Siobhan has leveraged her ability to absorb and retain substantial information to provide strategic and tactical advice to senior leadership teams and boards of directors in a diversity of industries and in a wide range of legal areas. She is a highly motivated self-starter respected by her managers, peers and direct reports for her strong work ethic.

Testimonials

"Outside of your family, please name a woman you admire and why:
 Without a doubt, that would be Siobhan Devlin, Pythian's General Counsel and Corporate Secretary. She's the epitome of grace under pressure and has the biggest heart. We've worked together for more than seven years - she's been my rock and I'm grateful for her wisdom and friendship. Siobhan always looks for a solution that works for everyone, which you don't typically see in a legal department. She is always looking to partner with her "client", whether us in business development, sales, or customers. . ."

-Vanessa Simmons, VP, Business Development, The Pythian Group Inc. in acceptance of her recognition as CRN 2018 Women of the Channel

"At the time Siobhan was hired, we were looking for someone who would take full ownership of, and be accountable for, the various legal functions and, most importantly, the corporate legal strategy. From the outset Siobhan took leadership and exceeded our expectations. She immediately established credibility with all members of Protus' board of directors,

executive team, its senior management and staff. She quickly developed rapport with Protus' external legal counsel and, as was our objective, was soon leading the strategic direction of Protus' litigation portfolio with positive results – both in terms of outcome and costs. She is a well-rounded lawyer who brings solid experience and business acumen regardless of area of law or subject matter. She has significant transactional experience which translated into more diligent contract review than Protus had enjoyed in the past . . . While a seasoned lawyer, Siobhan's business experience and strategic thinking gives her an advantage in providing business savvy, sensible, practical advice . . . I would also add how much I enjoyed working with Siobhan. Without hesitation I would welcome the opportunity to do so again."

-Joseph Nour, C.E.O. (Former) Protus IP Solutions Inc.

" . . . when Telesat was seeking a Director, Legal Services, we approached Siobhan and offered her this key position. Throughout the course of her 12 years of service she consistently provided leadership in her role as Director, Legal Services. She built a legal division with a reputation as enablers of the business deal . . . Siobhan is an extremely hard worker who can always be counted on to provide solid strategic, yet practical, advice in a full range of legal areas. . . It was a distinct Telesat advantage to have had her as a key contributor on its team during its financially most successful years to date. I am confident that it will similarly be her next employer's good fortune to have her join its team."

-Larry J. Boisvert (Retired) Chief Executive Officer, Telesat Canada

Employment Chronology

April, 2013 – current General Counsel and Corporate Secretary, The Pythian Group Inc.

- Introduced to Pythian by former Protus CEO while operating a virtual in-house counsel practice. Was later recruited by Pythian to serve as its first in-house counsel and to develop a full-service, in-house law department. Was appointed as Pythian's General Counsel in December, 2013 and Corporate Secretary in November, 2015.
- Reports directly to the CEO, with additional reporting obligations to Pythian's Board of Directors, and to Pythian's Audit and Compensation Committees.
- Hires, mentors and manages a team of lawyers and contract specialists/paralegals. Establishes goals and standards, monitors workload, provides guidance and assesses performance. Oversees quality of service and responds to timeliness of legal services.
- Retains, directs and evaluates Pythian's outside counsel, with responsibility for legal budgets, outside counsel fees and ensuring timely, appropriate payment.
- Responsible for the overall management of the legal affairs of the corporation, leads the strategic and tactical provision of the organization's legal services and provides counsel on legal matters to the corporation, its subsidiaries and its Board of Directors.
- Leads the development of solutions and/or compliance with internal clients to mitigate risk.
- Demonstrated "hands on" legal manager, with broad legal knowledge in the areas of commercial law (with particular emphasis on risk analysis, liability and exposure), corporate law and corporate governance, information technology law, privacy law, intellectual property law, international business law, employment law, litigation and dispute resolution, mergers and acquisitions, risk management and insurance, and general matters of law.

March, 2011 – April, 2013 Virtual In-House Counsel

- Provided full range of legal services to corporate clients (including current employer, The Pythian Group Inc.), with a primary emphasis in the areas of commercial and employment law.

**May, 2009 – General Counsel, Protus IP Solutions Inc.
December, 2010**Responsibilities and Selected Achievements

- Responsible for the corporate legal strategy and efficient administration of the legal affairs of the company with accountability for a multi-million dollar annual budget.
- Reported directly to the CEO and presented regularly to Protus' Board of Directors on legal matters of strategic importance.
- Completed, with a legal team, the \$213M sale of the business in December, 2010 to Protus' main competitor representing major financial success for Protus founders and its private equity investors.
- Mentored and managed a team of legal professionals including in-house legal counsel, paralegals and patent agents.
- Managed a \$5MUS annual budget for Protus' relationships with outside counsel and, as a seasoned litigator, directed strategy in a wide-array of domestic and international litigation.
- Achieved substantial cost reductions in external legal spend without compromising favourable legal outcomes.
- Partnered with Human Resources in the areas of employee discipline, termination of employment, employment contracts, human rights, privacy, safety & health.

January – May, 2009 Director, Compliance, OMERS Administrative CorporationResponsibilities and Selected Achievements

- Conducted review of selected internal functions to ensure compliance with statutory and other legal requirements, Board directions and established corporate policy and worked on developing procedures to ensure ongoing compliance.
- Reviewed established HR policies to ensure compliance with statutory and other legal requirements and, with stakeholder approval, updated as necessary.

**September 1995 - Director, Legal Services, Telesat Canada and Corporate Secretary to
November, 2007 TMI Communications Inc.**

1999-2007	Director, Legal Services
1997-2006	Corporate Secretary, TMI Communications Inc.
1995-1999	Secondment from Nelligan/Power as Director, Legal Services

Responsibilities and Selected Achievements

- Hired, mentored and managed a team of three in-house lawyers and a paralegal earning the reputation as enablers of the business deal.
- Served as Corporate Secretary to the Board of Directors of Telesat's affiliate, TMI Communications Inc., for over 9 years.
- Provided full range of legal services contributing to Telesat's then most financially successful years culminating, in 2007, with its sale by BCE inc. for \$3.2 billion.

- Delivered broad range of legal areas including commercial (with particular emphasis on risk analysis, liability and exposure), corporate, litigation and dispute resolution, employment (including human rights), export/import control, intellectual property, mergers and acquisitions, insurance, corporate governance, and on general matters of law.
- Successfully negotiated and drafted a wide variety of complex domestic and multi-jurisdictional commercial contracts for the sale of services globally (including substantial US, Mexican and European experience), the procurement of products and services (including technology licensing agreements) and other agreements of strategic importance.
- Routinely negotiated domestic and multi-jurisdictional sales contracts in support of Telesat's core business, its satellite operations services and international consulting.
- Developed and implemented variety of risk management tools to mitigate company's legal risk including development and regular review of corporate policies and procedures, standard contracts, checklists and reporting summaries.

**May, 1986 -
February, 1999**

Law Firm of Nelligan/Power (now Nelligan O'Brien Payne)

1994-1999	Partner
1988-1994	Associate
1986-1988	Articling Student and Law Clerk

Initially as an associate and, subsequently, as a partner, conducted an active litigation practice with particular emphasis in the areas of commercial litigation, insurance and employment law. This included conducting litigation and appearing before various courts, preparing legal opinions on complex issues, correspondence, pleadings, motions, factums, and other written submissions, conducting pre-trial examinations/cross-examinations, trials and regularly making oral arguments before the courts. Acted for a diverse range of clients; individuals and corporations in a wide range of industries.

Education, Professional Associations and Volunteer Activities

Member in good standing of the Law Society of Upper Canada

1988 Call to the Ontario Bar

1986 LL.B. University of Ottawa

1983 B.A. (Honours), First Class Honours in Political Science, Carleton University

1981 Universite d'Aix-Marseilles

Speaking Engagements

- Panelist, Ethics in Practice Management Issues sponsored by the Law Firm of Borden Ladner Gervais.
- Speaker, Canadian Corporate Counsel Association WEBINAR, "Effective Intellectual Property Management for the non-IP Specialist", sponsored by the Law Firm of Smart & Biggar.
- Panelist "Best Practices for Information Management and eDiscovery" in CLE Program, "Best Legal Practices for Canadian Companies Doing Business in the U.S.", sponsored by the US Law Firm of Loeb & Loeb LLP, Navigant Consulting and OpenText.

Past Instructor – Practice Skills, Bar Admissions Course, and University of Ottawa, Law School, Trial Advocacy Course and Panelist, Ethics, Real Estate Section, Bar Admissions Course. For several years ran Nelligan/Power's student advocacy program.

Current Member Steering and Settlement Committees FACES (First Avenue Churches and Community Embracing Sponsorship) for the sponsorship of refugees to Canada.

Past Member Board of Directors and Counsel, Disabled Persons' Community Resources/Ressources Communautaires Personnes Ayant un Handicap

Professional Development

Various Continuing Legal Education Courses in corporate law and governance, cloud technology, business, employment, immigration, and intellectual property law.

Alliance Francaise, Intermediare

Queen's University, Executive Program

Society for International Affairs, International Traffic in Arms Regulations (U.S.) Course

Osgoode Hall, York University, Intensive Trial Advocacy Course

References – Available on request.



Mental Health - Care & Research
Santé mentale - Soins et recherche

Board Governance

The Royal

Expression of Interest for serving on
Boards of Directors | Trustees

Expression of Interest for serving on one of the Boards of Directors | Trustees

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1. Instructions:

Please complete this form and submit it with a copy of your current resume or a brief biographical sketch by mail, fax, or e-mail to the following address:

Mail: Board Nominations
The Royal
1145 Carling Avenue
2nd Floor, Administrative Offices, c/o S. Fraser
Ottawa, ON K1Z 7K4

Email: janie.scully@theroyal.ca

Fax: 613.761.3605

Questions: call 613.722.6521 x 6527 or visit our website at www.theroyal.ca

2. Please indicate on which of The Royal's Boards you are interested in serving (check all that apply):

Royal Ottawa Health Care Group (hospitals)



Royal Ottawa Foundation for Mental Health



The Royal's Institute of Mental Health Research
affiliated with the University of Ottawa



If a position is not available to fulfill your interest to serve on our boards, would you be open to serving on a committee or in another capacity?

☒ Yes ☐ No

3. Applicant Contact Information

Name	First: <u>Robert</u> Surname: <u>D'Aoust</u>
Address	Business: _____ _____ _____ Home: <u>5248 Stonecrest rd</u> <u>Woodlawn (Ottawa), Ontario</u> <u>K0A 3M0</u> Preferred Address: Business <input type="checkbox"/> Home <input checked="" type="checkbox"/>
Telephone	Business: <u>819-938-5017</u> Home: <u>613-623-1097</u> Cell: <u>613-868-2439</u> Preferred Telephone: Business <input checked="" type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/>
Email	Business: <u>robert.daoust@canada.ca</u> Home: _____ Preferred Email: Business <input checked="" type="checkbox"/> Home <input type="checkbox"/>

4. Eligibility Criteria and Conditions of Appointment

Directors/trustees is used interchangeably.

- a. Directors must be at least 18 years old.
- b. Those who have the status of bankrupt are ineligible to serve as directors.
- c. "Ineligible individual" as defined by the Income Tax Act may not serve as a director.
- d. Directors are expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 3-5 hours per month.
- e. Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligations and working cooperatively and respectfully with other board members.
- f. Directors must comply with legislation governing the corporation, the corporation's by laws and policies, and all other applicable rules.
- g. Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.
- h. Directors must complete and obtain a Police Records Check.

Please refer to the relevant Board's roles | expectations and criteria for further details.

• The Royal • Foundation • Research

5. Conflict of Interest and Disclosure Statement

Directors must avoid conflicts between their self interest and their duty to the corporation. In the space below, please identify any relationship with any business or organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

No conflict of interest.

Currently employed as senior executive with Environment and Climate Change Canada, and assigned as Executive in Residence with the Institute for Fiscal Studies and Democracy.

Owner of a corporation which is currently inactive and has no affiliation or relationship to health care.

6. Knowledge, Skills, Abilities and Experience

Please list current or prior board experience:

Champlain Community Care Access Centre

Date: 2015 - 2017

Arnprior District Memorial Hospital

Date: 2009 - 2012

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Please describe any associations you may have had with various health care groups or charitable foundations:

Health Care organizations per above (Board member)

In the early 1990's, employed by "The MIS Group" which was a precursor organization to the Canadian Institute for Health Information (CIHI).

As a chartered accountant, participated in external financial audits of Hospitals (mid 1980s).

Also, as a management consultant conducted various assignments for Health Canada, including contribution funding and operational audits of different health organizations and NGOs (mostly in the 1990s and early 2000s). Examples would include the Canadian Public Health Association, the Canadian Aids Society, the Community AIDS/HIV Treatment Information Exchange.

Please describe how you would help The Royal advance its organizational vision and philanthropic objectives.

I believe I am very well qualified and positioned to support The Royal's Board of Directors in helping people living with mental illness and addiction to recover, through fostering excellence in mental health care, advocacy, research and education. My distinctive combination of professional credentials and expertise in various fields, diverse senior executive and management roles, and prior health-care and governance experience, would benefit the Board's strategic stewardship and oversight goals. In addition, I believe I possess the personal attributes and competencies necessary for valuable contributions within the Board's collegial setting. Please refer to my CV.

I would help The Royal advance its organizational vision and objectives through actively collaborating with Board colleagues and management to: further the strategic direction, plans and fundamental values of the organization; ensure an effective framework for performance management and oversight; ensure the independent oversight of quality of care, financial and risk management, and stakeholder relations; supervise and support the senior leadership; and, help steer the Board's internal governance. The Royal operates within the legislative, policy and organizational framework of the provincial health care system. In light of current important changes to the Ontario system, in addition to evolving societal, health and technological factors, I would strive with my colleagues to foster the rigorous governance vital to The Royal's continued success.

Finally, I would like to comment that I had a trying exposure to mental health issues within my family in recent years. This has considerably strengthened my understanding and sense of empathy for people dealing with mental illness and their families. As well, it strongly underpins my desire to make a valuable contribution.

Thank you for your consideration,
Robert D'Aoust, BCom, MBA, CPA-CA, CFE

The Boards seek a complementary balance of knowledge, skills, abilities and experience. Please indicate your knowledge, skills, abilities and experience for each category.

Knowledge, Skills, Abilities and Experience																						
Please indicate your knowledge, skills, ability and experience for each category																						
Advanced = 3 Good = 2 Fair = 1 None = 0																						
All Organizations															Hospital and Research							
1	1	2	3	3	3	2	3	3	2	3	2	1	2	0	1	1	2	2	0	1	2	
Link to Mental Health & Addictions clients/families															Consumer/Family Representation							
Philanthropy															Clinical Care							
Individual and Corporate Networks															Quality of Care & Performance Mgmt							
Board and Governance															Health Care Admin & Policy							
Strategic Planning															University / Academic							
Finance															Information Technology							
Risk Management															Government & Gov Relations							
Business Management																						
Bilingual - French / English																						
Research / Translational Research																						
Accounting – CPA, (CA, CMA, CGA)**																						
Public Affairs & Communications																						
Patient & Health Care Advocacy																						
Human Resources Management																						
Legal – LLB **																						

** means that the individual has a recognized designation

Please indicate (✓) if there are areas of board activity | responsibility that are of particular interest to you:

Finance and Investment



Governance & Policy



Audit



Quality of Care & Performance



Research



Philanthropy



Events



Please list three references and contact information (name, phone number and email address)

1. Dr. Denise Alcock, prior chair of the Board of the Champlain CCAC. alcockd@rogers.com, Tel 613 746 6242
2. Dr. Gilles Breton, Director – Graduate School of Public and International Affairs. Gilles.Breton@uottawa.ca; Tel. 613 562 5800 ext 3379
3. Dr. Martine Dubuc, Associate Deputy Minister – Environment and Climate Change Canada. martine.dubuc@canada.ca; Tel. 819-938-9043

7. Declaration

By submitting this application, I declare that

- a. I meet the eligibility criteria and accept the conditions of nomination as described.
- b) I read and agree to comply with the following documents of The Royal's boards in which I have expressed interest:
 - Board of Directors' | Trustees' Duties and Expectations of a Director | Trustee
 - Board of Trustees' Code of Conduct
 - Foundation Board Code of Conduct
 - Research Board of Conduct
- c) I certify that the information in this application and in my resume or biographical sketch is true.

Signature

A stylized, handwritten signature in black ink, appearing to be 'P. B. D. L.', written over a horizontal line.

Date

12 November 2019



Mental Health - Care & Research
Santé mentale - Soins et recherche

Board Governance

The Royal

Expression of Interest for serving on
Boards of Directors | Trustees

Expression of Interest for serving on one of the Boards of Directors | Trustees

Thank you for your interest in serving the mission and vision of The Royal as a governance volunteer. We respectfully ask you to complete this form to assist our governance committees to fulfill the difficult task of selecting candidates for nomination whose experience, skills, and personal attributes best meet the identified needs of our organization in this election year.

1. Instructions:

Please complete this form and submit it with a copy of your current resume or a brief biographical sketch by mail, fax, or e-mail to the following address:

Mail: Board Nominations
The Royal
1145 Carling Avenue
2nd Floor, Administrative Offices, c/o S. Fraser
Ottawa, ON K1Z 7K4

Email: janie.scully@theroyal.ca

Fax: 613.761.3605

Questions: call 613.722.6521 x 6527 or visit our website at www.theroyal.ca

2. Please indicate on which of The Royal's Boards you are interested in serving (check all that apply):

- | | |
|--|-------------------------------------|
| Royal Ottawa Health Care Group (hospitals) | <input checked="" type="checkbox"/> |
| Royal Ottawa Foundation for Mental Health | <input type="checkbox"/> |
| The Royal's Institute of Mental Health Research
<i>affiliated with the University of Ottawa</i> | <input checked="" type="checkbox"/> |

If a position is not available to fulfill your interest to serve on our boards, would you be open to serving on a committee or in another capacity?

☒ Yes ☐ No

3. Applicant Contact Information

Name	First: <u>Pari</u> Surname: <u>Johnston</u>
Address	Business: <u>38 Grange Avenue</u> <u>Ottawa, Ontario</u> <u>K1Y 0NY</u> Home: <u>38 Grange Avenue</u> <u>Ottawa, Ontario</u> <u>K1Y 0NY</u> Preferred Address: Business <input type="checkbox"/> Home <input checked="" type="checkbox"/>
Telephone	Business: <u>581-1385</u> Home: <u>724-2531</u> Cell: <u>581-1385</u> Preferred Telephone: Business <input type="checkbox"/> Home <input type="checkbox"/> Cell <input checked="" type="checkbox"/>
Email	Business: <u>parijohnston@gmail.com</u> Home: <u>parijohnston@gmail.com</u> Preferred Email: Business <input type="checkbox"/> Home <input checked="" type="checkbox"/>

4. Eligibility Criteria and Conditions of Appointment

Directors/trustees is used interchangeably.

- a. Directors must be at least 18 years old.
- b. Those who have the status of bankrupt are ineligible to serve as directors.
- c. "Ineligible individual" as defined by the Income Tax Act may not serve as a director.
- d. Directors are expected to commit the time required to perform board and committee duties.
The minimum time commitment is likely 3-5 hours per month.
- e. Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligations and working cooperatively and respectfully with other board members.
- f. Directors must comply with legislation governing the corporation, the corporation's by laws and policies, and all other applicable rules.
- g. Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.
- h. Directors must complete and obtain a Police Records Check.

Please refer to the relevant Board's roles | expectations and criteria for further details.

- The Royal
- Foundation
- Research

5. Conflict of Interest and Disclosure Statement

Directors must avoid conflicts between their self interest and their duty to the corporation. In the space below, please identify any relationship with any business or organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

I do not have any conflicts of interest.

6. Knowledge, Skills, Abilities and Experience

Please list current or prior board experience:

Founding Board Member, The Conversation Canada

Date: 2016-2019

Chair, Finance Committee, The Conversation Canada

Date: 2016-2019

Chair, Board of Directors, WorldInteraction Mondiale

Date: 1999-2001

Member, Board of Directors, WorldInteraction Mondiale

Date: 1997-2001

Date: _____

As Vice President at Universities Canada, I worked directly with the Board of Directors and 4 Board Committees

Date: 2016-2019

Date: _____

Date: _____

Please describe any associations you may have had with various health care groups or charitable foundations:

At Universities Canada (the national voice for Canada's 96 universities), I was responsible for initiating national thought leadership and action on student mental health by organizing the first university leaders' conference in 2010 on this topic. A decade of sustained programmatic follow up led to all member institutions implementing a resourced mental health strategy. 2020 will see the launch of the new Post-Secondary Students Standard developed by the Mental Health Commission of Canada and CSA Group, in collaboration with Universities Canada and Colleges and Institutes Canada, with funding support from the Rossy Foundation, RBC and Bell Let's Talk. I also led Universities Canada's national initiative to reduce alcohol harm to students by hosting the first university and college leaders' summit in 2013. Today, in partnership with the Canadian Centre for Substance Use and Addiction, there is a nation-wide network of 50 post-secondary institutions working to share knowledge and best practices to reduce alcohol harm on campuses, funded by Health Canada.

With respect to my experience with charitable foundations, I have developed strong relations with the Board and senior leadership of the Sinneave Family Foundation in Calgary - a leading Canadian organization devoted to building capacity for young autistic adults to live well and thrive. They are advising my effort to voluntarily convene a housing policy round table with key Ottawa-based stakeholders (families, private developers, municipal officials, community service agencies, post-secondary partners) in spring 2020 to develop innovative independent and supportive housing models for young people with autism and mental illness.

In addition, through my Board role at The Conversation Canada (a new national digital media organization for academic journalism), I engaged with several foundations - Chagnon Foundation, Lawson Foundation, and McCall-McBain Foundation - to become funding partners.

On a personal level, my 17 year old son was admitted as an inpatient at The Royal from November 2018 - January 2019 and, upon discharge, enrolled as a student at the McHugh Education Centre from March - June 2019. Originally diagnosed with schizophrenia at The Royal, he was re-diagnosed by Dr Robert Milin with moderate autism spectrum disorder, persistent depressive disorder and unspecified anxiety disorder.

Our son's journey in the youth mental health system, and my lived experience - and lessons learned - as his family caregiver and advocate, led me to get involved in various volunteer capacities at the ROHCG. Since September 2019, I have been a member of the Family Advisory Council with responsibility for strategic communications. In December 2019, I joined the Client and Family Centred Care Committee and was invited to be a family voice during The Royal's accreditation renewal process over 2019. I am a member of the External Review Committee for the Institute on Mental Health Research and the search committee for hiring the new Vice-President Research. I am on the ROHCG project proposal team for a CIHR SPOR grant to create a hub for mental health caregivers in the Ottawa region. I recently agreed to sit as the family advisor to the The Royal's Mood and Anxiety Program (MAP) which is initiating a new project to develop recommendations for a more accessible, evidence-based, and client and family-centered program.

I am also a member of the national family advisory group for a new project led by York University and CAMH, with funding from Public Health Canada, to create the first mental health literacy guide in Canada for autistic adults by 2021.

Please describe how you would help The Royal advance its organizational vision and philanthropic objectives.

I am inspired by The Royal's transformative vision of becoming a "hospital without walls" and achieving seamless integration of The Royal Mental Health Centre, the Institute for Mental Health Research and the Foundation.

I am a dynamic senior executive with 20 years' experience in advancing the transformative mission of Canada's universities. As outlined in my CV, I have the leadership and governance experience, strategic networks and lived experience as a family caregiver and advisor that could help the ROHCG realize its vision. It is important to note that I am fully bilingual, an asset for a Board in the national capital region with partnerships with such bilingual institutions at Ottawa University.

First, as a recognized national thought leader in Canadian higher education and research, I bring extensive networks with Canadian universities and colleges - including the four in Ottawa - as well as an exceptional ability to forge partnerships across sectors and borders that could help The Royal expand its reach. My system knowledge and ability to make connections to the local, regional, Canadian and international academic space would be excellent assets to help The Royal raise its profile and amplify impact through new partnerships for research, teaching and community engagement. The four post-secondary institutions in Ottawa have a new MOU to develop "Education City" and I believe building stronger bridges with these institutions - individually and collectively to capitalize on their knowledge, research capacity and infrastructure - could be a game changer for The Royal in its journey to become a hospital without walls. At the same time, these institutions are committed to promoting and supporting better mental health wellness on their campuses and stronger partnerships with The Royal could prove critical to their success.

Second, I bring significant experience in shaping and leading successful public affairs, communications and government relations campaigns that advance strategic organizational goals. As VP at Universities Canada, I led imaginative multi-stakeholder advocacy campaigns that ensured universities were big winners in four successive federal Budgets from 2015-19 with over \$10B in investments in university infrastructure, innovation, research and skills. I am experienced at identifying new policy and political opportunities and defining strategies to successfully navigate various levels of government - and build key relationships - to achieve organizational success. Given new provincial investments in mental health, and a federal policy commitment in the 2019 Speech from the Throne for better workplace mental health, the time is ripe for The Royal to capitalize on its location in Ottawa to advance a compelling narrative for the benefits of funded partnerships with its unique national mental health assets, such as the Brain Imaging Centre and its talented researchers and clinicians. I believe I could bring a strategic public affairs and government relations lens to the Board to help identify and shape strategies to seize key funding and partnership opportunities.

Third, I am an entrepreneurial and innovative Board member in the not-for-profit start up sector and am particularly skilled at fundraising and stewarding donor relations. As a founding Board member of The Conversation Canada - a new national digital media start-up for academic journalism - I was part of the governance team that oversaw the launch in 2016 and rapid growth by 2019 to 32 universities, 500 republishers, and 2 million monthly page views. I personally recruited 25 universities as members, secured five new federal and provincial funders, and guided the 2018 launch in Montreal of La Conversation Canada, to achieve a truly national bilingual platform.

Fourth, and most fundamentally, I would bring to the Board the perspective and lived experience as a family caregiver and advisor. I have walked beside my son for the last six years, loving him, learning from him and trying to help him overcome the many obstacles thrown his way so that he can be well and thrive. I have learned many important lessons on this journey and am committed to giving it bigger meaning and voice so that others can stand on our shoulders. My experience as a family advisor at The Royal has been invaluable as I have learned about the many excellent programs, services and staff and have personally witnessed the institutional culture change that is now taking root to truly deliver client and family-centred care.

The Boards seek a complementary balance of knowledge, skills, abilities and experience. Please indicate your knowledge, skills, abilities and experience for each category.

Knowledge, Skills, Abilities and Experience																					
Please indicate your knowledge, skills, ability and experience for each category																					
Advanced = 3 Good = 2 Fair = 1 None = 0																					
All Organizations															Hospital and Research						
3	2	3	3	3	2	3	3	3	3	0	3	3	3	0	3	1	2	1	3	1	3
Link to Mental Health & Addictions clients/families															Consumer/Family Representation						
Philanthropy															Clinical Care						
Individual and Corporate Networks															Quality of Care & Performance Mgmt						
Board and Governance															Health Care Admin & Policy						
Strategic Planning															University / Academic						
Finance															Information Technology						
Risk Management															Government & Gov Relations						
Business Management																					
Bilingual - French / English																					
Research / Translational Research																					
Accounting – CPA, (CA, CMA, CGA)**																					
Public Affairs & Communications																					
Patient & Health Care Advocacy																					
Human Resources Management																					
Legal – LLB **																					

** means that the individual has a recognized designation

Please indicate (✓) if there are areas of board activity | responsibility that are of particular interest to you:

Finance and Investment	<input type="checkbox"/>	Governance & Policy	<input checked="" type="checkbox"/>
Audit	<input type="checkbox"/>	Quality of Care & Performance	<input checked="" type="checkbox"/>
Research	<input checked="" type="checkbox"/>	Philanthropy	<input type="checkbox"/>
Events	<input checked="" type="checkbox"/>		

Please list three references and contact information (name, phone number and email address)

1. Mr Dominic Giroux, CEO, Health Sciences North; former President, University of Laurentian; & former Vice Chair, Board of Directors, Universities Canada; Tel: (705) 470-5991(c) & dominicgiroux@sympatico.ca
2. Dr Franco Vaccarino, President, University of Guelph; Member, Executive Committee, Board of Directors, Universities Canada; & Member, Scientific Advisory Board, IMHR; Tel: (226)820-6752 (c) & fvaccarino@uoguelph.ca
3. Mr David Estok, Chair, Board of Directors, The Conversation Canada & Vice-President, Communications, University of Toronto; Tel: (416) 978-0475 & david.estok@utoronto.ca

7. Declaration

By submitting this application, I declare that

- a. I meet the eligibility criteria and accept the conditions of nomination as described.
- b) I read and agree to comply with the following documents of The Royal's boards in which I have expressed interest:
 - **Board of Directors' | Trustees' Duties and Expectations of a Director | Trustee**
 - **Board of Trustees' Code of Conduct**
 - **Foundation Board Code of Conduct**
 - **Research Board of Conduct**
- c) I certify that the information in this application and in my resume or biographical sketch is true.

Signature Pari Johnston Digitally signed by Pari Johnston
Date: 2019.12.10 20:33:24 -05'00' Date _____

Pari Johnston
38 Grange Avenue, Ottawa, Ontario
(613) 581-1385 and parijohnston@gmail.com
 Find [me](#) on  and on  [JohnstonPari](#)

Who I am...

I'm a dynamic senior executive with 20 years' experience in advancing the transformative mission of Canada's universities. Recognized as an influential thought leader in Canadian higher education, I open doors and get results, with an impressive track record of federal policy and Budget wins. Hallmarks of my leadership include being a connector, navigator and strategic alliance-builder in complex multi-stakeholder environments. As a Board Director for a non-profit national digital media start-up, I also experienced outstanding success in building new partnerships and raising funds. I am fluently bilingual.

What I'm Like to Work With...

A versatile, authentic and inspiring leader, I'm seen as a purpose and values-driven strategist with a talent for building high-performing and high-impact teams in an inclusive and innovative culture - leadership that made Universities Canada a top Ottawa employer for over a decade. Known for my high energy and people skills, I'm a lateral thinker and exceptional communicator who is decisive and cool under pressure, agile and anticipatory.

Leadership

I excel at leading transformation in an evolving landscape; promoting a compelling vision for the future that Boards, partners and staff embrace; and seizing opportunities to move organizations forward. A stand-out in public roles, I can always be counted on to build organizational credibility and profile.

- For Universities Canada's 2011 centennial, helped define and advance a narrative of universities as nation-builders committed to collaboration. This forward-looking vision unified the sector and raised its profile, catalyzing new partnerships with Indigenous organizations and community foundations.
- Quarterbacked sectoral crisis response to Saudi Arabia's decision in 2018 to pull 4000 university students from Canada following a diplomatic rift. With \$260 M in tuition revenue at stake, led government and stakeholder relations and human-impact focused media strategy. 8 weeks later, the Saudi government allowed medical, health and graduate students to remain in Canada.
- A founding Board member of *The Conversation Canada* - a new digital media start-up for academic journalism - oversaw launch in 2016 and rapid growth by 2019 to 32 universities, 500 republishers, and 2 M monthly page views. I recruited 25 universities, 5 funders and guided the 2018 launch of *La Conversation Canada*, to achieve a truly national bilingual platform.
- As a senior ambassador, enhanced Universities Canada's reputation through leadership roles in official Government of Canada bilateral fora for international academic cooperation; leading Board and university presidents' missions overseas; and presenting to Parliamentary Committees.

Governance

I have deep experience working with a 13-member Board of Directors and Board Committees made up of university presidents. I'm viewed as a trusted and credible senior advisor and influencer whose skills helped unite the Board and full membership. A seasoned Board Director, I excel at good governance.

- Provided leadership to Universities Canada's Board of Directors by setting out a multi-year federal Budget and election strategy. My strategic political and policy advice, and ability to stickhandle diverse institutional interests, ensured a coherent university agenda in Ottawa, creating the conditions for major investments in four successive Budgets. *For details on impact see below.*
- Worked with the Education Committee in 2017 to craft new principles on equity, diversity and inclusion (EDI) and a 5-year plan to support system-wide action. Led consultations that resulted in unanimous approval by members. 70% now have EDI strategies in place or under development.
- As Secretary to the Governance Committee, was responsible for stewarding complex and sensitive deliberations among 96 university presidents - facilitated by a former Supreme Court Justice - on the first-ever institutional membership criterion on non-discrimination (approved in 2016).
- As Board Director for *The Conversation Canada*, initiated external governance review that resulted in amended by-laws and new Committees, better Board orientation and pursuit of charitable status.

Public Affairs & Policy Influence

I excel at strategic leadership that combines smart public policy solutions with political acumen, a sharp focus on opportunities and skill in managing key relationships. My best-in-class staff team achieved sustained Budget success through imaginative campaigns operating at the policy-advocacy nexus.

- Under my leadership, Universities Canada defined and rolled out "Seizing Opportunities," a 3-year advocacy initiative. Under the banner of universities as nation-builders, participated in 15 policy reviews, leveraged more than 100 third party champions, and used Canada 150 as a strategic platform to position the sector with 338 new MPs and the senior public service. In a competitive landscape, universities were big winners in the 2015-19 federal Budgets with over \$10 B in infrastructure, innovation, research and skills investments. *Three specific examples are below.*
- 2017 marked Canada's 150th birthday. With the US and UK cutting research funds and closing borders, seized the moment to align political aspiration for legacy initiatives with creative public policy and worked with senior officials on a new program to attract top foreign scholars. Budget 2017 announced \$177 M to bring 25 *Canada 150 Research Chairs* to Canada.
- United and led 20-member Canadian research community coalition to mount unprecedented public campaign over 2017 to "*Support the (Fundamental Science Review) Report.*" With allies in industry and the charitable sector mobilized, secured an historic \$3B for research in Budget 2018.
- Provided leadership to *Going Global Canada* campaign for a national student mobility program. Leveraged creative digital-storytelling, business champions and strong relations with influential MPs and civil servants to make the case for a \$95 M program in Budget 2019. 11 K students will go overseas in new pilot managed by Universities Canada and Colleges and Institutes Canada.

Member & Stakeholder Relations

Through innovative programming, I positioned Universities Canada as *the* go-to national forum for university presidents. I built an extensive network across the Canadian postsecondary education sector - including provincial and regional university associations - to coordinate policy advocacy on issues of national importance.

- Under my leadership, the Association increased its value for members through reimagined meetings, policy workshops and leadership seminars. Resulted in enhanced reputation; greater member engagement and support for the mission; and stronger relations with Quebec universities.

- Advanced new university women's leadership program to mentor and grow the pipeline of women presidents. Resulted in a 30% increase in the number of women presidents since 2015.
- As Secretary to several member taskforces, provided leadership to improve the student experience. Organized first national leaders' workshop on mental health in 2010 and led sustained follow up. Universities across Canada now have resourced mental health strategies for student well-being.
- Provided strategic direction over 2016 -18 to broad coalition of provincial and national university, college, student, faculty and librarian groups engaged in the federal copyright law review. Led negotiations to shape a unified strategy to protect fair dealing for educational institutions.

Operational Leadership & Business Acumen

I have leadership experience in ensuring that mid-size and start-up organizations in the non-profit sector are financially sound, well-run, talent-driven and underpinned by robust policies and fair practice.

- As a member of Universities Canada's Senior Management Committee (SMC), played a key role in financial and operational leadership: helped build the rolling 3-year budget plan; enhanced program revenue growth by identifying new prospects through advocacy role; championed modernization of IT and knowledge management systems; and improved staff engagement.
- As Finance Committee Chair of *The Conversation Canada*, oversaw development of 3-year budget, business plan and reserve policy, resulting in sustained membership and revenue growth (from 9 to 32 members and \$570 K to \$1.2 M in revenue from 2016-19) and a healthy operational reserve.

Where I Did All This...

Universities Canada, Ottawa 1997 - 2019

The national voice of Canada's 96 universities. 85 staff lead advocacy, policy, member services, publications and partnership programs. 13-member Board and 4 Advisory Committees. \$13 M budget.

Vice-President, Policy and Public Affairs, Universities Canada 2016 - 2019

Reporting to the President, I led 35 staff (government/international relations, research, policy and communications) to advance overall federal advocacy agenda. Member of SMC. Worked with Board and Board Committees on Education, Research and International Relations. \$4.5 M budget.

Director, Public Affairs and Member Relations, Universities Canada 2013 - 2016

Reporting to the COO, I led 25 staff (government/member relations, communications) to advance public affairs and serve members. Secretary, Board Committees, Education and Governance. \$3.2 M budget.

Director, Member Relations, Universities Canada 2011 - 2013

Reporting to the COO, I led 6 staff to build inaugural member services program to better serve presidents. Secretary, Board Committee on Governance. \$900 K budget.

Director, International Relations, Universities Canada 2003 - 2011

Reporting to the VP International, I led 5 staff to drive international advocacy and partnership agenda, including missions abroad. Secretary, Board Committee on International Relations. \$370 K budget.

Various roles, International Partnerships Program, Universities Canada 1997 - 2003

Reporting to the Director, I served as Program Officer then Manager to lead international projects.

Independent international development consultant, Ottawa 1995 - 1997

Led research projects for South Asia Partnership and the Canada Council for International Cooperation.

English Teacher, Osaka, Japan 1994 – 1995

Participant of the *Japan English Teaching (JET) Program* at an elite high school for expatriate students.

Board & Volunteer Engagement

Founding Board Member and Chair, Finance Committee 2016 - 2019

The Conversation Canada/La Conversation Canada, Toronto, Montreal and Vancouver

National organization for academic journalism with revenues of \$1.2 M, 9 editorial staff and 3 offices.

Member, External Review Committee 2019 and ongoing

Institute for Mental Health Research, Ottawa

Advise on family and patient-oriented research directions and co-design research programs.

Member, Family Advisory Council 2019 and ongoing

The Royal Mental Health Centre, Ottawa

Advise on client and family-centred care to guide the policies and practices of the hospital and affiliates.

Education & Professional Development

***The Digital Director: Cybersecurity and Social Media for Directors* course 2018**

***NFP Governance Essentials* program 2017**

Institute of Corporate Directors, Toronto

***Leadership Development Program* 2011**

Niagara Institute, Niagara-On-The-Lake

MA with distinction (International Affairs) 1994

Norman Paterson School of International Affairs, Carleton University, Ottawa

BA Honours (French Literature) 1991

University of Regina, Regina

It's Not All About Work...

When I'm not committed to professional pursuits, I love tent camping (when it's not raining), yoga and yoga retreats, my book club, long bike rides, and road trips. With two neurodiverse sons, I'm a dedicated caregiver, volunteer and advocate for client and family-centred healthcare and innovative housing so we can create a future where living well with autism and good mental health is the norm.

Board Self-Assessment Board Report 2019

Board Name: Royal Ottawa Health Care Group

Report Date: December 6, 2019

Number of Respondents: 12

Assessment Criteria	Royal Ottawa Health Care Group Board Average	Sector Average (Mental Health Boards) n=2	Average (All Participating Boards) n=68	Distribution of Scores (Royal Ottawa Health Care Group)					
				5-Strongly Agree	4-Agree	3-Neutral	2-Disagree	1-Strongly Disagree	N/A – Not Applicable/ Don't Know
#1. Performing Board Roles (Guide Chapter 4)									
Providing Strategic Direction									
1.1 The current Strategic Plan for your organization provides a clear set of relevant and realistic goals and strategic directions to the organization.	3.8	4.2	4.4	2	6	2	1	0	1
1.2 The board is adequately involved in the process of developing the Strategic Plan.	4.4	4.6	4.5	5	5	1	0	0	1
1.3 The board encourages the identification and assessment of initiatives to create a more integrated local health services system.	4.5	4.5	4.4	6	6	0	0	0	0
1.4 The board regularly monitors and evaluates progress towards strategic goals and directions.	4.7	4.8	4.4	8	4	0	0	0	0
1.5 The board provides meaningful direction to program/service quality in its Strategic Plan and annual goals and priorities.	4.5	4.7	4.4	6	6	0	0	0	0
Monitoring Financial Viability and Quality Performance									
1.6 The board effectively oversees the development of the annual budget and financial plans for the organization.	4.5	4.7	4.5	7	4	1	0	0	0
1.7 The performance measurement system is helpful to board members and uses contemporary methods (e.g., dashboards and balanced scorecards).	3.9	4.3	4.4	3	6	2	1	0	0
1.8 The performance measures and other information received by the board permit directors to monitor results and identify areas of concern.	4.3	4.6	4.4	6	4	2	0	0	0
1.9 When there are significant financial and/or quality performance variances, management provides the board with acceptable explanations and plans for dealing with those variances.	4.3	4.4	4.5	6	4	1	1	0	0
1.10 The board is informed about significant risk issues in a timely manner.	4.5	4.7	4.5	6	6	0	0	0	0
Overseeing the CEO (and Chief of Staff if applicable)									

Assessment Criteria	Royal Ottawa Health Care Group Board Average	Sector Average (Mental Health Boards) n=2	Average (All Participating Boards) n=68	Distribution of Scores (Royal Ottawa Health Care Group)					
				5-Strongly Agree	4-Agree	3-Neutral	2-Disagree	1-Strongly Disagree	N/A – Not Applicable/ Don't Know
1.11 There is an effective process for establishing the CEO's annual goals.	3.8	4.3	4.3	3	6	2	0	1	0
1.12 There is an effective process for measuring the CEO's performance.	3.7	4.2	4.3	3	5	2	1	1	0
1.13 There is an effective process for establishing the Chief of Staff's annual goals.	3.6	4.1	4.0	3	5	1	2	1	0
1.14 There is an effective process for measuring the Chief of Staff's performance.	3.6	4.1	4.0	3	5	1	2	1	0
1.15 The board has a sound plan for the CEO's development and succession.	3.3	4.0	3.8	0	7	3	1	1	0
1.16 The board has a sound plan for the Chief of Staff's development and succession.	3.1	3.9	3.7	0	6	3	1	2	0
Overseeing Stakeholder Relations									
1.17 The board ensures that the organization communicates its performance and plans to its key stakeholders in an effective and transparent fashion.	4.1	4.3	4.3	4	5	3	0	0	0
1.18 The board speaks with 'one voice' in all communications with stakeholders.	4.3	4.6	4.6	7	3	1	0	1	0
1.19 The board ensures that the organization engages relevant stakeholders when considering strategic planning and services integration opportunities.	4.5	4.7	4.4	7	3	1	0	0	1
Comments (4)									
Improved succession plans for the CEO, COS and other key positions are under construction									
Question 1.1 received a neutral score because we have discussed the fact that there are currently too many indicators/goals, some of which tracked for purposes other than strategic planning. We are in the midst of developing a new strategic plan right now, and it is anticipated that the indicators/goals will be simplified going forward.									
The effort to improve reporting of performance and quality is producing positive change. Past reports were difficult to parse, primarily because of the amount of data that was presented									
The Royal is commencing developing a new strategic plan so there are a number of items which are not known at this point which is appropriate									
#2. Board Role and Management Relationship (Guide Chapter 3)									
2.1 The board understands and performs its governance role and does not become overly involved in operational issues.	4.2	4.2	4.4	3	8	1	0	0	0
2.2 The board members are adequately informed about the programs, services, operations and administration of the organization in making governance decisions.	4.3	4.5	4.5	6	4	2	0	0	0

Assessment Criteria	Royal Ottawa Health Care Group Board Average	Sector Average (Mental Health Boards) n=2	Average (All Participating Boards) n=68	Distribution of Scores (Royal Ottawa Health Care Group)					
				5-Strongly Agree	4-Agree	3-Neutral	2-Disagree	1-Strongly Disagree	N/A – Not Applicable/ Don't Know
2.3 The board's goals, expectations and concerns are openly communicated to the CEO and management.	4.3	4.5	4.5	7	3	1	1	0	0
2.4 The CEO communicates with the board in an open, candid, respectful and timely manner. (*Select N/A for this question if you are the CEO)	4.6	4.7	4.7	7	5	0	0	0	0
Comments (1)									
We understand our governance role but often walk right up to the line of operational and peer over, in order to ensure that we can fulfill our obligations as board members. I think we're pretty good about not crossing the line (unless management has asked us to do so), but we do get close to the line.									
#3. Board Quality (Guide Chapter 7)									
3.1 The board is the right size. It is small enough for effective board discussions, yet large enough to have an appropriate breadth of skills and experience and the ability to carry the committee workload.	4.5	4.5	4.4	6	6	0	0	0	0
3.2 The membership of the board has sufficient diversity of skills, experience and backgrounds for good governance.	4.5	4.4	4.4	7	4	1	0	0	0
3.3 The board membership is sufficiently independent to ensure good governance of the organization.	4.7	4.5	4.6	8	4	0	0	0	0
3.4 New board members receive adequate orientation to prepare them to contribute effectively to the board.	4.4	4.6	4.3	6	5	1	0	0	0
3.5 The board receives in-depth, ongoing continuing education.	4.3	4.6	4.1	7	3	0	2	0	0
Comments (2)									
1. Board orientation is good. The only issue is that this is such a complex area, it takes time to come up to speed. No amount of further orientation would change that in any material way. 2. Board diversity is pretty good but we always strive to be better.									
We have a lot of people at the table during board meetings. I am not arguing against this but it can impact efficiency.									
#4. Board Structure (Guide Chapter 8)									
4.1 The board has the appropriate number of committees to support the work of the board.	4.5	4.5	4.5	6	6	0	0	0	0
4.2 Committee meetings involving board members and staff are constructive and there is open communication, meaningful participation, critical questioning and timely resolution of issues.	4.5	4.6	4.6	8	3	0	1	0	0
4.3 The board respects the work of its committees and does not redo committee work.	4.3	4.5	4.6	5	6	1	0	0	0

Assessment Criteria	Royal Ottawa Health Care Group Board Average	Sector Average (Mental Health Boards) n=2	Average (All Participating Boards) n=68	Distribution of Scores (Royal Ottawa Health Care Group)					
				5-Strongly Agree	4-Agree	3-Neutral	2-Disagree	1-Strongly Disagree	N/A – Not Applicable/ Don't Know
4.4 Committee reports are effective in providing the necessary information to the board.	4.5	4.7	4.5	8	3	0	1	0	0
4.5 The Finance Committee or equivalent (Resources, Stewardship) effectively performs its role and fulfills the responsibilities of its terms of reference.	4.8	4.8	4.6	9	3	0	0	0	0
4.6 The Quality Committee effectively performs its role and fulfills the responsibilities of its terms of reference.	4.6	4.7	4.6	8	3	1	0	0	0
4.7 The Governance Committee (or equivalent) effectively performs its role and fulfills the responsibilities of its terms of reference.	4.3	4.6	4.6	7	3	1	1	0	0
Comments (0)									
#5. Meeting Processes (Guide Chapter 8)									
5.1 Board meetings are well organized and the Chair manages them to allow sufficient time for discussion of major issues and to ensure appropriate participation by all.	3.8	4.3	4.6	2	8	0	2	0	0
5.2 The board has a well-conceived and realistic annual work plan.	4.5	4.8	4.4	6	6	0	0	0	0
5.3 Board materials are sufficiently informative so that board members can participate in discussions and make decisions.	4.5	4.8	4.6	6	6	0	0	0	0
5.4 Board materials arrive sufficiently in advance to allow for board members to prepare properly for the meetings.	4.7	4.8	4.5	8	4	0	0	0	0
5.5 The board uses in-camera sessions appropriately.	4.7	4.8	4.5	8	4	0	0	0	0
5.6 The board uses a consent agenda practice that conserves board time without compromising board oversight.	4.5	4.8	4.6	7	4	1	0	0	0
5.7 Minutes accurately reflect board discussions and decisions.	4.7	4.7	4.6	8	4	0	0	0	0
5.8 The board's 'meetings without management' focus on the governance process and support from management.	4.2	4.4	4.2	5	4	1	1	0	1

				Distribution of Scores (Royal Ottawa Health Care Group)					
Assessment Criteria	Royal Ottawa Health Care Group Board Average	Sector Average (Mental Health Boards) n=2	Average (All Participating Boards) n=68	5-Strongly Agree	4-Agree	3-Neutral	2-Disagree	1-Strongly Disagree	N/A – Not Applicable/ Don't Know
Comments (2)									
I don't know what is meant by question 5.8.									
No matter how well managed our Board meetings are, and they are well managed, we are inevitably pressed for time. I think that's a reflection of a lot of items to get through each meeting and the fact that Board members take their responsibilities seriously and are very engaged during meetings.									
We ALL need to do a better job of managing the time. While we are all passionate about the Royal we could make use of a time monitor. I think we are all smart enough to re-allocate time as our discussions unfold to ensure that we put the appropriate emphasis on the right areas.									
#6. Overall Board Functioning (Guide Chapters 6 to 8)									
6.1 Directors work well together, seeking consensus, and treat each other with respect and courtesy.	4.8	4.7	4.6	9	3	0	0	0	0
6.2 Directors ask constructive questions and express their views in a respectful manner.	4.8	4.7	4.6	9	3	0	0	0	0
6.3 Once decisions are taken by the board, all members support the position.	4.5	4.6	4.6	8	2	2	0	0	0
6.4 Directors respect the confidentiality of board in-camera discussions.	4.8	4.8	4.7	11	0	1	0	0	0
6.5 Directors declare conflicts of interest, where appropriate.	4.9	4.8	4.6	11	1	0	0	0	0
6.6 The board has sufficient opportunities to go into adequate depth on critical issues from time to time (retreats or 'deep dives' at regular meetings).	4.1	4.4	4.3	4	6	1	1	0	0
6.7 The board has effective evaluation tools to help it make modifications in its governance processes.	3.8	4.2	4.3	4	2	4	1	0	1
6.8 The board balances its time well between considering future issues and dealing with current governance matters.	3.8	4.2	4.3	4	3	3	2	0	0
6.9 The board addresses important issues and decisions at a sufficiently early stage.	3.9	4.2	4.4	4	4	3	1	0	0
6.10 On balance, the board allocates its time effectively between important issues and those of lesser importance.	4.3	4.5	4.4	6	4	2	0	0	0
Comments (1)									
I strongly value the diversity of experience and perspective that is present at the board table. I am positively challenged.									
#7. Individual Director's Functioning									
7.1 I have a good understanding of the difference between the board's governance role and the role of the CEO and management.	4.7	4.8	4.7	10	1	0	1	0	0

Assessment Criteria	Royal Ottawa Health Care Group Board Average	Sector Average (Mental Health Boards) n=2	Average (All Participating Boards) n=68	Distribution of Scores (Royal Ottawa Health Care Group)					
				5-Strongly Agree	4-Agree	3-Neutral	2-Disagree	1-Strongly Disagree	N/A – Not Applicable/ Don't Know
7.2 I have a good understanding of the organization's strategic plans, activities and operations.	4.3	4.5	4.5	6	5	0	1	0	0
7.3 I have a good understanding of the challenges in the external environment affecting the organization.	4.5	4.5	4.6	6	6	0	0	0	0
7.4 I feel good about my level of contribution to the board's deliberations.	4.7	4.6	4.5	8	4	0	0	0	0
Comments (0)									

Board Self-Assessment Summary Report 2019 Royal Ottawa Health Care Group

These are your highest-scored area(s) in relation to the comparator averages:

6.5 Directors declare conflicts of interest, where appropriate.

1.4 The board regularly monitors and evaluates progress towards strategic goals and directions.

These are your lowest-scored area(s) in relation to the comparator averages:

5.1 Board meetings are well organized and the Chair manages them to allow sufficient time for discussion of major issues and to ensure appropriate participation by all.

1.12 There is an effective process for measuring the CEO's performance.

These are your highest-scored area(s) for your organization:

6.5 Directors declare conflicts of interest, where appropriate.

6.4 Directors respect the confidentiality of board in-camera discussions.

4.5 The Finance Committee or equivalent (Resources, Stewardship) effectively performs its role and fulfills the responsibilities of its terms of reference.

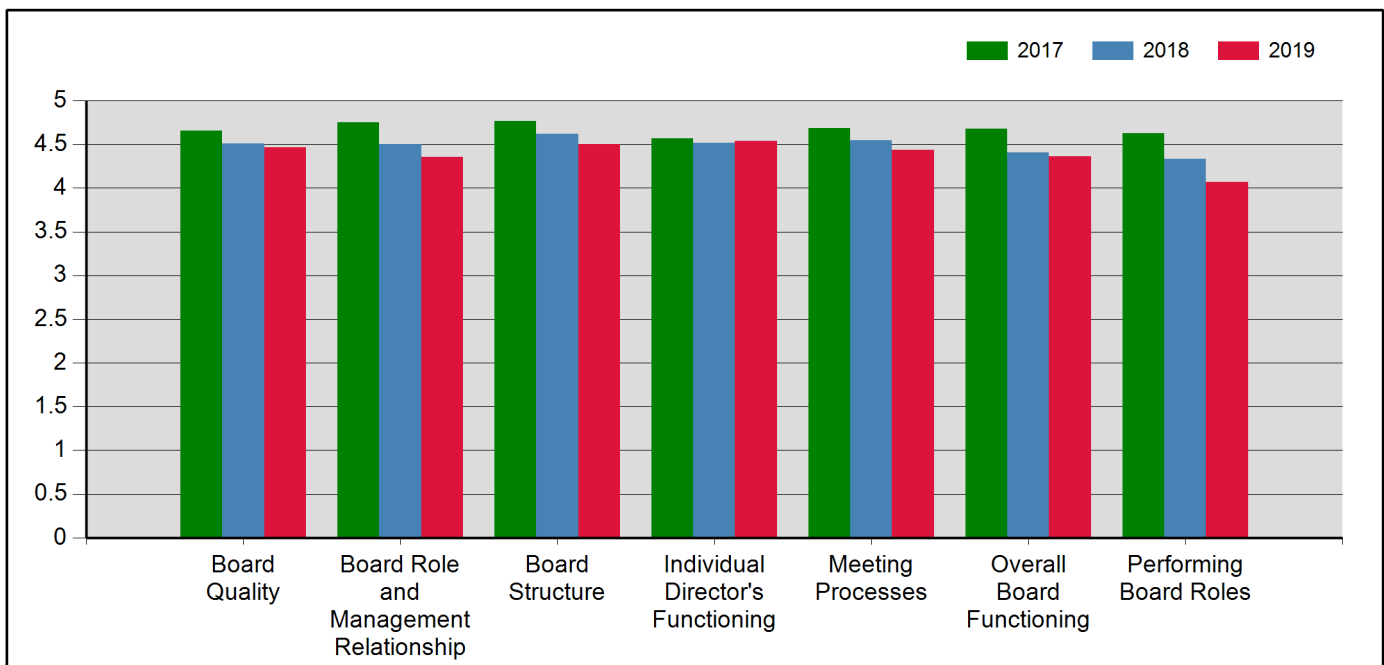
These are your lowest-scored area(s) for your organization:

1.16 The board has a sound plan for the Chief of Staff's development and succession.

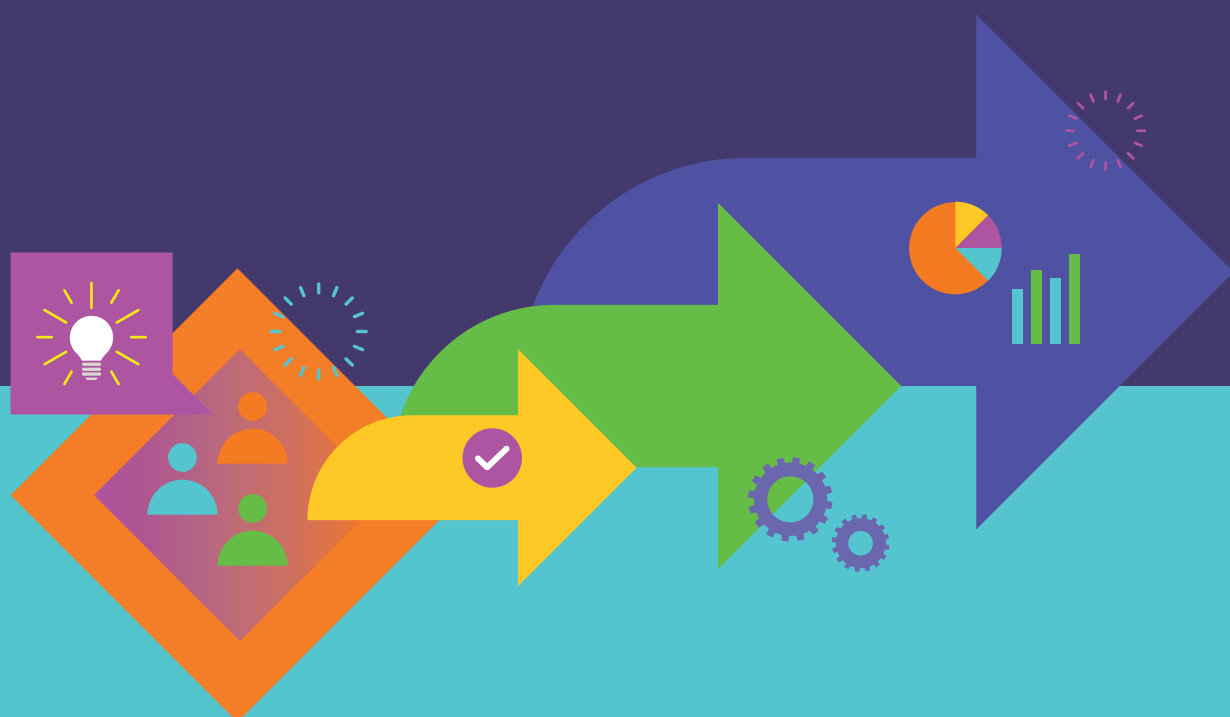
1.15 The board has a sound plan for the CEO's development and succession.

1.13 There is an effective process for establishing the Chief of Staff's annual goals.

Your Organization's Trend Line:



Developing a Governance Action Plan: A Hospital Board's Handbook



Introduction

After completing the Board Self-Assessment Tool, boards need to follow up on the results in order to get the most out of their efforts. This handbook provides guidance to board members and administrators on developing a governance action plan after receiving their self-assessment report. It contains the following sections:

- a. Contents of a governance action plan
- b. Logic for creating an action plan
- c. Principles for designing the follow-up process
- d. Process models for boards
- e. Potential roles for facilitators

By choosing to participate in the Board Self-Assessment initiative, it is presumed that the chair has already communicated to the board the goals and reasons for conducting the self-assessment. As such, this also assumes buy-in from board members and a reasonable level of trust about using the results constructively.



A: Contents of a Governance Action Plan

The usefulness of the tool depends on the board's development of an action plan to address the results of the board self-assessment.

General features of a governance action plan:

- The action plan should specify the objectives and recommended action to be undertaken, based on a list of critical issues or improvement areas.
- The recommended actions may include a change to governance policies and processes, role descriptions, terms of reference, educational sessions and director development initiatives.
- The action plan should identify those responsible for ensuring the recommendations will be implemented, including who is monitoring progress throughout the year and reporting back to the board.
- The action plan should include the timelines for implementing the recommendations.

It is advisable to establish an annual set of governance improvement objectives as a basis for being accountable and reviewing progress. The number of objectives will vary from board to board; however, boards are encouraged to start with a limited number of objectives (e.g., approximately five or six) rather than try to take on too much. Once early successes have been gained, the list of objectives can be expanded.

The benefits of a governance action plan can be substantial. With an action plan, the board develops a clearer focus on its own continuous improvement efforts. The governance action plan also provides a basis for building a sense of joint purpose and consensus among board members, and for measuring progress and impact.

See Appendix I for an illustrative example of a governance action plan.

B: Logic for Creating an Action Plan

The self-assessment results are the foundation for developing a governance action plan and need to be considered using sound, simple logic.

Logic for Creating a Governance Action Plan



1. Interpret Results – Areas for improvement may not be self-evident within the self-assessment report. Individuals need to review the results, interpret them, and develop a potential list of strengths and areas for improvement. This analysis should include the following steps:

- a. Identifying key statements where scores are significantly high (strength) or low (weakness), as well as statements where scores are lower than those of peer boards or that have fallen from the previous assessment (when available).
- b. Grouping similar statements or related statements into themes (i.e., areas for improvement).
- c. Developing a summary list of strengths and potential areas for improvement.

2. Validate and Prioritize Areas for Improvement – The tool requires board members to rate statements based on their individual perceptions, but does not request evidence to support the ratings. Therefore, the process of

validating and prioritizing areas for improvement is an important step, as it provides board members with an opportunity to discuss and validate that there is evidence and cause for the findings. The discussions may result in the identification of new or different areas for improvement, and will facilitate the prioritization of those areas. The list of areas for improvement should be limited to a manageable number of high priority areas (e.g., five or six areas).

3. Develop a Governance Action Plan – Developing a governance action plan requires the board to make decisions regarding the specific actions that need to be taken in order to improve performance on the chosen priority areas. Depending on the topics, the board may refer to the *Guide to Good Governance*, third edition, for ideas on leading practices.

See Appendix II for a list of chapter references on specific topic areas covered within the self-assessment.

C: Principles for Designing the Follow-up Process

Since boards are diverse, there is no single, “right” way to develop actionable goals for the board. The guidance described below is not prescriptive, but rather guiding points to help boards complete the self-assessment process with the goal of improving governance.

While boards need to design their own procedures, there are a number of principles and practices that can guide boards in designing a follow-up process.

- **Develop the follow-up plan before completing the self-assessment survey** – The process for conducting the self-assessment and following up with the interpretation and planning of governance improvement actions should be roughly planned before completing the self-assessment. This should include the identification of individuals (e.g., Board Chair, Governance Committee, CEO, ad hoc committee or other staff) who will be leading the follow-up work.
- **Start the follow-up work within a short period** – Momentum needs to be maintained; therefore, boards should announce or start the follow-up work at the board meeting following receipt of the self-assessment results.
- **Engage the whole board** – Whether the entire board is central to all steps in the process or whether it participates in meetings after some pre-work, the board as a whole needs to discuss and build consensus around the key actions to be taken. This task should not be delegated and referred to the board for perfunctory approval. The board needs to “own” the action plan.
- **Assign implementation follow-up work** – Once the action plan is decided, individuals need to be assigned the responsibility of ensuring implementation. Typically, the responsibility is assigned to the Governance Committee, if it exists.

D: Process Models for Boards

Each board needs to design its own follow-up process that identifies:

- The individuals who will lead the pre-work (i.e., the interpretation of results and possibly validation);
- How long the process will take; and
- At what point the whole board becomes involved in the process.



Two possible approaches are presented below.

Approach #1:

Use of a board retreat to create an action plan

This approach involves an organized governance retreat for all board members. At the retreat, the board considers the results, reviews the logic process and develops an action plan. As it may be difficult for a large group to distill the results of the self-assessment over a short period of time, some

prior work may be conducted by an ad hoc or Governance Committee, to interpret the results and identify a preliminary list of strengths and areas for improvement. Once the action plan has been approved by the board, it is then delegated to the Governance Committee for detailed implementation, as well as follow-up reporting back to the board.

See Appendix III for sample retreat objectives and agenda.

Potential Advantages of a Retreat

- Provides dedicated time for full board discussion and consensus building, which may not be available during regular board meetings.
- Creates a focus on key priorities based on board members' judgments.
- Streamlines the follow-up process and gets to the action plan quickly.
- Keeps the whole board clearly in charge of its own governance processes.

Potential Disadvantages of a Retreat

- Requires a significant amount of time from the board for governance process matters, and may detract the board from other important discussions.
- Without significant pre-work, the board may face challenges distilling the results to narrow the discussion to key governance topics during the limited time allotted for the retreat.

Approach #2:**The Governance Committee conducts pre-work and then develops an action plan with the board**

This approach involves delegating much of the pre-work to the Governance Committee, while ensuring that the whole board is still engaged in the process of developing and

approving the action plan. For the pre-work, the Governance Committee addresses the first two steps in the logic process, which include interpreting the results, and validating and prioritizing areas for improvement. The preliminary results are subsequently presented to the whole board for discussion. An action plan is then created that is fully endorsed by the whole board.

Potential Advantages of a Governance Committee led process

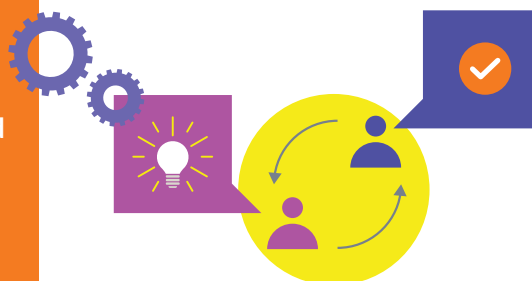
- Requires less intensive special meeting time from the full board.
- Provides an opportunity for a smaller group to focus on a few key priorities.
- Delegates effectively to the Governance Committee, where such a committee is in place.
- Requires the full board to be responsible for approving changes to its governance processes.

Potential Disadvantages of a Governance Committee led process

- May result in a lower level of buy-in from the full board, as their involvement is minimized during the pre-work phase.
- May result in some ideas that are less fully considered, since the whole board does not provide input during the validation process.

E: Potential Roles for Facilitators

Regardless of the process chosen, there needs to be process leadership and facilitation of key meetings. In most circumstances, boards should be able to lead governance development processes on their own, with the Board Chair or Chair of the Governance Committee guiding the process.



However, in some cases, conducting key board sessions may warrant external facilitation support. For example, a board may decide to enlist the services of a professional external facilitator if it is relying on a day-long board retreat to ensure meeting objectives and expectations are met. An external facilitator may also be helpful in circumstances where the

group dynamics among the board are still developing or challenging, such as when there are many new members or where there are some interpersonal issues at play. It is also important for a board to consider the costs and benefits of using an external facilitator.

Potential Advantages of an External Facilitator

- Allows the Chair (or whoever would otherwise facilitate the meeting) to fully participate in the conversation.
- Improves the use of board time by keeping conversations moving.
- Provides a refreshing external perspective, and brings objectivity and rigour to the discussion by ensuring the discussion reflects the logic of what emerged from the self-assessment results.
- Helps guide individual board members to open up and discuss genuinely held concerns.

Potential Disadvantages of an External Facilitator

- Cost of a facilitator may be significant.
- May require lead time for procurement.
- May inhibit participation and candidness of some directors.
- The facilitator, even if highly qualified and recommended, may not fit the culture and style of the board.

Appendix I: Illustrative Governance Action Plan

Governance Improvement Objective	Action Step	Timing	Who Leads	Progress
Develop a written executive succession plan	<ul style="list-style-type: none"> Review the relevant by-laws and succession procedures Create a written succession plan, including emergency succession procedures and the respective roles of the CEO and the board 	October/November January		
Update the processes for engaging key stakeholders	<ul style="list-style-type: none"> Develop a working document on how to engage key stakeholders, including: <ul style="list-style-type: none"> A list of key partners/stakeholders, their key concerns and how they affect the board Mechanisms needed to resolve tough issues Communication tactics 	November/December		
Create a new board orientation manual to serve as a training tool and reference manual for new board members	<ul style="list-style-type: none"> Establish an outline of key contents – review other manuals Develop a final draft of orientation manual 	October December/January		
Board member professional development	<ul style="list-style-type: none"> Identify a list of board members to participate in upcoming learning programs 	Ongoing		

Appendix II: Chapter References to the *Guide to Good Governance*, third edition

The following table provides chapter references to the *Guide to Good Governance*, third edition, for further reading on specific topic areas covered within the Board Self-Assessment Tool.

Board Self-Assessment Tool – Topic Area	Guide to Good Governance, third edition, Chapter Reference
SECTION 1: Providing Strategic Direction	
Strategic Directions	4
Financial Viability and Quality Performance	4
Budget Planning and Monitoring	4
Performance Measurement	4
Quality Performance	4
Risk Management	4
CEO Evaluation	4
Chief of Staff Evaluation	4
Stakeholder Relations	4
SECTION 2: Board Role and Management Relationship	
The Line Between Governance and Management	3
SECTION 3: Board Quality	
Board Size	7
Board Composition/Skills	7
Board Orientation	7
Board Education	7
SECTION 4: Board Structure	
Board Committees	4, 8
Finance Committee	4, 8
Quality Committee	4, 8
Governance Committee	4, 7, 8
SECTION 5: Meeting Processes	
Board Meetings	8
Board Work Plan	8
Board Materials	8
In Camera Sessions	8
Consent Agendas	8
Meeting Minutes	8
SECTION 6: Overall Board Functioning	
Duties and Obligations of Individual Directors	6
Conflicts of Interest	7, 8
Board Evaluation	7
SECTION 7: Individual Director's Functioning	
The Board's Role vs. CEO/Management's Role	3

Appendix III: Example Retreat Objectives and Agenda

Retreat Objectives

1. For all board members to become familiar with the board self-assessment results and develop a shared understanding of the board's strengths and potential areas for improvement.
2. To agree on a short list of critical issues and improvement areas for the board to focus on for the next year.
3. To develop a governance action plan, which specifies the objectives and recommendations that are to be undertaken, who is responsible for ensuring that they occur, and when in the coming year the recommendations will be implemented.

Agenda Item	Time (Minutes)	Responsibility
1. Welcome and Introductory Remarks	10	Board Chair
2. Present Results of the Board Self-Assessment <ul style="list-style-type: none"> • General discussion, surprises, questions 	50	Assigned lead for pre-work (initial interpretation) Governance Chair or Facilitator
3. Discussion of Themes <ul style="list-style-type: none"> • Discuss and identify strengths and a list of potential improvement areas • Consider validity, including evidence and examples that support or oppose the potential areas 	60	Board or Governance Committee Chair or Facilitator Whole Board
4. Board Improvement Priorities <ul style="list-style-type: none"> • Develop and prioritize a short list of critical issues and improvement areas 	40	Board or Governance Committee Chair or Facilitator Whole Board
5. Action Planning <ul style="list-style-type: none"> • Develop an objective and action plan that includes the recommendations for each priority 	60	Board or Governance Committee Chair or Facilitator Whole Board
6. Next Steps and Adjournment <ul style="list-style-type: none"> • Summary and next steps 	20	Board Chair

Resources and References

Below is a list of resources that may be used to guide the planning and implementation of your new governance action plan.

Hospital Prototype Board-Appointed Professional Staff By-law, 2011, Ontario Hospital Association/Ontario Medical Association

Point-in-Time and Annual Reporting under PHIPA - Guide to Definitions, February 2018, Ontario Hospital Association

Privacy Breach Reporting Annual Statistics Tracking Tool, December 2017, Ontario Hospital Association

Professional Staff Credentialing Toolkit, 2012, Ontario Hospital Association

Hospital Prototype Corporate By-Law, February 2018, Ontario Hospital Association

Quality and Patient Safety Governance Toolkit, Second Edition, 2016, Ontario Hospital Association

Understanding Your Legal Accountabilities – A Guide for Ontario Hospitals, February 2018, Ontario Hospital Association

Websites

Canadian Coalition for Good Governance
www.ccg.ca

Canadian Corporate Counsel Association
www.ccca-accje.org

EPIC (Engaging People Improving Care)
www.epicontario.ca

The Institute of Corporate Directors
www.icd.ca

The Institute on Governance
www.iog.ca

National Association of Corporate Directors
www.nacdonline.org

Ontario Hospital Association
www.oha.com

200 Front Street West, Suite 2800
Toronto, Ontario M5V 3L1
www.oha.com

BOARD MEETINGS

Please respond to each question.

1. The Board Chair conducts the meeting in a way that moves the business of the Board forward in a timely manner.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ N/A
- ☐ Agree
- ☐ Strongly Agree

Comments:

2. The Board Chair encourages open debate and ensures that all sides of an issue are heard.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ N/A
- ☐ Agree
- ☐ Strongly Agree

Comments:

INTEGRITY AND ETHICS

3. The Board Chair acts impartially and handles conflict with sensitivity.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ N/A
- ☐ Agree
- ☐ Strongly Agree

Comments:

BOARD DECISION MAKING PROCESS

4. The Board Chair ensures that the Board of Trustees has the necessary information or advice to make decisions.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ N/A
- ☐ Agree
- ☐ Strongly Agree

Comments:

5. The Board Chair summarizes the Board of Trustees' discussions capturing the main points that have been made and clarifies how the Board will proceed with the item under discussion.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ N/A
- ☐ Agree
- ☐ Strongly Agree

6. The Board Chair ensures that decisions are taken objectively in the best interests of The Royal.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ N/A
- ☐ Agree
- ☐ Strongly Agree

Comments:

RELATIONSHIPS

7. The Board Chair invests time in building good working relationships with the the President and CEO.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ N/A
- ☐ Agree
- ☐ Strongly Agree

Comments:

8. The Board Chair invests time in building good working relationships with other Trustees.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ N/A
- ☐ Agree
- ☐ Strongly Agree

Comments

Board Chair Assessment

Thank you.

Briefing Note

To: Governance Committee	Date: January 23, 2020
From: In-Camera Session at December 12, 2019 Board of Trustees' Meeting	Prepared By: P. Robb
CC to: C. Coulter	
Subject: Process Document for the President & CEO and Chief of Staff/Psychiatrist-in-Chief's Performance Evaluation	

Purpose (mark an X beside the appropriate choice)

For approval		For Information		For Review	X	Other	
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The process document for the President & CEO and Chief of Staff/Psychiatrist-in-Chief's Performance Evaluation was reviewed at the December 12, 2019 Board meeting during the in-camera session. It was agreed that the document needs to return to the Governance Committee to discuss the following:

- i. Moving dates/processes back closer to the start of the fiscal year so that the Board is not left approving the objectives 2-3 months into the fiscal year; and
- ii. Adding language so that new objectives can be inserted mid-year if they are material.

List of Attachments:

- Process document for the President & CEO and Chief of Staff/Psychiatrist-in-Chief's Performance Evaluation

THE ROYAL'S BOARD PROCEDURE FOR THE PRESIDENT & CHIEF EXECUTIVE OFFICER AND THE CHIEF OF STAFF/PSYCHIATRIST-IN-CHIEF'S PERFORMANCE REVIEW

DECEMBER:

1. The President & Chief Executive Officer (CEO) and Chief of Staff/Psychiatrist-in-Chief (COS/PIC) will provide an update on the progress made on their Objectives (by way of the Compensation & Succession Planning Committee November Report) at the December Board meeting in the Restricted Session, in order to report more regularly against their objectives.

MARCH:

1. The CEO and the COS/PIC will provide their proposed Performance Objectives to the Compensation & Succession Planning Committee.

APRIL:

1. The Compensation and Succession Planning Committee annually reviews the performance of the CEO and the COS/PIC to propose variable compensation based on the last year's objectives and to review the proposed objectives for the upcoming fiscal year.
2. The base salaries of the CEO and COS/PIC are outlined in their personal contracts (subject to any provincial legislation) and the variable part of their compensation is based on meeting the Board approved objectives for the year.
3. The Compensation Committee receives material about the CEO's and the COS/PIC's contracts, comparator compensation material, if appropriate, Ontario Hospital Association and current legislation affecting compensation (where appropriate) and the objectives with a status report including the Board approved percentage weighting factor and the proposed new objectives.
4. The CEO and COS/PIC meet independently with the Compensation and Succession Planning Committee
 - to expand on the achievement of the past year's objectives
 - to review proposed objectives and
 - to respond to questions from the Committee
 The proposed objectives may go through a negotiation process between the CEO and COS/PIC and the Compensation and Succession Planning Committee.
5. The Compensation & Succession Planning Committee will determine the percentage of the variable (weighted to the objectives) compensation that it will recommend to the Board for the past year's objectives as well as the upcoming year's objectives.

MAY/EARLY JUNE:

1. The Board will meet by Special meeting for an opportunity to comment on the CEO and COS/PIC's next year's objectives and similarly look backward with a chance to comment using Q3 results to project Q4.

JUNE:

1. The Compensation & Succession Planning Committee Chair will then take the recommendations about the CEO's and COS/PICs compensation package, the performance review and the proposed objectives for the coming year to the Board in the form of a motion for the In Camera portion of the Board meeting in June. Since the Board will have already been involved in the process through the course of the year and have given their input, the meeting in June will be a celebration of their accomplishments along with a decision made.

2. The Board Chair will then meet privately with the CEO and the COS/PIC to go over the comments from the Board and to advise about the variable compensation as approved by the Board. The approved Objectives for the coming year are to be signed at this time.
3. When the compensation package is approved by the Board, the Board Chair directs the Chief Financial Officer in writing, to adjust the variable compensation for the CEO and COS/PIC as outlined.

December 12, 2019

Briefing Note

To: Governance Committee	Date: January 23, 2020
From: L. Leikin	Prepared By: P. Robb
CC to: C. Coulter	
Subject: Committee Size	

Purpose *(mark an X beside the appropriate choice)*

For approval		For Information		For Review		Other	X
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Issue:

This item was brought forward by L. Leikin for a discussion about optimal committee size and whether members should be on multiple committees (and if so, how many would constitute a maximum number, including staff).

List of Attachments:

Membership of all Committees of the Board from Terms of Reference

COMMITTEE SIZE**Compensation & Succession Planning Committee**

Membership & Voting	<u>Voting members of Committee</u> <ul style="list-style-type: none"> a) Chair of the Board; and b) 5 other independent Board members, one of whom shall act as Vice Chair of the Committee with particular expertise and interest in Human Resources
	<u>Non-Voting Members of Committee</u> <ul style="list-style-type: none"> a) the President & Chief Executive Officer, an ex-officio non-voting member b) Chief of Staff/Psychiatrist-in-Chief, an ex-officio non-voting member

Quality Committee

Membership & Voting <i>Note: At least <u>one third</u> of the members of the Quality Committee must be voting members of The Royal's Board of Trustees.</i>	<u>Voting Members of Committee</u> <ul style="list-style-type: none"> c) A minimum of three (3) Trustees, one of whom shall be the Chair and one of whom shall be the Vice Chair d) One (1) member of The Royal's Medical Advisory Committee e) The Royal's Chief Nursing Executive within the meaning of Regulation 965 under the <i>Public Hospitals Act</i> f) One person who works in the hospital who is not a physician or a nurse g) The Royal's Chief Executive Officer h) The Chair, Finance Committee i) Secretary<u>Executive of</u>, Medical Staff <u>(President, Vice-President or Secretary)</u> <p><u>Except for the Medical Advisory Committee, the Chair shall be an <i>ex officio</i> voting member of all Committees.</u></p>

	<p><u>NOTES:</u> Any member of the Quality Committee who is an <i>ex officio</i> Trustee or who is an employee or a Medical Staff or Dental Staff member shall have a vote on advisory matters but shall not have a vote on matters delegated for final disposition to such Committee by the Board.</p> <hr/> <p><u>Non-Voting Members of Committee</u></p> <p>— Such other persons as appointed by The Royal's Board of Trustees on recommendation of the Committee, including, but not limited to:</p> <ul style="list-style-type: none">- Chair, Client Advisory Council- Chairs, Family Advisory Council (The Royal and Royal Ottawa Place)
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Finance Committee

Membership & Voting	<p><u>Voting Members of Committee</u></p> <p>The Finance Committee shall be composed of the following voting members:</p> <ul style="list-style-type: none"> a) three trustees who are independent of the ROHCG, the ROHCF and the University of Ottawa IMHR; b) the President, the Vice President or the Secretary of the Medical Staff (ex- officio); c) the ROHCG President and Chief Executive Officer (ex-officio) and d) the Chair of the Quality Committee. <p>Two of the three independent ROHCG trustees shall have an accounting or related financial expertise as evidenced by an accounting designation or equivalent, and one of whom shall be the Chair of the committee.</p> <p><u>NOTE:</u> Any member of the Finance Committee who is an <i>ex officio</i> Trustee or who is an employee or a Medical Staff or Dental Staff member shall have a vote on advisory matters but shall not have a vote on matters delegated for final disposition to such Committee by the Board.</p> <p>There shall be French-speaking representation on the Committee.</p>
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Audit Committee

Membership & Voting	<u>Voting members of Committee</u> <ul style="list-style-type: none"> a) Chair of the Finance Committee; b) one other independent ROHCG trustee with accounting or related financial expertise evidenced by an accounting designation or equivalent ; and c) four other independent ROHCG trustees.
	<u>Non-Voting Members of Committee</u> <ul style="list-style-type: none"> a) the President and Chief Executive Officer, as a management resource.

Governance Committee

Membership & Voting	<u>Voting Members of Committee</u> The Governance Committee shall be composed of: <ul style="list-style-type: none"> a) the Past Chair of the Board; if in office b) the Vice Chair(s) of the Board c) the Vice Chair of the Committee and d) up to three other independent board members as selected by the Board of Trustees, taking into account the Committee Terms of Reference and the Committee's Work Plan <p><u>Except for the Medical Advisory Committee, the Chair shall be an ex officio voting member of all Committees.</u></p> <u>Non-Voting Members of Committee</u> <ul style="list-style-type: none"> a) the President and CEO, as a management resource.
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Innovation Committee

Membership & Voting	<p><u>Voting Members of Committee</u></p> <p>The Innovation Committee shall be composed of the following voting members:</p> <ul style="list-style-type: none"> • Three to five trustees who are independent of the ROHCG, the ROFMH and The Royal's IMHR <u>[The intention is to have representation from each ROHCG Board Committees on the Innovation Committee]</u> • the Chief of Staff and the Psychiatrist-in-Chief (ex- officio); • the ROHCG President and Chief Executive Officer (ex-officio) and • A representative of IMHR <u>Board</u> (ex-officio) • A representative of the Foundation Board (ex-officio) <p><u>NOTE:</u> Any member of the Innovation Committee who is an <i>ex officio</i> Trustee or who is an employee or a Medical Staff or Dental Staff member shall have a vote on advisory matters but shall not have a vote on matters delegated for final disposition to such Committee by the Board.</p>
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Board of Trustees' Membership Terms

Name	Position	Initial Appointment	Term(s) Completed	Current Appointment	Remaining years of term as of AGM 2019	Eligible Until (<i>no more than 9 consecutive years of service</i>)*
Graham, Anne	Chair	2010	2010-2011 (1) 2011-2014 (3) 2014-2017 (3) 2017-2019 (2)	2019-2020 (1) 2020-2022 (2)	3	2022*
Levy, Isra	Vice-Chair	2012	2012-2015 (3) 2015-2018 (3) 2018-2019 (1)	2019-2021 (2)	2	2021
Coulter, Catherine,	Vice Chair	2017		2017-2020 (3)	1	2026
Leikin, Lewis	Trustee	2016	2016-2018 (2)	2018-2021 (3)	2	2025
Charette, Janice	Trustee	2011	2011-2014 (3) 2014-2017 (3)	2017-2020 (3)	1	2020
Gallant, José	Trustee	2015	2015-2018 (3)	2018-2020 (2)	1	2024
Bhargava, Niraj	Trustee	2016	2016-2019 (3)	2019-2022 (3)	3	2025
Gillen, Lynette	Trustee	2016	2016-2018 (2)	2018-2020 (2)	1	2025
Somppi, David	Trustee	2016	2016-2019 (3)	2019-2022 (3)	3	2025
Anderson, Roxanne	Trustee	2017	2017-2019 (2)	2019-2022 (3)	3	2026
MacRae, James	Trustee	2017		2017-2020 (3)	1	2026
Squire, Sharon	Trustee	2017	2017-2019 (2)	2019-2022 (3)	3	2026
Vacant						
McLean, Scott	Past Chair	2011	2011-2013 (2) 2013-2016 (3) 2016-2018 (2) 2018-2019 (1)	2019-2020 (1)	1	2020**

- *ROHCG Bylaws section 3.5.1 ... With the exception of the Chair, no person may be elected a Trustee for more terms than will constitute nine consecutive years of service. The term of office of the Trustees serving as Chair may be extended as required beyond the nine consecutive year period to accommodate their term in office as Chair. 11.2.2 ... The Chair shall serve for a three-year non-renewable term, except as otherwise determined by the Board, or until a successor is appointed. If a Trustee assumes the position of Chair in the ninth year of his or her term as a Trustee, the term of office as a Trustee may be extended by two years to accommodate the Trustee's term of office as Chair, which is three years.
- **ROHCG Bylaws section 11.2 ... The Past Chair shall hold office for a one-year renewable term or until a successor is appointed.
- Ex-officio: Joanne Bezzubetz, Raj Bhatla, Tim Lau, Joan Garrow, [Vacant – University of Ottawa]

Briefing Note

To: Governance Committee meeting	Date: January 23, 2020
From: December 12, 2019 Board of Trustees' meeting	Prepared By: P. Robb
CC to: C. Coulter	
Subject: Formal process to report to the Board about vacancies before candidate interviews begin	

Purpose (mark an X beside the appropriate choice)

For approval		For Information		For Review	X	Other	
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Issue:

At the December 12, 2019 Board of Trustees' meeting, the Governance Committee was asked to take a further look at the Governance Committee Terms of Reference to see whether language should be included around a more formal process to report to the Board about vacancies before candidate interviews begin.

Following the Board meeting, an email was sent reminding the Board that after the May 14, 2019 Governance Committee meeting, where it was identified that once Scott McLean became the Past Chair there would be a vacant position on the Board, the Committee requested an email be sent to Board members asking them to use their networks to see if there were any potential candidates they were aware of who might align with the Board's skills matrix. The skills matrix was also attached to this email.

List of Attachments:

- Governance Committee Terms of Reference

 Mental Health - Care & Research Santé mentale - Soins et recherche		Governance Committee Terms of Reference	
TITLE: ROHCG BOARD COMMITTEES			
SECTION: Governance Committee Terms of Reference		NO: ROHCG Schedules Section 6.1.1	
Issued and Approved By:	ROHCG Board of Trustees	APPROVAL DATE : 13/06/20	
		Date Initially Issued: 18/06/2008	
		Date Reviewed: 16/10/2018 12/12/2019	
		Date Revised: 16/10/2018 12/12/2019	
Role	The Governance Committee’s role is to advise the Board on matters relating to the Board’s governance structure and processes, evaluation of the Board’s effectiveness, recruitment, education and evaluation of Board members.		
Responsibilities	<div>1. to initiate By-law reviews as required and make recommendations to the Board;</div> <div>2. to conduct an annual board performance assessment, with the results being presented to the Board;</div> <div>3. to select nominees for the election of officers and present the nominees to the Board for approval;</div> <div>4. to recruit and nominate Board members who best address the representative governance structure referenced in these By-laws and who possess the following attributes:<div>a) an appreciation and understanding of consumer and family issues as they relate to the provision of mental health services</div><div>b) a demonstrated commitment to the organization’s vision, mission and values in the provision of mental health care, advocacy, research and education</div><div>c) prior experience in board, governance, and policy;</div><div>d) Knowledge of and commitment to the clinical practice of mental health and associated research and education;</div><div>e) Ethical, legal and/or political acumen;</div><div>f) Expertise in project management and strategic planning;</div><div>g) Knowledge of quality, performance and risk management as it pertains to current and future health care trends;</div><div>h) Progressive business skills (Information Technology, Labour Relations, Communications Management, Bilingualism) and/or</div><div>i) Finance, business and human resource management skills reflective of the Board’s requirements.</div></div> <div>The ROHCG will ensure the ongoing Governance Structure for the organization is representative of the communities served considering the demographic,</div>		

	<p>cultural, religious, economic, linguistic, geographic, ethnic and social characteristics of Eastern Ontario.</p> <p>5. to ensure that at least two Board members have accounting or related financial expertise as evidenced by an accounting designation or equivalent; and</p> <p>6. to address and report to the Board on such governance issues as the Board, in its discretion, refers to the Committee for consideration.</p>
Membership & Voting	<p><u>Voting Members of Committee</u> The Governance Committee shall be composed of:</p> <ul style="list-style-type: none"> a) the Past Chair of the Board; if in office b) the Vice Chair(s) of the Board c) the Vice Chair of the Committee and d) up to three other independent board members as selected by the Board of Trustees, taking into account the Committee Terms of Reference and the Committee's Work Plan <p><u>Except for the Medical Advisory Committee, the Chair shall be an ex officio voting member of all Committees.</u></p> <p><u>Non-Voting Members of Committee</u></p> <ul style="list-style-type: none"> a) the President and CEO, as a management resource.
	<p>There shall be French-speaking representation on the Committee.</p>
Chair	<p>The <u>A</u> Vice-Chair of the Board shall serve as the Chair of the Committee.</p>
Appointment of delegates	<p>N/A</p>
Frequency of Meetings	<p>The Committee shall meet at least four times a year, and additionally at the call of the Chair.</p>
Quorum	<p>The quorum for meetings of the Committee shall be 51% of its voting members.</p>
Resources	<p>The ROHCG Chief Executive Officer will identify staff member(s) to act as resources to Board Committees.</p> <p>One staff member will be identified as the Committee Secretary.</p>

Reporting	The Governance Committee shall report to the ROHCG Board of Trustees on a regular basis.
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Briefing Note

To: Governance Committee	Date: January 23, 2020
From: December 12, 2019 Board of Trustee's meeting	Prepared By: P. Robb
CC to: C. Coulter	
Subject: Disclosing Candidate Names of Those Interviewed for a Board Vacancy on Governance Committee Minutes	

Purpose (mark an X beside the appropriate choice)

For approval		For Information		For Review	X	Other	
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Issue:

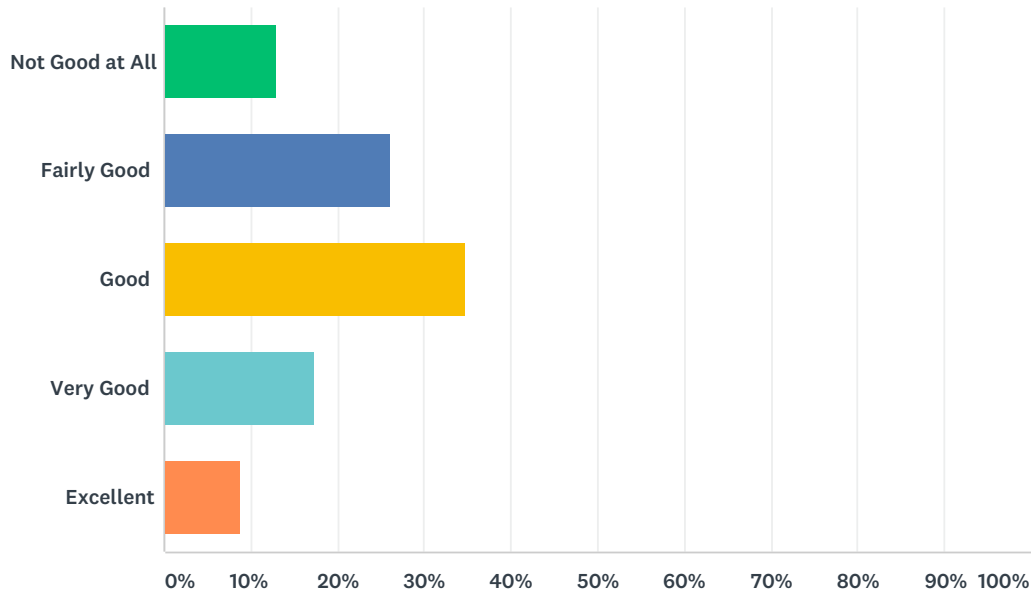
D. Somppi raised an issue about whether the names of interested candidates for a vacant Board position should be included in the Governance Committee minutes. There was an email discussion and it was agreed this should come back to the Governance Committee for review.

It was suggested that a consent box be added to the online application form for candidates to allow their names to be publicly used, such as 'I give my consent to The Royal and its Boards to publically disclose my identity as a Board applicant'.

Part of the discussion included the fact that the Committee and Board packages are not publicly available and for transparency reasons, it is important to document that a candidate's application is fairly assessed and reasons documented why they may not be considered, such as when the Board is over-represented in a certain area etc. It is also important that if Committee members have a conflict of interest with any of the candidates, they need to declare it and it should be recorded in the minutes.

Q1 Overall, how would you rate the Board Development Days?

Answered: 23 Skipped: 0



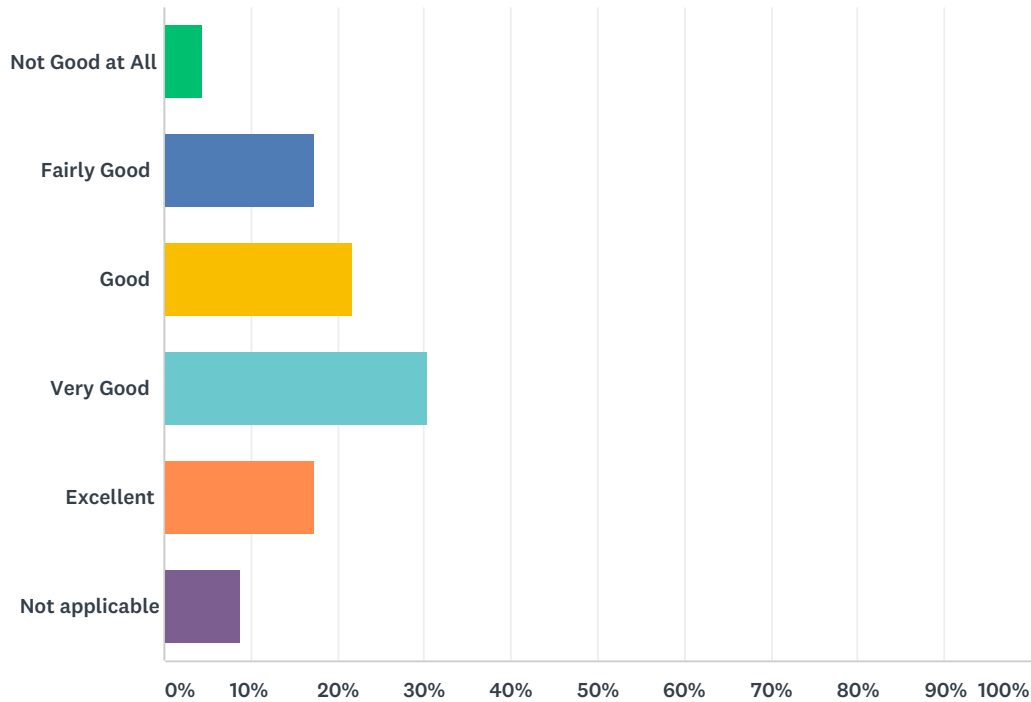
ANSWER CHOICES	RESPONSES	
Not Good at All	13.04%	3
Fairly Good	26.09%	6
Good	34.78%	8
Very Good	17.39%	4
Excellent	8.70%	2
TOTAL		23

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	As a day 2 attendee, having an icebreaker or exercise to meet the other attendees would have been helpful in connecting the 'dots' in terms of who everyone was	12/5/2019 5:30 PM
2	I was hoping for more board to board engagement. Day 1 was good stuff but most of it was not new to me.	11/27/2019 12:26 AM
3	More focused, outcome focus	11/26/2019 6:56 PM
4	I wish there was a category between fairly good and not good at all. There was too much talking at the board members and not enough time for us to provide input and have conversations about what we thought was working and what is not and how we can make things even better.	11/21/2019 11:14 PM
5	More dedicated and integrated time with all Boards, and Board members. Governance module could have been done more effectively.	11/21/2019 7:22 PM
6	-Education on governance was a repeat for ROHCG board on day two. I feel planning could have made this more efficient. -It feels as though we skipped the combined boards roles in the vision prior to embarking on strategic planning.	11/21/2019 6:30 PM

7	Even with 2 days, I felt we were pressed for time. Also, and this may be a comment more appropriate below, with the need to get all 3 boards on the same page with some governance training (necessary as we move forward), we lost time that could/should have also been spent working together on mission and vision under the new strategic plan. I see this as a gap which the Board Oversight Committee doesn't necessarily have the ability to fully deal with on behalf of their respective boards.	11/21/2019 5:52 PM
8	Less talking by the Governance speaker	11/19/2019 7:51 PM
9	More discussion as a group between three boards.	11/18/2019 6:50 PM
10	I through the event flowed well and that all of our needs were met. Lovely venue.	11/15/2019 3:45 PM
11	Less lecture, more interaction/discussion More board to board dialogue, and greater focus on strat plan ideation,	11/15/2019 1:56 AM

Q2 Strathmere - Please rate the accommodations

Answered: 23 Skipped: 0

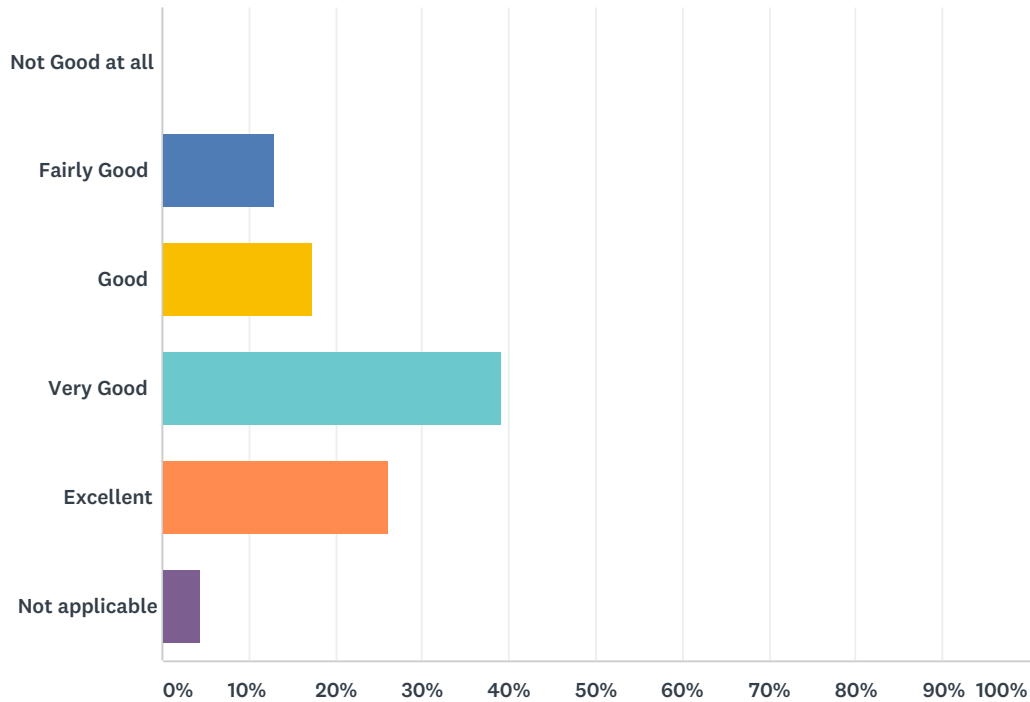


ANSWER CHOICES	RESPONSES	
Not Good at All	4.35%	1
Fairly Good	17.39%	4
Good	21.74%	5
Very Good	30.43%	7
Excellent	17.39%	4
Not applicable	8.70%	2
TOTAL		23

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	My room was cold	11/27/2019 12:26 AM
2	Weather didn't help	11/26/2019 6:56 PM
3	The rooms were not all as clean as one would expect (at least not mine). Everything else was fine.	11/21/2019 5:52 PM
4	A bit closer to town	11/18/2019 6:50 PM

Q3 Strathmere - Please rate service, food selection etc.

Answered: 23 Skipped: 0

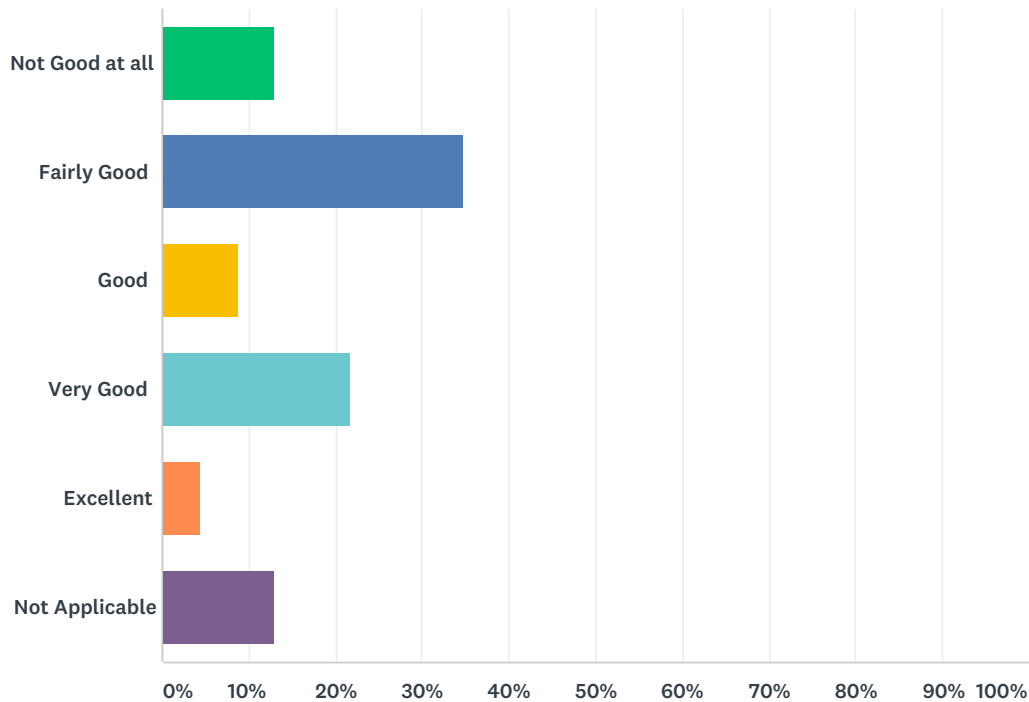


ANSWER CHOICES	RESPONSES	
Not Good at all	0.00%	0
Fairly Good	13.04%	3
Good	17.39%	4
Very Good	39.13%	9
Excellent	26.09%	6
Not applicable	4.35%	1
TOTAL		23

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	the portions were a bit small. I think it would have been good to have some appetizers before dinner	11/21/2019 11:14 PM
2	Not enough service staff at dinner.	11/21/2019 6:30 PM

Q4 How would you rate the Board Governance presentation by Rob DeRooy, VP of Governance & Strategy, Governance Solutions Inc. on Day 1? Topics included:- Clarifying roles and responsibilities of Board and management- Functioning and process for fulfilling its roles- Structuring and using Committees effectively- Suggestions for change based on what we learned/discussed

Answered: 23 Skipped: 0



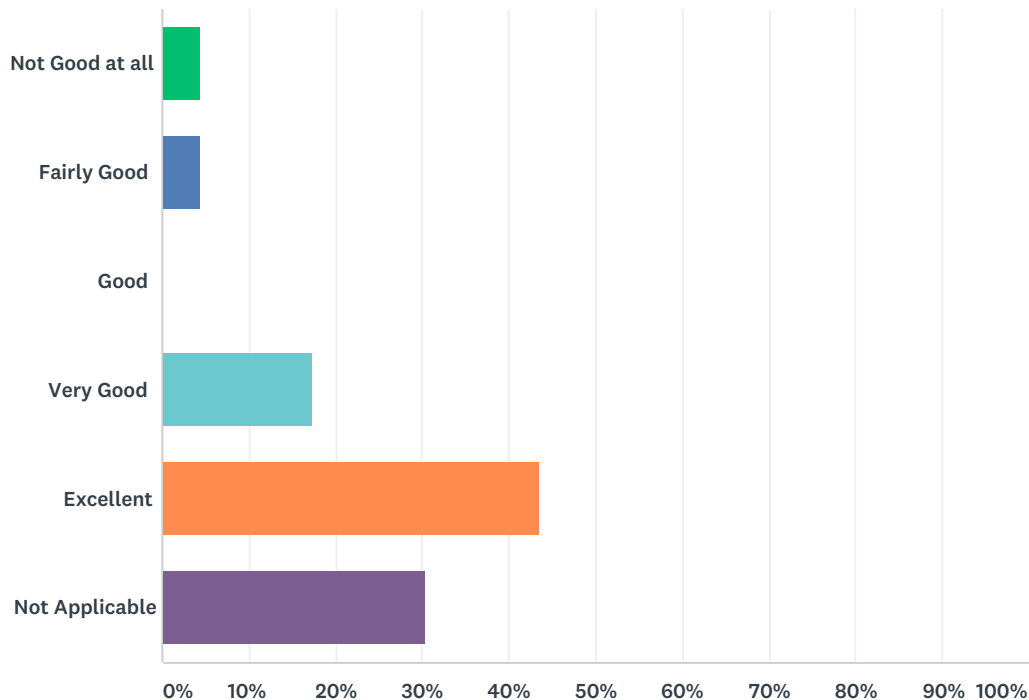
ANSWER CHOICES	RESPONSES	
Not Good at all	13.04%	3
Fairly Good	34.78%	8
Good	8.70%	2
Very Good	21.74%	5
Excellent	4.35%	1
Not Applicable	13.04%	3
TOTAL		23

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	presentation was not tailored to the Royal or Health Care	11/27/2019 2:02 AM
2	I have seen most of it previously	11/27/2019 12:26 AM
3	Some good pieces, but very long. More interactive would have been great	11/26/2019 6:56 PM

4	Basic and did appear familiar with hospital legislation.@nd day educ that hospital board had heard the previous day thus not a good use of time.been talked too and little interaction	11/22/2019 3:13 PM
5	He should have sent his materials out in advance and limited his presentation to about 30 minutes and then held an interactive session on points that weren't clear and had the board members talk about how we doing as a team	11/21/2019 11:14 PM
6	More discussion of interaction between the 3 Boards was necessary and important.	11/21/2019 9:33 PM
7	Repetitive and lacking in direct Health Care examples. Did not understand audience.	11/21/2019 7:22 PM
8	Combined session for all boards. Opportunity to work in small groups and discuss what we do well, and where we can improve.	11/21/2019 6:30 PM
9	I thought Rob started a little slow, and I was thinking that it was going to be a repeat of things we all know (or should know), but it got better and and better as the session went on, and I ended up learning a lot.	11/21/2019 5:52 PM
10	Fair at best	11/21/2019 4:16 PM
11	Understanding of Hospitals	11/15/2019 5:16 PM
12	Excellent communicator, BUT, content was inappropriate, and reminded me of undergrad, too theoretical. Lost the opportunity to take key concepts, then apply with committee and Board inputs. Way too much time on concepts/ theory	11/15/2019 1:56 AM

Q5 How would you rate the interactive indigenous blanket exercise with I. Compton and A. King?

Answered: 23 Skipped: 0

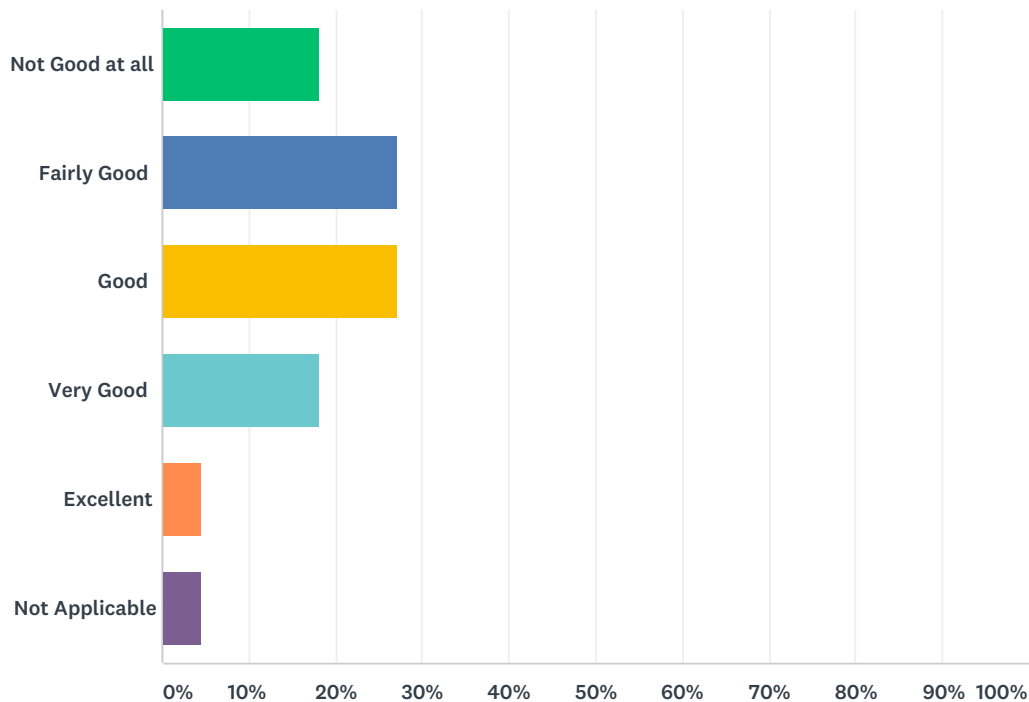


ANSWER CHOICES	RESPONSES
Not Good at all	4.35% 1
Fairly Good	4.35% 1
Good	0.00% 0
Very Good	17.39% 4
Excellent	43.48% 10
Not Applicable	30.43% 7
TOTAL	23

#	PLEASE COMMENT:	DATE
1	Eye opening and emotional.	11/27/2019 2:02 AM
2	I was moved	11/27/2019 12:26 AM
3	Thank you	11/26/2019 6:56 PM
4	would have been great to have had a little more time to discuss	11/21/2019 8:27 PM
5	I had been looking forward to this, and it didn't disappoint.	11/21/2019 5:52 PM
6	Unfortunately, it felt a bit long at the end of an unproductive day	11/15/2019 1:56 AM

Q6 How would you rate the Recap of Board Governance and the Focus on Integration of Boards presentations by Rob DeRooy, VP of Governance & Strategy, Governance Solutions Inc.?

Answered: 22 Skipped: 1

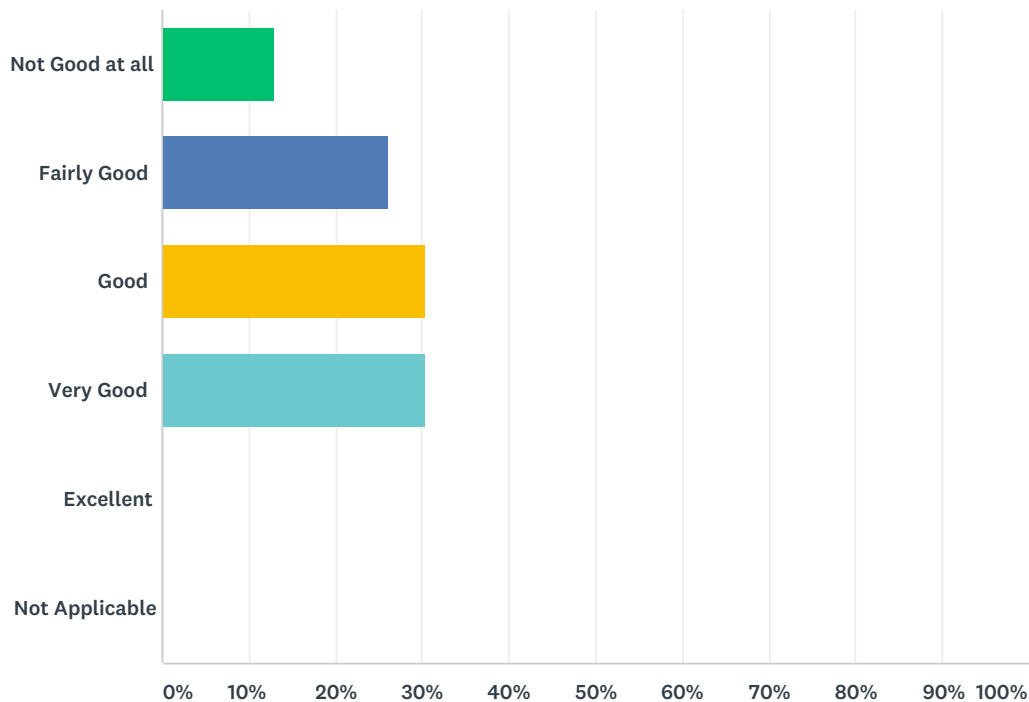


ANSWER CHOICES	RESPONSES	
Not Good at all	18.18%	4
Fairly Good	27.27%	6
Good	27.27%	6
Very Good	18.18%	4
Excellent	4.55%	1
Not Applicable	4.55%	1
TOTAL		22

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	More concise -	12/5/2019 5:30 PM
2	excet that much was a repeat educ that hosp board had heard on day 1	11/22/2019 3:13 PM
3	unfortunately it was not a recap but again having to listen to the same material	11/21/2019 11:14 PM
4	Repetitive	11/21/2019 7:22 PM
5	In retrospect, it might have been a good idea to just have the 1 governance session for all 3 boards (and make it longer than it was on day 2). It was too much for the Royal Board members to go through it twice.	11/21/2019 5:52 PM
6	See above	11/15/2019 1:56 AM

Q7 How would you rate the presentation on a Board's role in strategic planning by Rob DeRooy, VP of Governance & Strategy, Governance Solutions Inc.?

Answered: 23 Skipped: 0

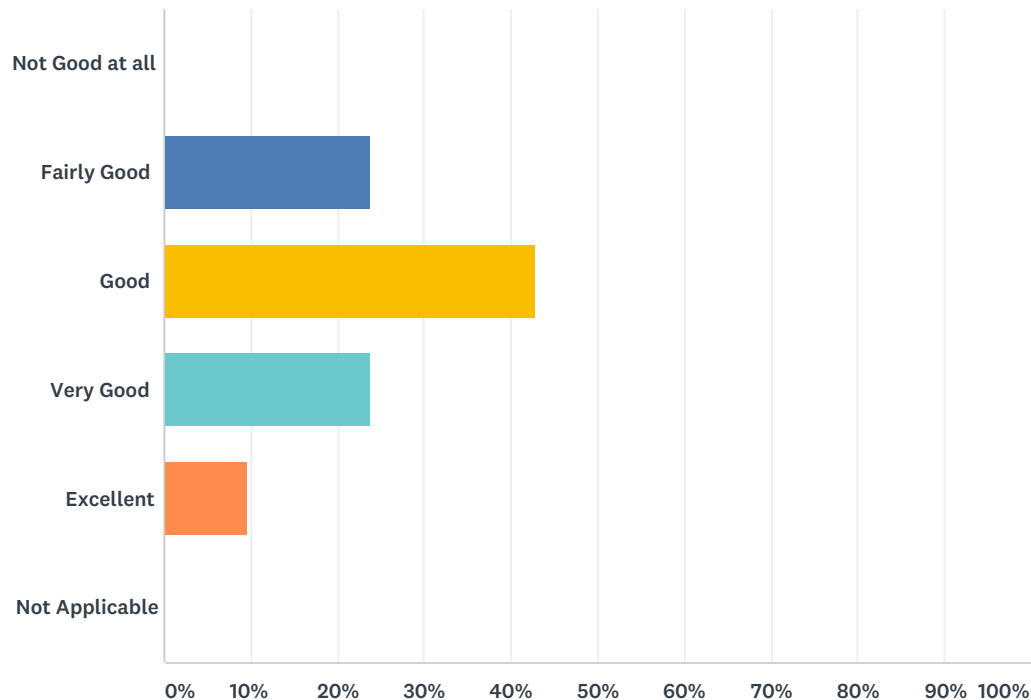


ANSWER CHOICES		RESPONSES	
Not Good at all		13.04%	3
Fairly Good		26.09%	6
Good		30.43%	7
Very Good		30.43%	7
Excellent		0.00%	0
Not Applicable		0.00%	0
TOTAL			23

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	Engagement of The ROHCG board was lacking, repeat of day before	11/26/2019 6:56 PM
2	Lost opportunity here. Should have been a greater focus, with less lecture, more group ideation and discussion.	11/15/2019 1:56 AM

Q8 How would you rate the introduction to the Strategic Planning exercise by Jim Lambley, Acting Strategic Planning Director?

Answered: 21 Skipped: 2

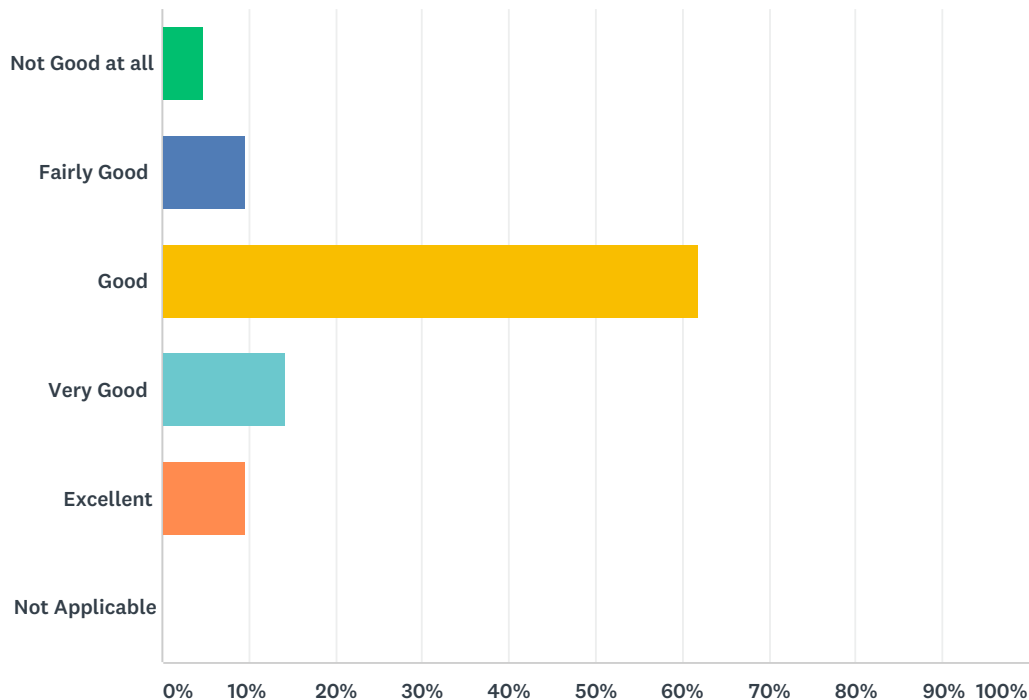


ANSWER CHOICES	RESPONSES	
Not Good at all	0.00%	0
Fairly Good	23.81%	5
Good	42.86%	9
Very Good	23.81%	5
Excellent	9.52%	2
Not Applicable	0.00%	0
TOTAL		21

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	It was informative but missed the opportunity to drive more thinking and ideas on the 3 board direction - maybe not Jim's mandate.	11/21/2019 7:22 PM

Q9 How would you rate the interactive Strategic Planning exercise by Jim Lambley, Acting Strategic Planning Director?

Answered: 21 Skipped: 2



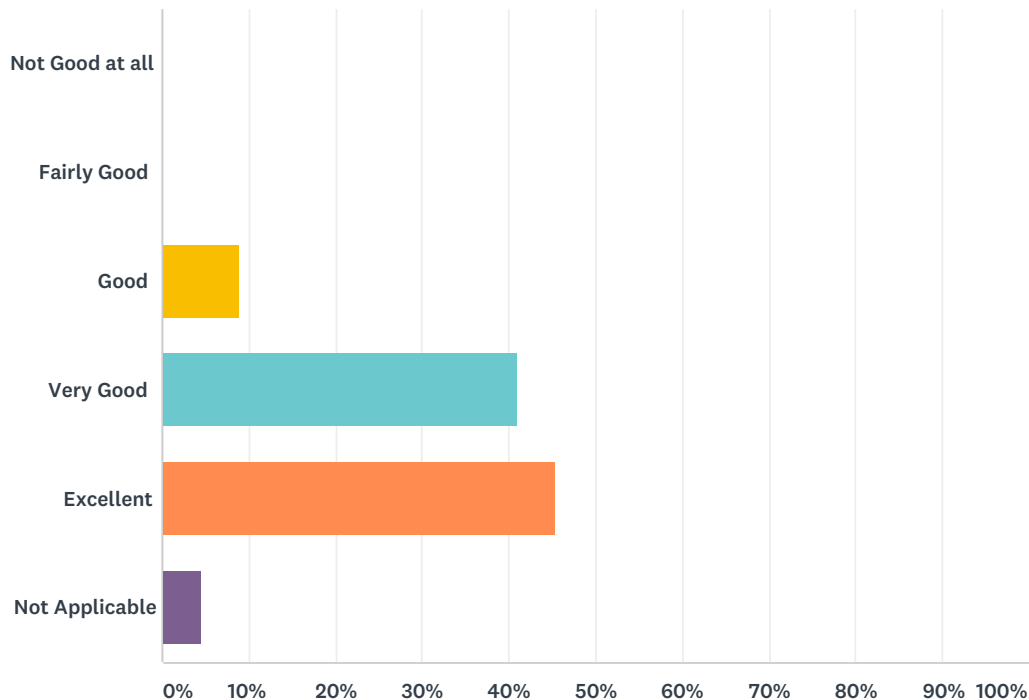
ANSWER CHOICES	RESPONSES	
Not Good at all	4.76%	1
Fairly Good	9.52%	2
Good	61.90%	13
Very Good	14.29%	3
Excellent	9.52%	2
Not Applicable	0.00%	0
TOTAL		21

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	I didn't get to spend much time in board to board discussions	11/27/2019 12:26 AM
2	It would have been better to get the boards to talk about what they think we need to address with the new strategy and what will be important for success	11/21/2019 11:14 PM
3	Not enough time to dive into some critical starters like vision and mission, which all Board members should have been a part of.	11/21/2019 5:52 PM
4	More time for discussion and input to the plan	11/19/2019 7:51 PM
5	Was too laboured, many people left or found it not relevant	11/18/2019 6:50 PM
6	It would have been great to have had more time for the exercise.	11/15/2019 3:45 PM

7	The exercises were not relevant, and lost opportunity to take advantage of the membership being together and providing direct input on strat plan vision, mission and goals, not responses to hypothetical scenarios	11/15/2019 1:56 AM
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Q10 How worthwhile was it to spend time with the other members from all the Boards?

Answered: 22 Skipped: 1

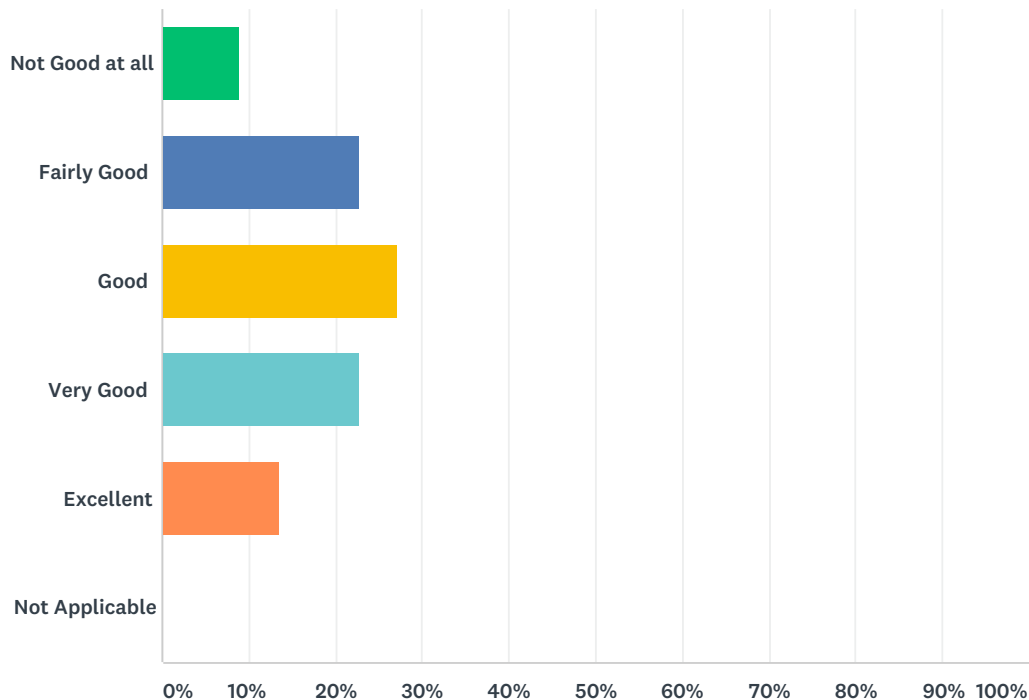


ANSWER CHOICES	RESPONSES	
Not Good at all	0.00%	0
Fairly Good	0.00%	0
Good	9.09%	2
Very Good	40.91%	9
Excellent	45.45%	10
Not Applicable	4.55%	1
TOTAL		22

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	I expected more focus on alignment between the 3 boards	11/27/2019 2:02 AM
2	Would have preferred more	11/27/2019 12:26 AM
3	We really did not get much time to spend with the other board members. It would have been great to have more time to connect and talk about our views on what is working and the strategy for the future	11/21/2019 11:14 PM
4	To the degree we did. Should have been more exercises solely with the Board members.	11/21/2019 7:22 PM
5	More time to work on alignment on a shared vision.	11/21/2019 6:30 PM
6	More directed interaction	11/15/2019 1:56 AM

Q11 Was there enough time provided to connect with other Board members?

Answered: 22 Skipped: 1



ANSWER CHOICES	RESPONSES	
Not Good at all	9.09%	2
Fairly Good	22.73%	5
Good	27.27%	6
Very Good	22.73%	5
Excellent	13.64%	3
Not Applicable	0.00%	0
TOTAL		22

#	PLEASE COMMENT ON WHAT COULD MAKE IT BETTER:	DATE
1	Per earlier comments - a way to connect in a less structured environment/process would have furthered the relationships	12/5/2019 5:30 PM
2	could have been more discussion and less listening	11/22/2019 3:13 PM
3	All boards included in dinner and blanket ceremony. Information and updates with a chance for questions on each boards key initiatives for 2020.	11/21/2019 6:30 PM
4	I would have liked to use some of the time to speak openly about our current challenges/opportunities etc in an open forum	11/16/2019 6:33 PM
5	Perhaps a "speed" networking event could be planned for future get togethers in order to encourage more one/one exchanges.	11/15/2019 3:45 PM

Q12 What would you like to see on the agenda at a future Board Development Day?

Answered: 12 Skipped: 11

#	RESPONSES	DATE
1	Once strategic priorities have been identified - further discussion on the roles of the various boards to help achieve them.	12/5/2019 5:30 PM
2	Could OHA present something on the future of health care?	11/27/2019 2:02 AM
3	Perhaps a more focused agenda that fully engages the boards in a collaborative exercise	11/27/2019 12:26 AM
4	Foundation connections - cross board information stories / processes - More generative work	11/26/2019 6:56 PM
5	more time for board members to discuss their views on how the royal is operating (from a board perspective not getting into the weeds) how we are operating as a board	11/21/2019 11:14 PM
6	An all Board Strategy Session, workshop, etc . to discuss macro themes, directions, risks and overall governance for the Royal under a integrated 3 board strategic plan.	11/21/2019 7:22 PM
7	Independent members of ROHCG and Joanne to have a couple of hours together for Joanne to talk about her view of 2020 and have a dialogue. More dialogue on how the 3 boards will work more closely together moving forward.	11/21/2019 6:30 PM
8	More time spent exchanging ideas and issues between three boards, much less presentations and exercises.	11/18/2019 6:50 PM
9	More time dedicated to openly discussion our challenges/opportunities/threats and how we as a unit plan to tackle these .	11/16/2019 6:33 PM
10	More interactive experience	11/15/2019 5:16 PM
11	1. Global MHC best practices throughout lifespan- prevention, identification, diagnosis/treatment, recovery, sustaining wellness. Patient/Client and Community partnerships/engagement. Delivery methods (e.g. community-based, digital, peer support, etc.) 2. Promising and emerging new treatment and recovery models 3. Research knowledge translation and application - issues, considerations, ethics. Best practice models 4. Best practice models in Client/Family navigation and engagement - for outcomes 5. How other world class MHC organizations measure success - emerging trends in... for outcomes orientation.	11/15/2019 3:45 PM
12	While the title suggests the exersize intention is development of the Board, ie of knowledge or governance skill, there may be value to structure in more ideation, generative thinking and dialogue, either through structured exersizes, or guided discussion. Since most Board and committee meetings are agenda driven, opportunity for broader and strategic thinking as a group would be valuable. The membership represents a rich mix of skills and perspectives, that ought to be applied to big thinking ideas, an annual look back and look forward exercise, and a "how are we doing" reflection to help calibrate Board goals for the year ahead	11/15/2019 1:56 AM

Environmental Scan re having Client and Family Advisory Council representatives on Board of Trustees

Hospital	Client and Family Advisory Council representative
The Ottawa Hospital (TOH)	None
Ottawa Health Research Institute (OHRI)	None
CHEO	None – they do however have one voting Board member position that has a competency on their skills matrix of parent/caregiver or former patient

BOARD OF TRUSTEES:

Public, Non-Public & Excluded Meetings

SECTION: II-i ADMINISTRATION - Leadership		NO: 170	
Issued By:	Governance Committee - Board of Trustees	APPROVAL DATES :	
Approved by:	Board of Trustees	Date Initially Issued: 10/04/2011	
		Date Reviewed: 19/12/2012,	
		Date Revised: 19/12/2012, 23/05/2018	
		Date Implemented: 10/04/2011, 21/02/2013, 26/02/2015, 21/06/2018	
Key Words:	Open Meetings, Public Meetings, Closed Meetings, media access, in-camera, non-public, Board Meetings, Board of Trustee Meetings	Cross Reference(s)	CORP II-i 110 Regulatory Transparency

1. PURPOSE:

To provide parameters as to the attendees at public, non-public and excluded meetings of the Royal Ottawa Health Care Group (ROHCG) Board of Trustees (Board).

2. POLICY STATEMENT:

Since the ROHCG Board represents a publicly-funded entity, the Board strives to be as open and transparent in its deliberations as possible. Therefore, in the interest of good governance meetings of the Board shall be open to the public, as appropriate. In addition, there will be times, due to the nature of the issues at hand, when the Board will determine that it is in the public's best interest for meetings to be non-public and/or excluded sessions. As public meetings generate trust, openness and accountability, the general public and staff are welcome to observe any open portion of a Board meeting to in order to facilitate the conduct of the Board's business in an open and transparent manner.

3. SCOPE:

This policy applies to the ROHCG Board and associated Board Committees. The practice of Committees of the Board in relation to excluded sessions will be guided by this Policy.

4. GUIDING PRINCIPLES:

As a broad principle, meetings of the Board shall be open to all who choose to attend unless disclosures made in the presence of individuals who are not Board Trustees are reasonably likely to prejudice the interests of either the organization or some other party to whom the organization has an obligation to protect.

5. DEFINITIONS:

Excluded Sessions of the Board of Trustees: Excluded sessions may, at the direction of the Chair, be conducted at the beginning of the formal business of the meeting or at the end of the formal business of the meeting. These will be either “restricted session” or as an “in-camera session”.

Restricted session of the Board of Trustees: is a meeting of those persons who are Trustees and the CEO of the organization. During each meeting of the Board, there will be an opportunity for independent board members only to meet in a restricted session with the President & CEO.

In-camera session of the Board is a meeting of only those persons who are Trustees and any staff who the Trustees, by agreement, authorize to be present.

Non-public meeting of the Board is not open to the general public or the media, but is open to ROHCG staff.

Public meeting of the Board is open to the general public including the media.

6. PROCEDURE:

Members of the public are able attend the public meetings of the Board of Trustees in accordance with the following:

6.1 Notice of Meeting: A schedule of the date, location and time of the Board’s regularly scheduled public meetings will be available on the ROHCG’s external website. Any changes to the schedule will be posted on the website.

6.2 Public Attendance at Board Meetings: Any person wishing to attend public meetings of the ROHCG Board in the capacity of an observer is entitled to do so. Because of space limitations, seating is available at the meeting on a first come first served basis and to comply with fire and other regulations, attendance may be restricted to a maximum number.

6.3 Conduct During the Meeting: Members of the public may be asked to identify themselves. Recording devices, videotaping and photography are prohibited. The Chair may require anyone who displays disruptive conduct to leave.

6.4 Agendas and Board Materials: Agendas will be distributed at any Board meeting and may be obtained from the Board secretary prior to the meeting. Supporting materials will be distributed to the Board members and Senior Management Team. The Chair of the Board shall ensure that an agenda is prepared in advance of each regular board meeting.

6.5 Excluded Sessions of the Board of Trustees: It is at the discretion of the Board Chair to determine whether or not a portion of the meeting should be identified as an excluded session. These will be either “restricted session” or as an “in-camera session”. In recognition of the fact that members of the press and other interested persons may wish to be present at Board meetings, the excluded portion of such meetings shall, wherever practical, be held at the end of the public part of the meeting. If a Trustee believes that it is not appropriate for a matter to be discussed in an excluded session,

he/she shall discuss this matter with the Board in the excluded session and the Board shall make a decision on whether the matter should be held in the public part of the meeting. A separate agenda may be prepared for excluded sessions and the circulation restricted to the participants of the excluded session. These will be maintained in strict confidentiality. Upon the conclusion of an excluded session occurring at the beginning of the formal business of a meeting, the Chair will announce the continuation of the meeting. Upon the conclusion of an excluded session occurring at the end of the formal business of a meeting, the Chair will announce the continuation of the meeting and in the absence of any other business entertain a motion to adjourn the meeting.

6.5.1 *Restricted Session with the President & CEO:* During each meeting of the Board, there will be an opportunity for independent board members only to meet in a restricted session with the President & CEO. Matters that may be dealt with in a restricted session may include:

- Human resources issues, including senior management compensation and performance
- Financial, personnel, contractual and/or matters for which a decision must be made in which premature disclosure would be prejudicial
- Matters of a sensitive third party nature including matters related to civil or criminal proceedings
- Matters related to sensitive internal Board governance
- Matters related to an individual (board member or staff)
- Discussions dealing with stakeholders where the information being discussed may compromise the relationship
- Issues that arise during a Board meeting which, in the opinion of the Chair, may cause sensitivity in the open forum
- Sensitive issues involving a Board member
- Issues which in the opinion of the Chair some Board members may be reluctant or reticent to speak on in an open forum
- Confidential access to the Board by the Executive Vice-President & CFO and/or external auditors of the Board

During a restricted session, all staff will be excluded from the meeting unless invited to participate in the discussion. The Secretary of the Board (President & CEO) will record decisions, resolutions and motions. The Board will confirm when/if motions will be brought into the open forum, in consideration of the legal, privacy, human resource or other implications noted above.

6.5.2 *In-Camera Session in the absence of the President & CEO:* During each meeting of the Board, there will be an opportunity for independent Board members only to meet in-camera without the President & CEO. Matters that may be dealt with in an in-camera session may include:

- President & CEO Annual Performance Review
- Recruitment and compensation of the President & CEO
- Financial, human resources, contractual, legal matters dealing with the President & CEO for which a decision must be made
- Sensitive issues involving a Board member
- Board governance matters and self-assessment by independent members

The Chair will designate a board member to record decisions, resolutions and motions. The Chair will provide the Executive Vice President & CFO with any directions arising from the meeting requiring administrative follow-up. The Chair will brief the President & CEO following the meeting. All motions carried in-camera will be recorded in minutes by the board chair or designate. The Board will confirm when/if motions will be brought into the open forum in consideration of the legal, privacy and human resource implications.

6.6 Minutes: Minutes of public/non-public meetings shall be presented for approval at the next subsequent public/non-public meeting respectively.

6.6.1 Approved minutes of public Board meetings shall be made available to members of the ROHCG and members of the public on request.

6.6.2 Minutes from non-public meetings may be distributed as appropriate. Those persons to whom such minutes are distributed are required to keep them confidential.

6.6.3 Minutes of closed sessions of the board shall be recorded by the secretary or delegate, or if the secretary or delegate is not present, by a Trustee designated by the chair of the board. All minutes of closed sessions of the board shall be marked confidential and shall be handled in a secure manner. All minutes of meetings of committees and task forces of the board shall be marked confidential and shall be handled in a secure manner.

7. RELATED PRACTICES AND / OR LEGISLATIONS:

Bill 31- Personal Health Information Protection Act, S.O. 2004, (Schedules A and B)

Health Services Restructuring Commission, Section 1 (13/08/1997)

Public Hospitals Act

Mental Health Act (2001).

Bill 68 – Brian’s Law, 2000

Health Care Consent Act, 1996

Regulated Health Professions Act, 1991,

Criminal Code of Canada. (R.S., 1985, c. C-46).

Bill 171- Health System Improvements Act, 2007, S.O., c 10

Bill 152 – Balanced Budgets for Brighter Futures Act, 2000, S.O. 2000, c. 42

Bill 197 – Budget Measures Act, 2005, S.O. 2005, c.28

Bill 45 – Responsible Choices for Growth and Accountability Act, 2001, S.O. 2001, c. 8

Bill 36 – Local Health System Integration Act, 2006, S.O. 2006, c.4

Bill 46 - Excellent Care for All Act

8. REFERENCES:

Policy for Open Board Meetings - Grand River Hospital (2008)

Policy for Incamera Meetings - Grand River Hospital (2008)

Policy Statement - Niagara Health System (2007)

Board Policy - The Ottawa Hospital (2007)

9. APPENDICES: N/A

Briefing Note

To: Governance Committee	Date: January 23, 2020
From: P. Robb	Prepared By: P. Robb
CC to: C. Coulter	
Subject: Board Communication	

Purpose (mark an X beside the appropriate choice)

For approval	X	For Information		For Review	X	Other	
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Issue:

An ex-officio member of the Board of Trustees has asked if he can have access to email the Board. He thought as an ex-officio member he should be allowed to email the Board directly. The question came to the Chair of the Board and the Chair of the Governance Committee, who recommended that it be brought to the next Governance Committee meeting for discussion and a decision on this matter and Board Communication in general.

Background:

The Royal currently has restrictions on who can communicate directly with the Board of Trustees. Currently, only the President & CEO, Chief of Staff (because he now reports directly to the Board) and the admin support to the Board have this access. Internally, IT has put this restriction on the Board email distribution list so if anyone emails the Board and are not on the list, they will be blocked from sending.

This is common practice in many organizations and gives the CEO more control over what gets sent to the Board. This article on Board Communication supports that any staff communication be mediated through the CEO <https://www.resultsmap.com/wp-content/uploads/2013/09/Best-Practices-Board-Communications-2013.pdf>

ROYAL OTTAWA HEALTH CARE GROUP BOARD AND COMMITTEE MEETING SCHEDULE FOR 2020 - 2021

	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
BOARD MEETINGS Thursdays Room 1424		Sept 24 Mini Series		Develop ment Days (2 full days) Oct 22 to 23	Dec 17 5:30 PM Mini Series		Feb 18 5:30 PM Mini Series	Mar 25 5:30 PM		May 27 Board Community Event Gen Disc	June 3 Special Board Meeting IN CAMERA Jun 24 3:30 PM & AGM
		PS 1 st Q			PS 2 nd Q			PS 3 rd Q			PS 4 th Q
Board Portal Website Posting		Sep 17			Dec 10		Feb 11	Mar 18			Jun 17
Due to Patricia		Sep 15			Dec 8		Feb 9	Mar 16			Jun 15
Committees											
Audit Thursdays 7:30 AM						Jan 21				May 20	
Compensation & Succession Planning Wednesdays 4:30 PM				Nov 25*					April 7*		
Executive	At the call of the Chair										
Finance Thursdays 7:30 AM		Sept 10		Nov 19		Jan 21		Mar 11		May 20	
Governance Tuesdays 4:30 PM <i>**Invite Chair of Board to prep meetings</i>			Oct 13**			Jan 26**		Mar 9**		May 25**	
Innovation Tuesdays 4:30 PM <i>***Schedule prep meetings two weeks prior</i>		Sept 1***			Dec 1***			Mar 23***		May 11***	
Quality Mondays 4:30 PM		Sept 14		Nov 2 Special meeting re QIP	Dec 7		Feb 8	Mar 1 Special meeting re QIP			June 7

Board Orientation – TBD

Long Service Awards – October 6, 2020 BMHC Centennial Hall 1:00 to 3:30 PM and October 8, 2019 ROMHC Gymnasium from 1:00 to 3:00 PM

MAC @ 8:30 AM	Aug 15	Sep 19	Oct 17	Nov 21	Dec 19	Jan 16	Feb 20	Mar 19	Apr 16	May 21	Jun 18
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