DEAN’S REPORT
2017–2018
three. Dr. Chris Simpson served as the acting dean, and he kept me updated on all the major developments in the Faculty of Health Sciences. In our conversations, I was always pleased to hear how well things were going. Our new educational programs were launching successfully. Our faculty members were conducting impactful research. And our student-satisfaction levels continued to be extraordinarily high. All of this success happening while I was away made one thing abundantly clear to me: the Faculty of Health Sciences runs on teamwork. No one individual is responsible for the smooth operation of the faculty – not even the dean. I had always known that this was true, but, all the same, Dr. Simpson’s updates were a welcome reminder of the fact that I am just one player on an enormous team.

The Faculty of Health Sciences is not just a collection of individuals; it is a network of teams. In our latest strategic framework, we identified partnerships as one of the four pillars of our mission. While this was written with external partnership in mind, it also applies to the spirit of collaboration and teamwork that is the bedrock of everything we do in the faculty. We would accomplish very little in the faculty if we didn’t work together.

When I was away from campus on academic leave (sabbatical) between January and June this year, Dr. Chris Simpson served as the acting dean, and he kept me updated on all the major developments in the Faculty of Health Sciences. In our conversations, I was always pleased to hear how well things were going. Our new educational programs were launching successfully. Our faculty members were conducting impactful research. And our student-satisfaction levels continued to be extraordinarily high.

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As I look back on the 2017-2018 academic year, I am struck by how much we achieved through teamwork. We developed new programs, such as the Doctor of Science in Rehabilitation and Health Leadership and the PhD in Healthcare Quality. Both of these programs are the products of countless hours of work by faculty and staff in the School of Rehabilitation Therapy and the School of Nursing respectively. And both programs are now operational for the 2018-2019 academic year.

We successfully launched competency-based medical education (CBME) in all of our postgraduate specialty training programs. This was such a massive undertaking that every single hand was needed on deck to get it done. We had phenomenal leadership in Dr. Damon Dagnone, our CBME Lead, but I’m sure he’d be the first to admit that an enormous amount of credit is due to faculty and staff in every department, the Faculty Development office, the Postgraduate Medical Education office, and almost every other part of the School of Medicine. As you will learn in the profile of Dr. Julia Tai, a second-year resident in Internal Medicine, CBME continues to be an ongoing work of intricate collaboration.

A group of researchers in the Canadian Cancer Trials Group (CCTG) partnered with researchers at the Institut de Cancérologie de Lorraine in Nancy – one of the UNICANCER hospital network’s comprehensive cancer centres in France – to conduct trials on a pancreatic cancer treatment that has proven to be a major breakthrough. Because these two research groups came together to pursue a common goal, patients being treated for pancreatic cancer may now live significantly longer.

The spirit of collaboration can be found everywhere in the Faculty of Health Sciences. Professors in the School of Nursing and the School of Medicine have been working with a referral hospital in Rwanda on knowledge translation and quality improvement. The Canadian Frailty Network has partnered with the School of Rehabilitation Therapy to support the work of graduate students in our Aging and Health program. Students in the School of Nursing have worked together to recruit and retain Indigenous students in the school’s undergraduate programs.

These are just some of the many successes from this past academic year that we should all take pride in. We are all collaborators in fulfilling the mission of the Faculty of Health Sciences, and, as this report shows, we have had another tremendous year of striving for and reaching our goals, together.

Thank you to all of the faculty, staff, and students who have worked so tirelessly to keep our three schools moving forward. This year has been truly memorable.
Four Unifying Strategic Directions

Conduct targeted collaborative research

Develop, lead and implement new models of education and training

Build strong and collaborative partnerships

Keep patients and populations at the centre of our academic mission

Dr. Richard Reznick
Dean, Faculty of Health Sciences and Director, School of Medicine

Dr. Marcia Finlayson
Vice-Dean, Faculty of Health Sciences and Director, School of Rehabilitation Therapy

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

Download the Strategic Framework PDF here
By the Numbers

561 full-time and 1,340 part-time faculty
3,000 learners
64 programs offered
1,667 applications for 140 seats in undergraduate nursing
1,862 applications for 136 seats in occupational and physical therapy
5,069 applications for 100 seats in medicine
900 studies in progress
$91 million in research revenue
100% of UGME students placed in CaRMS match
100% of PGME placements filled in CaRMS match
## Faculty of Health Sciences Research Funding

Departments, Research Centres/Institutes and Schools for Past 5 Years

<table>
<thead>
<tr>
<th>Year</th>
<th>Federal Government</th>
<th>Industry and Corporations</th>
<th>Provincial Government</th>
<th>Government – US and Foreign</th>
<th>Associations and Societies</th>
<th>Grants – Business, University, or Hospital</th>
<th>Foundations</th>
<th>Donations and Gifts</th>
<th>Other</th>
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<td>$1,087,287</td>
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The Faculty of Health Sciences hosts a number of thematically focused groups of investigators that 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.

Faculty of Health Sciences Research Units

The Faculty of Health Sciences research units include:

- **Canadian Institute for Military & Veteran Health Research (CIMVHR)**
  Contact: David Pedlar • david.pedlar@queensu.ca
  cimvhr.ca

- **Cancer Research Institute at Queen's University (QCRI)**
  Contact: David Berman • bermand@queensu.ca
  qcri.queensu.ca

- **Canadian Cancer Trials Group**
  Contact: Janet Dancey • JDancey@ctg.queensu.ca
  ctg.queensu.ca

- **Cancer Biology and Genetics**
  Contact: John Singleton • john.singleton@queensu.ca
  http://qcri.queensu.ca/cancer_biology_genetics

- **Cancer Care and Epidemiology**
  Contact: Michael Brundage • cce@queensu.ca
  http://qcri.queensu.ca/cancer_care_epidemiology/about

- **Cardiac Circulatory & Respiratory Research Program (CCR)**
  Contact: Donald Maurice • mauriced@queensu.ca
  http://dbms.queensu.ca/research_groups/CCR

- **Centre for Neuroscience Studies (CNS)**
  Contact: Roumen Milev • roumen.milev@queensu.ca
  http://neuroscience.queensu.ca/

- **Centre for Studies in Primary Care (CSPC)**
  Contact: Susan Phillips • susan.phillips@dfm.queensu.ca
  queensu.ca/cspc/home

- **Gastrointestinal Diseases Research Group (GIDRU)**
  Contact: Stephen Vanner • Stephen.Vanner@kingstonhsc.ca
  deptmed.queensu.ca/research/teams/gidru

- **Health Services and Policy Research Institute (HSPRI)**
  Contact: Michael Green • mg13@queensu.ca

- **Human Mobility Research Centre (HMRC)**
  Contact: Leone Ploeg • hmrc@queensu.ca
  queensu.ca/hmrc/home

- **Infection, Immunity and Inflammation Research Group at Queen’s (3IQ)**
  Contact: Sam Basta • bastas@queensu.ca
  dbms.queensu.ca/research_groups/infection_immunity_and_inflammation_research

- **International Centre for the Advancement of Community-Based Rehabilitation (ICACBR)**
  Contact: Heather Aldersey • hma@queensu.ca
  rehab.queensu.ca/icacbr

- **Queen’s Nursing and Health Research**
  Contact: Joan Tranmer • tranmerj@queensu.ca
  nursing.queensu.ca/research

- **Queen’s University Research Group for Studies on the Reproductive and Developmental Origins of Health, Disability and Disease**
  Contact: Chandrakant Tayade • tayade@queensu.ca

- **Translational Institute of Medicine (TIME)**
  Contact: Stephen Vanner • Stephen.Vanner@kingstonhsc.ca
  uniweb.time.queensu.ca
Major Funding Successes*

Michael E. Green
Centre for Health Services and Policy Research
Primary Health Care as the Foundation for Health System Performance, Integration and Sustainability

David Pedlar
Canadian Institute for Military and Veteran Health Research
True Patriot Love Foundation’s gift in support of the Canadian Institute for Military and Veteran Health Research

David Pedlar
Canadian Institute for Military and Veteran Health Research
Science and Technology Research: The Health and Well-being of Military Members, Veterans and their Families

Janet Dancey
Canadian Cancer Trials Group
National Cancer Institute (US) funding for Canadian Collaborating Clinical Trials Network

Catherine Donnelly and Vince DePaul
School of Rehabilitation Therapy
Oasis Senior Supportive Living: A Model for Active Aging-in-Place

Charles H. Graham
Biomedical and Molecular Sciences
Effect of aberrant inflammation during pregnancy on subsequent risk of cardiovascular disease in mothers and their offspring

Donald H. Maurice
Biomedical and Molecular Sciences
Compartmented cAMP signalling Regulates Human Arterial Endothelial Cell Inflammatory and Angiogenic Responses

Douglas Perry Munoz
Centre for Neuroscience Studies
Ontario Neurodegenerative Disease Research Initiative 2.0 (ONDRI II)

J. Randall Flanagan
Centre for Neuroscience Studies
The role of episodic, declarative, and spatial memory systems in the planning and control of real-world action tasks

Peter Greer
Cancer Biology & Genetics
Fer as a novel therapeutic target in breast cancer

Stephen H. Scott
Centre for Neuroscience Studies
Use of sensory feedback for voluntary control

* Grants or contracts in excess of $500,000
New Clinical Trials in 2017-2018*

Lois Shepherd – Canadian Cancer Trials Group
MAC.21 – A Randomized Phase III Double Blinded Placebo Controlled Trial of Aspirin as Adjuvant Therapy for HER2 Negative Breast Cancer.

Janet Dancey – Canadian Cancer Trials Group
PM.1 – Canadian Profiling and Targeted agent Utilization tRial (CAPTURE). A Phase II Basket Trial.

Lois Shepherd – Canadian Cancer Trials Group
MAC.22 – Tomosynthesis Mammographic Imaging Screening Trial (TMIST)

Martin Smoragiewicz – Canadian Cancer Trials Group
IND.234 – Prostate Cancer Biomarker Enrichment and Treatment Selection (PC_BETS) Study – Master Screening Protocol

Wendy Parulekar – Canadian Cancer Trials Group
HN.9 – Randomized Phase II Study of Cisplatin plus Radiotherapy versus Durvalumab plus Radiotherapy followed by Adjuvant Durvalumab versus Durvalumab plus Radiotherapy followed by Adjuvant Tremelimumab and Durvalumab in Intermediate Risk HPV-Positive Locoregionally Advanced Oropharyngeal Squamous Cell Cancer (LA-OSCC)

Lois Shepherd – Canadian Cancer Trials Group
MAC.23 – Phase III Randomized Trial of Hypofractionated Post-Mastectomy Radiation with Breast Reconstruction. Wendy Parulekar – Canadian Cancer Trials Group
OV.25 – A Randomized Phase II Double-Blind Placebo-Controlled Trial of Acetylsalicylic Acid (ASA) in Prevention of Ovarian Cancer in Women with BRCA 1/2 Mutations (STICs and STONES)

Chris O’Callaghan – Canadian Cancer Trials Group
CE.7 – A Phase III Trial of Stereotactic Radiosurgery compared with Whole Brain Radiotherapy (WBRT) for 5-15 Brain Metastases

Chris O’Callaghan – Canadian Cancer Trials Group
CE.8 – A Phase III Trial of Marizomib in Combination with Standard Temozolomide-Based Radiochemotherapy versus Standard Temozolomide-Based Radiochemotherapy Alone in Patients with Newly-Diagnosed Glioblastoma

Wendy Parulekar – Canadian Cancer Trials Group
MA.39 – Tailor RT: A Randomized Trial of Regional Radiotherapy in Biomarker Low Risk Node Positive Breast Cancer

Wendy Parulekar – Canadian Cancer Trials Group
PNC.1 – InPACT: International Penile Advanced Cancer Trial

Chris O’Callaghan – Canadian Cancer Trials Group
CRC.8 – A Randomized Phase II Study of Nivolumab after Combined Modality Therapy (CMT) in High-Risk Anal Cancer

Janet Dancey and Martin Smoragiewicz – Canadian Cancer Trials Group
CRI-CCTG-0001 (IND.235) – A Phase II Open Label, Randomized Non-Comparative Trial of Nivolumab Alone or in Combination with Ipilimumab for the Treatment of Patients with Advanced Hypermutated Solid Tumors Detected by a Blood Based Assay

Dallas Seitz – Psychiatry
A Phase III, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, Efficacy and Safety Study of Crenezumab in Patients with Prodromal to Mild Alzheimer’s Disease

* Grants or contracts in excess of $500,000
In the winter of 2017, Dr. Christina Godfrey went to her colleagues in the School of Nursing to ask if they had any coats, hats, or gloves to spare. She wasn't personally unprepared for the cold, but she had brought six library scientists to Kingston from Africa who hadn’t packed for a snowfall. Luckily, between the generosity of people in the School of Nursing and the Queen’s Winter Coat Exchange, which provides free winter gear to Queen’s students who need it, the six visitors were able to bundle up and enjoy the snow. As many of them had never seen snow before, they took as many pictures of themselves with it as they could. “Canada really performed for them,” as Dr. Godfrey put it.

While getting the chance to experience Canadian winter was a highlight for the visitors, they did not, of course, come all the way to Kingston just to play in the snow. These six library scientists were invited by Dr. Godfrey to participate in the Comprehensive Systematic Review Training Workshop, a week-long intensive course on the methodology of synthesis. The workshop is offered by the Queen’s Collaboration for Healthcare Quality (QCHCQ), which is a collaborating centre of the Joanna Briggs Institute. Because of a grant that Dr. Godfrey received from Queen’s, the library scientists were able to travel to Canada and take the course free of charge.

Dr. Godfrey collaborated with two groups to put this project together. With the help of the Canadian Coalition for Global Health Research (CCGHR) and the Consortium for Advanced Research and Training in Africa (CARTA), she identified six library scientists who have leadership roles in health sciences libraries across Africa. These library scientists and their affiliations were:

- Dr. Oluwaeseun Ireti Obasola, University of Ibadan, Nigeria
- Peter Donald Devind Aruldoss, University of Witwatersrand, South Africa
- Biseko Joseph Madata, Ifakara Health Institute, Tanzania
- Alison Annet Kinengyere, Makarere University, Uganda
- Diston Chiweza, University of Malawi, Malawi
- Esther Obachi, University of Nairobi, Kenya

For some, the need for library scientists to undergo healthcare quality training may not seem obvious, but these scientists are frequently instrumental in helping practitioners find, assess, and synthesize the latest evidence and research to determine care strategies. Helping these six people learn the latest methods in synthesis, then, could have large ramifications for healthcare quality in their organizations. When library scientists who work in healthcare know how to synthesize current research, patients benefit.

The course on synthesis was taught by Dr. Godfrey, Dr. Rosemary Wilson, Dr. Kim Sears, and Amanda Ross-White, who is a library scientist herself. During the week of the course, each day was divided into three parts. The start of each day focused on presentations by the instructors, who would give lessons on some aspects of methodology. Then the students would break into pairs to do hands-on work with software designed for research synthesis, and finally the students ended the day by working on their own projects.

At the end of the week, the course culminated in all the library scientists giving a presentation on the research protocol that they had developed over the week. In these presentations, they outlined a research question and how they would go about answering it with the methodological skills they had developed over the week.

“It was a very successful week,” Dr. Godfrey says. “They enjoyed it and were very receptive to the training. We quite rapidly created a lovely ambiance and support structure in the class. This enabled a lot of sharing of ideas and learning.” Dr. Godfrey’s commitment to these students, moreover, did not end when they returned to their home countries. She is dedicated to remaining a mentor from afar for all six of these library scientists.

To accomplish this goal, Dr. Godfrey and her team have set up online tools for collaboration and communication, but this method faces challenges. Some members of the group experience frequent interruptions in Internet access, an impediment that makes it very difficult for Dr. Godfrey to host webinars with them or communicate as frequently as she would like. Currently, she is trying to figure out ways to get around this problem. Whether that means trying to secure more funding to bring them back to Kingston or arranging a meeting in Africa or something else entirely, Dr. Godfrey isn’t sure yet. But she knows she is committed to helping the six library scientists continue to build upon the skills they learned in Kingston.
The future of healthcare is here

From the operating room to the waiting room, technology is changing the way healthcare is delivered in Canada. Organizers of a free conference that was held at Queen’s this summer brought together clinicians, patients, policymakers, educators, business leaders, and technology experts to take the pulse of trends in the medical world, and prescribe a path forward.

The 2018 Research & Innovation Showcase was held on June 6, 2018 and hosted by the Southeastern Ontario Academic Medical Organization (SEAMO). Over the course of the day, the speakers and panels explored developments in the digital health technology field, connected attendees with some of the foremost thinkers in the growing field, and offered participants the opportunity to brainstorm their own revolutionary ideas.

The showcase was headlined by three keynote speakers: Drs. Richard Birtwhistle, Brian Goldman, and Eric Topol. Eric Topol is a cardiologist, geneticist, and author. His book, *The Patient Will See You Now*, explores how smartphone adoption, big data, and other technological trends are combining to revolutionize health care. Among other things, Dr. Topol used his lecture in June to show the ways in which he can now use his smartphone to conduct a basic physical, even sharing some of the data he’s collected about his own vitals. He expressed optimism that technological advancements will ultimately give healthcare practitioners more time to treat patients individually, bringing a greater degree of empathy into medical practice.

Dr. Brian Goldman, host of CBC Radio’s *White Coat, Black Art*, also gave an overview of many different innovations in the healthcare field. While he covered different items, he came to a similar conclusion to Dr. Topol: that technology is actually a tremendous opportunity to harness what he calls, in his latest book, “the power of kindness.”

The third keynote speaker, Queen’s own Richard Birtwhistle, Professor in the Departments of Family Medicine and Public Health Sciences, discussed his ongoing work with the Canadian Primary Care Sentinel Surveillance Network (CPSSN). CPSSN collects and maintains national epidemiological surveillance data in order to improve outcomes in primary health care. In his lecture, Dr. Birtwhistle explained what he has learned through CPSSN and the role of big data in the future of healthcare.

“Dr. Birtwhistle’s presentation provided a tangible example of our digital health leadership,” says Chris Simpson, SEAMO Medical Director and Vice-Dean (Faculty of Health Sciences). “Queen’s Medicine is well positioned to continue our leadership role in digital health, which will continue to create major changes in how healthcare is being delivered going forward.”

Along with the keynote speeches, the event featured panel discussions on the topics ‘Delivering Health Care in a Digital Age’ and ‘Digital Health Innovations in Ontario.’ Panel participants included policymakers, industry leaders, health care providers, and patients.

Attendees also learned about cutting-edge work conducted by SEAMO’s Clinician Scientists during breakout sessions. There were poster displays from recent winners of the SEAMO Innovation Fund, which provides seed money to support innovative projects that aim to transform the delivery of healthcare in Ontario.

To help spur more innovative ideas, the Showcase featured a Health Care Innovation Hackathon to challenge attendees to come up with their own innovative digital health ideas. The hackathon was run by Joule Inc., a Canadian Medical Association company and was judged by Cheryl Gula, Director of Thematic Priorities at the Canadian Institute for Health Information, Hadi Salah, Industry Lead at the Office of the Chief Health Innovation Strategist of Ontario, and Michael Mann, CEO, Launch Lab. While the hackathon gave rise to many inspiring ideas, the judges ultimately determined the winning team to be FIVE ALIVE. Their project, ‘Keeping People Alive through Medical Compliance,’ outlined a plan to develop wearable technology that both sends automated reminders to patients about medication and transmits data to people who provide care for them.

“We need engineers, computer and social scientists, policy and law experts, and ‘lived experience’ patients and clients to help us understand how this transformation should be accommodated in our lives and integrated into the regulatory and legal environments,” says Dr. Simpson. “That’s why we are grateful that people from all walks of life attended our conference.”
Principal Woolf recognizes outstanding contributions of the FHS staff

In the Faculty of Health Sciences, we are blessed with a very large staff of nearly 750 individuals who, day in day out, work extremely hard to enable our academic mission to thrive.

Each year, Principal Woolf holds his annual Staff Appreciation event at the ARC, where he presents Special Recognition for Staff Awards. This year, those of us in the Faculty of Health Sciences were proud to learn that three of our outstanding staff members were being recognized by the principal this year: Sandra Turcotte, from the School of Rehabilitation Therapy, and Wendy Cumpson and Pamela Livingston, from the Department of Biomedical and Molecular Sciences.

Printed below are remarks on all three that are based on the nomination letters written by their colleagues and the students that they support.

Sandra Turcotte, School of Rehabilitation Therapy
Since 1999, Sandra Turcotte has been the backbone of the School of Rehabilitation Therapy. Imbued with compassion and a quiet leadership style, she also possesses the confidence to make hard decisions when required. Sandra does not back away from challenges.

Sandra nurtures her staff, ensuring that they have the required skills in a changing workplace through in-house education and continuing development opportunities. She recognizes ability and promise in new employees and mentors them through to positions of greater responsibility.

Sandra is fiercely loyal and will go to bat for her colleagues, family and friends. Her zest for life is infectious and contributes to a happy, positive work environment. Sandra brings the School together. Sandra is content to stay out of the limelight and is happy to see that light shine on others.

“Sandra has a unique ability to anticipate the needs of those with whom she works – whether staff or faculty – and put in place strategies that enable them to be successful in their roles. She is both responsive and proactive, and a genuine pleasure to work with. We are lucky to have her here” says Dr. Marcia Finlayson, Director of the School of Rehabilitation Therapy.

Pamela Livingston, Biomedical and Molecular Sciences
Pamela Livingston’s attention to detail ensures that the entire biochemistry laboratory teaching program runs like a well-oiled machine.

As a senior technician, Pamela provides a nurturing teaching environment for about 150 undergraduate biochemistry and life science students and eight teaching assistants. She is accommodating and willing to adjust her role to make the lab experience as positive and efficient as possible. Her detailed notes and “cheat sheets” help to keep everyone on track. Her approachable nature encourages one and all to reach out without hesitation.

Pamela’s vivacious spirit is renowned. She has been known to wear a tiara on special occasions and hand out gold star stickers for exceptional work. Her exemplary organizational skills make it easy for new staff to join the team and adapt quickly. She literally wants the university to shine and will come in to clean up after hours to prepare the labs for tours and the new school term.

Wendy Cumpson, Biomedical and Molecular Sciences
With her exceptional organizational skills, discipline, and capacity for hard work, Wendy Cumpson is known as the “go-to” person in her office – always willing to take on new challenges.

Last spring, when the department was accepting a flood of new applications for its new graduate programs, Wendy took the lead in processing that flood – on top of her other responsibilities.

Wendy demonstrates the highest standards of ethics and responsibility, and takes great pride in her work. She knows the regulations and has every nuance memorized. Graduate students know they can trust the information she provides without question. Wendy knows every single graduate student by name. That makes each one of them - and there are a lot of them – feel important.

Wendy is always willing to help others by lending an ear and giving expert advice. As one graduate student remarked, “I go to the fifth-floor office to freak out at least once a week, and Wendy is always there to provide warm words of encouragement. She calmly assesses the situation and provides me with the resources I need.”

Congratulations to Wendy, Pamela, and Sandra on this well-deserved honour. They are a shining example of the Faculty of Health Sciences staff who work tirelessly every day to support our faculty members, students, academic programs, and research initiatives.
As a newcomer to Canada, Dr. Setareh Ghahari experienced first-hand some of the challenges faced by newcomers in attempting to access health services. Despite being a registered occupational therapist with extensive knowledge, experience, and access to resources, she experienced difficulty accessing health-related services. These experiences provided motivation to develop and launch an innovative new program aimed at supporting newcomers to Canada (including groups such as immigrants, refugees, and international students) as they navigate a complex and unfamiliar health system.

After completing some research, it became clear to Dr. Ghahari that her experience and the barriers she faced in accessing health services were fairly representative. These difficulties are often compounded for immigrants or refugees with significant language barriers, or who are experiencing traumatic personal circumstances. Dr. Ghahari concluded that there was a gap in resources. In other words, there needed to be something in place that could enable newcomers to access the Canadian healthcare system. They need to be educated about what services are available and how they can best be accessed, but newcomers also need help with building networks of support to enable this access to services. Dr. Ghahari decided that she would develop a program to do this work.

Since coming to Queen’s as an Assistant Professor in 2014, following the completion of a postdoctoral fellowship at the University of British Columbia, Dr. Ghahari launched Accessing Canadian Health Care for Immigrants – Empowerment, Voice and Enablement (ACHIEVE). ACHIEVE is a seven-week program that brings immigrants and refugees together to learn how they can get the care that they need in their new country. The program features one two-hour session each week, covering different topics, such as screenings and preventions, finding a family doctor, mental health, and prevention.

Some of the aspects of the program that Dr. Ghahari has found most useful for participants are those that teach newcomers how to use English to communicate about illness. This addresses a serious issue, because immigrants and refugees will wait too long to seek out healthcare because they don’t feel comfortable talking about their conditions in English, even if they are otherwise capable speakers.

While many of the newcomers in ACHIEVE have very strong English skills, that does not always mean that they know the specific words to convey pain or sickness. Reinforcing language skills around health is especially important, Dr. Ghahari explains, because people need them most in highly stressful situations – exactly when people often have trouble speaking precisely in their first language, let alone their second.

As a critical part of this work, Dr. Ghahari built partnerships with several community organizations in the Kingston area, including the KEYS Job Centre, Loyola School of Adult and Continuing Education, and Immigrant Services Kingston and Area (ISKA). Immigrants and refugees frequently seek out services at these different centres, so they make for a convenient place to hold the classes. No less important, they are also spaces in which newcomers feel welcome and comfortable.

When ACHIEVE first started, Dr. Ghahari taught every session herself, but now the program has grown and she has trained students in the Queen’s occupational therapy program to deliver the sessions. To help ACHIEVE expand beyond Kingston, she is training ESL teachers and healthcare practitioners, and she is developing online modules that can both deliver the program and train new facilitators. Even when the program is online, Dr. Ghahari will encourage individuals to participate as part of a group, as this is a fundamental aspect of ACHIEVE – to build a community of support for new Canadians. This all feeds into Dr. Ghahari’s ultimate goals for ACHIEVE: to build and empower communities of newcomers, thereby enabling their access to Canadian healthcare systems while also reducing feelings of vulnerability or social isolation.
The School of Rehabilitation Therapy welcomes new faculty members

Over the past year, the School of Rehabilitation Therapy welcomed four new faculty members whose experience, expertise, and networks will contribute to the school’s growing academic programs and research capacity.

Dr. Mohammad Auais is an Assistant Professor and physical therapist with expertise in musculoskeletal and geriatric rehabilitation. Following his PhD in Rehabilitation Science from McGill University, he completed two postdoctoral fellowships, the first at Western University (funded by Mitacs) and the second at Queen’s University (funded by CIHR). Dr. Auais’s research aims to increase understanding of how modifiable factors interact to influence the mobility of older adults, specifically those with hip fractures, and how to integrate this knowledge into rehabilitation practice. His ultimate aim is to bridge the gap between current practices and optimal care, eventually leading to better health services and patient outcomes. To date, this research has had a significant impact at both the clinical and research levels.

Dr. Beata Batorowicz is an Assistant Professor, whose clinical background is in occupational therapy. With a PhD in Rehabilitation Science from McMaster University, she focuses her research on developing, implementing, and evaluating services that support and enrich social participation of children and young adults with disabilities, especially those who rely on assistive technology and/or augmentative and alternative communication (AAC). International collaborations are a key aspect of Dr. Batorowicz’s research. Actively collaborating with 16 countries, she serves as Canadian lead on a large international project on the participation of children who use AAC. The project, which focuses on life aspirations, employment, and leisure of young adults with disabilities, is particularly active in Canada, UK, Germany, and Poland. She is also on the Research Committee of the International Society for Augmentative and Alternative Communication.

Dr. Dorothy Kessler is an Assistant Professor and occupational therapist who completed her PhD in Rehabilitation Sciences at the University of Ottawa, with support of a CIHR Vanier Canada Scholarship and research funding from the University of Ottawa Brain and Mind Research Institute. She completed postdoctoral fellowships at the Bruyère Research Institute and the Baycrest Centre for Geriatric Care. Dr. Kessler’s research program focuses on understanding the experiences of people living with complex chronic medical conditions and promoting their self-management and participation in meaningful activities. She is currently evaluating the integration of Occupational Performance Coaching into community stroke rehabilitation and is working with collaborators at the Ottawa Hospital to lead the qualitative evaluation of the Integrated Parkinson’s Care Network pilot implementation.

Dr. David Pedlar joined Queen’s as a Professor in the school’s physical therapy program and as Scientific Director for the Canadian Institute for Military and Veteran Health Research (CIMVHR). A social worker by profession, Dr. Pedlar comes to Queen’s with a wealth of knowledge and leadership in the areas of system-level research and policy. Prior to his appointment here, he spent 15 years as National Director of Research for Veterans Affairs Canada. In 2015, he was the Fulbright Visiting Research Chair in Military Social Work at the University of Southern California, where he continues as an International Affiliated Faculty at the Center for Innovation and Research on Veterans & Military Families. At Queen’s, Dr. Pedlar continues to build on his groundbreaking Life After Service Studies program of research, conducted in partnership with Statistics Canada and the Department of National Defence.

These new faculty members bring diversity of experience and research networks, both of which provide avenues for exciting new collaborations and opportunities to both deepen the school’s existing research capacity and enhance the learning experiences of students.
A collaboration between the Canadian Frailty Network (CFN) and the School of Rehabilitation Therapy’s PhD program in Aging and Health is facilitating important research on the care of older adults living with frailty and supporting their family and friend caregivers, through special funding of graduate-level student research.

Funded by the Government of Canada’s Networks of Centres of Excellence (NCE) program, CFN is Canada’s only network dedicated to improving care of older Canadians living with frailty, and supporting their family and friend caregivers. It does this by increasing frailty recognition and assessment, increasing evidence for decision-making, advancing evidence-based changes to care, educating the next generation, and engaging with older adults and caregivers.

As part of its commitment to improving the care of older adults living with frailty, CFN helps train the next generation of researchers, scientists, care providers, and policy makers. The CFN Interdisciplinary Training Program provides experiential learning opportunities that go beyond traditional academic and professional training confines, offering specific insights into frailty and frailty assessment, and citizen engagement in both research and care provision that would not be readily available through other means.

Queen’s programs in Aging and Health, based in the School of Rehabilitation Therapy, provide students a comprehensive understanding of aging, with a focus on health and healthy living. This suite of graduate programs includes a Graduate Diploma, Master of Science, and Doctor of Philosophy (PhD). Students in these programs develop multi-disciplinary knowledge of individual aging processes, the effect of aging on social systems, and the policies needed to support healthy aging. An important aspect of qualification for the Aging and Health program is a demonstration of commitment to the field through prior professional and community experience.

“We were very excited to facilitate our PhD students’ ability to access the opportunities and networks that are available through CFN Interdisciplinary Fellowships,” comments Dr. Kathleen Norman, Associate Director (Research and Post-Professional Programs) at the School of Rehabilitation Therapy. CFN and Aging and Health program leadership collaborated on a one-year Fellowship, specifically for a doctoral student in the Aging and Health program.

Applicants were asked to describe how their research interests aligned with the strategic priorities of CFN and to demonstrate their potential to make a positive impact on care for older Canadians living with frailty and support of their family and friend caregivers.

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“Based on my clinical experience, I see the importance of this research,” comments Sarah. “Current approaches to frailty may lead to compromised quality of care, which is highly significant, given that the decisions made in the emergency department can either positively or negatively alter the trajectory of care in the hospital and after their discharge.”

“Sarah’s research is an example of the important work being carried out by our Aging and Health PhD students,” comments Dr. Norman, “particularly as this research relates to their professional experience and contexts.”

Through novel partnership opportunities such as the CFN Fellowship Program, Aging and Health students are maximizing their prior professional experience, honing their skills as researchers and contributing to improvements in the quality of life of older Canadians living with frailty, and their families and caregivers.
Dr. Duffy is a clinician-researcher who is funded by the Canadian Institutes of Health Research (CIHR) to continue a two-decades-long study of young people at familial risk of developing mood disorders.

In addition to research, she sees students in psychiatry consultation at Student Wellness Services and helps with some of the clinical teaching for undergraduate medical students and psychiatry graduate and specialty-level residents. Dr. Duffy is also the current vice president of research for the International Society of Bipolar Disorders.

What made you decide to make the move to Kingston?

I have had a two decades-long research project with families living between Ottawa and Toronto. Queen's is geographically well-suited to support this study and the Department of Psychiatry has provided protected time for me to dedicate to this work. With these advantages, I can consolidate my effort with these families and really move this world-renowned research forward.

Tell us about this two-decades-long research project.

During residency training in Ottawa, in my research elective, I worked with faculty in the Department of Psychiatry who were conducting genetic studies in families trying to identify the genetic underpinnings of recurrent major depression and bipolar disorder.

Genetic studies were focused on adults who had already progressed through the risk period. Yet, as a training adolescent psychiatrist, my interest was in describing the early developmental course and onset of illness.

Questions arose in my mind including: are there any precursors we could pick up before the full-blown illness develops?

This was the start of the Canadian 'high-risk study' – a first in the field for research of children of bipolar parents. Bipolar disorder is a highly-heritable form of recurrent mood disorder with a high suicide risk.

When the study started, 22 years ago, I thought I would be staying in Ottawa for a year or two and then head back out west, where I completed medical school. I ended up staying and developing the research further as it was so fascinating and informative.

The project has been a huge success in terms of offering a collaborative multidisciplinary training platform for new, young researchers and graduate students. As a physician, the research has taught us a lot about how to recognize these illnesses earlier on.

We are still interested in looking at epigenetic markers – which is the idea that we are born with our genes, and the function of our genes changes over time and with exposure. We are also working with people in public health, epidemiology, and mathematics to do modelling work so we can mitigate and target the risk exposures in these at-risk kids.

I regularly go abroad to talk about this Canadian grassroots study. It has been really well-received and addressed a number of unknowns and controversies in the field.

So what’s the next step?

I have just led a successful CIHR Strategy for Patient-Oriented Research grant – the first of its kind to my knowledge in student mental health at Queen's. It involves a number of faculty and trainees across departments including Psychology, Public Health Sciences, and Student Wellness Services. The grant received matching funds from the Rossy Family Foundation, and it will be conducted in collaboration with my colleagues in the Department of Psychiatry at Oxford University.

This study will examine how we can support students to be academically successful, while also establishing a healthy lifestyle and maintaining their mental health. We are looking to answer why some first-year students flourish while others do not – that's a huge question. I have spent two decades looking at risk for illness – now I am moving into resiliency, risk mitigation, and student health.
One of the strengths of Queen’s Family Medicine residents is their ability to work almost anywhere. As a part of their two-year residency, these family doctors spend six months of training in a community setting, and at least two of those months are spent in a rural setting.

So, when a remote British overseas territory off the coast of South America found itself in need of medical professionals, a Queen’s alumnus knew exactly where the Falkland Islands’ government could find help.

“Thanks to a connection made by Andrew Pipe (Meds’74) of the Ottawa Heart Institute, Queen’s Family Medicine residents have been taking on placements in the Falkland Islands in recent years as part of a strategy to help the territory meet their need for well-trained family doctors,” says Geoffrey Hodgetts, Enhanced Skills Program Director, Rural Skills Program Coordinator and Kingston Residency Site Director in the School of Medicine.

While the Falklands previously relied on British and foreign-trained physicians, it has been more difficult to attract doctors with the necessary skills to work in a remote setting such as the small island nation, located to the east of South America’s Patagonia coast. Additionally, providing medical care to the population – which is divided up across several islands – requires medical experts who can work in the field with limited equipment.

Since forming the agreement, approximately six Queen’s family medicine residents per year have headed to the Falkland Islands with one or two residents making the trip at a time. During their rotations, residents work under the direction of the Falkland’s Chief Medical Officer, Rebecca Edwards, and her delegates.

“We are privileged to work with these skilled, knowledgeable, and experienced young doctors,” says Dr. Edwards. “I am always extremely impressed with the ability of these residents to travel across the globe, to a new country and unknown hospital where medical practices might be unfamiliar, and be able to just get on with the job at hand. The residents seem unfazed by the changes, meeting each new challenge with focus and dedication and asking appropriate questions when needed.”

This rotation gives residents an opportunity to experience the Falkland Islands, and assess their interest in the territory’s available enhanced training scholarship. The scholarship offers a post-graduate third-year training position provided the resident stays for a one-year return of service. Most importantly, it helps the island nation potentially recruit physicians to help meet their needs longer term.

Belle Song (Meds’15), a Queen’s family medicine graduate, is the first to take advantage of the Falkland Islands’ training scholarship. Dr. Song is currently completing her enhanced rural skills training. When she completes her training later this year, she will work at the King Edward VII Memorial Hospital in the Falkland Islands.

She is already familiar with this setting, as Dr. Song was one of the earliest Queen’s family medicine residents to complete a two-month rotation in the Falkland Islands in 2016.

“From the moment I arrived, I felt that I was a part of the Falklands community. Some of the nurses, pharmacists, radiation techs, and physiotherapists have become close personal friends, and even residents of the island were incredibly welcoming,” she says. “I am certain that this year in the Falklands will help me become a stronger and more confident rural generalist, developing skills that will be useful when I come back to Canada. I’ve always believed that you can’t learn and grow without pushing yourself outside your comfort zone.”

While rural medical training is an expectation among Canadian family medicine post-graduate medical programs, Queen’s Department of Family Medicine has had a long tradition of preparing family physicians for practice in various rural and remote settings.

“I know that the residents enjoy their time with us as we have received great feedback, and this is definitely a two-way relationship,” Dr. Edwards adds. “The constant flow of keen, intelligent, up-to-date young doctors that we get to work with and mentor provide our team with fresh and valuable perspectives on clinical scenarios.”
Clinical trial results presented in June at a prestigious cancer meeting in Chicago show substantial increased survival rates for pancreatic cancer patients who received a four-drug chemotherapy combination known as mFOLFIRINOX after surgery. Pancreatic cancer is typically very aggressive, with only approximately eight per cent of people surviving beyond five years after diagnosis, even after surgery and the standard chemotherapy treatment.

Co-led by Jim Biagi, Interim Head of the Department of Oncology at Queen’s University and researcher with the Canadian Cancer Trials Group (CCTG) headquartered at Queen’s, the PRODIGE 24/CCTG PA.6 randomized phase III clinical trial showed that the risks of cancer recurring in post-operative pancreatic cancer patients was reduced by almost 50 per cent with the new chemotherapy regimen.

“The distressing part of pancreatic cancer is that only a small proportion of patients are candidates for surgery and, even if surgery is successful, most will die of recurrent disease,” says Dr. Biagi. “Our trial results demonstrate that patients who receive this treatment after surgery are almost twice as likely to survive. This is life changing for these patients and should impact how we treat pancreatic cancer around the world.”

Following successful surgery, 493 patients with pancreatic cancer were randomly assigned to receive either the current standard treatment (Gemcitabine) or the trial mFOLFIRINOX treatment for six months. On average, patients who received mFOLFIRINOX lived almost 20 months longer and were cancer-free nine months longer than those who received the standard treatment.

“A few months after my cancer diagnosis, I had surgery and then elected to try this experimental treatment,” says Kathleen Kennedy, a Kingston-area resident and one of the trial’s more than 100 Canadian participants. “I knew that there could be risks, but I also knew that it would be helpful – if not immediately to me, then for other pancreatic cancer patients in the future. Now, three disease-free years later, I feel so blessed that this treatment has afforded me more time with my husband, children, and grandchildren.”

The results suggest the new treatment regimen should become standard practice worldwide. There are also some next steps to explore, including experimenting with the timing of chemotherapy. Patients may benefit from receiving chemotherapy before surgery to shrink the tumor, to destroy undetectable micro-metastases, and increase the chance that the tumor can be completely removed through surgery. Another option is to give half the cycles of chemotherapy before, and the other half after surgery. Ongoing clinical trials are already testing both of these approaches.

“I have great respect for patients who volunteer to participate in clinical trial research like ours,” says Dr. Biagi. “Despite the potential risks, they bravely step forward knowing that they could help not only themselves, but a great many people affected by the disease. It’s been an honour to work alongside them, and the results should give us all a great many reasons to be hopeful and excited for longer, healthier lives.”

The study’s co-lead is Thierry Conroy, Medical Oncologist and Director of the Institut de Cancérologie de Lorraine in Nancy – one of the UNICANCER hospital network’s comprehensive cancer centres in France. Funding for the trial was provided by the Institut National du Cancer in France, the French national Ligue against cancer, cycling charity group 7 Days in May and the Canadian Cancer Society.

“Since 1980, more than 80,000 people have received excellent care at over 800 hospitals and cancer centres across the country in clinical trials that we funded. We’re obviously thrilled when discoveries from these trials improve survival and change the way cancer is treated worldwide,” says Judy Bray, Vice-President of Research at the Canadian Cancer Society. “We are committed to helping Canadians through the entire cancer journey by investing in research on prevention, detection, diagnosis, treatment and the quality of life of those affected by cancer.”

The PA.6 results were presented at the 2018 American Society of Clinical Oncology (ASCO) Annual Meeting. Findings from the study will also soon be published in the New England Journal of Medicine.
or their community engagement project for Nursing 405: Practicum in Community Health Promotion, Brianna Sitwell Wolters and Shannon Feder decided to tackle one of the biggest social issues in Canadian healthcare today: the underrepresentation of Indigenous peoples in nursing. They approached this problem locally by trying to figure out ways in which they could help the Queen's School of Nursing improve its efforts to recruit and retain Indigenous students.

To assess how they could make a meaningful intervention, Brianna and Shannon conducted a literature review of work that had already been done on the topic, and held a focus group with four Indigenous students at the School of Nursing. A few common themes emerged from both of these methods. Indigenous students, they found, are more likely to pursue nursing and remain in a program when they have role models and mentors with similar backgrounds who make them feel like they belong in healthcare and can succeed. Brianna and Shannon also found that problems in recruitment can stem from the fact that Indigenous students sometimes do not even think of nursing as an option that is available to them.

With these points in mind, they decided that they would intervene by helping prospective Indigenous students know that they would be welcome at Queen's. One of the first steps in the plan that Brianna and Shannon developed was to create a banner that could both be used at recruitment events and displayed regularly in the Catorqua building. The banner promotes the school's Indigenous admission policy and features a quote from an Indigenous student about their positive experiences at Queen's.

They also wanted to utilize the broader reach of social media and the Queen's website. Ultimately, they decided nothing would help get their message out as effectively as a series of videos that highlights current Indigenous nursing students at Queen's. In these videos, the students speak about their experiences at Queen's while sitting in Four Directions, the Indigenous Student Centre on campus. What stands out about these videos is how relaxed and comfortable all of the students are. They seem perfectly at home on campus and in the program, and they all speak enthusiastically about their experiences at Queen's.

“I love Queen’s,” Shannon says in her video, “and I love nursing, and I love being an Indigenous nursing student. And I want to keep showing that we're here, and that we can make it.” These videos were distributed through the Faculty of Health Sciences social media channels, and they are featured on the website.

Brianna and Shannon even made efforts to reach students face to face by representing the School of Nursing at a university fair. Moira Secondary School in Belleville has a high population of Indigenous students, so Brianna and Shannon brought the recruitment banner they’d made and talked to interested students. Some of them had not really considered pursuing an education in nursing before, and they hope that they made them realize that this was an option that was not at all closed to them.

Brianna and Shannon’s efforts have been appreciated by many in the faculty, including the administration of the School of Nursing. Cheryl Pulling, Associate Director (Undergraduate Nursing Programs), says, “We are very proud of these two students. They have developed excellent recruitment tools for Indigenous students interested in the Queen's nursing program. We have always welcomed and supported Indigenous students in the nursing program. I feel these videos will enhance the school's profile to Indigenous and all students.”

You can watch the videos that Brianna and Shannon made by clicking on the YouTube links below:

- Video 1
- Video 2
- Video 3
- Video 4
The 2017-18 academic year marked the start of one of the key components of the 10-year, $24.2 million partnership among The Mastercard Foundation, Queen's University and the University of Gondar that is focused on supporting inclusive education and community-based rehabilitation in Ethiopia and beyond. What component? The enrollment of 60 University of Gondar faculty to complete advanced degrees at Queen’s. The first of these individuals started working on PhDs in Rehabilitation Science in September 2017: Mulugeta Chala and Molalign Adugna.

Mr. Chala was a physiotherapist and clinical educator at the University of Gondar, and coordinated the Office of Research Linkage and Knowledge Transfer in order to connect researchers with members of the local community. For his PhD research, Mr. Chala is focusing on chronic lower back pain, and hopes to develop and evaluate a self-management program for people with this condition that is customized to the Ethiopian context. Programs that are imported from other regions do not always fit in developing countries, so Mr. Chala wants to create something that is aligned and sustainable. Mr. Chala explains, "While at Queen's, I want to gain the research skills to develop a research question, and also lay the foundation for the next generation of researchers in Ethiopia. We have a responsibility to train those that follow us."

Mr. Adugna was a teacher in sociology at the University of Gondar, and worked as the Director of Continuing and Distance Educational Programs. His PhD work sits at the intersection of stigma and inclusive education among children with disabilities in rural Ethiopia. With this focus, he draws on his background in sociology and integrates it with his new knowledge in rehabilitation science. Like Mr. Chala, Mr. Adugna also hopes to examine and translate knowledge from Canada and customize it for the Ethiopian context. In his area, he is seeking to learn about stigma reduction strategies that work here, and then determine which ones have potential for application in Ethiopia. He explains, "I also want to develop an intervention strategy for disability awareness for future Ethiopian researchers to practice."

Both Mr. Chala and Mr. Adugna had a successful first year, and felt well supported in their transition to Kingston and Queen's. They found Kingston to be a welcoming community, and the winter not as bad as they expected. They brought new ideas and different perspectives on issues of rehabilitation, disability, independence, and participation to discussions in rehabilitation science courses and seminars throughout their first year, pushing classmates and faculty to new viewpoints. They also contributed to the educational and professional development of occupational therapy and physical therapy students through their roles as teaching assistants.

With their first year complete, and their comprehensive exams over, both men are now putting the final touches on their research proposals and preparing to return to Ethiopia to collect their data. In May 2018, they welcomed the incoming cohort of University of Gondar faculty about to begin their doctoral work at Queen’s. Mr. Chala and Mr. Adugna continue to share their experiences advice with the incoming cohort in order to enable the continued success of the Mastercard Scholars at Queen's.
The School of Rehabilitation Therapy celebrates its 50th anniversary

S
ince the establishment of the School of Rehabilitation Therapy in 1967, its graduates, students, faculty and staff have contributed to the everyday lives of individuals and communities across the globe. The school recognized this five-decade history with a year of special activities that included a speaker series and alumni profile project, and culminated over a weekend of events in late September 2017, including a gala dinner.

The 50th anniversary brought together an organizing committee comprised of volunteers representing the school’s decades of graduates, from each academic program. Members of the first graduating class (1970), and those from subsequent years, were actively involved in building the school’s history, connecting with classmates, and tracking down stories, photos, and memorabilia.

It was not just alumni who participated in celebrations. Each year, graduating classes from the school organize a fundraising activity to leave a legacy of their time at Queen’s. During the anniversary year, current students chose to raise funds in support of the 50th Anniversary Speaker Series.

As the first speaker in the series, Nancy Botting (PT’92), Chief Therapist for Team Canada at the 2016 Rio Paralympic Games, spoke on the theme of “Leadership in Rehabilitation.” Dr. Samir Sinha, Architect of the Government of Ontario’s Seniors Strategy, headlined the second event, which coincided with an on-site session of the school’s Aging and Health program. Dr. Sinha explored “The Potential Promise, Pitfalls and Peril of Mobile Technologies in Enabling Care for Our Aging Population.” The final event in the series, featured Dr. Mary Forhan whose presentation, “The role of Rehabilitation Science and Therapy in Promoting Wellness for Persons Living with Obesity,” coincided with the 19th Annual Student Rehabilitation Research Colloquium.

The 50th anniversary celebrations culminated with a weekend in late September 2017 that included a historic display co-hosted with the Museum of Health Care, tours of the School of Rehabilitation Therapy, an alumni roundtable discussion, and a gala dinner and dance. The display at the Museum of Health Care featured artifacts and memorabilia from the school’s five-decade history, all collected by alumni, faculty, and the school’s staff. Items included photographs, textbooks, clinical uniforms, equipment, and a gown worn during the first convocation of graduates.

The gala dinner brought together over 160 alumni, former and current faculty, families of past faculty, current students and staff, and special guests. Twelve members of the school’s first graduating class (1970) were escorted into the dinner by Kingston’s Town Crier, Chris Whyman, who delivered an official proclamation. Those in attendance were welcomed by the Minister of Health and Long-Term Care, Dr. Eric Hoskins (via letter), Sophie Kiwala, who was the MPP of Kingston and the Islands at the time, Kingston Mayor, Bryan Paterson and Queen’s Principal, Dr. Daniel Woolf. Reflections were offered by Class of 1970 representatives Linda Watson and Linda Shrout and retired Vice-Dean of Health Sciences and former Director of the School of Rehabilitation Therapy, Dr. Sandra Olney. Josie Lui, Class of 2017 President, and Vice-Dean (Health Sciences) and current Director of the School of Rehabilitation Therapy, Dr. Marcia Finlayson, spoke on the future of the school.

“The school’s 50th anniversary provided a wonderful opportunity” comments Dr. Finlayson, “to recognize our earlier accomplishments, and also reflect on what is possible when we work together toward shared goals as one community.”
or a week in the fall of 2017, the School of Nursing and the Department of Anesthesiology and Perioperative Medicine hosted a visit from Margaret Murphy, a leading advocate for patient safety. Ms. Murphy became involved with patient advocacy after her son died from a medical error. Her work aims to draw attention to such unfortunate occurrences and use them as opportunities to learn and improve the healthcare system. She has worked extensively with the World Health Organization’s Patients for Patient Safety network. During the week she was in Kingston, she gave several talks that reached a broad swath of the healthcare community in town. After her visit to Queen’s, the School of Nursing and the Department of Anesthesiology and Perioperative Medicine wrote an open letter to Ms. Murphy expressing their gratitude for her time and telling her how inspiring they find her story and her work.

The text of that letter is copied below.

Dear Ms. Murphy

Two weeks ago, we had the honour of having you at Queen’s University as an International Visiting Scholar, funded in part by the Principal’s Development Fund, School of Nursing, Department of Anesthesiology and Perioperative Medicine, Faculty Development, A. William, Austin, and the Amos Friend Memorial Visiting Professorship. It was a huge privilege to host your visit in the School of Nursing. You shared your story about the circumstances of your son Kevin’s death due to healthcare error and thanks to years of advocacy on your part, Kevin’s story is now viewed as the consciousness of healthcare. You have left us to ponder how we can make a difference and accelerate the quality and safety mechanisms to ensure healthcare becomes much, much safer.

You gave us many messages during the week – reach out to patients, don’t call health care providers ‘second victims’ as though there are degrees of victims, ensure patients are involved in research projects from the start – not as an afterthought, and remember that we all need to use our head, heart, and hands.

Approximately 800 people heard you speak over four days including: nursing undergraduate and graduate students; patients and patient advisors; physicians and residents at Kingston Health Science Centre; healthcare quality students, graduates and researchers; and members of the Canadian Forces. We have all been affected by your message. What we are challenged with now is not to become complacent. You charged us with reaching out to families and patients and remembering that when a mother says something is not right – then we must listen as mothers do know when something is not right.

We have been charged in the province of Ontario to pledge to change for improvement. Within the School of Nursing, we pledge to improve the way we recruit members of the public to our committees, how we ask patients and families to become part of developing our research projects, and making sure we teach learners to really listen – they need to Care to Learn so that they can Learn to Care.

Sincerely,

The School of Nursing and the Department of Anesthesiology and Perioperative Medicine at Queen’s University

In response to this open, Ms. Murphy wrote the following public reply.

I am both humbled and excited by your words. It is such reaction and affirmation which sustains me in the work I do.

While at Queen’s I had the privilege to meet people who were able to demonstrate their commitment to patient safety, quality assurance together with patient engagement and involvement. You lead a cohort of educators and practitioners who themselves are safe hands for patients and who pass on that baton to the next generation of healthcare professionals. I thank you for the opportunity to visit with you, a visit which will remain as a very special memory and a spur to continue my advocacy work.

With fondest regards,

Margaret Murphy

Ms. Murphy is truly an inspiration to many people – patients and healthcare practitioners alike. A year later, the impression left by her visit remains, and many in the Faculty of Health Sciences continue to discuss her ideas on healthcare quality and patient safety. The faculty is eager to welcome Ms. Murphy back to campus to present her with an honorary degree from Queen’s. Her nomination for this honour was partially inspired by the work she did during her visit.

Margaret Murphy (seated), a leading advocate for patient safety, became involved with patient advocacy after her son died from a medical error.
When Alexandra Palmeri began the undergraduate nursing program at Queen’s, the students in the School of Nursing had only a small room in the Cataraqui building to study and spend downtime between classes. After Alexandra became president of the Nursing Science Society (NSS), she made it one of her goals to create a student lounge space that better met the needs of nursing students at Queen’s.

Working collaboratively with other members of the NSS as well as Dr. Jennifer Medves, Vice-Dean of the Faculty of Health Sciences and Director of the School of Nursing, Alexandra successfully helped create the new large student lounge in the Cataraqui building that features a fully funded textbook library for studying as well as comfortable furniture, coffee, and tea for relaxation between classes. While it was a team effort, Alexandra’s leadership was instrumental in securing the space, allocating the funds, and organizing the decoration of the lounge. Through this project, Alexandra and all those who worked with her have left a lasting mark on the school that all of its students can enjoy.

This is just one of the many accomplishments that made Alexandra such a well-deserving recipient of the 2018 Agnes Benedickson Tricolour Award. The Tricolour Award is given to a small number of students from across the university each year for valuable and distinguished service to Queen’s. It is considered one of the highest honours bestowed to students for extracurricular achievements.

Alexandra earned her Tricolour Award through her extensive contributions to the School of Nursing community. The easiest way to show her dedication to this community is to point to one simple fact: she is the first person to serve three years as the president of the NSS. Alexandra began her involvement with the NSS shortly after arriving on campus, taking a role as a first-year intern. She then took on the role of academic and career coordinator before being elected president.

“As a student leader at Queen’s,” Alexandra says, “getting involved with the Nursing Science Society is a decision that I am grateful for to this day. It allowed me the opportunity to spend each and every day of my undergrad working towards improving student life, enhancing the academic experience, and supporting student growth.”

Throughout her time as president of the NSS, Alexandra worked with all the executive members of the society to make it more efficient and inclusive. She was particularly focused on increasing opportunities for students to become involved in the school’s community. To that end, Alexandra helped to create the Study Buddies Mentor Program, which pairs first-year nursing students with tutors from upper years in the program. She also contributed to the creation of a Health and Wellness Commissioner position. Outside of the NSS, she worked with Dr. Katie Goldie, Assistant Professor in the School of Nursing, to start Threads of Inquiry, an initiative that sells Queen’s-inspired apparel in order to raise funds to create research opportunities for nursing students.

On April 7, Alexandra was presented with her Tricolour Award at a ceremony in Grant Hall. Enormously proud of Alexandra’s achievement, Drs. Medves, Pulling, and Goldie all attended to show their support. “The experience of winning the Agnes Benedickson Tricolour Award,” Alexandra says, “is a testament to the absolutely incredible nursing community we have at Queen’s. I share this award with my colleagues, mentors, educators, family and friends. We were inspired to make a difference and that’s exactly what we did. I am so proud to have been a nursing student at Queen’s and forever grateful for the opportunity to serve the community I love so much!”
How building a culture of feedback is developing better doctors

or Dr. Julia Tai, a second-year resident in the Department of Internal Medicine, competency-based medical education (CBME) is closely associated in her mind with a regular event in her department: Feedback Friday. During Feedback Friday sessions, one resident must leave a team-wide meeting so that all the other members of the team – the attending staff, medical students, and other residents – can discuss the absent learner’s performance. After the meeting, the resident who left the room receives a detailed assessment based on the discussion.

The first time Dr. Tai was the subject of Feedback Friday, she was terrified. After she walked out of the room, all she could do was wait and try not to think about what they might be saying. As scared as Julia was, though, she was also excited. Because she knew that the assessments that were going to come out of this meeting were going to make her a better doctor.

Feedback Friday is one tool among many that Internal Medicine is using to implement CBME, and the idea behind it is to give all the members of the program a chance to develop honest, constructive criticism for each resident. Dr. Tai sees Feedback Friday as evidence of the culture that CBME is creating at Queen’s – a culture in which everyone is comfortable asking for, giving, and receiving feedback.

When Dr. Tai was choosing which schools to rank for the CaRMS match process, she was attracted to Queen’s for many reasons, but one unique feature stood out: the fact that it would be launching CBME across all specialty training programs when she would start. Dr. Tai has a strong academic interest in medical education, and she is planning to pursue academic medicine when she is finished with her training. Coming to Queen’s, then, gave her the unique opportunity to take part in a large-scale education experiment and to take a role in shaping a new training paradigm.

Dr. Tai has made the most of that opportunity by becoming a member of the CBME Resident Subcommittee, which gathers together representatives from every program in the school to discuss CBME implementation. In their regular meetings, the residents talk about challenges and successes their programs have had with the new method of training, and they brainstorm ideas for how things could be improved.

At various points, the CBME Resident Subcommittee has also acted as a liaison between the larger body of residents and key figures in the faculty and administration. For instance, they have provided feedback to the developers of MedTech, the Queen’s-developed platform that serves as the learning management system for medical education. The subcommittee has also worked on initiatives such as increasing engagement in CBME among both faculty and residents.

What makes CBME exciting for Dr. Tai is the fact that she is encouraged to take a leadership role in her own education. Under CBME, Dr. Tai and her fellow residents are always expected to ask their preceptors for feedback and check in as to whether they are progressing satisfactorily through the stages of the program. If they think they’ve worked on a case that builds one of the skills they are trying to develop, it is completely normal for them to ask a faculty member to provide an assessment on their progress.

The residents in the Department of Internal Medicine, though, do not always need to initiate the conversations about their progress. Every four months, Dr. Tai meets one-on-one with her academic advisor. In these meetings, the two of them review Dr. Tai’s work and evaluate how well she is moving toward her goals.

Based on these regular meetings, Dr. Tai’s advisor develops a report on whether or not she is ready to move on to the next stage of the program. This report is then submitted to the Competency Committee, who makes the final decision on a resident’s progress.

There are four stages in the program: Transition to Discipline, Foundations of Discipline, Core Discipline, and Transition to Practice. Each one of these stages provides residents with different skills to focus on and different goals to reach. All residents progress through these stages at their own pace, so what they are learning is dependent more on their level of competency rather than on how much time they have spent in the program. The stage of the program a learner is in is also kept confidential, which enables residents to focus on their own progress rather than on comparing themselves to others.

Halfway through her three-year program, Dr. Tai feels proud of how much she has learned and how far she has come as a physician. And she believes that her growth has been greatly assisted by CBME, which has enabled her to have a sense of ownership over her education.
when Dr. Stephen Scott, Professor in the Department of Biomedical and Molecular Sciences, explains his research, he frequently uses a picture that shows a running back on a football team who is about to run on a diagonal line to his right through a gap in the opposing team’s defense. In the picture, the running back hasn’t yet started to run through the gap, but he is angled towards it. For Dr. Scott, this situation presents an endlessly complicated question: what would happen if the runner suddenly decided to run left instead of right? He isn’t interested in this question because of football strategy but rather because of the complex neurological functions that lie behind all voluntary movement. By what process would the runner’s brain make a decision to completely adjust their course? What neural circuits would be involved? And how long, exactly – as in down to the millisecond – would it take?

Dr. Scott’s research focuses on such questions around voluntary movement, and he works in both basic and clinical science. Recently, he has been highly successful in securing funding for both aspects of his work, as he has won four prestigious grants in the past year. For his basic science research, he has obtained two grants from the Canadian Institutes for Health Research (CIHR) as well as a grant from the Natural Sciences and Engineering Research Council of Canada (NSERC). He has also recently obtained a grant from the Ontario Research Fund – Research Excellence competition to support his work in developing clinical assessment tools. Taken all together, these four grants total around $6 million in funding over the next five years.

The two sides of his research (basic and clinical), though, are always influencing each other. They are also both partially underpinned by the KINARM robotic platform that he developed. With KINARM, Dr. Scott uses various behavioural tasks to observe how subjects move their arms and interact in a virtual environment to measure neurological functioning. In one task, for example, subjects see a number of objects in the workspace appearing to move toward them. As they see these objects, they must move the arms of the KINARM platform to “hit” the objects.

To an outside observer, it would look as if the subject were playing a video game like Pong. Through these tasks, though, Dr. Scott is able to collect large amounts of information about the sensory, motor and cognitive functioning of those individuals being tested. Moreover, even if the tasks appear simple, they are strategically designed to assess specific aspects of brain function. Over many years, Dr. Scott developed rigorous standards for determining which tasks can provide him and other researchers with valuable information. He now has rules in place that guide him when he seeks to make a new task. For example, tasks have to be short and there has to be a simple way for healthy subjects to respond to them.

In Dr. Scott’s basic science research, the information he gathers from the KINARM tasks helps him understand feedback processes in the brain and which neural circuits control which motor functions. In his clinical science work, the KINARM enables him and other researchers to determine the ways in which various diseases affect the brain. Dr. Scott and his collaborators have done a good deal of work to measure the ways in which conditions such as strokes, transient ischemic attack, Parkinson’s Disease, ALS, and epilepsy impact the brain. But he has also collaborated on projects that seek to determine the neurological effects of conditions, like kidney disease, that have not been commonly associated with the nervous system. Through projects like this one, Dr. Scott aims to use KINARM to develop a much fuller picture of the connections between the brain and a variety of illnesses. Dr. Scott’s academic work has also spawned a commercial venture. To make his KINARM technology available to a wide array of researchers, he manufactures and distributes it through a venture called BKIN Technologies. This commercial side of his work has enabled Dr. Scott to get his innovations into the hands of neuroscientists and clinician-scientists far from Kingston. Currently, there are roughly 100 KINARM robots in 14 countries around the world. By distributing his technology so widely, Dr. Scott is helping researchers conduct objective and quantitative studies of the brain that they would be unable to do otherwise.

Stephen Scott’s robot is changing what we know about the brain

Dr. Scott and his collaborators have done a good deal of work to measure the ways in which conditions such as strokes, transient ischemic attack, Parkinson’s Disease, ALS, and epilepsy impact the brain.
Through the spring and fall of 2017, the School of Rehabilitation Therapy received all of the necessary approvals from Queen’s Senate, Ontario Universities Council on Quality Assurance, and the Ministry of Advanced Education and Skills Development to launch an innovative new doctoral program. The Doctor of Science in Rehabilitation and Health Leadership (DSc RHL) program is the first of its kind at Queen’s University, one of only a few such programs in the country, and the first in its field. The program welcomed the inaugural cohort of students on May 1, 2018 at a four-day onsite intensive session in Kingston, ON.

Prior to its approval and launch, the school worked for two years on the development of this 36-month executive-style program. The program's development and curriculum were informed by extensive consultation with stakeholders, including national-level healthcare organizations. The curriculum is designed to equip currently practicing rehabilitation and health professionals with the knowledge and skills they need to confidently pursue career opportunities that require advanced competencies in leadership, program development, applied research and evaluation, advocacy, change management, and knowledge translation.

The program fills a recognized gap in the preparation of leaders in the rehabilitation and health sector that has evolved as demographic shifts, funding challenges, and other factors are pushing transformations in service delivery. Current entry-level clinical programs for rehabilitation professionals must focus on knowledge and skills necessary to enter the profession, rather than on preparation for demanding and complex organizational or system-level leadership roles. The DSc RHL program prepares individuals who want to feel confident and flourish in these latter roles – or who want to move into these roles in the future.

Students admitted into the program continue working while completing the degree through a blend of on-campus intensive sessions and online learning. The program offers a mix of core and elective courses so that students can tailor the program to their career goals. In addition, a unique applied-thesis model asks students to identify a real-world problem in a rehabilitation or health setting, and design, implement and evaluate a process, program or system to address this problem. This approach enables students to carry out applied research that can have a direct impact on rehabilitation and health programs and services in real-world contexts.

Because rehabilitation is inter-disciplinary by nature, the program is open to all professionals whose backgrounds or future career goals focus on advancing programs, services, and systems that will positively influence the everyday lives of people affected by or at risk of disability. During their first onsite intensive session in May, students were introduced to the program, their core courses, and had the opportunity to build relationships with each other and with their academic advisors. In December 2018, the school welcomes these students back to Kingston for their second onsite intensive session. During this session, students will wrap up their fall term courses, be introduced to winter term content, as well as meet with their advisors and committees as they begin to work towards comprehensive exams and the applied thesis. Of course, the session also includes time for the students to reconnect as a cohort and with members of faculty and the Queen's community!

Meanwhile, the program’s staff and faculty are hard at work preparing to welcome the second cohort of DSc (RHL) students in May 2019.
How one PhD student is helping hospitals secure life-saving organ donations

Vanessa Silva e Silva, a fourth year PhD student in the School of Nursing, had applied for a fellowship from the Kidney Foundation of Canada and the Kidney Research Scientist Core Education and National Training Program (KRESCENT) and was expecting to hear the committee's decision by the end of May. In the first week of June, she still had heard nothing and figured it meant bad news: rejections always come out later than acceptances. She was so sure she hadn't gotten the grant that she broke the bad news to Dr. Joan Almost, one of her mentors on the nursing faculty, in one of their regular meetings. Dr. Almost said that in some cases there is a delay in results being announced, and she offered sympathy and encouragement. Even if the fellowship didn't come through, there would be other grants to apply for.

But then, as Vanessa walked down the stairs of the building after her meeting with Dr. Almost, she got an email notification on her phone. She had heard back about the KRESCENT fellowship – and she'd received funding. Vanessa quickly turned around and went back up the stairs to tell Dr. Almost, who had also received the email. The sympathies of a moment before became congratulations.

Vanessa's fellowship from KRESCENT will fund her dissertation research on organ and tissue donation, and the fellowship will enable her to work on her research full time. While she is excited about this aspect of the funding, she is just as thrilled that the fellowship comes with an opportunity to participate in KRESCENT's training program. As a trainee, she will be able to participate in workshops on topics like grant writing and transdisciplinary research, and she will be able to take part in a journal club that is designed to enhance critical reading skills of academic studies.

As for her dissertation, Vanessa will be using her KRESCENT funds to conduct a social network analysis of the organ and tissue donation programs in several hospitals in Ontario. Through her research, she aims to find out which collaboration and communication patterns lead to the most successful donation programs. Moreover, she wants to understand how a variety of relationships affect organ donation rates.

Vanessa's research will have four methods of data collection that she will use at each hospital she investigates. First, she will review the policies that the hospital has in place for organ donation. After this step, she will have the donation coordinator answer a questionnaire about their work. Then, she will observe the hospital's donation process in action. And finally, she will interview all of the healthcare professionals involved in the donation process at that hospital. Her goal is to understand what practices are most successful in helping hospitals – and, ultimately, patients – secure the donations that can save lives.

Organ donation is Vanessa's central academic and professional interest, but she found her passion almost by accident. As an undergraduate at the Federal University of São Paulo in Brazil, where Vanessa is from originally, she went to the meeting of a journal club one evening because her older sister asked her to go with her. The topic of the meeting was organ donation, and, through it, Vanessa volunteered to help conduct a study that gauged the opinions of local high-school students on the issue.

After graduating from university, she worked as a primary care nurse before deciding that she wanted to devote her energy to donations. From there, she pursued a series of opportunities that made her understanding of donations and the processes that make them possible much deeper. Among other things, she earned a certificate in donation, worked in an organ donation centre, and obtained a master's degree in nursing.

After all of these experiences, Vanessa knew she wanted to pursue a doctorate in nursing, and she decided that she wanted to complete her studies abroad, either in North America or Europe. She ultimately chose to study in Canada, and she picked Queen's over other programs because she knew it would be an institution that could help her achieve her academic and professional goals.

Now, in her fourth year in the program, she is ready to embark on the research project that she came to Queen's to conduct, and she has the funding to make that research possible.
“Academic leaves are not the nirvana that many people assume they are,” according to Dr. Jennifer Medves, Vice-Dean of the Faculty of Health Sciences and Director of the School of Nursing. Dr. Medves sees how faculty throughout her school spend their leaves, and she knows that academic leaves are frequently hectic periods full of research, conference presentations, and extensive travel, with all the logistical problems that travel between continents can bring. But Dr. Medves also knows that even when academic leaves are hectic, they are also incredible opportunities for faculty members to grow intellectually and learn new ideas that they can bring back to Queen’s.

This past academic year, two professors in the School of Nursing – Drs. Rosemary Wilson and Kevin Woo – took academic leaves, and they both found themselves exchanging the Queen’s campus for a global stage. Between the two of them, they did work on six continents, including North America, and brought their ideas to countless people.

Reflecting on her year, Dr. Wilson says, “I wanted to take the lens that I was using and turn it upside down. And it worked.” During the year, she spent a significant amount of time in Africa. First, she stopped briefly in South Africa, where she presented with her Queen’s colleagues at a global summit on evidence, and then she went to Rwanda for two months to work at a referral hospital in Butare, a city near the Burundian border.

There is a strong relationship between this hospital and Queen’s as a number of faculty members are engaged in an ongoing project in Rwanda: Drs. Joel Parlow, Ana Johnson, and Rylan Egan have all spent time there. This is Dr. Wilson’s third trip to Butare as part of the project. During this trip, she worked clinically with the staff of the hospital seeing patients in the new acute pain team as an on-the-ground driver for knowledge translation and quality improvement initiatives. Over her three visits, she has been impressed with the advancement in care that the hospital is able to provide and the ingenuity of the staff given the scarcity of resources they often need to surmount.

Dr. Woo’s research focuses on wound care, specifically holistic approaches to caring for patients’ wounds that take their medical history into full consideration.
Dr. Wilson traveled to Europe as well, spending time in Switzerland, France, and Germany. In Switzerland, she worked with the International Council of Nurses performing rapid systematic reviews to inform policy on the global status of registered nurse preparation, registration and prescribing. While there, she consulted with a guideline panel within the non-communicable disease priority area in the World Health Organization on knowledge translation.

Outside of Switzerland, the rest of her time in Europe was spent in Paris, France and Heidelberg, Germany. While she was in Paris and Heidelberg, she generated ideas for a course that she was developing called “Philosophy and Healthcare,” which uses philosophical works to stimulate observation, questioning and critical thinking skills essential for nurses. She has already had a chance to bring what she learned to the classroom as she is teaching the class for the first time in fall 2018.

Dr. Kevin Woo also had a productive academic leave that took him to many different parts of the world. Dr. Woo’s research focuses on wound care, specifically holistic approaches to caring for patients’ wounds that take their medical history into full consideration. For this work, Dr. Woo has adopted the mantra, “You treat the whole patient not just the hole on the patient!” As the world’s population ages and rates of diabetes increase, there is a growing number of patients suffering from chronic and difficult-to-heal wounds.

Unsurprisingly, then, Dr. Woo’s research is of great interest to a variety of practitioners and scholars around the world. In Brazil, Dr. Woo visited the University of São Paulo, where he finalized an agreement for collaboration with researchers there. As part of this agreement, there will be future exchanges of graduate students and faculty between Queen’s and São Paulo. Dr. Woo hopes to spend more time at the Brazilian university sometime soon to collaborate on research projects. Before then, a student from the University of São Paulo intends to travel to Kingston to study wound care with Dr. Woo and learn about his methods to address infection and biofilm.

After his work in Brazil, Dr. Woo traveled extensively in Asia, Europe, and Australia. In Asia, he visited Singapore, Taiwan, China, Malaysia, and Brunei, giving talks in each country at a university, hospital, or national or international conference. During his time in Europe, he presented at a conference in Poland and then spent time at Ghent University in Belgium, where he collaborated with faculty there on a classification tool for skin tears. In Australia, he presented at several conferences and hospitals. Everywhere he spoke, Dr. Woo spread the message about his wound care work and shared some of the latest technological developments including his project on using social media to enhance self-management of chronic wounds that was funded by Ministry of Research and Innovation.

Dr. Medves could not be prouder of the work that Drs. Wilson and Woo completed over their leaves. Their travel, Dr. Medves says, provided “outstanding opportunities to share the perspectives of nursing in Canada and academia with those who, in turn, shared their unique perspectives. These exchanges of ideas then enrich our nursing curricula and guide our lines of inquiry in the future. Academic leaves do not simply revitalize individuals, they expand our understanding, develop new and exciting international partnerships and influence our educational programs.”
Impactful and unprecedented giving to health sciences

The faculty entered the year with specific goals of inspiring unprecedented levels of philanthropic giving by expanding and engaging our new Dean’s Advancement Cabinet, thanking and stewarding our generous donors, and engaging prospective benefactors through unique health science events.

Over the last 12 months, to share our health science stories and learn more about our benefactors, we held round tables in support of the Schools of Nursing and Rehabilitation Therapy and executed two engagement events (in support of Global Health and the Department of Surgery). As well, we hosted events in Kingston and Toronto to engage our young alumni.

Thanks to generous donors and committed volunteers, faculty and staff, the faculty received $12.7 million in 2017-2018. This total represents the third highest revenue year in our history.

All gifts that the faculty receives have impact – from contributions to class funds to the establishment of a chair. So many of the gifts that we received this year were inspiring not just for what they do, but for where the come from: gifts in memory of loved ones, doctors investing in the advancement of the medical profession and donors deeply passionate about positive changes in patient care. We are incredibly grateful for all of the support we received throughout the year.

Spotlight On Gifts
Southeastern Ontario Academic Medical Organization – Research Chairs
William J. Henderson Foundation – Respirology Fellowship
SEAMO, Department of Surgery Association – Surgical Research
Jim Walker and Susan Eplett – School of Medicine
The Estate of Frank Weaver – Cancer Research Institute
The Blyth Family – Mental Health and Addictions Research
Eileen and John Hutton – Financial Assistance for Nursing Students
Kanji Nakatsu – Department of Biomedical and Molecular Science Studentship

Student Financial Assistance
Students are our main focus and donors are always thinking of creative ways to ensure they are receiving the support they need to be successful.

This year, Mr. John and Dr. Eileen Hutton created two scholarships for undergraduate nursing students and an award for graduate nursing students. Through these awards, the donors recognize the importance of nursing to the health and well-being of Canadians and others internationally. Dr. Eileen Hutton graduated from Queen’s Nursing in 1974, and John from Engineering in 1972; to honour their time at Queen’s, the Hutton’s chose to support the success of nursing students.

We were also inspired by generous alumnus, Andy Wang and his creation of the Transforming Lives Scholarship. Being a polio survivor since four months old, Mr. Wang was thankful to the Queen’s School of Rehabilitation Therapy for providing an opportunity to become a physiotherapist regardless of his physical limitations. This scholarship aims to motivate any candidate with a physical disability of any kind to become a compassionate and empathetic rehabilitation therapist.
Research Prominence

The Faculty of Health Sciences is known for its research intensity and has long been contributors to the university’s research mission. Our success would not be possible without the support from our generous philanthropists who are dedicated to advancing our research mission and achieving medical breakthroughs.

This year we received a remarkable commitment from the Southeastern Ontario Academic Medical Organization (SEAMO) to create three chairs in research and innovation. As a group, and as individual departments like the SEAMO Department of Surgery Association, SEAMO members have inspired us by their investment in the advancement of the medical profession. An investment that undeniably has impact beyond Queen’s, Kingston and Canada.

Donors are inspired to give for many reasons. For the Lodge family it is about honoring their mother by investing in research. The Sylvia Lodge Endowed Ovarian Cancer Research Fund was established in memory of Sylvia Marie Lodge who succumbed to ovarian cancer six months after being diagnosed with the disease.

Through support of ongoing research on ovarian cancer, the Lodge family hopes to improve the outcomes for future patients.

Patient Care

The Faculty of Health Sciences has also undertaken a number of initiatives to ensure that patients are at the centre of our academic mission. We rely on our generous donors to help us explore opportunities for improved patient care, welcome world-renowned faculty and prepare learners for practice.

Last year, the William J. Henderson Foundation made a generous donation in honour of Ruth Pattenden, who passed away in 2016, to establish the Ruth Pattenden Fellowship in Interstitial Lung Disease. The fund was established to provide financial support to an individual who, having completed his or her specialty training in internal medicine and respirology, wishes to develop special expertise in the diagnosis and management of interstitial lung disease through a fellowship.

Dean’s Advancement Cabinet

Andrew Pipe
Andrew Bruce
Cathy Ambler
Cathy Lysack
David Cook
David Dodge
David Pattenden
Mojgan Hodaie
T.J. Garrett
Thomas Fiala
Eleanor Rivoire
Elizabeth Eisenhauer
Gordon Francis
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Jennifer Medves
Jo-anne Marr
Johanne Blansche
John Kostuik
Kathy Pritchard
Louise Morrin
Lucas Murnaghan
Marcia Finlayson
Peter Shedden
Reid Drury
Robert Reid
Sue Guichon
Terrence Sullivan
Faculty of Health Sciences
Award Recipients 2017-2018

John Provan Outstanding Surgical Educator Award awarded by The Canadian Undergraduate Surgical Education Committee (CUSEC)
Dr. Andrea Winthrop

Queen’s Alumni Award for Excellence in Teaching
Dr. John Allingham

Cecil Harris Award (by the Canadian Hemophilia Society)
Dr. Paula James

Queen’s Distinguished Service Award
Dr. Albert Clark

Canadian Society of Palliative Care Physicians Lifetime Achievement Award, 2018
Dr. Deb Dudgeon

Veterinarian of the Year (Canadian Association of Laboratory Animal Science)
Dr. Andrew Winterborn

Ronald Cape Distinguished Service award from Canadian Geriatric Society
Dr. Chris Frank

Ontario Medical Association Advocate for Students and Residents Award
Dr. Melissa Andrew

Appointed Editor in Chief of Journal of Electrocardiology
Dr. Adrian Baranchuk

Principal’s Educational Leadership Award, Queen’s University
Dr. Damon Dagnoine

Appointed Editor in Chief of Journal of the Association of Medical Microbiology and Infectious Disease Canada
Dr. Gerald Evans

PARO Award: Excellence in Clinical Teaching
Dr. Gregory Bishop

Facility of Health Sciences Education Award
Dr. David Holland

PARO Award: Resident Teaching Awards
Dr. Jamey Adirim

Principal’s Michael Condra Outstanding Student Service Award
Dr. Renee Fitzpatrick

Faculty of Health Sciences Education Award, 2018
Dr. Heather Aldersey

Queen’s Distinguished Service Award
Dr. Terry Krupa

Journal of Wound Care Best Diabetic Foot Intervention Award
Dr. Kevin Woo

Reddick Award for Excellence in Nursing Education
Dr. Prameet Sheth

Annie Woodman
Laurie Gedcke-Kerr & Dr. Katie Goldie
Dr. Dana Edge
Annie Woodman
Dr. Katie Goldie

Regional Education Awards, Mentorship Award
Dr. Tammy LeRiche

Regional Education Awards, Teaching Awards
Dr. Gregory Bishop

Regional Education Awards, Teaching Awards
Dr. Mark Berber

Ron Wigle Mentorship Award
Dr. Michael Flavin

Royal Society of Canada new members of the College of New Scholars, Artists and Scientists
Dr. Karen Yeates

Mihran and Mary Basmajian Award
Dr. Anne Ellis
Faculty of Health Sciences Executive Appointments

Stephen Archer
Department Head, Medicine (reappointment)

Stephen Bagg
Department Head, Physical Medicine and Rehabilitation (reappointment)

Robert Connelly
Department Head, Pediatrics (reappointment)

Leslie Flynn
Vice-Dean, Education, Faculty of Health Sciences (reappointment)

Jenna Healey
Jason A. Hannah Chair in the History of Medicine

Duncan Hunter
Interim Department Head, Public Health Sciences

Stephen Bagg
Department Head, Physical Medicine and Rehabilitation (reappointment)

Robert Connelly
Department Head, Pediatrics (reappointment)

Leslie Flynn
Vice-Dean, Education, Faculty of Health Sciences (reappointment)

Jenna Healey
Jason A. Hannah Chair in the History of Medicine

Duncan Hunter
Interim Department Head, Public Health Sciences

Stephen Bagg
Department Head, Physical Medicine and Rehabilitation (reappointment)

Robert Connelly
Department Head, Pediatrics (reappointment)

Leslie Flynn
Vice-Dean, Education, Faculty of Health Sciences (reappointment)

Jenna Healey
Jason A. Hannah Chair in the History of Medicine

Duncan Hunter
Interim Department Head, Public Health Sciences

Stephen Bagg
Department Head, Physical Medicine and Rehabilitation (reappointment)

Robert Connelly
Department Head, Pediatrics (reappointment)

Leslie Flynn
Vice-Dean, Education, Faculty of Health Sciences (reappointment)

Jenna Healey
Jason A. Hannah Chair in the History of Medicine

Duncan Hunter
Interim Department Head, Public Health Sciences
Looking back over the year, I believe we truly have a great deal to be proud of as a faculty. But we also have many things yet to accomplish. While there is only about a year and a half left in my term as dean, my eyes are fixed on the road still left in front of me, not on the destination. My academic leave (sabbatical), left me recharged and energized for the rest of my appointment, and I know that the remarkable team that is the Faculty of Health Sciences is always ready for any challenge.

Within the next year, there are going to be some major new developments in the faculty. In the fall of 2019, we will be welcoming 100 students to campus as part of the first on-campus cohort in the Bachelor of Health Sciences program.

Within the next year, we will make concrete plans for the new home of both the School of Nursing and the School of Rehabilitation Therapy – a long overdue development for both schools.

Within the next year, we will be welcoming many new faculty members to campus. We will have a new Vice-Dean (Health Sciences) and Director of the School of Nursing to replace Dr. Jennifer Medves, who will be concluding a fabulous ten years in those roles. We will also have new heads in a number of departments, including Public Health Sciences and Biomedical and Molecular Sciences. We will have a new Sally Smith Chair in Nursing and four new Canada Research Chairs working in the fields of bioinformatics, metabolomics, and microbiome research.

As you can see, change will continue to define us a faculty for the foreseeable future. And I think I speak for all of us when I say that we would not have it any other way.

Thank you to all of you in the faculty for your extraordinary teamwork this past year. I believe we all share in the successes that have been covered in the preceding pages.

And thank you to everyone who helped put this year’s Dean’s Report together, especially Erika Beresford-Kroeger, Michael Ferguson, Justine Mayhew, Jen Valberg, Andrew Willson, and the team at the Queen’s Gazette.
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