**TMU Law Review 2025-2026 Application Exercises**

Thank you for your interest in joining the TMU Law Review. We have designed two practical exercises to assess your editorial skills, attention to detail, and professional communication abilities. The first exercise focuses on academic editing and citation, while the second requires you to draft a concise, courteous, and precise email. Carefully read the instructions for each exercise, complete them as directed, and submit your work as outlined.

**Editing Exercise (page 2 of this document)**
Applicants for the Associate Editor and Executive Editor positions must demonstrate their knowledge of Canadian legal citation standards and their ability to assess written work for both style and substance. This exercise involves reviewing excerpts from an academic paper, correcting citations in accordance with the McGill Guide (10th Edition), answering citation-focused questions, and providing a brief evaluation of the article’s publishable quality. Please pay special attention to accuracy, clarity, and consistency.

**Emailing Exercise (page 12 of this document)**
Professionalism and clear communication are critical skills for editors. In this exercise, you will draft a brief but detailed email to an author whose submission requires revisions. Your task is to outline specific concerns, suggest a plan for moving forward, and maintain a tone that is both supportive and constructive.

Both exercises, taken together, will allow us to evaluate the breadth of your editorial skill set. **If you are applying for both positions, please complete both exercises below.**

Please attach this exercise, along with your cover letter, resume, and a writing sample (maximum of 10 pages) in **ONE**.pdf file. Please do not include your transcript in this application package and upload it separately to [the application portal here.](https://docs.google.com/forms/d/e/1FAIpQLScZP0SUMS-_VCokH6ViauUwSUDn4Khk80K7tag3NaBfbqV0bA/viewform?pli=1&pli=1)

Good luck, and we look forward to reviewing your submissions!

**TMU Law Review 2024-2025 Team**

**Editing Exercise**

All applicants for the Associate Editor and Executive Editor positions for the TMU Law Review must complete this editing exercise.When completed, please save this document with your initials appended to the end of the file name, and submit it with the rest of your application materials.

**For Associate Editor AND Executive Editor Applications:**

* Using “Track Changes”, correct all of the citations in the excerpt from an academic paper in **PART I** below in accordance with the *Canadian Guide to Uniform Legal Citation*, 10th Edition (McGill Guide). Be sure to locate and check each source to ensure that all of the information is accurate. The McGill Guide is available via the TMU Library [here](https://nextcanada-westlaw-com.ezproxy.lib.torontomu.ca/Browse/Home/CanadianGuidetoUniformLegalCitationMcGillGuide/CanadianGuidetoUniformLegalCitation9thEdition?sp=CRSW_RYER&transitionType=Default&contextData=(sc.Default)&bhab=0&bhav=&bhqs=1).
* Complete all of the questions in **PART II.**
* Provide an overall assessment as to the excerpt in **PART I**, and whether, in your opinion, it is of sufficiently publishable quality. Please be sure to support your conclusion appropriately.

**PART I**

**Nervous Shock and Psychiatric Harm in the Canadian COVID-19 Landscape**

1. **Introduction**

The COVID-19 pandemic has brought about immense and novel challenges, both for the individual and for communities at large. The legal ramifications of the pandemic are widespread, and many are, perhaps, yet to be determined. One area of increasing concern is liability for contracting COVID, but considerably less attention has been given to the mental health effects of the pandemic. This is of particular importance in the context of essential workers, who have been returning to work for the duration of the pandemic at risk to their own health. Emerging research in this field has shown the potential for significant risks of severe mental health difficulties stemming from the pandemic for workers in general,[[1]](#footnote-1) and particularly for healthcare workers.[[2]](#footnote-2) Given the dearth of information currently available for non-healthcare essential workers, the majority of the following discussion will focus on the healthcare context. This purpose of this article is to focus on the potential for—and particularly the barriers to—claims of psychiatric harm resulting from the nervous shock of being called to complete one’s contractual duties at risk to one’s health, sometimes without adequate personal protective equipment (PPE) or other safeguards. The article will first provide an overview of the Canadian COVID-19 landscape with a focus on the documented and perceived mental health effects for essential workers. It will next provide an overview of the tentative jurisprudence regarding psychiatric harm in the Canadian legal system, after which it will discuss the feasibility of mounting such a claim with a focus on mental health difficulties in essential workers resulting from the pandemic.

1. **The COVID-19 Pandemic and the Mental Health of Essential Workers**

***2.1 The Mental Stressors Associated with Working During the Pandemic***

The COVID-19 pandemic has introduced working conditions unseen by many workers within their lifetimes. High levels of uncertainty, lack of necessary resources, risk to the person and to family members, long working hours, and opacity in policy and support systems have all contributed to the physical and mental tax that the pandemic has brought upon essential workers in Canada and worldwide. This is true for all frontline workers, but one topic of particular importance is that of burnout in healthcare workers. Burnout is associated with reduced quality of care (e.g., more work-related errors, lower productivity, reduced empathy, and higher levels of voluntary leave or missed shifts), which can lead to worse patient outcomes.[[3]](#footnote-3) This issue has demanded attention since the onset of the pandemic, and the demand only increases as further details are revealed about the varying responses seen across workplaces and the lingering mental health effects for workers begin to emerge.

In 2019, the 11th edition of the World Health Organization’s (WHO) International Classification of Diseases (ICD-11)[[4]](#footnote-4) classified burnout as an “occupational phenomenon” (but not a medical condition).[[5]](#footnote-5) Burnout is described as experiencing (1) feelings of energy depletion or exhaustion; (2) increased mental distance from one’s job, or feelings of negativism or cynicism, and (3) reduced professional efficacy.[[6]](#footnote-6) Even prior to the pandemic, burnout was a widespread issue in Canada. A 2018 survey by the Canadian Medical Association revealed that approximately 30% of physicians experienced burnout, and that females and residents were at greater risk.[[7]](#footnote-7) The COVID-19 pandemic only stands to worsen these statistics. It has been observed in previous pandemics, such as SARS, that healthcare workers will be among the populations at greatest risk for contracting the virus.[[8]](#footnote-8) There are numerous psychological elements to which healthcare workers are now exposed, such as being required to interact with and provide care to COVID-19-positive patients for long hours, knowing of a family member or co-worker who has contracted the virus, fearing that oneself or a loved one will be exposed, being sent into isolation or being put on leave due to possible exposure—each of these is a direct source of anxiety and stress to which employees are exposed on a daily basis.

A vital concern amongst frontline workers is the personal risk to family associated with treating or interacting with individuals with COVID-19. Workers must be considered as individuals who, in addition to their professional role, function in societal roles as parents, children to elder parents, partners, and sole or co-earners for their households. Essential workers (and their family members) are exposed to novel sources of uncertainty, knowing that they may be asked to work longer hours or more shifts, possibly without adequate protection. Workers also have children at home in absence of daycare services or schools. Furthermore, many workers, in order to reduce the potential risk to their loved ones, have chosen to live in temporary confinement, placing further stress on the family in a variety of ways.[[9]](#footnote-9) Healthcare employees are in a particularly precarious position amongst frontline workers because they have a duty to care for patients and generally feel morally—if not contractually—obligated to do so despite the significant personal risks, balanced with the moral conflict of the duty to their families (i.e., ensuring that their family is not exposed to the virus).[[10]](#footnote-10) These issues may lead to long-term cognitive and emotional difficulties, creating downstream stress on the healthcare system, which may in turn lead to the emergence of unprecedented legal claims.

***2.2 Lack of Personal Protective Equipment for Workers***

Although mental health issues may arise from any combination of the sources mentioned above, legal claims are likely to focus on employers’ failure to provide adequate protection and services, in particular PPE. Early preparation and proper supply of medical equipment are vital aspects of a calculated response to a pandemic. Countries are expected maintain stockpiles of such equipment to be able to quickly and efficiently carry out their contractual obligations in trying and threatening circumstances such as those presented in the past year. It is generally accepted that between the increased hazards exposure and deficiencies in protection in the workplace, there is a resulting increase in risk of injury and illness.[[11]](#footnote-11)

With a lack of PPE, as was the case early on in the pandemic, frontline workers faced an approximate 1/200 chance of death due to the high risk of infection from the virus.[[12]](#footnote-12) Many healthcare workers were encouraged to consider drafting living wills in the event of a COVID-related death. At the beginning of the pandemic, the Ontario Medical Association sent an email to its members to provide resources on writing a will, in response to numerous inquiries from its members. A review of the psychological effects of a pandemic showed that uncertainty about infection control procedures (ICP) and lack of appropriate provision of PPE were associated worse mental health outcomes among healthcare workers.[[13]](#footnote-13) In addition to the stressors noted in the previous section, inadequacy of PPE and ICP can create further sources of worry, including lack of control over personal risk of infection with the potential for heightened risk of infection of family or other household members, as well as heavier workload due to increased infection and burnout amongst coworkers.

This issue, although perhaps of greater risk to this population, is not unique to healthcare workers—all frontline employees were working without adequate protection to varying degrees at the onset of the pandemic. Canada did not mandate wearing masks indoors until several months into the pandemic. Toronto, for example, introduced the city-wide bylaw (541-2020) on July 7, 2020.[[14]](#footnote-14) Walmart Canada did not make masks mandatory in all Canadian stores until August 12,[[15]](#footnote-15) while other stores such as Longo’s were sooner to respond.[[16]](#footnote-16) The differential response between employers might lead some workers to ask why they were not prioritized in the same fashion as their counterparts employed elsewhere. Within the context of individual employers, workers say that the guidelines and protections for employees were inadequate and unclear, with governing corporations focusing more strongly on delivering to the customer rather than to their own employees.[[17]](#footnote-17) Taken together, these conditions highlight an alarming theme of neglect for the basic needs of frontline staff, with some workers possibly having been exposed to unprotected customers while lacking appropriate PPE for themselves for as long as six months.

***2.3 Conclusions***

The aim of this section was to provide a brief overview of the psychological stressors to which many, if not all, frontline workers have been exposed since the onset of the COVID-19 pandemic in Canada. It is evident from the information presented here that essential workers from a variety of employment areas, and those in the healthcare industry in particular, have experienced several highly stressful, if not traumatic, stimuli throughout the pandemic—some of which might have been unavoidable, whereas others could have been attenuated or even eliminated by employer or governmental intervention. The deficiency in PPE supply will be discussed in greater detail below, in the context of potential liability for harm. The next section will address psychiatric harm in the Canadian legal system through a psychology-focused lens, with specific attention to aspects pertinent to potential claims arising due to COVID-19.

1. **The Current State of Psychiatric Harm in the Canadian Legal System**

Claims of psychiatric harm resulting from nervous shock historically have been handled tentatively in the Canadian legal system, perhaps with good reason. Past trends have tended to reflect a pro-defendant bias that presents as incongruous with the progression of other areas of Canadian negligence law. Two major changes in recent years have altered the landscape of psychiatric harm, however. These are (1) the increasing acceptance rhetoric and the reduction of stigmatization surrounding mental health difficulties, both of which have led to—and have stemmed from—societal recognition of mental health as an issue of major public importance; and (2) the abandonment of a formal psychiatric diagnosis as a necessary criterion for a successful claim.[[18]](#footnote-18) Regardless, a successful claim of psychiatric harm poses substantial challenges for the plaintiff, and these will likely only be amplified with any attempt at mounting any type of COVID-related claims.

In Canadian law, a claim of psychiatric harm must pass the same standard test for liability as in any area of negligence. There must be an established duty of care, reasonable foreseeability, legal causation, and—most uniquely applied to psychiatric harm—a certain threshold of suffering. To date, the limiting agent in this equation in Canadian law has been the duty of care. In *Cooper v Hobart*,[[19]](#footnote-19) the Supreme Court of Canada (SCC) recognized nervous shock as an established category of duty of care, indicating that a full *Anns/Cooper* test may not be necessary. Some courts, however—the SCC included, despite *Cooper*—will perform a remoteness analysis for claims of psychiatric harm, primarily when (1) the case falls within the scope of typical personal injury or property damage/loss,[[20]](#footnote-20) or (2) where the relationship between the parties is described by a previously defined category, such as manufacturer/consumer.[[21]](#footnote-21) The latter would almost certainly be the case for COVID-related claims, where the relationship may readily be defined as employer/employee.[[22]](#footnote-22)

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**ASSESSMENT OF THE EXCERPT**

**Provide an overall assessment of the excerpt above. In your opinion, is this of sufficiently publishable quality? Please be sure to support your conclusion appropriately.**

**PART II**

**Please find the source referred to in the following numbered items and provide the correct citation, as per the *Canadian Guide to Uniform Legal Citation*, 10th Edition (McGill Guide).**

1. Ontario’s *Long-Term Care Homes Act* was recently replaced with a new act. An author has cited the “Duty to protect” in their paper, but they should be referring to the new act, rather than the *LTCHA*. Please provide the correct citation to the new version of this act, for the section on the “Duty to protect”.
2. There is a paper published by one Donna E. Young…something about the “paradox of diversity discourse”. An author has referred to this in-text but has not provided the citation in a footnote. Please find and provide the correct citation for this paper.
3. This forgetful author has referred to another reference in-text without providing a footnote for it. They are discussing a recent SCC case, where the judgement was rendered on October 28, 2022. Please find this case, and provide the correct citation to the last paragraph in the case.
4. Richard Devlin and Sheila Wildeman have a textbook called *Disciplining Judges*, published in 2021. Please provide the correct citation to the fifth chapter in this book.
5. The Toronto Star wrote an article about TMU’s law school being renamed after a certain “trail-blazing lawyer”. Pease find this article and provide the correct citation.

**Emailing Exercise**

**Scenario:**

You are the new Submissions Manager for the TMU Law Review. One of your responsibilities is to communicate with authors about their submissions. Earlier this week, you received a draft article titled *Reforming Public Policy: A Constitutional Perspective* from Professor Smith at Southeast University. However, the article:

1. Exceeds the word limit stated in your submission guidelines.
2. Is missing a required abstract.
3. Has multiple citations that do not conform to the Law Review’s style manual.

The article itself is promising and aligns with the Law Review’s focus, but it needs significant revisions to meet your publication requirements. Your Editor-in-Chief has asked you to send an email to Professor Smith, outlining the necessary changes and next steps.

**Task:**

Draft a 200 word professional email to Professor Smith addressing the above.

1. Daniel Vigo et al., *Mental Health of Communities during the COVID-19 Pandemic* (2030) 65:10 Can J Psychiatry 681. [↑](#footnote-ref-1)
2. Peter S. et al, “The Association between the Perceived Adequacy of Workplace Infection Control Procedures and Personal Protective Equipment with Mental Health Symptoms: A Cross-sectional Survey of Canadian Health-care Workers during the COVID-19 Pandemic” (2020) Can J Psychiatry doi: 0706743720961729. [↑](#footnote-ref-2)
3. Louise H. Hall et al., “Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review.” (2020) 11 PLOS One 7, e0159015. [↑](#footnote-ref-3)
4. World Health Organization, *International Classification of Diseases for Mortality and Morbidity Statistics, 11th revision Content Model Guide* (Geneva: World Health Organization, 2019) <http://www.who.int/classifications/icd/revision/contentmodel/en/>. [↑](#footnote-ref-4)
5. “Burn-out and “occupational phenomenon”: International Classification of Diseases” (28 May 2019) online: *World Health Organization* < https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases> [↑](#footnote-ref-5)
6. *Ibid* at note 5. [↑](#footnote-ref-6)
7. “Canadian Medical Association National Physician Health Survey” (October) online: Canadian Medical Association <https://www.cma.ca/sites/default/files/2018-11/nph-survey-e.pdf> [↑](#footnote-ref-7)
8. Dena H Hsin et al., “Heroes of SARS: Professional Roles and Ethics of Health Care Workers.” (2014) 10:4 J Infect 210. [↑](#footnote-ref-8)
9. Doug McConnell Balancing the Duty to Treat with the Duty to Family in the Context of the COVID-19 Pandemic (2020) 46:6 J Med Ethics. [↑](#footnote-ref-9)
10. R Doolittle et al., “In Canada’s Coronavirus Fight, Front-line Workers Miss their Families, Fear the Worst and Hope They’re Ready,” *The Globe and Mail* (4 April 2020). [↑](#footnote-ref-10)
11. A Morgan Lay et al., “The Relationship between Occupational Health and Safety Vulnerability and Workplace Injury” (2017) 396:10227 Saf Sci 912. [↑](#footnote-ref-11)
12. Doolittle, *ibid* note 10. [↑](#footnote-ref-12)
13. S Kisley et al., “Occurrence, Prevention and Management of Psychological Effects of Emerging Virus Outbreaks on Healthcare Workers: Rapid Review and Meta-Analysis” 369 BMJ m1642. [↑](#footnote-ref-13)
14. “Mandatory Masks or Face Covering Bylaw in Effect Today,” (7 July 2020) online: *City of Toronto* <https://www.toronto.ca/news/mandatory-masks-or-face-covering-bylaw-in-effect-today/> [↑](#footnote-ref-14)
15. “COVID-19 Response,” (August 2020) online: *Walmart Canada* <https://www.walmart.ca/en/covid19-response> [↑](#footnote-ref-15)
16. “COVID-19 Updates,” (4 May 2020) *supra*. [↑](#footnote-ref-16)
17. O Bowden “Loblaws Employees Say Stores are Handling COVID-19 Unsafely, Putting Them at Risk,” *Global News* (20 July 2020). [↑](#footnote-ref-17)
18. Saadati v Moorhead 2017 SCC 28 [*Saadati*] [↑](#footnote-ref-18)
19. *Cooper v. Hobart*, 2001 SCC 79 at para 36 [*Cooper*] [↑](#footnote-ref-19)
20. e.g., *Healey v Lakeridge Health Corporation et al,* 2011 ONCA 55 [*Healey*] [↑](#footnote-ref-20)
21. e.g., *Mustafa v Culligan of Canada Ltd.*, 2008 SCC 27 [*Mustapha*] [↑](#footnote-ref-21)
22. Although this relationship poses its own legal challenges, discussed below. [↑](#footnote-ref-22)