



Science, Health and Research Education Summit

October 26, 2026

PROGRAM



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Agenda

Health Innovation Acceleration Centre (HIAC)

[Virtual attendance available]

Student Video Distribution

*Short videos featuring students and their projects will be shown throughout the day.

8:30-8:40 am	Welcome! Dr. Kris Aubrey-Bassler, Principal Investigator, NL SUPPORT Welcoming remarks from Dr. Stuart Carney, Dean, Faculty of Medicine
8:40-10:00 am	SESSION 1 A Learning Health and Social System in Action Join Dr. John Lavis for an engaging session on the key elements of a learning health and social system, with practical examples and discussion on how Newfoundland and Labrador can strengthen learning, improvement, and system-wide change.
10:00-10:15 am	Lunch Break Networking
10:15-11:15 am	SESSION 2 Patient-Oriented Research Quickfire Hear from health professionals and graduate students conducting patient-oriented research with funding provided by NL SUPPORT.
11:15-12:15 pm	SESSION 3 Quality of Care NL Research, Evaluation & Collaboration Quickfire Learn more about Quality of Care NL's latest research and evaluation work relating to the health system and the social determinants of health.

Agenda

12:15-1:10 pm	Lunch Break Networking
1:10-1:15 pm	Intro to afternoon sessions Amanda Dohey, Director, NL SUPPORT & Quality of Care NL
1:15-2:15 pm	SESSION 3 Climate Change and Health Join us for a panel discussion exploring how climate change can impact the health of Newfoundlanders and Labradorians. Hear perspectives on building a healthier, more sustainable and climate-resilient future for our province. <i>Audience Q & A.</i>
2:15 – 2:25 pm	Break
2:25 – 2:30 pm	Introduction to Nano-Course
2:30-3:55 pm	Nano-Course: Enabling Learning Health Systems Join Dr. John Lavis for a practical nano course on learning health systems. Explore how evidence, leadership, and partnerships can drive continuous improvement and make learning and innovation the “new normal” in health systems.
3:55 pm	Event concludes Closing Remarks

Keynote Speakers



Dr. John Lavis, MD, PHD

John supports efforts to address health and broader societal challenges using the best-available research evidence and experiences and insights from citizens, professionals, organizational leaders, and government policymakers. He is the Director of the McMaster Health Forum, Director of the WHO Collaborating Centre for Evidence-Informed Policy, and co-lead of Rapid-Improvement Support and Exchange (RISE). He is an advisor to the Wellcome Trust on its Evidence Synthesis Infrastructure Collaborative. He is a Professor in the Department of Health Evidence and Impact at McMaster University and the Tier 1 Canada Research Chair in Evidence-Support Systems. He led the development of the 'SHOW ME the evidence' features of an approach to reliably deliver research evidence to those who need it, he was co-lead of and lead report writer for the Global Commission on Evidence to Address Societal Challenges, and he was co-lead of the COVID-19 Evidence Network to support Decision-making (COVID-END). He holds an MD from Queen's University, an MSc from the London School of Economics, and a PhD (in Health Policy) from Harvard University.

Quickfire Speakers

Dr. Joy Maddigan, PhD, RN, Professor, Faculty of Nursing, Memorial University



Joy is a professor in the Faculty of Nursing and has been a Memorial University faculty member for over 12 years. She works primarily in the graduate nursing program, teaching both Master and PhD nursing students. She currently supervises or co-supervises four PhD students and maintains a research program related to mental health, illness, and social justice. Joy has been a co-chair of the clinical trials health research ethics board for over five years. Joy is here to present the Phase 1 findings of her mixed-methods study and how the findings will be integrated into the next phase of the study - the co-design phase.

Dr. Michael Bautista, MD, FRCPC, Associate Professor of Anesthesia, Faculty of Medicine, Memorial University

Dr. Michael Bautista is a graduate of Memorial University Medical School. He completed his residency in Anesthesiology in 1986 and has practiced in St. John's for the past 40 years. In 2008, he became a full-time member of the Faculty of Medicine's Discipline of Anesthesia at Memorial University and has held the positions of Research Director, Residency Program Director, Chair, and now the Undergraduate Coordinator. He has included chronic pain management since beginning his anesthesia practice and is presently located in the new Pain Clinic at the Ambulatory Health Hub in St. John's, NL.



Jennifer Bonnell, Patient Partner and Co-Researcher

Jennifer grew up in a small town in Newfoundland & Labrador. She received an Honours BSc from the University of Toronto, a Masters of Environmental Science and a Graduate Diploma in Community Health from Memorial, and was a PhD Candidate at Memorial from 2009 to 2014. After health issue made working full time impossible, Jennifer started a small jewellery business. She took part in one of the DISCAN pilot projects and was recruited to become a patient partner for the ongoing study. Thrilled to be given the opportunity to participate in research again she started working with Dr. DiDonato and Dr. Bautista in 2024. Jennifer was officially hired in the role of patient partner at Memorial University's Faculty of Medicine and her contributions to the project include assisting in data analysis, conducting participant interviews, and methodology development.



Quickfire Speakers

Dr. Roberta M. DiDonato, PhD, Adjunct Professor of Anesthesia, Faculty of Medicine, Memorial University



Roberta M. DiDonato, PhD received her doctorate degree in 2014 in Experimental Cognitive Psychology, Faculty of Science, Memorial University of Newfoundland (MUN). She currently is an adjunct professor in two medical faculties. She is an Adjunct Professor in the Faculty of Medicine, Anesthesiology Discipline at MUN, and an Adjunct Assistant Research Professor in the College of Osteopathic Medicine (COM) at the University of New England (UNE), Center for Excellence in Public Health, in Portland, Maine.

In collaboration with colleagues at MUN and UNE she has obtained funding for research focused on investigating the interaction of age-related changes on aging wellness and healthcare delivery. Specifically, investigating how sensory-perceptual and cognitive changes may interact to influence accuracy, reliability, and sensitivity of the self-assessment of pain-intensity both in vivo and in a telemedicine platform.

Dr. Diana De Carvalho, PhD, Professor of Clinical Epidemiology, Faculty of Medicine, Memorial University

Dr. Diana De Carvalho is a professor in the Division of Population Health and Applied Health Sciences, Faculty of Medicine, at Memorial University in St. John's, Newfoundland and Labrador. She leads the SPine Biomechanics and INterventional Ergonomics (SPINE) Lab, where her team investigates spine biomechanics, ergonomics, and musculoskeletal pain, with a particular focus on clinical low back pain and the effects of prolonged postures and occupational exposures. Her work at the Share Summit extends this research to an understudied population, examining the development of pain during prolonged standing among individuals with pelvic pain and pelvic floor disorders. Dr. De Carvalho holds a PhD in Kinesiology from the University of Waterloo and is a chiropractor by training.



Quickfire Speakers

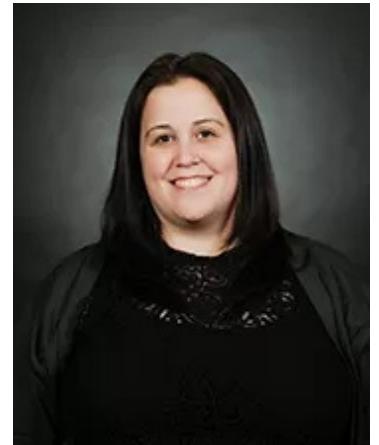
Dr. Leigh Anne Allwood Newhook M.D., FRCPC, Pediatrician, Associate Professor of Pediatrics and Co-director of JPRU



Dr. Leigh Anne Allwood Newhook is a Pediatrician and Associate Professor of Pediatrics in the Faculty of Medicine, Memorial University. Dr. Newhook's clinical work includes general pediatrics and since 2019 she has been a pediatrician for the Children and Youth in Alternate Care (CAYAC) clinic. Dr. Newhook's research has focused on topics such as infant feeding and nutrition, Type 1 diabetes, health needs of children and youth in alternate care, and pediatric mental health which has advanced local and provincial health care and services for families in Newfoundland and Labrador. She is a co-chair of the BEACON Study (Building an Enhanced Health and Social Care Future for Children and Youth in NL), and the Baby Friendly NL breastfeeding research working group. She has over 50 scientific publications and has mentored and supervised many research trainees at the undergraduate, graduate, and postgraduate levels.

Dr. Jo-Anna Hudson, MD, PhD, Neonatologist and Assistant Professor of Pediatrics

Dr. Jo-Anna Hudson, MD, PhD, is a Neonatologist and Assistant Professor of Pediatrics at Memorial University's Faculty of Medicine. At the Janeway Children's Health and Rehabilitation Centre, she provides tertiary-level neonatal care for infants across Newfoundland and Labrador. Dr. Hudson's research focuses on evidence-based neonatal care, encompassing clinical trials, systematic reviews, and quality improvement initiatives, including the development of clinical practice guidelines. She serves as the site investigator for multiple national collaborations, such as the Canadian Neonatal Network and the Canadian Preterm Birth Network. In addition to her research, Dr. Hudson is a co-chair of the BEACON Study (Building an Enhanced Health and Social Care Future for Children and Youth in NL). She has an extensive publication record and is passionate about mentoring both residents and undergraduate medical trainees to reach their research goals.



Quickfire Speakers

Bonnie Hobbs, Regional Social Work Coordinator, Primary Care and Chronic Disease Prevention and Management Program, Newfoundland and Labrador Health Services



She holds both a Bachelor of Social Work and a Master of Social Work from Memorial University and is a Registered Social Worker with the Newfoundland and Labrador College of Social Workers. With 19 years of experience across a wide range of healthcare settings, Bonnie has worked in Child, Youth and Family Services, Rehabilitation, Acute Care, Private Practice, and Primary Health Care. Throughout her career, she has been committed to advancing person-centred care and supporting individuals, families, and communities through complex health and social challenges. Bonnie is passionate about the role of social workers in primary care and the value of interdisciplinary, team-based approaches to healthcare delivery. She is dedicated to strengthening access to care, improving health outcomes, and addressing the social determinants of health through innovative service models and collaborative practice.

JUDY O'Keefe, RSW, MSW, CHE, Social Scribing Program Coordinator, Seniors NL

Judy O'Keefe is a Registered Social Worker (BSW 1986, MSW 1993) and Certified Health Executive (CHE 2015) with over 35 years of experience in healthcare leadership. She retired from Newfoundland and Labrador Health Services (NLHS) in 2023 as the Vice President of Clinical Services, leading initiatives in older adult care, community services, public health, and primary health care. Now a Healthcare Consultant, Judy is committed to advancing health transformation in Newfoundland and Labrador through partnerships, community engagement, and evidence-based practices. She is passionate about Social Prescribing as a strategy to address the social determinants of health and improve the well-being of older adults. She currently leads the Social Prescribing Project at SeniorsNL, working with Family Care Teams and community partners to integrate social prescribing into the provincial healthcare system.



Health and Climate Speakers

Dr. Angela Carter, Professor, Department of Political Science, Memorial University



Dr. Angela Carter is the Canada Research Chair in Equitable Energy Governance and Public Policy and Professor in the Department of Political Science at Memorial University. She conducts comparative research focused on environmental policies and politics surrounding Canadian fossil fuel development and on innovative international approaches to climate policy. Dr. Carter is an award-winning author who has published widely in scholarly journals while also regularly offering policy research insights to governments, labour and civil society organizations, and media. She holds a PhD and Master of Arts from Cornell University's Department of Government (political science), where she was a Fulbright Scholar. Dr. Carter is a settler researcher from Newfoundland / Ktaqmkuk. www.angelavcarter.ca

Dr. Itai Malkin, Medical Officer of Health, Newfoundland and Labrador Health Services

Dr. Itai Malkin is a Medical Officer of Health for Newfoundland and Labrador Health Services, leading the Environmental Public Health and Public Health Emergency Management portfolios. Dr. Malkin is also an assistant clinical professor at McMaster's Department of Health Research Methods, Evidence, and Impact, and adjunct at Memorial University's Faculty of Medicine, and sits on the national advisory board for the National Collaborating Centre for Methods and Tools. He holds an MD from the University of Ottawa, MSc from the London School of Hygiene and Tropical Medicine. Dr. Malkin completed his public health residency at McMaster University where he received his CCFP and FRCPC designations.



Josh Smee, CEO, Food First NL



Josh Smee is CEO of Food First NL, a provincial nonprofit organization that collaborates with communities and organizations across NL to advance food security in the province. He has lent his leadership skills to several community initiatives with organizations such as the St. John's Farmers' Market Cooperative, Happy City St. John's, Choices for Youth, and more. With a Master's degree in Political Science and a wealth of volunteer roles across several organizations, we feel very fortunate to welcome him as a QCNL partner and panel member.

Health and Climate Speakers



Keith Parsons, Provincial Director, Planning and Policy, NLHS

Keith is a registered social worker with extensive experience in healthcare leadership, strategic planning, and quality improvement. He co-chaired the NL Health Services Environmental Sustainability Steering Committee, which led the development of the NL Health Services Environmental Sustainability Strategy. Keith holds a Master of Social Work degree from Memorial University, serves as Board Chair of the Newfoundland and Labrador College of Social Workers, and is a professional surveyor with Accreditation Canada.

Dr. David Borish, Postdoctoral Fellow, School of Arctic and Subarctic Studies, Memorial University

David Borish is a social and health researcher and visual artist pushing the boundaries of using audio-visual methodologies to explore and understand relationships between humans and the environment. His work sits at the interface of documentary film, public health, cultural and social wellbeing, wildlife conservation, and audio-visual research methods. As an award-winning filmmaker that has a PhD in Public Health & International Development, his visual work is grounded in evidence-based research. David has worked with wildlife co-management boards across the Canadian Arctic to co-create visual media about Indigenous knowledge of species like polar bears, caribou, and beluga. He has also worked with Indigenous communities on socio-ecological film projects in Uganda, Kenya, Nepal, Malaysia, Peru, and other parts of the world. He currently manages Cloudberry Connections. David is part of the Explorers Club's annual "50 People Changing the World" class of 2023.



Student Plain Language Summaries

Creating Emergency Triage Cases with Artificial Intelligence

Supporting education and research while protecting patient privacy

Bahareh Ahmadzadeh, *PhD candidate, Division of Population Health and Applied Health Sciences, Faculty of Medicine, Memorial University*

Triage nurses decide who needs care most urgently in an emergency department. Patient scenarios help nurses practise these complex decisions without affecting real patients. However, existing collections are limited. Creating cases by hand is slow and costly, while using individual records may put privacy at risk.

My goal was to develop and test a repeatable process for creating adult triage scenarios for education, case-based practice, research, and future Artificial Intelligence (AI) testing. Through meetings with the SurgeCon Patient Partner Team, we engaged patient partners at the Inform and Consult levels. We shared information and asked for feedback on how the project was communicated from a patient perspective.

We used Canadian triage guidance and summary data from visits to five Newfoundland and Labrador emergency departments. The data showed patterns in age, sex, emergency department use, and reasons for seeking care. Each scenario described one patient's symptoms and vital signs.

The process checked each scenario for missing, conflicting, or medically unlikely information and created it again if needed. Of 2,700 scenarios, 2,619 (97%) passed all checks. Six certified emergency nurses reviewed 450 accepted scenarios. All said the cases contained enough information for triage and made medical sense. All supported their use in education and practice.

Next, a larger and more diverse group of emergency nurses could agree on the urgency level for each case, creating a trusted collection for education, research, and AI testing. Patient partners could help interpret findings, identify acceptable uses, raise privacy and fairness concerns, and co-create public materials. Their continued involvement would keep future work aligned with patient priorities. This work does not replace nurses or make decisions for patients. With further review and real-world testing, it could support safer, more consistent triage and efforts to improve patient flow and waiting times.

Student Plain Language Summaries

Mindfulness and Sexual Functioning in Couples Where One Partner Has a Sexual Assault History

Robyn Cumben, *PhD candidate, Department of Psychology, Faculty of Science, Memorial University*

Sexual activity can be an important part of romantic relationships and contribute to relationship happiness and well-being. However, difficult life experiences, like sexual assault, can have lasting effects on a person's sexuality and their experiences of sex with a partner. Although sexual assault research has understandably focused on the person who experienced the assault, sexuality within romantic relationships involves both partners. Understanding both partners' experiences may therefore provide a fuller picture of how couples navigate sexuality after sexual assault.

Our study explored the role of mindfulness, which involves paying attention to experiences in the present moment, and decentering, which involves being able to step back from thoughts and emotions without becoming caught up in them. Both have been linked to sexual functioning, but little research has examined how these experiences may be connected between partners when one person has a sexual assault history. To help ensure our research reflected couples' lived experiences, we first interviewed a couple about navigating sexuality when one partner had a sexual assault history. Their perspectives helped inform the questions included in our larger study. We then surveyed 129 couples in which one partner had experienced sexual assault. Both partners answered questions about mindfulness, decentering, and different aspects of sexual functioning (e.g., orgasm). We found that greater mindfulness was related to greater decentering for both partners. We also found evidence that one partner's experiences may be connected to the other partner's sexual functioning. In particular, greater decentering among partners with sexual assault histories was linked to better orgasm functioning in their partners. We did not find the same relationship in the opposite direction.

Overall, these findings highlight the importance of considering both members of a couple when trying to understand sexuality after sexual assault. They also suggest that future research should explore whether mindfulness-based approaches could be helpful for couples and support both partners' sexual well-being.

Student Plain Language Summaries

Unmasking Intersectional Stigma and Its Multidimensional Impact among the South Asian Canadian Diaspora: An Intersectional Mixed Methods Netnography

Younas Masih, *PhD candidate, Faculty of Nursing, Memorial University*

Many people who migrate to high-income countries face unfair treatment or stigma because of who they are. The South Asian diaspora is the largest migrant group worldwide. Similarly, South Asian Diaspora communities are a large community in Canada. The present study will examine how stigma affects South Asians living in Canada. Instead of looking at a single identity or social position (such as race, ethnicity, sexual orientation, gender, immigration status, and Socio-economic status) at a time, it will examine how several identities and social positions work together. A person's experiences can be different when these identities overlap.

I will collect public posts from Instagram, Facebook, Threads, YouTube, and Reddit from the last 6 months. For YouTube, I will use only video transcripts, not the videos themselves, as a data source. I will not contact people, and if I need missing data, I will obtain permission through informed consent from the individual.

I will treat each individual's posts as a single transcript and convert them into a single profile called a pseudo-persona. I will remove all identifying details to protect each person's identity. I will conduct a content analysis by reading the posts to identify common themes, then score the profile by type of stigma, frequency, intensity, and its impact on the mental well-being of the South Asian Canadian Diaspora. Each person will also be placed in a group based on their combined identities.

I will use a statistical method called Multilevel Analysis of Individual Heterogeneity and Discriminatory Analysis (MAIHDA) to compare these groups. It will first assess how much stigma differs between groups, then examine how much of that difference comes from single identities added together. Finally, it will examine for the effects that appear only when the identities are combined. The study aims to show which groups carry the most stigma and why. This can help guide mental health support that fits the real experiences of South Asian Canadians. The findings may also help researchers, health professionals, and community groups decide where support is needed most.

Student Plain Language Summaries

iCANSleep

Rachel Lee Dautz, *PhD candidate, Department of Psychology, Faculty of Science, Memorial University*

Insomnia affects the quality of life and health of cancer survivors. Cognitive behavioural therapy for insomnia (CBT-I) is an effective treatment among cancer survivors, but it is not readily accessible due to the limited number of trained providers and difficulties with providing care across wide geographical areas. Mobile health technologies represent a promising solution; however, these technologies are not tailored to the unique needs of cancer survivors. This project aims to address this gap in care by developing an evidence-based CBT-I smartphone app called iCANSleep that is tailored and accessible to cancer survivors. A user-centred design approach was applied, and cancer survivors were actively engaged in the app's design, usability testing, and prototype refinement. We are in the process of recruiting 146 cancer survivors to test the app in a waitlist-controlled trial to examine its efficacy in improving insomnia, as well as exploring its impact on other related symptoms.

Preliminary data suggests that the app is effective in reducing insomnia symptoms, with the average insomnia severity score dropping after app completion from 16.55 (moderate range) to 9.98 (mild range). Further, whereas 63% of the sample had moderate to severe insomnia before using the app, only 24% fell into this range after app completion, with 36% of the sample achieving full remission from insomnia.

Student Plain Language Summaries

Voices, Systems, and Solutions: Developing a Program Theory for Delivering Inclusive Healthcare for Transgender Individuals

Amara Sundas, *PhD candidate, Faculty of Nursing, Memorial University*

Transgender people in Canada and around the world often face real barriers when trying to get healthcare things like providers who haven't been trained in transgender-specific care, intake forms that don't reflect who they are, and past experiences of discrimination that make them wary of seeking help in the first place. A national Canadian survey found that 45% of transgender and non-binary respondents had at least one healthcare need go unmet in a single year. These barriers affect both mental and physical health, and they tend to get worse when combined with other forms of disadvantage, such as poverty, racism, or living in a rural or remote area.

Many organizations already recommend ways to make healthcare more inclusive ideas like staff training, gender-inclusive intake forms, or clinics led by transgender health workers. But most of these ideas have never been tested against one another, and they are rarely built with direct input from the transgender people, health professionals, and policy experts who would actually use or deliver them.

This project aims to change that by building a practical roadmap researchers call it a program theory for delivering healthcare that truly includes and affirms transgender people. The work unfolds in two connected stages. First, I am reviewing published research from around the world to understand which interventions have worked, in what settings, and why. Second, I will invite 40 to 60 transgender individuals, healthcare professionals, and transgender-health experts from Newfoundland and Labrador, across Canada, and internationally to rank a set of possible interventions according to what matters most to them, using an approach called Q methodology. An advisory committee made up of transgender community members will help guide the project from start to finish, keeping it grounded in real priorities rather than assumptions.

By bringing together research evidence with the lived and professional expertise of the people most affected, this project aims to produce clear, practical guidance that health systems can use to deliver more inclusive, respectful, and affirming care starting here in Newfoundland and Labrador, with relevance for healthcare settings across Canada.

Student Plain Language Summaries

Colorectal cancer screening uptake among Chinese Immigrants in Canada

Anh Thu (Theresa) Vo, PhD candidate, Division of Population Health and Applied Health Science, Faculty of Medicine, Memorial University

Many immigrants face challenges that can make it harder to get screened for colorectal cancer. These challenges can include personal circumstances, difficulties using the health care system, trouble understanding health information, and negative beliefs about cancer screening. However, these issues have not been studied closely among Chinese immigrants in Canada. This study looked at how these factors might affect whether Chinese immigrants follow colorectal cancer screening recommendations.

An online survey was conducted from March to July 2024. Participants were Chinese immigrants who were at least 50 years old, had lived in Canada for at least six months, and had never been diagnosed with colorectal cancer. We used a statistical method named 'structural equation model' to examine how personal factors, understanding of the health care system, beliefs about cancer screening, and screening behaviour were connected.

A total of 354 people took part in the study, and about 83% were following colorectal cancer screening recommendations. Most participants lived in Ontario, were women, and were younger than 60 years old. The study found that people with more negative beliefs about cancer screening were less likely to follow screening recommendations. People who were employed or self-employed and those who did not have a family doctor were also less likely to follow screening recommendations. Age, gender, and education were also linked to screening behaviour in more indirect ways.

People who were better able to understand and use health information, including online health information, were also better able to understand and navigate the health care system. Having a regular health care provider was also linked with better understanding of the health care system.

Overall, the findings suggest that helping Chinese immigrants better understand and navigate the Canadian health care system, improving access to regular health care providers, and addressing negative beliefs about cancer screening may help increase colorectal cancer screening.