



FACULTY OF
Health Sciences

DEAN'S REPORT
2014–2015

ASK
questions

SEEK
answers

ADVANCE
care

INSPIRE
change

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Change in the winds

In the early sixties, Bob Dylan penned his iconic song, “The Times They Are A-Changing.” To be sure, there was a great deal of social change that had its beginnings in the sixties. Yet, fast-forwarding fifty years, our lives in an academic Faculty of Health Sciences are similarly filled with change.

One of the most dramatic areas of change over the past year has been the tumultuous and somewhat rapid revision to the field of health research in Canada. The Canadian Institutes of Health Research has undergone massive transformation with the development of the Foundations scheme and the Strategies on Patient Oriented Research program.

These changes have challenged our health science researchers to rethink their current strategies and adapt to a new reality. Given the flat-lining of research funding over the last several years, this new reality will mean a more challenging environment with respect to grant capture, one that is being intensified by the rapidly evolving need to acquire leverage funding in a grant competition.

Within the Faculty of Health Sciences, we are working tirelessly to optimally position ourselves to meet these challenges, including making specific strategic investments in our research operations. It also includes launching the second phase of our

Industry Engagement strategy which, to date, has proved successful in making us more competitive.

Change is also in the winds with respect to our educational initiatives. We recently received the School of Medicine’s Undergraduate accreditation results and were thrilled to receive an eight-year accreditation. Our School of Nursing is also accredited until 2020 and our School of Rehabilitation Therapy’s occupational and physical therapy programs are both accredited until 2017.

With this solid footing, we can now focus intently on building, launching, and expanding innovative pipeline programs, such as our new Graduate Diploma and Master of Science in Aging and Health, a Master of Science in Healthcare Quality, and a fully online Honours Bachelor of Science.

We are also working in partnership with the Royal College of Physicians and Surgeons of Canada to be the first university in the country to implement competency-based medical education across all of our postgraduate specialty programs.

As always, you’ll find this year’s Dean’s Report is filled with great stories about our clinicians, researchers, educators and, of course, our students. I am continually impressed by the calibre of work that emanates from this Faculty.



Richard K. Reznick, MD, MEd, FRCSC, FACS, FRCSEd (hon), FRCSI (hon)
Dean, Faculty of Health Sciences
Director, School of Medicine
Queen's University
CEO, Southeastern Ontario Academic Medical Organization (SEAMO)

Just over fifty years ago, Dylan said:

If your time to you

Is worth savin’

Then you better start swimmin’

Or you’ll sink like a stone

For the times they are a-changin’.

I know our faculty will meet the challenge.



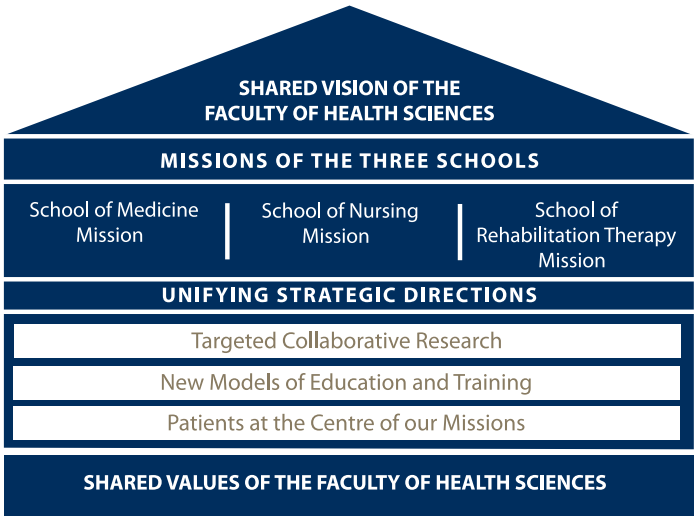
Our guiding principle – the fates of the three schools in the Faculty of Health Sciences are inextricably linked

To achieve our common vision and respond to the drivers of change impacting the Faculty of Health Sciences, we have established three unifying strategic directions. These strategic directions are concerted efforts to leverage the synergies that exist due to the complementary missions of the three schools through enhanced collaboration and activity coordination.

Adoption of these strategic directions enhances the ability of the individual schools, and of the Faculty of Health Sciences, to truly deliver a patient-centred academic mission. Achievement of these strategies will make the Faculty of Health Sciences far greater than the sum of its three excellent component Schools.

Three Unifying Strategic Directions

- RESEARCH**
 Conduct research in targeted areas of focus through collaboration across schools, faculties and institutions
 Enhanced coordination of the research activities of the three schools and partner institutions establishes a highly complementary, patient-focused research program that leverages our foundational strengths in the basic and population health sciences
- EDUCATION**
 Make education a pillar of strength for the Faculty through collaboration, inter-professionalism and new models of training
 The sharing of leading practices will enable the development of new models of training and that will strengthen and transform our educational programs
- PATIENT-CENTRED CARE**
 Keep patients and their families at the centre of the academic mission
 Instill an inter-professional culture through education programs to establish the Faculty and its partners as leaders in the delivery of integrated patient-centred care



Faculty of Health Sciences

by the numbers

500 full-time & **1,200** part-time faculty

3,000 learners

58 programs offered

22 teaching partnerships across Ontario

\$90 million in research revenue

900 studies in progress

1,100 applications for **99** seats in nursing

1,900 applications for **140** seats in occupational & physical therapy

4,800 applications for **100** seats in medicine

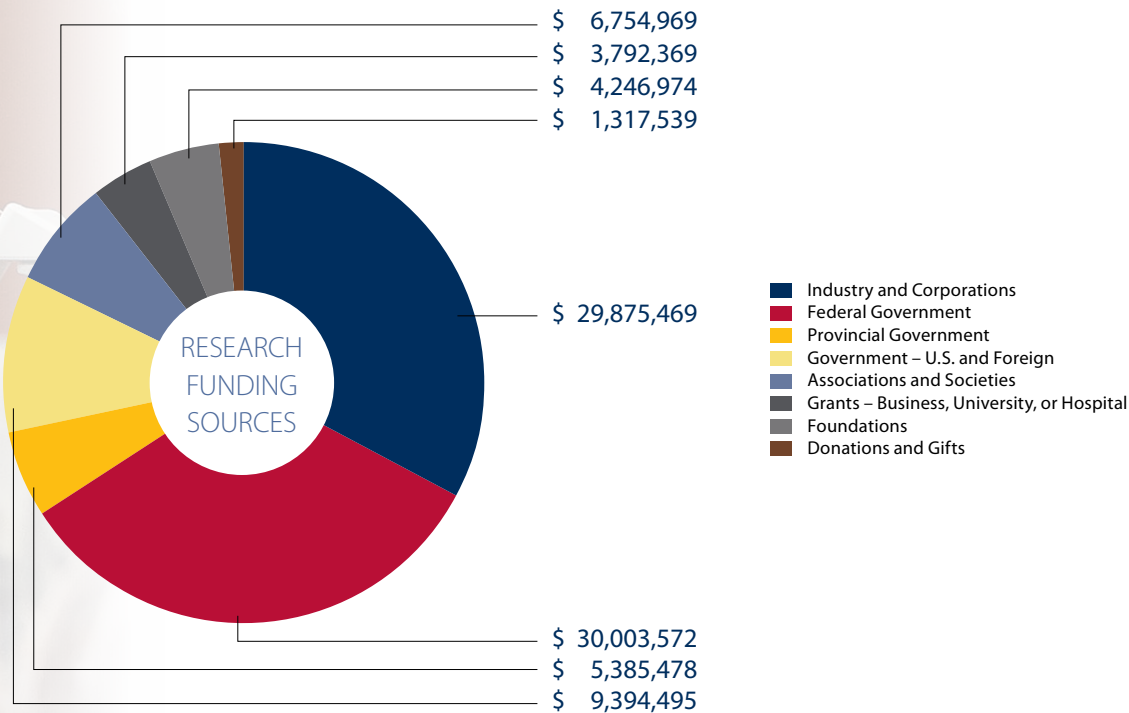
97% of UGME students placed in CaRMS match

98% of PGME placements filled in CaRMS match



Faculty of Health Sciences Research Funding

Departments, Research Centres/Institutes and Schools
Fiscal Year 2014/2015



Total Research Revenue
Received as of April 30, 2015:

\$ 90,770,866

Faculty of Health Sciences Research Units

Queen's University is one of Canada's most research-intensive universities, and adding to the strength of our research enterprise are the research groups, centres, and institutes. The Faculty of Health Sciences at Queen's hosts a number of thematically-focused research groups of investigators who work collaboratively across disciplines, including basic and clinical biomedical sciences, population studies and health services, and policy research. These research groupings bring together investigators in the Schools of Medicine, Nursing, and Rehabilitation Therapy, and in some cases include investigators from the Faculties of Arts & Science, and Engineering & Applied Science. The Faculty of Health Sciences research units include:

Cancer Research Institute at Queen's University (QCRI)

qcri.queensu.ca

Contact: David Berman • bermand@queensu.ca

Cardiac, Circulatory, Respiratory Research Program (CCR)

dbms.queensu.ca/research_groups/ccr

Contact: Don Maurice • mauriced@queensu.ca

Gastrointestinal Disease Research Unit (GIDRU)

meds.queensu.ca/gidru/

Contact: Stephen Vanner • vanners@hdh.kari.net

Centre for Health Services and Policy Research (CHSPR)

healthsci.queensu.ca/research/chspr

Contact: Michael Green • mg13@queensu.ca

Infection, Immunity and Inflammation Research Group at Queen's (3IQ)

dbms.queensu.ca/research_groups/infection_immunity_and_inflammation_research_gr

Co-Directors: Sam Basta • bastas@queensu.ca

Katrina Gee • kgee@queensu.ca

and Andrew Craig • ac15@queensu.ca

Human Mobility Research Centre (HMRC)

hmrc.engineering.queensu.ca/

Contact: Executive Committee • hmrc@queensu.ca

Centre for Neuroscience Studies (CNS)

neuroscience.queensu.ca/

Contact: Doug Munoz • doug.munoz@queensu.ca

Queen's Nursing and Health Research

nursing.queensu.ca/research/queen_s_nursing_and_health_research

Contact: Joan Tranmer • tranmerj@queensu.ca

The Centre for Studies in Primary Care (CSPC)

queensu.ca/cspc/research

Contact: Richard Birtwhistle • birtwhis@queensu.ca

Group for Research in Reproductive and Developmental Origins of Health, Disability and Disease

meds.queensu.ca/departments/reproductive_and_developmental

Contact: Anne Croy • croya@queensu.ca

Queen's Joanna Briggs Collaboration (QJBC)

queensu.ca/qjbc/welcome

Contact: Christina Godfrey • christina.godfrey@queensu.ca

Canadian Institute for Military and Veteran Health Research (CIMVHR)

cimvhr.ca

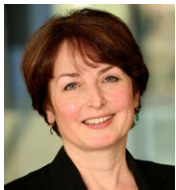
Contact: Alice Aiken • alice.aiken@queensu.ca

International Centre for the Advancement of Community Based Rehabilitation (ICACBR)

rehab.queensu.ca/icacbr/

Contact: Heather Aldersey • hma@queensu.ca

A legacy of game-changers



Dr. Elizabeth Eisenhauer



Dr. Susan Cole



Dr. Roger Deeley



Dr. Jacalyn Duffin

In April, the Council of Ontario Universities' Research Matters program celebrated the top 50 game-changing historical moments in research over the past 100 years. Queen's University has cemented its research legacy with eight of those 50 moments – including three from our Faculty of Health Sciences.

"The 50 game-changing research discoveries represent some of the most defining moments in our nation's history over the last century and Ontarians should be proud," says Steven Liss, Vice-Principal (Research). "The prominence of Queen's on this list is a true testament to the sustained innovation and creativity demonstrated by our scholars in tackling some of the world's biggest questions and in contributing to a wide variety of advances and achievements."

Dr. Elizabeth Eisenhauer was recognized for her research in cancer drugs. While leading a clinical trial conducted in Canada and Europe, Dr. Eisenhauer discovered how to administer a commonly used chemotherapy drug in a way that reduces its toxicity. Her 1990 discovery also shortened the delivery time of the drug Taxol™ from 24 to three hours. Today, her method is the global standard for administering

“The prominence of Queen's on this list is a true testament to the sustained innovation and creativity demonstrated by our scholars in tackling some of the world's biggest questions and in contributing to a wide variety of advances and achievements.”

Taxol™ to patients with breast cancer, ovarian cancer, non-small cell lung cancer, and AIDS-related Kaposi's Sarcoma.

Drs. Susan Cole and Roger Deeley were also recognized for their work in proving that a multidrug resistant protein (MRP) prevents chemotherapy from working by pumping the drugs out of cancer cells. They discovered the gene that codes for MRP, giving drug researchers a target for solving the problem. Their paradigm-shifting discovery led to a subsequent explosion in research on multidrug resistance in humans and other animals.

Dr. Jacalyn Duffin made for a third moment. In 1987, Dr. Duffin, a hematologist and medical historian, was asked to read, under the microscope, a stack of bone marrow samples

without being told why. She saw acute leukemia cells and concluded the patient must be dead. Unbeknownst to Duffin, the patient was still alive claiming to have been cured through the intercession of a long-dead Montrealer, Marie-Marguerite d'Youville. Only afterwards did Dr. Duffin learn that her findings had been sent to the Vatican and applied to the cause for canonization of d'Youville. Dr. Duffin's expert medical testimony helped make the case for the first Canadian-born saint.

New discoveries in ovarian cancer

Dr. Madhuri Koti, from the Departments of Biomedical and Molecular Sciences, and Obstetrics and Gynaecology, has discovered an immune-based biomarker that will help lead to better predictions of the success of chemotherapy in ovarian cancer patients, a discovery which could lead to better treatment options in the fight against ovarian cancer.



Dr. Madhuri Koti

“Recent successes in harnessing the immune system to combat cancer are evidence for the significant roles of a cancer patient’s immune responses in fighting cancer,” explains Dr. Koti. “Many of these success are based on boosting anti-cancer immunity via different therapies. Such therapies would prove to be most effective when coupled with markers predicting a patient’s eventual response to a specific therapy.”

Dr. Koti conducted the study in retrospective cohorts of over 200 ovarian cancer patients. The study utilized a combination of recent cutting-edge and more established detection technologies for identifying such markers. Initial discovery of these markers was made in frozen tumor tissues accrued from tumor banks such as the Ontario Tumor Bank and the Ottawa Health Research Institute and Gynecology-Oncology and Pathology services of the CHUM Hospital Notre-Dame, Montreal.

Phase II validations in retrospective cohorts of over 500 ovarian cancer patient tumors accrued from the Terry Fox Research Institute-Ovarian Cancer Canada, partnered with the Canadian

“...discovered a biomarker that will help lead to better predictions of the success of chemotherapy in ovarian cancer patients, a discovery which could lead to better treatment options in the fight against ovarian cancer.”

Ovarian Experimental Unified Resource, further confirm these findings.

A major impact of this discovery is that these novel markers, when used at the time of treatment initiation in the specific type of ovarian cancer patient, will help gynecologic oncologists make decisions on additional treatment needed in these patients, thus increasing the potential for patient survival. Dr. Koti is now exploring factors that underlie these distinct events in ovarian cancer patients.

Ovarian cancer leads to approximately 152,000 deaths among women worldwide each year, making it a leading cause of gynecological cancer-related deaths in women.

The study was conducted in collaboration with Anne-Marie Mes-Masson, Centre de Recherche du Centre Hospitalier de l’Université de Montréal, Montreal, and Jeremy Squire, Faculdade de Medicina de Ribeirão University of Sao Paulo, Brazil. The findings from the Phase I study were published in the British Journal of Cancer.

TVN 2014-2015 Report

Technology Evaluation in the Elderly Network (TVN) is Canada's network for frail elderly care solutions. TVN supports original research, studies emerging technologies and trains the next generation of health care professionals and scientists to improve outcomes for frail elderly Canadians across all settings of care. Recognizing that many frail elderly Canadians are nearing the end of life, TVN is dedicated to improving their advance care planning and end-of-life care.

TVN's mandate is broad because the care needs of the more than one million Canadians deemed to be frail – a health state characterized by debility, multiple, chronic health conditions, and higher risk of poor healthcare outcomes, including death – are similarly complex.

TVN is funded by the federal Networks of Centres of Excellence and supported by host partners Queen's University and Kingston General Hospital. TVN completed its third full year of operations in 2014-15 and made significant progress in key areas, highlighted by:

- Awarding close to \$6 million in highly-subscribed research grant competitions, which focus on examining frailty assessment models, proof-of-concept studies of emerging medical technologies and knowledge synthesis of treatment options, care practices and health policies.
- Installing a theme-oriented research platform that has helped to galvanize the investigation of improvements in end-of-life and advance care, acute and critical care, community and residential care, and transition of care.
- Expanding the number of students and academic disciplines in the TVN Interdisciplinary Training Program, which is training Canada's next generation of highly qualified personnel.
- Publishing over 150 articles on frailty research in leading medical journals, with an equal number of presentations by TVN-supported researchers at major conferences around the world.
- Growing the TVN Network, today representing over 400 frailty health researchers, 40 universities and teaching hospitals, over 20 national and international corporations, and over 130 health agencies and advocacy groups.
- Forming an International Scientific Advisory Committee to elevate the impact of TVN-led research beyond Canada's borders and to foster global collaboration.



The past year also featured historic firsts: TVN National Forum 2015 brought together health care, government, university and industry leaders to share findings on frailty research and discuss the transformational change necessary to make evidenced-based improvements in the care of frail elderly Canadians. A second national forum is scheduled for May 2016.

As well, 2014-15 marked the creation of the TVN Discussion Papers on Frailty. Authored by a Canadian and international research team, this foundational work explores the social, ethical, policy and legal dimensions of the frailty health challenge, as well as the dynamics of frailty screening and assessment models.

In the year ahead, TVN expects to announce transformative research that will help shape the next five-year cycle of its mandate. Further expansion of knowledge mobilization activities and partnerships are expected to elevate the impact and visibility of the Network. TVN is also deepening ties with industry, community champions and elderly Canadians themselves to identify new pathways in health care practices and policy, and to elevate the role of frail elderly Canadians in decisions on their advance care and end-of-life planning.

An inventive, student-led approach to learner wellness

Long work hours, constant interaction with patients and colleagues, and frequent testing are just a few of the demands that are par for the course in healthcare programs. Yet, most of the pressures that students experience while at school are also the same ones that they will encounter as professionals. For that reason, and many others, it is our responsibility as a faculty to help them learn how to deal with those pressures in appropriate and healthy ways. Recognizing when a student is not well and how to approach that is a critically important skill for each of our faculty members and student advisors – but it's fair to say that, in most cases, we are helping our students to deal with pressures in a reactive way.

In realizing this, the Wellness and Mental Health Committee, held jointly under the medical school's Learner Wellness Centre and the Aesculapian Society (AS), developed an innovative program that focuses on the proactive and preventative side of student wellness. As a brilliant compliment to the services already in place, an innovative program called Wellness Month was designed and launched last February.

“It has already been adapted in two other schools since our pilot ended in February. There has also been interest in bringing this to other faculties here at Queen's as well as residences.”

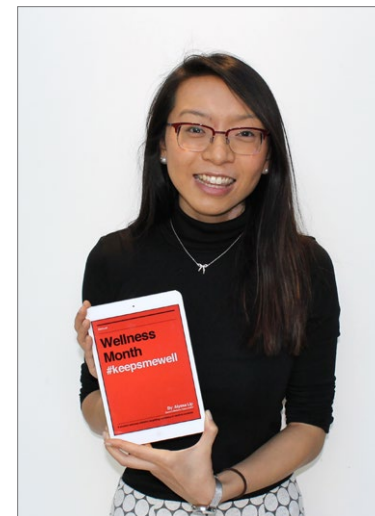
“Wellness Month was entirely targeted at developing resiliency by practicing positive habits that would hopefully prevent, to some degree, the burnout and the physical and mental health burdens that arise as a consequence of our careers,” explains medical student and student committee chair, Alyssa Lip.

For Wellness Month, students formed teams and completed challenges focused on a different pillar of wellness each week – nutritional, mental, physical, and social academic balance.

The program was wildly successful and

the students shared their ideas with each other via Twitter using the hashtag #keepsmeWell. As a follow-up to the program, the organizing team decided to produce a handbook that might help to bring the initiative to medical schools across Canada.

In addition to 123 pre-clerks who took part in the project, Wellness Month caught the attention of a number of staff and faculty, who also participated in the challenges. “It meant a lot to the students to see them get involved with something like this. I think it builds a very positive connection between students and faculty and improves the learning environment,” says Lip. In total, 148 people participated in Wellness Month at Queen's.



Alyssa Lip

The committee hopes that the Wellness Month manual will help other organizations replicate the success of their program. “It has already been adapted in two other schools since our pilot ended in February. There has also been interest in bringing this to other faculties here at Queen's, as well as residences,” says Lip. “There is a real need for it as the rates of burnout rise. This initiative asks participants to act on ideas, learn skills, and make a change. It isn't meant to be a complete solution, but it's a small step towards actually doing something about it.” Our students have also gone so far as creating a new Wellness Officer voting member position on the AS and have adopted the Wellness and Mental Health Committee as a full committee under the society.

Crowdsourcing nearby heroes



Dr. Steven Brooks
Department of Emergency Medicine

“As a community, we have the opportunity to change the cardiac arrest statistics in our city and save more lives.”

In the spring of 2015, Dr. Steven Brooks of the Department of Emergency Medicine teamed up with the City of Kingston, Kingston Fire and Rescue, and an interprofessional team of students from the Faculty of Health Sciences to launch a mobile phone application that aims to improve bystander intervention rates for victims of cardiac arrest.

The app, named PulsePoint, was developed by San Francisco Fire Chief Richard Price following a personal experience he had in 2009. Price was out having lunch with colleagues when he heard the familiar sound of a fire engine approaching. To his surprise, a truck from his own station pulled up outside the restaurant and he soon discovered that the firefighters had been dispatched to a cardiac arrest just next door.

As a veteran first responder, Price knew the statistics – for every minute that passed before CPR was started, the probability of survival decreased by up to 10 per cent. Realizing in that moment that he’d missed the opportunity to help, Price set out to develop a tool that could harness the power of ready and able bystanders to help save more lives.

Soon after Dr. Steven Brooks became an ER physician, he developed an interest in resuscitation and bystander intervention. “These two things are inextricably linked simply because we depend on the public to take us through the critical steps in the ‘chain of survival’ – early recognition, an early 911 call, early CPR, and early defibrillation,” says Dr. Brooks. “For years, we have been pouring resources into the community to teach people

CPR and purchase AEDs, but when the time comes, all of that effort and all of those resources just don’t seem to connect. We really only have seconds or minutes to get it right, and yet if something is out of a bystander’s line of sight, the whole process can fail. As soon as I heard about PulsePoint, I knew it had the ability to change all of that and I became set on bringing it to Canada.”

The idea is simple. When someone suffers a sudden cardiac arrest, a phone call to 911 is made and the location of the victim is provided to the operator. While simultaneously dispatching EMS teams, the 911 operator sends out a PulsePoint alert. Anyone who is within 500 metres of the victim and has PulsePoint installed on their phone will be alerted with the exact location of the cardiac arrest. The PulsePoint users can then rush to help the victim before EMS teams arrive. Additionally, PulsePoint shows bystanders the exact location of nearby AEDs.

Due to the complex organization that is required to set up PulsePoint in a community, the app isn’t available everywhere just yet. However, thanks to a grant from the Heart and Stroke Foundation and a lot of hard work from a number of key partners, Dr. Brooks was able to successfully launch PulsePoint in Kingston – the first Canadian city to pilot the app.

“Here at Queen’s University, there are thousands of students, faculty, and staff with up-to-date CPR training,” explains Dr. Brooks. “As a community, we have the opportunity to change the cardiac arrest statistics in our city and save more lives.”

Nursing's past inspires the present



As the School of Nursing's 75th anniversary approached, a website called The Queen's Nursing Project was developed to help connect nursing alumni with the school's present students.

Since January 2015, the website has profiled a Queen's nursing graduate every week. In the blog posts, alumni share their memories of studying nursing at Queen's and detail some of their experiences and lessons learned during their professional

careers. Furthermore, they offer advice to current Queen's nursing students.

"With the Queen's Nursing Project, we wanted to celebrate our rich past, while at the same time inspiring our current students," says Dr. Jennifer Medves, Vice-Dean (Health Sciences) and Director, Queen's School of Nursing. "The people profiled have a whole range of experiences, which reminds current students how many doors their nursing degree can open for them in the future."

The project also helped alumni catch up with people they knew in school but had lost touch with over the years, as each of the posts were tagged according to class and degree program, making it easy for readers to find people they may have known at Queen's.

While the project connected people associated with the school, the profiles also appealed to a broader audience. "The project serves to remind the general public of all the wonderful ways nurses impact our lives," Dr. Medves says. "I think there is an element in every post that readers can relate to, even if they are not members of the nursing profession."

The School of Nursing will mark its 75th anniversary in 2016, the same year Queen's University celebrates its 175th anniversary. The Queen's 175th executive committee has reached out to the School of Nursing to explore ways they can work together. "We are thrilled to co-operate with the Queen's 175th executive. Hopefully the energy of the Queen's Nursing Project and our other celebrations will feed into the 175th anniversary," Dr. Medves says.

“The people profiled have a whole range of experiences, which reminds current students how many doors their nursing degree can open for them in the future.”



Nursing students and their families celebrate convocation during a pinning ceremony.

Dr. Goldie explores link between mental health and chronic disease



Dr. Katie Goldie

Last fall, just before she joined the School of Nursing as an assistant professor, Dr. Katie Goldie's research exploring the link between medications and cardiovascular disease was released. Presented at the 2014 Canadian Cardiovascular Congress, her work concluded that some of the medications that are used to treat mental illnesses double the risk of heart attack and triple the risk of stroke as compared to individuals not taking these medications.

There is also a higher chance that a person living with mental illness will have a variety of other chronic diseases. But Dr. Goldie isn't just interested in trying to figure out why – she wants to find a way to reverse the trend by focusing her attention on looking at the relationship between mental health and physical health in people with schizophrenia, bipolar disorder, major depression, and severe anxiety disorders.

Dr. Goldie spent a year pursuing a post-doctoral fellowship at the Centre for Addiction and Mental Health. Working in the Nicotine Dependence Clinic, she focused her energies on exploring the relationship between mental illness, chronic disease and smoking. People with mental illness, she learned, are two to four times more likely to use tobacco than the general population. Moreover, tobacco smoking increases the risk for and progression of chronic diseases, including cancer, cardiovascular disease, Chronic Obstructive Pulmonary Disease (COPD), asthma, and diabetes.

While she is still teasing apart the variables, Dr. Goldie says factors like psychiatric medications and unhealthy behaviours all play a role. More importantly, she says that many people with mental illness may simply have difficulty accessing health care or communicating their needs once they get it. If they do get in to see a doctor, they may face even more challenges – from stigma to not being treated as a whole person. "Some physicians prioritize

treating an individual's mental health symptoms at the expense of his or her physical health," says Dr. Goldie. She also says that people with mental health disorders are less likely to receive risk-reducing drug therapies or to undergo coronary procedures such as bypass surgery.

“In an ideal world, if psychiatric medications are prescribed, then we need to implement an aggressive risk management program to go along with them.”

According to Dr. Goldie, this problem stems from a lack of overlap in medical services, especially with more patients living in community settings rather than in institutions. "Some of it is simply the way our healthcare system is structured. We have been siloed for so long. If you have an area of specialty, you focus on that area without looking at the whole person. I want all healthcare professionals to monitor lifestyle factors, like whether the patient is smoking, or whether she wants to start an exercise program," she says. "In an ideal world, if psychiatric medications are prescribed, then we need to implement an aggressive risk management program to go along with them."

Dr. Goldie, who envisions a future in which mental health nurses do regular physical assessments of patients, says she is grateful to be in a role at Queen's where she can make a positive difference. "I'm influencing the next generation of nurses to be hyper aware of these issues."

Queen's OT Program hosts a Community Development Forum

In April, 2015, the Queen's Occupational Therapy Program was pleased to host a Community Development Forum to celebrate the work of occupational therapy (OT) students and local community partners. Queen's OT Program members, and the OT Class of 2015, welcomed more than 30 community members to the showcase of student work in the local region.

“This forum provides a meaningful opportunity to showcase students' contributions to the community and to thank community members for their mentorship.”

The event highlights the work of OT students in their Community Development course (OT861) and Community Development fieldwork placement (OT862). In their final semester at Queen's, students spend time in the classroom learning the theory and practice of community development, and take part in community-based fieldwork to apply their newly-acquired skills in a real-world setting. The goal of the fieldwork placement is to provide the opportunity for students to explore the process of

working with communities to enable occupation and to create inclusive communities and environments.

Community organizations in the Kingston and Napanee area host placements for the students, who each complete 185 hours of fieldwork at their host site. There are many long-standing partnerships in the area, and the School was pleased to welcome new partnerships with the Kingston VON and the Kingston Military Family Resource Centre. Student projects included nurturing new relationships between community organizations, completing needs assessments, engaging service recipients, completing service and program development, and creating products and tools for use by community organizations.

To celebrate the work of the students and their partner organizations, April's forum allowed students to present their work to the community, as well as for community members to attend and network with the students and other community organizations.

“This forum provides a meaningful opportunity to showcase students' contributions to the community and to thank community members for their mentorship. The time to network and strengthen community relationships was also valuable for the attendees,” commented Community Development Fieldwork Coordinator and School of Rehabilitation Therapy faculty member, Megan Edgelow.



Given the event was a resounding success, with over 80 OT students showcasing their contributions and 10 university members attending to welcome more than 30 community partners, the School looks forward to hosting the event on an annual basis.

The Phoenix Project's impact at Queen's

Empathy and compassion are two crucial elements of healthcare that are engrained in our educational programs at Queen's, but we are also dedicated to constantly improving our standards. One of the ways we do this is through our commitment to the *Associated Medical Service's (AMS) Phoenix Project: A Call to Caring*.

The Phoenix Project aims to instill and sustain compassion, empathy and professional values in the environments in which clinicians learn and work. Several of our faculty members have been supported, through Phoenix Project fellowships and grants, in answering that call.

Last year, Dr. Catherine Donnelly received a Phoenix Project Call to Caring grant, and began to lead a cross-discipline project entitled Compassionate Collaborative Primary Care. The project's overarching aim is to support the development, delivery and evaluation of online compassionate care modules delivered in a primary care clinical learning environment. A diverse team of faculty from the School of Rehabilitation Therapy, the Department of Family Medicine, and the Office of Interprofessional Education and Practice have spent the last year collaborating on this initiative.

"It has been a privilege to be a Phoenix grant recipient at many levels," explains Dr. Donnelly. "The process of creating the online modules Compassionate Collaborative Care has not only been

a personal learning experience for each of us but has nurtured the development of compassion within our research team."

“As a community, we are striving to foster the values of compassionate care in students, enabling them to carry these values into their professional lives and practice.”

Dr. Trisha Parsons was named a Phoenix Project fellow in 2013, and received a renewal of her fellowship last year to continue her work on *'The Personal Health Care Story as a Catalyst for Person-Centered Care'*, a project that seeks to understand whether the use of a personal health-care story will influence how health professionals develop and sustain empathy in learning and practice.

"To me, the Phoenix Project has been, as its name suggests, a revival," says Dr. Parsons. "It has provided me with the opportunity to pursue work which aligns closely with my personal values, and to be linked into a vibrant community of scholars, practitioners, and people engaged in this work."

Dr. Donnelly and Dr. Parsons are just two of several Queen's faculty members that have received grants

or fellowships since the start of the project. However, over the last few years, we have been working to build upon that good fortune at Queen's, and establish a true community of practice. Recently, our Department of Medicine's Dr. Mala Joneja joined Dr. Leslie Flynn, Vice Dean of Education, and Dr. Jennifer Medves, Vice Dean and Director of the School of Nursing, as a member of the Phoenix Project's management committee. "As a community, we are striving to foster the values of compassionate care in students, enabling them to carry these values into their professional lives and practice," says Dr. Flynn. "The AMS has identified Queen's University as a leading academic presence for the Phoenix Project."

This past year, Dr. Flynn also met with our recent School of Medicine graduate and former President of the Ontario Medical Students Association, Dr. Soniya Sharma, on the next steps of The Phoenix Project. "Dr. Sharma put together a proposal to expand and push the limits of the current project to include the student's voice, which will soon be implemented. This is the future of the Phoenix Project."

Certainly, the student voice will be a welcome component of the project. They will be key to helping us to improve the way we translate what we know from being experienced healthcare providers into lessons for our learners – that some of the most fundamental patient needs are ones that technology cannot meet.

Dr. Jennifer Medves reappointed as Director of the School of Nursing



Dr. Jennifer Medves
Vice-Dean, Faculty of Health Sciences,
and Director, School of Nursing.

Dr. Jennifer Medves has been reappointed as Vice-Dean of the Faculty of Health Sciences, and Director of the School of Nursing for a second five-year term, having served in the position since 2009.

“Queen’s School of Nursing achieved the highest level of accreditation possible from the Canadian Association of Schools of Nursing during Dr. Medves’ first term, a testament to her leadership skills and desire to deliver the best possible nursing education to students,” says Dr. Richard Reznick, Dean, Faculty of Health Sciences. “Dr. Medves is also to be commended for spearheading the Master of Science in Healthcare Quality program and leading a province-wide initiative to improve nursing simulation that received a \$5.8-million grant from the Ontario government’s Productivity and Innovation Fund.”

“Queen’s School of Nursing achieved the highest level of accreditation possible from the Canadian Association of Schools of Nursing during Dr. Medves’ first term, a testament to her leadership skills and desire to deliver the best possible nursing education to students.”

Dr. Medves remains an active educator in addition to her administrative duties. She teaches in the undergraduate and graduate programs and supervises masters and doctoral students. Her commitment to advancing nursing education has helped prepare students to provide high quality and safe health care in a multitude of situations and settings.

Dr. Medves has held a Career Scientist Award from the Ministry of Health and Long-Term Care in support of her work in rural maternity nursing. Her research program has evolved from a focus on rural maternity care to the wider contexts of nursing in rural health care and interprofessional education.

Dr. Medves serves as Vice-Chair of Queen’s Senate and sits on a number of university committees. As a member of the Principal’s Commission on Mental Health, she helped develop the commission’s framework and recommendations. She also serves on local, provincial and federal committees that have the mandate to examine maternity practice and sustain health care for women.

She joined Queen’s School of Nursing as an assistant professor in 2000. She was granted tenure and promoted to associate professor in 2006 before becoming a full professor in 2010. Dr. Medves is cross-appointed to the Department of Public Health Sciences and the School of Rehabilitation Therapy.

The launch of new graduate programs in aging and health

Just in time for Seniors' Month in Ontario, Queen's University received notice that its proposed programs in Aging and Health had been approved by the Ontario Universities Council on Quality Assurance. These new, executive-style programs – a Graduate Diploma (GDip), a Master of Science (MSc), and a PhD – were co-developed by the Schools of Nursing and Rehabilitation Therapy. The programs are housed in the School of Rehabilitation Therapy and delivered by a multi-disciplinary group of faculty with backgrounds in occupational therapy, physical therapy, nursing, theology, urban planning, geography, family medicine, French studies, etc.

“Graduates of the programs will develop a deeper understanding of the population of older adults...”

These innovative programs build on the expertise in aging and health that exists across Queen's University and will prepare students to develop, implement and evaluate a broad range of direct and indirect service and policy strategies to address the growing population of older adults in Canada.

The Aging and Health programs are open to students from a full range of backgrounds, including Arts and Science, Health Sciences, and others. The GDip and MSc launched in August, 2015, with the first cohort of 15 students who began their program of study in an on-site intensive, held in Kingston. During these introductory days, students had the opportunity to meet each other and the faculty that are teaching in the program. The in-person interaction of the onsite supports the subsequent online format. It also facilitates networking and relationship building that will serve students and faculty throughout the program. Students began their two required courses during these few days: *Normal Aging Processes*



and *Ethics and Biomedical Ethics of Aging*. The blended format of the program provides students with the flexibility of online learning as they continue their course work after returning to their home communities. It will also encourage students living outside of the Kingston area to enroll in these programs without having to relocate. Additional courses will begin in the winter term and offer electives that allow students to customize their programs of study.

The Aging and Health programs will enable students to develop a comprehensive and integrated perspective on a broad range of issues and processes that influence aging, healthy aging, and living well into old age. These issues include, but are not exclusive to, the process of aging, the effect of aging on the social and healthcare systems, and the policies needed to support healthy aging. Graduates of the program will develop a deeper understanding of the population of older adults and the ability to provide more evidence-based care in the places where older adults wish to live and receive support.



PROGRAMS IN
Aging and Health

PT alum spearheads relief efforts following Nepal earthquake



Phil Sheppard

“Phil has been a huge contributor to the profession and an amazing ambassador for Queen’s.”

After graduating from Queen’s in 2013 with his Master of Science in Physical Therapy, Phil Sheppard explored an array of rehabilitation therapy opportunities across Canada and abroad, showcasing the breadth of his abilities and his passion for community-based rehabilitation. It was in March 2015 that Phil reconnected with Queen’s, becoming a clinical instructor for a second-year physical therapy (PT) student.

For two months, Phil and the PT student worked on a project organized by “Bringing About Better Understanding” which involved two different sites: the International Friendship Children’s Hospital, and the Special Education and Rehabilitation Centre. Both placements were located in Kathmandu, Nepal.

After the student placement ended, Phil decided to continue his Nepalese adventure and headed Northwest of the capital to the remote village of Jhinudanda. The 7.8 magnitude earthquake hit two days later and Phil watched as the roof he’d been under thirty seconds before caved in; he was merely kilometers from the epicentre.

Shortly after the earthquake, Phil learned that injured villagers from remote areas nearby would be sent to Nepal’s second largest city, Pokhara, and he happened to be within reach. When he arrived, Phil realized that the international relief community was largely unaware of the situation in Pokhara and it would be days, if not weeks, before major organizations would appear. He also realized that only two of Pokhara’s three hospitals were set up to provide rehabilitation services, so at the third hospital, he set about assembling a team of medical students and residents and taught them how to provide basic rehabilitation therapy to help move people through the system and free up beds.

Phil worked for the next few weeks to complete assessments at each of the hospitals in Pokhara to determine the need and capacity of each. He relayed critical information to NGOs in Kathmandu and helped arrange the transfer of patients between the cities. He also set out to secure long-term, sustainable rehabilitation services in order to decrease the disability of the Nepalese in the long-term. This is the true meaning of community-based rehabilitation.

Despite his incredible humanitarian efforts, faculty members at Queen’s didn’t seem to be all that shocked by the news. “Phil Sheppard was a strong student leader during his time in the School of Rehabilitation Therapy. During his tenure as the President of the Rehabilitation Therapy Society, he worked to engage students, collaborate with faculty, and build a strong student council,” says Dr. Marcia Finlayson, Director of the School of Rehabilitation Therapy, “I am not at all surprised at his active engagement in the relief efforts in Nepal. His actions are consistent with everything we know about him and his passion for international work.”

Dr. Alice Aiken, program head of Physical Therapy here at Queen’s adds, “Phil was one of our amazing, committed, forward-thinking graduates, who always had international work on his mind. He has been a huge contributor to the profession and an amazing ambassador for Queen’s. He will absolutely make his mark in international health.”

Phil was back home in Canada by the end of June, but it wasn’t long before he planned his return. In September, he headed back to Nepal for four months to work with Nepalese PTs to develop a rehabilitation facility.



Managing the pain

Queen's professors Drs. Elizabeth Van Den Kerkhof (School of Nursing), Rosemary Wilson (School of Nursing), and David Goldstein (Anesthesiology and Perioperative Medicine) travelled to Rwanda in May 2015 to learn more about pain management techniques used in hospitals in Kigali and Butare.

Their research is part of a larger project headed by Queen's researchers Drs. Joel Parlow (Anesthesiology and Perioperative Medicine) and Ana Johnson (Public Health Sciences), supported by a Canada-Africa Research Exchange Grant



from Universities Canada and the Canadian Anesthesiologists' Society International Education Foundation.

“ We want to help them build their confidence and knowledge and also work with patients' families to help them understand that the nurses play a vital role in pain management. ”

“Pain care lives with the nurses and they need to own it,” says Dr. Wilson. “We want to help them build their confidence and knowledge and also work with patients' families to help them understand that the nurses play a vital role in pain management.”

Dr. Van Den Kerkhof says the research in Rwandan hospitals highlighted the importance of education. “The health-care workers in Rwanda need to be better informed about who does what and that really goes back to educational programs. It's no different than here, really – education and policies are important,” she says.

Drs. Van Den Kerkhof, Wilson, and Goldstein worked with frontline health-care staff in Rwanda including nurses, nurse anesthetists, surgeons, anesthesiologists and trainees. They also consulted



locally to refine and distribute questionnaires designed to better understand pain management practices and what drugs are available to alleviate pain.

Gaston Nyirigira, an anesthesiology resident in Rwanda, explained the study and questionnaire in Kinyarwanda, the local dialect. “We really appreciated having someone on the ground,” says Dr. Van Den Kerkhof. “We don't speak the local language, nor do we have the same appreciation of the culture. Thanks to his efforts, we collected 147 surveys, which is more than we expected.”

Drs. Wilson, Van Den Kerkhof and Goldstein returned to Canada to examine the results and devise an education and policy implementation strategy with the assistance of Drs. Parlow and Johnson and the local Rwandan healthcare providers.

An accelerated path to competency-based medical education at Queen's

One of our key challenges as medical educators is to correctly identify new educational practices that will benefit our learners. Yet that's where we find ourselves today; we have found a better way to educate physicians and we have begun to plan changes to our curricula in ways that will provide our trainees with maximum benefit and minimal disruption.

“...education is not just an add-on, it is in the air that is breathed by the faculty at Queen's.”

Through a partnership with the Royal College of Physicians and Surgeons of Canada (RCPSC), we have set a goal to implement competency-based medical education (CBME) across all of our specialty programs. The concept of CBME de-emphasizes time-based learning. Instead of requiring residents to complete a pre-determined period of time (such as one year) at one level before moving on to the next, they will instead be promoted once they have demonstrated competency in a particular field. This potentiates that competent residents may move through training in a quicker and more efficient manner, saving valuable resources and shortening their paths to independent practice.

The RCPSC launched its Competency by Design (CBD) project in 2014 and mapped out a seven-year transition for all specialty programs in Canada. It recommended implementing a more responsive and accountable training model with explicit competencies for all trainees, coupled with more frequent and meaningful assessments. We at Queen's have not only embraced this concept, but also, in consultation with the RCPSC, have taken on a national leadership role by designing and implementing our own parallel, accelerated path to CBME. We have made a commitment that all incoming Queen's residents will start their training using a CBME-based model by July 2017.

Much work has already been done. Many innovative assessment initiatives have already been introduced across a variety of programs and a new online assessment and evaluation system – designed and built here at Queen's – was launched this summer. Together, these projects will facilitate frequent and meaningful feedback on the performance of faculty and residents alike. Programs have also started to identify the multiple tasks that their trainees must be able to perform at the end of residency, known as ‘entrustable professional activities’, as well as the ‘developmental milestones’ that they must achieve along the way.

This is undoubtedly an ambitious goal, yet there is much to support the fact that it is attainable

within the timelines that we have set for ourselves. The Department of Family Medicine at Queen's University, in partnership with the College of Family Physicians of Canada (CFPC), recently transitioned to an analogous competency-based curriculum. Queen's also benefits from many other assets, including a relatively small institutional size, a collegial atmosphere, a centralized funding formula for teaching faculty, a dedicated CBME transition team, and outstanding information technology resources.

During our last accreditation process, the RCPSC and CFPC declared that “education is not just an add-on, it is in the air that is breathed by the faculty at Queen's.” They praised the dedication of our program directors and stated they were “blown away” by our remarkable culture of education. They realized something that our faculty, learners, and alumni already know: that the School of Medicine is a special place. In an environment like this, we have every reason to believe that such a huge initiative will be successful.



Physical Therapy Clinic expands services

Queen's University's Physical Therapy Clinic at the School of Rehabilitation Therapy has widely expanded its services in the past year, allowing for an increased capacity to meet the varied needs of the community. In addition to direct service provision, the clinic offers exceptional clinical education placements and provides an ideal environment for research activities.

The clinic, located centrally to the University and hospital districts, opened its doors in 1997. Due to its unique affiliation with Queen's and the School of Rehabilitation Therapy, patients of the clinic are able to access a team of registered therapists who are working at the cutting edge of evidence-based practice. Further, due to its physical location, the clinic is well positioned to serve a broad variety of patients seeking assessment and treatment, both from the University and Kingston communities.

Given that the clinic is open to the public, as well as the University community, it caters to a diverse clientele. With this in mind, "we are always looking for ways to ensure our services are meeting the evolving needs of the communities we support," comments Clinic Manager, Michael Ranger. As a result, in addition to orthopedic physiotherapy, shockwave therapy, and registered massage therapy, the clinic recently decided to broaden its offerings to include chiropractic and chiropody services.

The clinic's chiropractic services will include manual adjustment of the vertebrae of the spine and

soft tissue release techniques to help relieve pain and restore function, as well as the prescription of therapeutic exercise, nutritional counselling and the implementation of injury and rehabilitation strategies.

“The PT Clinic is a distinctive feature of Queen's School of Rehabilitation Therapy and sets us apart from other institutions.”

The clinic's Chiropodist will perform foot biomechanical/gait assessments, offer footwear advice and provide orthotic prescriptions. In addition to these new offerings, the clinic is exploring opportunities for the provision of occupational therapy services.

"These new services signal the beginning of an important phase of innovation for the clinic," says Ranger. In addition, broadened services provide new opportunities in terms of clinical placements for Queen's Rehabilitation Therapy students, a central tenet of the clinic's unique mission.

The clinic offers a unique setting in which some of the School's current students complete their clinical education requirements. "The PT Clinic is a distinctive feature of Queen's School of



Rehabilitation Therapy and sets us apart from other institutions. It is a wonderful learning opportunity for those students who are able to complete placements in an environment that is so closely linked with the advanced research of the University," comments Assistant Professor, Randy Booth.

Along with educational placements, the clinic plays host to numerous multi-disciplinary research initiatives, such as a long-term study aimed at determining the effects of physical activity on outcomes for survivors of high-risk stage colon cancer. In addition, the clinic is participating in a study regarding the effect of exercise on knee osteoarthritis. The clinic's connection with the University, as well as its long-standing and consistent operating history provides an excellent environment for undertakings in research by both professional and student investigators.

"This is an exciting time," comments Ranger. "We look forward to the clinic's continued growth, not only in the nature of its multi-disciplinary service provision, but also in its capacity to further the important work of our research community."

Canadian military honours the dedication of Dr. Alice Aiken



Dr. Alice Aiken, Director, Canadian Institute for Military and Veteran Health Research (CIMVHR)

Over the last year, it has been nothing short of thrilling to watch the hard work and dedication of the team behind the Canadian Institute for Military and Veteran Health Research (CIMVHR) come to fruition. Under the leadership of its Director, Dr. Alice Aiken, the number of its university partnerships has grown to 37. Incredibly, grants, contracts, and donations from True Patriot Love, General Dynamics, and others have come rolling in – over \$21 million since November 2014.

Hosted here at Queen's, and in partnership with the Royal Military College, CIMVHR aims to maximize the health and well-being of Canadian military personnel, Veterans, and their families, through world-class research resulting in evidence-informed practices, policies and programs.

Amidst the exciting declarations of new partnerships and funding agreements, there has been another announcement that was particularly humbling, one that reminded us all of the true purpose of CIMVHR. It was the moment when the Minister of National Defence appointed Dr. Alice Aiken as an Honorary Lieutenant-Colonel.

In May 2015, the Commanding Officer and the Sergeant-Major of 33 Canadian Forces

Health Services Centre of Kingston held a ceremony and dinner celebrating the installation of Dr. Aiken as the First Unit Honorary Commander. The appointment is a testament to her leadership in military and Veteran health research, and her unique ability to enact change, bettering the lives of those who serve and have served.

A veteran herself, Dr. Aiken enrolled in the Naval Reserve in 1984 and was in the first training class of maritime surface officers that included women in a combat role. During the Gulf War, she worked for the Navy at the Maritime Command Headquarters in Halifax. After graduating from Dalhousie University's physiotherapy program, Dr. Aiken was posted to the base hospital at CFB Kingston. She left the Canadian Armed Forces in 1998 and joined Queen's to manage the physiotherapy clinic while pursuing her master's and PhD in rehabilitation science. Dr. Aiken joined the Faculty of Health Sciences in 2006.

Just three years later, Dr. Aiken joined a team, including the new Surgeon General at the time, Commodore Hans Jung, the Royal Military College, and Veterans Affairs Canada, to start CIMVHR. Since then, CIMVHR has grown to host the largest



annual conference on military, Veteran and family health in Canada, the first online, open-access journal, the Journal for Military Veteran and Family Health (JMVFH), dedicated solely to this population and has become the hub for academic research related to these groups in Canada. The organization also now serves as the Canadian link for international organizations with similar mandates.

Dr. Aiken will be the first to say that the overall success of CIMVHR is thanks to her devoted team and that each announcement over the last year is a testament to their hard work. That is all true, however, the organization could not have filled such a huge void in Canadian research without its dynamic and persuasive leader at the helm, and there is no doubt her wonderful team would agree with that.

SRT hosts prestigious QEII scholarships



Ebenezer Dassah



Atul Jaiswal



Christiana Okyere

In March 2015, Queen's School of Rehabilitation Therapy (SRT) was pleased to announce that it would be a host for Queen Elizabeth II (QEII) Diamond Jubilee Scholarships in International Community Based Rehabilitation (CBR). The QEII program at the SRT will run from 2015-2018. The students selected for this prestigious scholarship are named "Queen Elizabeth Scholars."

The QEII scholarship programs "aim to activate a dynamic community of young global leaders across the Commonwealth to create lasting impacts both at home and abroad through inter-cultural exchanges encompassing international education, discovery and inquiry, and professional experiences."

The SRT's QEII Scholarships will develop leaders in international CBR. Through the provision of training and support, CBR equalizes opportunities, and promotes inclusion and the human rights of persons with disabilities.

In order to fulfill this ambitious mission, the program will offer scholarships in three different components. Component 1 gives scholarships to Canadian Rehabilitation Science Master's or PhD students to conduct

thesis or dissertation research with the Access to Health and Education for all Children and Youth with Disabilities (AHEAD) project in Bangladesh. Component 2 gives scholarships to Occupational Therapy students for advanced practicums and community development placements with the AHEAD project and its partner, the Centre for the Rehabilitation of the Paralyzed (CRP) in Bangladesh. Component 3 gives scholarships for students from low-income Asian and African Commonwealth countries to pursue a PhD in Rehabilitation Science.

As part of Component 3, the School was pleased to welcome three young leaders from Asian and African Commonwealth countries who began their doctoral level studies in Rehabilitation Science, this fall.

Ebenezer Dassah is focusing on access and use of healthcare services in rural Ghana for people with physical disabilities. His research broadly focuses on chronic diseases, health policy decision making, healthcare accessibility and utilization among people living with disabilities.

Atul Jaiswal is interested in identifying and overcoming challenges, working across disability populations, empowerment of

Disabled Persons Organizations, participatory action research, inclusive practices, sustainability, and trans-disciplinary models in CBR practice.

Christiana Okyere's research focuses on international rehabilitation and community development. Prior to coming to Queen's, she worked with youth from disadvantaged backgrounds and children with intellectual and developmental disabilities in Ghana.

Throughout their time in the program, QEII scholars will engage with each other and with QEII Scholars from across Canada and other Commonwealth countries. These connections will support the development of a global network of leaders, committed to enabling positive change in communities throughout the world.

As part of their participation in the program, QEII Scholars will also provide new insight and support to the activities of the International Centre for the Advancement of Community Based Rehabilitation (ICACBR) at Queen's School of Rehabilitation Therapy. The ICACBR's mission is to improve access of people with disabilities and their families to health and social services.

Seeking better approaches for end-of-life care



Dr. Daren Heyland

As a professor of Medicine at Queen's University and a clinician scientist with the KGH Research Institute, Dr. Daren Heyland has spent much of the past 20 years examining the quality of care given to the critically ill, its effects on the quality of end-of-life, and the need for families and medical practitioners to talk about end-of-life care.

"I have always been interested in the intersection between critical illness, the use of technology, and death," Dr. Heyland says. His experiences in caring for patients in intensive care have given him a unique perspective on patient care in the context of the inevitable.

His research examines the topic from all corners of the bedside; from the patient, to their families, to the medical practitioners, and from all stages along the care continuum; from the routine visit to the family physician to the crucial decisions at end-of-life.

His most recent study, published in March 2014 in the U.K. journal *Palliative Medicine*, looked at the families' perspectives on the quality of care of elderly patients admitted to intensive care units across Canada. That research showed a significant disconnect between families' wishes for "comfort only" measures and the use of life-sustaining treatments, such as ventilators or CPR, on those patients. "Patient care should provide quality end-of-life care, rather than prolonging the dying experience," Dr. Heyland says. "End-of-life should not be traumatizing."

“Patient care should provide quality of end of life care, rather than prolonging the dying experience ...End of life should not be traumatizing.”

While he has done extensive investigation into specific critical care issues — such as nutritional therapy for the critically ill and the use of antibiotics and ventilator-associated pneumonia in the ICU — he and collaborating researchers are producing a growing body of work targeting the broader, multi-generational topics that affect

everyone: care for elderly patients, end-of-life care, and advanced care planning for end-of-life.

Dr. Heyland's work is reflected across a variety of centres and initiatives, both local and national. He leads CARENET, a national network of health care professionals who collaborate on understanding and improving

palliative and end-of-life care through research, tools and communication and decision-making between patients, their families and health professionals.

In 2012, he led the establishment of the national Technology Evaluation in the Elderly Network (TVN), a \$23.9-million Networks of Centres of Excellence, based at Queen's University and KGH, focused on developing and implementing technologies for improving quality of life and end of life for the elderly and their families.

He was also instrumental in building awareness of the need for Canadians to think about end-of-life care through the Speak Up Campaign for National Advance Care Planning Day. "Speak Up is about the importance of communication and decision-making at the community level," Dr. Heyland says. "For good care at the end of life, communication is essential."

Reforming Canada's healthcare system

Canadian healthcare is one of the most pressing public policy issues of our generation, with healthcare expenditures comprising over 11 per cent of GDP and 40 per cent of provincial budgets. As an aging Canadian population demands more from a fragmented collection of 13 systems, the status quo is not an option.

In 2013, The Monieson Centre (Smith School of Business), Queen's Faculty of Health Sciences, and the School of Policy Studies, began a new joint project to address the issue of reforming Canada's healthcare system: The Queen's Health Policy Change Conference Series.

Three annual conferences (2013-2015) brought together 385 senior Canadian and international leaders from business, healthcare delivery, government

and academia to address the fragmented nature of Canadian healthcare by asking the question: If Canada had a system-wide healthcare strategy, what form could it take? Furthermore, the series examined how to mobilize change and how to manage and govern a pan-Canadian approach to healthcare.

This unique national forum included participants from every province and territory in Canada, a former Canadian prime minister, ministers and deputy ministers of health, a senator, chief executives, leading academics, and senior officials from eight comparator nations who have succeeded with healthcare system transformation. Thirty publications resulted from the dialogue involving some of the leading minds on healthcare at Queen's, across Canada and abroad. Sixteen white papers were produced that formed the basis of *Toward a Healthcare Strategy for Canadians* (2015, McGill/Queen's University Press); a second book will be published in 2016.

The Queen's Health Policy Change Conference Series now enters its next phase: *Transforming Canadian Healthcare Through Innovation*, three new annual conferences (2016-2019) to confront the essential issue of a Canadian healthcare innovation agenda. The opening conference, *Transforming Canadian Healthcare Through Innovation: The Agenda*, will be held in

Toronto, June 7-8, 2016. This conference will focus on the current state of healthcare innovation in Canada, including the role of industry and entrepreneurs as innovation drivers; what can be learned from leading international examples, and next steps for positioning Canada as a global health innovation leader.

The new Queen's healthcare innovation conferences are designed to build upon the previous series and emerging policy frameworks from the federal, provincial, and territorial governments. This includes, Health Canada's Advisory Panel on Healthcare Innovation (2015), the Ontario Health Innovation Council (2014), and the Council of the Federation's Health Care Innovation Working Group (2012).

The subsequent conferences will focus on systems and structures that can foster innovation in healthcare (Spring 2017) and potential governance and collaboration models in a new Canadian healthcare landscape (Spring 2018).

More information about the 2016 Queen's Health Policy Change Conference, and all publications and proceedings from the first series, are available at queenshealthpolicychange.ca.



L to R: Simon Kennedy, Deputy Minister, Health Canada; Doug Hughes, Assistant Deputy Minister, Ministry of Health, British Columbia; Dr. Bob Bell, Deputy Minister, Ministry of Health and Long-Term Care, Ontario; and Dr. Peter Vaughan, Deputy Minister, Department of Health and Wellness, Nova Scotia – participants in the *Managing a Canadian Healthcare Strategy* conference closing panel.

Chair a first for the School of Nursing



Dr. Elizabeth Van Den Kerkhof was appointed as the inaugural Sally Smith Chair in Nursing, a first for Queen's School of Nursing.

Elizabeth Van Den Kerkhof, is excited about being appointed the inaugural Sally Smith Chair in Nursing, as it is a first for Queen's School of Nursing.

The Sally Smith Chair in Nursing was created as part of a \$10-million donation to Queen's by A. Britton Smith, a continuing supporter of the university. The chair is named after his wife Edith "Sally" (Carruthers) Smith, who died in June 2012 after a courageous battle with cancer. The funding also helped create the Smith Chair in Surgical Research and the Britton Smith Chair in Surgery, and will also support the revitalization of Richardson Stadium. It represents the largest donation to the School of Nursing in its 74-year history.

Dr. Van Den Kerkhof says the establishment of the chair, to which she was appointed in early June 2015, is a big step for the School of Nursing that will help boost the university's reputation in the field.

"It's a huge honour for me and I am very lucky but I also feel that this is such a gift for the School of Nursing because it's the first chair ever here," she says. "There are other chairs in nursing across Canada but there aren't a lot of them. So I think, for this school to have a chair, is significant and really speaks to a number of things, including the support from the Kingston community."

“We already have many collaborations in the School of Nursing but there remain opportunities to link faculty both within nursing and across disciplines.”

As chair, Dr. Van Den Kerkhof will be able to move her focus from her teaching responsibilities to her research and take a closer look at how nursing is evolving. Currently, she says, when most people think of nursing, they tend to focus on the acute care sector, taking care of patients in hospitals. However, as she notes, nursing, and the healthcare sector as a whole, is increasingly reaching further outside the hospital walls, especially as the population ages.

Dr. Van Den Kerkhof says one of her goals is to create stronger connections with the practice setting and help foster further links between researchers in nursing and in health care in general.

"We already have many collaborations in the School of Nursing but there remain opportunities to link faculty both within nursing and across disciplines. In this way, projects can evolve into sustainable programs of research. My goal is to facilitate this process to improve our synergy as researchers," she says.

Care and collaboration: Our students set the example

In the spring of 2014, Queen's Health Sciences students submitted their bid to host the National Health Sciences Students' Association (NaHSSA) conference and were delighted to be chosen as hosts. Plans were initiated later that summer with the theme and title of the conference chosen – Putting the Care Back into Healthcare:

“The result was a highly successful conference and a strengthened bond among the QHIP team members.”

Facilitating Positive Experiences for both Patients and Providers. They were thrilled when their invitations to two keynote speakers were enthusiastically

accepted: Dr. Lesley Bainbridge from the University of British Columbia, who is the co-author of the National Interprofessional Competency Framework (spearheaded by Dr. Rosemary Brander and Dr. Leslie Flynn with support from the Principal's Development Fund), and Ms. Françoise Mathieu, Director of Compassionate Care Solutions, who is internationally known for her work in compassion fatigue. Presenters from Queen's and our local healthcare community – Dr. Ruth Wilson, Dr. Kathleen Norman, Dr. Salinda Horgan,



Professor Diana Hopkins-Rosseel, critical care nurse Heather Armstrong, and patient experience advisor Glenn Outhwaite, were quick to add their support, along with athlete Andrea Andrecyk and journalist Cathy Lesage of the *Changing Minds Changing Lives* program from the Canadian Paralympic Committee. Fifteen poster abstracts from student delegates were accepted.

The result was a highly successful conference and a strengthened bond among the QHIP team members. Over 100 delegates from across the country came together for two days of learning, networking and enjoyment. Collaboration and caring became even more evident during the conference itself; students were beaming as they

welcomed delegates to campus, and they assumed professional identities in their presentation and communication. Conference “coping bags” were distributed to every member of the organizing group (throat lozenges, tissues, lip balm and a squeezable stress ball). No one person was left alone to deal with problems and a shared group identity resulted. It also came as no surprise that Team Queen's earned top honours in the National Health Care Team Challenge™!

This was a year-long phenomenal group effort and our Queen's students shone as the face of success. While the conference is long gone, the collaborative effort continues as the students rally to engage in research and manuscripts for future presentations and publications. Proceeds from the conference have been earmarked to support future Queen's student participation in similar events; the students' intention being to pay it forward.

Dr. Nandini Deshpande's sabbatical at NASA and at the National Institutes of Health



L to R: Drs. Studenski, Deshpande, Ferrucci and Simonsick in Dr. Ferrucci's office at the National Institute on Aging

From July 2015 to June 2016 Dr. Nandini Deshpande, Associate Professor, School of Rehabilitation Therapy, is spending a sabbatical year as a visiting scholar at two of the world's most prestigious research institutions and will participate in their exciting and cutting-edge research endeavors. The first six months are taking place at the National Institutes of Health's National Institute on Aging (NIA) in Baltimore, MD, USA, followed by six months at the Johnson Space Center, NASA, Houston, TX, USA. This sabbatical will provide an opportunity for Dr. Deshpande to develop ongoing long term collaborations with world renowned scientists at these institutions.

Dr. Deshpande's research focuses on the vestibular system and the somatosensory system functions and their interactions for maintaining balance and mobility. Her major interests are the impact of aging and pathology on these sensory functions and possible consequent maladaptive modulation in sensory integration processes that may contribute to impaired mobility, decline in physical function, and fear of falling.

“ Dr. Deshpande's research and collaborations have the potential to improve quality of life in an increasingly aging population. ”

At NIA, she will work with Drs. Ferrucci (Scientific Director of NIA), Studenski (Director of Longitudinal Studies Section) and Simonsick (Senior Scientist) to investigate two critical areas in aging. These areas include the deterioration in lower limb somatosensation and its potential impact on physical function, and the potential circular relationship between fear of falling, related activity retraction, and physical deconditioning that is proposed to contribute to the disablement process in older persons. Dr. Deshpande will also develop an extended lower limb somatosensory assessment

protocol for NIA's Baltimore Longitudinal Study on Aging (BLSA) and will examine the possibility of including morphological evaluation of peripheral neural structures within BLSA.

Collaboration with Dr. Bloomberg, the lead scientist in Sensorimotor Discipline at NASA, will provide a unique opportunity for Dr. Deshpande to clearly establish contribution of vestibular system deficits to balance impairment in the mediolateral direction using extensive pre-flight and post-flight recovery data of postural control, vestibular system function and a large array of potential confounders. Additionally, she will develop collaborative grant proposals to understand the importance and applicability of the assessment tools used in NASA studies for patients with potential vestibular pathologies and for older persons with multisensory decline.

In older individuals, poor balance in the mediolateral direction is associated with high rates of fall-related hip fractures with devastating consequences. Dr. Deshpande's research and collaborations have the potential to improve quality of life in an increasingly aging population.



Industry Engagement Strategy

In 2012, an Industry Engagement Strategy was developed to support the establishment of long-term and mutually beneficial relationships between the Faculty of Health Sciences and Canadian pharmaceutical and medical device companies. In 2014, Dr. Seth Chitayat was welcomed as the Industry Liaison Officer for the faculty. In early 2015, we were fortunate to welcome Ms. Deborah Brown as the Special Assistant to the Dean in the areas of industry engagement and commercialization.

“...18 companies have sent delegations of executives and senior scientific personnel to Kingston to meet with our Faculty of Health Science’s top scientists.”

Since the strategy’s inception, we have visited and met with 23 CEOs and chief scientific officers of Canada’s largest pharmaceutical and device companies. In turn, 18 companies have sent delegations of executives and senior scientific personnel to Kingston to meet with our Faculty of Health Science’s top scientists. We have had multiple interactions from 15 companies to discuss mutually beneficial educational and professional training opportunities, and potential research partnerships that align with our areas of strength.

The strategy has gained particular traction in strengthening grant applications, as there is a trend across Canada whereby industry partnerships on academic grants are considered a major asset. Concurrently, we are exploring where Queen’s research interests and expertise may align with specific research needs of industry, and, to date, we have seen the strategy enable successful research funding outcomes in the form of new grants that have been realized during this fiscal period, including:

- Dr. Heidi Cramm and Dr. Sarosh Khalid-Khan of Queen’s University; Targeting the Mental Health of Canadian Children Growing up in Military Families (Interdisciplinary Health Research Program Health Research Foundation);
- Dr. Damian Redfearn of Queen’s University, Optimizing Contemporary Sequential Mapping of Atrial Fibrillation Signals as a Strategy to Identify Novel Targets for Ablation (CIHR Industry-partnered Collaborative Research);
- Dr. Stephen Archer, Queen’s CardioPulmonary Unit (Q-CPU) – Centre for Translational Research in Pulmonary Hypertension (CFI Innovation Fund).

We look forward to continuing to build relationships with industry and strengthen research partnerships that align with our areas of strength.

Major funding successes in 2014-2015*

Christopher John O'Callaghan *NCIC Clinical Trials Group*

BR.31 – A Phase 3 randomized trial of the anti-PD-L1 monoclonal antibody, MEDI4736, versus observation in completely resected stage IB-IIIa non-small cell lung cancer (NSCLC)

Alice B Aiken

School of Rehabilitation Therapy

Contract: W7714-145967/A Science and Technology Research: The Health and Well-being of Military Members, Veterans and their Families

Alice B Aiken

Canadian Institute for Military and Veteran Health Research

The Canadian Institute for Military and Veteran Health Research (CIMVHR)

Lois Elizabeth Shepherd

NCIC Clinical Trials Group

MA.36 Olympia Trial – BIG

Wendy Ranjana Parulekar

NCIC Clinical Trials Group

PR.17 Enzamet: Randomized Phase 3 trial of testosterone suppression with or without enzalutamide as first line therapy for metastatic prostate cancer ANZUP

Janet Dancy

NCIC Clinical Trials Group

IND.214 – A Phase 1/2 study of mg1 maraba/mage-a3 (mg1ma3), w/ and w/out adenovirus vaccine, w/ transgenic mage-a3 insertion (adma3) in patients w/ incurable advanced/metastatic mage-a3-expressing solid tumours

Lesley Seymour

NCIC Clinical Trials Group

IND.219 A Randomized Phase 2 Trial of Selumetinib in Patients Receiving Standard Pemetrexed and Cisplatin Chemotherapy for the Treatment of Advanced or Metastatic KRAS Wildtype or Unknown Non-Squamous Non-Small Cell Lung Cancer

J Curtis Nickel

Urology

Canada Research Chair in Urologic Pain and Inflammation

Lesley Seymour

NCIC Clinical Trials Group

IND. 221 A dose-ranging study of iph2201 in patients w/ high grade serious carcinoma of ovarian, fallopian tube or peritoneal origin

Stephen Archer

Medicine

Super resolution optical imaging of mitochondrial dynamics in human diseases

Daren Keith Heyland

Medicine

PROPEL: Promotion of Regular Oesophageal motility to Prevent regurgitation and Enhance nutrition intake in Long-stay ICU patients. A multicenter, sham-controlled, randomized trial

Lois Elizabeth Shepherd

NCIC Clinical Trials Group

LY.17: A Multi-Stage Randomized Phase 2 Study Of Novel Combination Therapy In The Treatment Of Relapsed And Refractory Aggressive B-Cell Lymphoma (Jansen)

Daniel P Borschneck

Surgery

Human Mobility Research Centre

Michael E Green

Centre for Health Services and Policy Research

Reducing the burden of diabetes on First Nations people in Ontario: using population level data to inform policy and practice

Stephen Archer

Stephen J Vanner

Medicine

Department of Medicine ICES (DOM ICES)

Janet Dancy

NCIC Clinical Trials Group

NCIC Clinical Trials Group – Canadian Collaborating Clinical Trials Network

Daren Keith Heyland

Medicine

RE-ENERGIZE: A Randomized trial of ENTERal Glutamine to minimize thermal injury

Stephen Archer

Medicine

Mitochondrial Dynamics and Metabolism in Pulmonary Arterial Hypertension

Shetuan Zhang

Biomedical and Molecular Sciences

A novel regulation of the hERG channel and its role in LQTS and sudden cardiac death

R Keith Poole

Biomedical and Molecular Sciences

Contribution of pathoadaptive mutations to antibiotic resistance development in chronic lung infections of *Pseudomonas aeruginosa*

Lois M Mulligan

Cancer Biology & Genetics

Mechanisms Regulating RET Receptor-Mediated Tumorigenesis

Colin Funk

Biomedical and Molecular Sciences

Anti-Inflammatory Signaling of Omega-3 Polyunsaturated Fatty Acids through Free Fatty Acid Receptor 4 (FFAR4) in Cardiovascular Health and Disease

Alastair V Ferguson

Biomedical and Molecular Sciences

The Subfornical Organ – A critical central nervous system sensor and integrator of metabolic, cardiovascular and immune signals in the circulation

David P Lillicrap

Pathology and Molecular Medicine

Molecular studies of von Willebrand factor biology and pathobiology

Douglas Perry Munoz

Centre for Neuroscience Studies

Neural Mechanisms of Saliency and Orienting

* Grants or contracts in excess of \$500,000

SEAMO Strategic Plan 2015-2018

The mission of the Southeastern Ontario Academic Medical Organization (SEAMO) is to support the delivery of outstanding health care, foster excellence in research and education and facilitate the transformation of academic medicine in Southeastern Ontario.

SEAMO's five partners include the Clinical Teachers' Association of Queen's University (CTAQ), Hotel Dieu Hospital, Kingston General Hospital, Providence Care and Queen's University.

In 2014, as SEAMO approached its 20th anniversary, we developed a three-year strategic plan to guide the organization and position SEAMO for continued success. Key stakeholder consultations identified several opportunities for growth.

Five cornerstones form the basis of the strategic plan:

1 SEAMO should continue to focus on strong financial management, enhanced transparency and enriched accountability.

We will refine and enhance accountability metrics, develop a centre-wide physician resource plan, strengthen departmental practice plans through the development of standardized templates and review the physician compensation framework.

2 SEAMO should act as an incubator for new funding models.

We will identify and explore domestic and international funding models and new ideas for physician compensation, such as outcome, performance or team-based funding. We can provide prototypes for new integrated models, such as wellness care.

3 SEAMO should pursue new sources of funding.

We will develop an environmental scan and formally engage potential funders.



4 SEAMO should explore extending membership to include physicians across Southeastern Ontario that are an important part of our teaching mission.

SEAMO will conduct an environmental scan, investigate the feasibility with signatories and funders and develop mechanisms for the inclusion of additional members to the organization.

5 SEAMO should explore investing in clinical facilities to directly support clinical service delivery in Southeastern Ontario.

Academic service delivery is rapidly moving out of hospital environments and into the community. SEAMO will establish a task force to direct the development of an environmental scan and feasibility study.

SEAMO has begun implementing elements of our five cornerstones and we look forward to what the future holds for our organization.

Faculty of Health Sciences award recipients



Dr. Heather Aldersey
*School of Rehabilitation
Therapy*
Queen's National Scholar



Dr. Catherine Donnelly
*School of Rehabilitation
Therapy*
2014 Alumni Award for
Excellence in Teaching



Dr. Qingling Duan
Assistant Professor
Queen's National Scholar



Dr. Renee Fitzpatrick
Director of Student Affairs
Health Sciences Education
Award



Dr. Glenville Jones
Professor
Queen's University Prize for
Excellence in Research



Dr. Ken Rose
Professor
Health Sciences Education
Award



Dr. Leah Smith
Postdoctoral Fellow
2014-15 CIHR Rising Star of
the Year Award



Dr. Chandrakant Tayade
Associate Professor
Mihran and Mary Basmajian
Award for Excellence in
Health Research



Dr. Ruth Wilson
Professor
Order of Canada



Dr. Kevin Woo
School of Nursing
Ministry of Research &
Innovation: Early Researcher
Award

Executive appointments



Dr. Joan Almost
*Associate Director,
Graduate Nursing Programs*



Denis Bourguignon
*Chief Financial and
Administrative Officer*



Dr. Mala Joneja
Director of Diversity



Dr. Terry Krupa
*Associate Director,
Research and Post-Professional
Programs*



Dr. David Berman
*Director of the
Cancer Research Institute at
Queen's University*



Deborah Brown
Special Assistant to the Dean



Dr. James Reynolds
*Acting Associate Dean,
Graduate and Postdoctoral
Education*

Chair appointments



Dr. Janet Dancey
*Edith & Carla Eisenhower Chair
in Clinical Cancer Research*



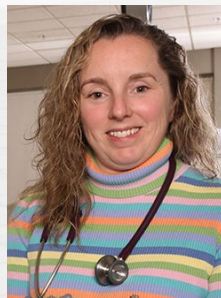
Dr. Michael Green
*Clinical Teachers' Association
of Queen's Chair in Applied
Health Economics / Health
Policy*



Dr. John Rudan
Britton Smith Chair in Surgery



Dr. Martin ten Hove
*Edna & Ernie Johnson Chair
in Ophthalmology*



Dr. Anne Ellis
*James H. Day Chair in Allergic
Diseases & Allergy Research*



Dr. David Pichora
*Paul B. Helliwell Chair in
Orthopaedic Research*



Dr. Elizabeth Van Den Kerkhof
Sally Smith Chair in Nursing

Queen's community invests in patient care

In the home stretch of the \$500 million Initiative Campaign, the Queen's community has demonstrated tremendous generosity – for this we are grateful. With over 97 per cent of the university-wide goal achieved, the campaign has enjoyed enormous success.

As part of the Initiative Campaign, the Faculty of Health Sciences has a goal of raising \$50 million and, thanks to support from friends, alumni, and faculty, more than 104 per cent has been achieved.

“Together, we will grow stronger and make a difference, not only to Queen's, but to the world around us.”

Despite exceeding our target, we have many unfunded priorities to continue moving our faculty forward. Our volunteer Campaign Cabinet, under the leadership of Dr. Andrew Pipe, has committed to work until the campaign closing date of April 30th, 2016. We will

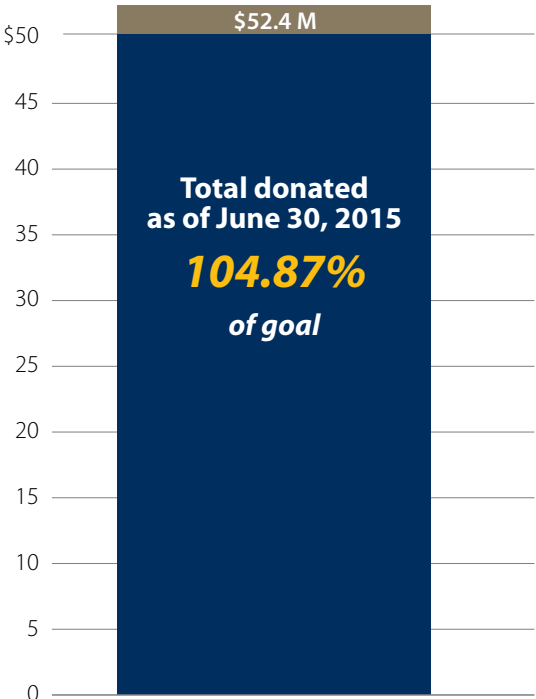
fortify our fundraising efforts in support of education, research, and patient care, and elevate the reputation of our three schools in extraordinary ways.

Priorities include:

- Endowed Research Chairs
- Research Infrastructure
- Facilities for School of Nursing
- Facilities for School of Rehabilitation Therapy
- MD/Ph.D. Program
- Human Mobility Research Centre
- Clinical Simulation Centre
- Military & Veterans' Health Research
- Student Awards & Financial Assistance

FACULTY OF HEALTH SCIENCES Initiative Campaign progress

(\$ Millions)



Goal to be raised by April 30, 2016:

\$50,000,000

To make a gift to the Faculty of Health Sciences, visit:
givetoqueens.ca/healthsci

Major Gifts in 2014-2015

We are sincerely grateful to all of our donors and would like to take this opportunity to celebrate notable donations from:

- True Patriot Love Foundation
- The Estate of Larry Gibson
- William J. Henderson Foundation
- General Dynamics
- The Estate of Judith Patricia Durance
- Dr. Lorna Boag and Family
- Dr. Daria Haust
- Mr. Wayne Simmons

William J. Henderson Foundation

We are grateful for the generous \$500,000 commitment to fund cardiac and cancer research. In the new William J. Henderson Foundation Laboratory, Dr. Stephen Archer will study basic mechanisms of oxygen sensing in the vasculature and investigates the role of mitochondria, both as regulators of cell proliferation and oxygen sensors. This research will ultimately improve survival from cardiac arrest after a heart attack and treat several lung diseases, including, but not limited to, pulmonary hypertension and lung cancer. We expect that the strategic investment by the William J. Henderson Foundation will fuel discovery that changes and improves medical outcomes for patients in Canada and beyond.

True Patriot Love Foundation

Queen's received an unprecedented investment into health research for our military, Veterans and their families. The \$5 million gift from the True Patriot Love Foundation prompted a matching investment in the Canadian Institute for Military and Veteran Health Research (CIMVHR) by the Ministry of Health. This \$10 million joint investment in research is devoted to the health and well-being of those who protect and serve Canadians at home and abroad.

Campaign Cabinet

Ms. Stephanie Amey
 Dr. Andrew Bruce
 Dr. David Cook
 Chancellor Emeritus David Dodge
 Mr. Reid Drury
 Dr. Thomas Fiala
 Dr. Marcia Finlayson (Faculty)
 Dr. Gordon S. Francis
 Dr. T. J. Garrett
 Dr. Hans W. Jung
 Mr. Richard Kizell

Dr. John P. Kostuik
 Mr. Paul Lucas
 Dr. Jennifer Medves (Faculty)
 Ms. Louise Morrin
 Dr. Andrew Pipe (Chair)
 Dr. Sarah S. Prichard
 Dr. Robert L. Reid
 Dr. Richard Reznick (Ex officio)
 Dr. Peter Shedden
 Dr. Christopher Wallace
 Ms. Margaret Zakos



For more information, contact:

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My (virtual) door is always open



Richard K. Reznick, MD, MEd, FRCSC, FACS, FRCSEd (hon), FRCSI (hon)
 Dean, Faculty of Health Sciences
 Director, School of Medicine
 Queen's University
 CEO, Southeastern Ontario Academic Medical Organization (SEAMO)

After reading through this report, I'm sure one can tell that we've had an incredibly busy and gratifying year here in the Faculty of Health Sciences. The stories on these pages represent only a glimpse of the many accomplishments of our faculty, students, and staff. One of the great pleasures about being a dean is being associated with such a remarkable group of talented individuals.

It is sometimes hard to believe it's been five years since I first arrived at Queen's University. I am thrilled with my recent reappointment to a second term, and am looking forward to the excitement of another five years as dean of this faculty.

One of the important parts of my job is staying connected with our students, faculty, staff and alumni. I often say, "My door is always open," although face-to-face meetings alone do not comprise a comprehensive communications plan. As such, I've tried to keep my door open in the virtual sense as well. I write a weekly post for my Dean On Campus blog to share good news stories and my personal thoughts on a range of healthcare issues. The blog seems to be doing well, having now surpassed 800,000 page reads. I've also tried

to use other forms of social media to reach out and I now have 1,500 twitter followers, which is only 70,424,429 less than @justinbieber. Should you find me in a meeting with my office door closed, know that I can always be reached through a comment or message online.

Over the course of the next year, please be sure to share your favourite Faculty of Health Sciences stories with me. At the risk of this report growing exponentially in size each year, I'd like to know about the exciting discoveries you've made, the healthcare obstacles that you're overcoming, and the patients' lives you are changing.

Finally, I'd like to thank everyone who helped build this year's Dean's Report – the team at the Queen's Gazette, individual students, staff, faculty members, and especially Emma Woodman, our Communications Coordinator, who did the lion's share of the work.

Blog
<https://meds.queensu.ca/blog>

Facebook
<https://www.facebook.com/DeanonCampus>

Twitter
 @deanoncampus

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