

# Dean's Report 2018/19

Faculty Of Health Sciences







# Ask Questions

SEEK ANSWERS

# Advance Care

INSPIRE CHANGE

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## MESSAGE FROM THE DEAN

**“In diversity there  
is beauty and  
there is strength.”**

*Maya Angelou*

In the past few years, bolstering inclusion and increasing diversity has become a major priority for Queen's University. And in the Faculty of Health Sciences we have taken this to heart. Three years ago, we struck a working group to address the recommendations relating to health professions and health professions education outlined in the Truth and Reconciliation Commission's report.

Over the years, I have watched those recommendations turn into tangible actions with a combination of awe and pride. And on page 5, you'll be able to read our progress report detailing the work that has been done so far.

This process has taught me a lot about addressing equity, diversity and inclusion. It can never be a one-shot deal. To be successful, we need to initiate a culture change. And that's a lot of hard work over a sustained period of time.

With our increasing number of self-identified Indigenous students, we are intensifying this work. We are focusing on building community and offering supports for our Indigenous students. We are emphasizing curricular innovation. And we are listening to their

needs. In fact, we just approved a change to the way that our undergraduate medical students' clerkships happen in order to facilitate a specialized focus on Indigenous populations — based on the articulated need of one Indigenous student.

While 'equity, diversity and inclusion' includes our work in Indigeneity, we have a lot of work to do in all spheres.

This past spring, the Principal and I gave a public apology over the fact that 100 years ago, Queen's banned Black students from its medical school. This apology was just the first step in a series of actions we're taking to make our medical school more inclusive and to begin to address the barriers that prevent Black students from becoming doctors. You can read more about how these actions are coming to fruition on page 23.

In celebration of LGBT pride month last June, I handed the pen over to Dr. David Messenger who wrote a guest blog about his experience as a gay medical student and physician. His message, that we need to hold space for and pay attention to the stories of LGBTQI2S+ students, is an important one and resonates for all equity seeking groups.

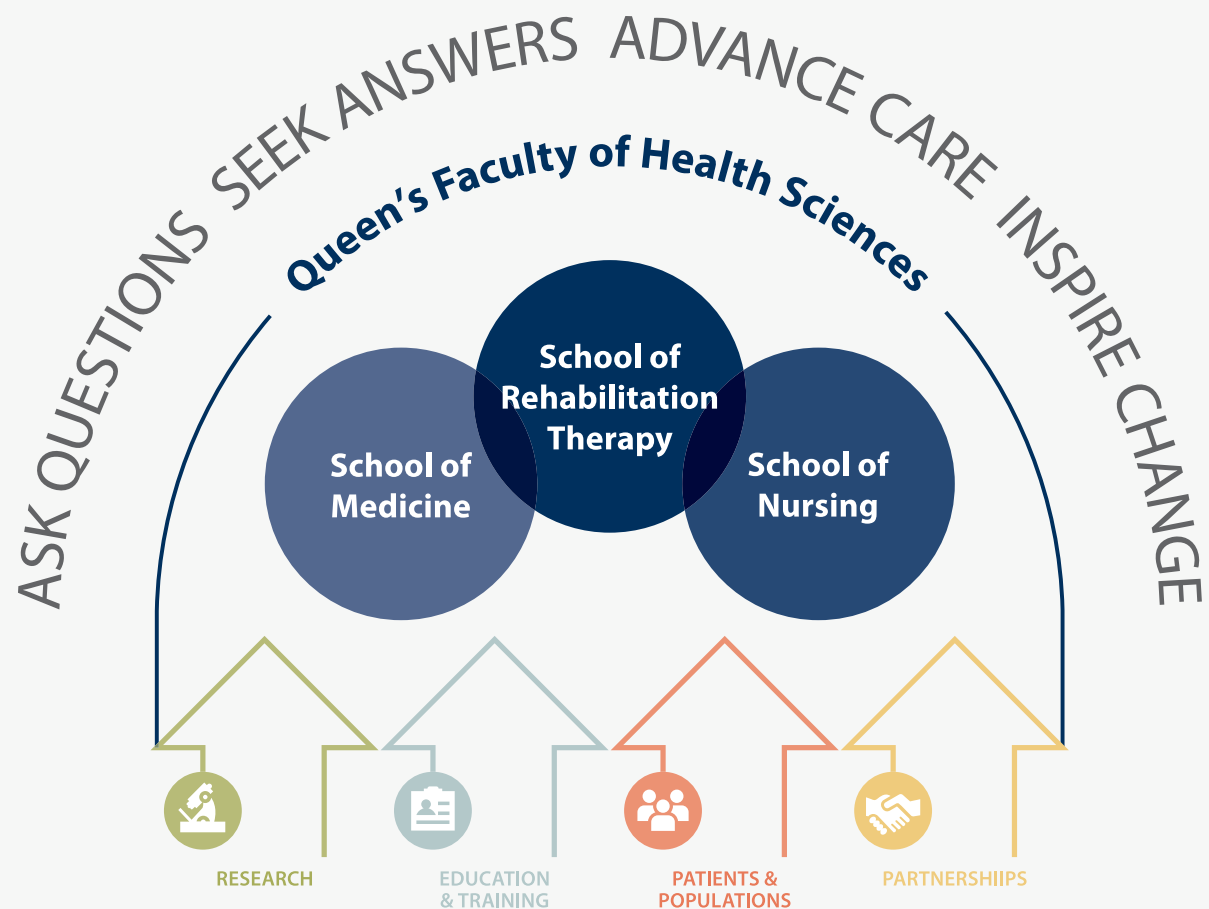


You can read his story on page 35.

As we build a culture of listening, learning and advocating, it is important that we don't stop at our early successes. This is only the beginning. We are committed to continuing to make Queen's a more inclusive space, where we welcome individuals from all equity-seeking groups. I am proud that this year's Dean's Report highlights the important work that has been done so far, and our vision for the future.

A handwritten signature in dark ink, appearing to read 'Raghu'.

## OUR UNIFYING STRATEGIC DIRECTIONS



**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. Erna Snelgrove-Clarke**

Vice-Dean, Faculty of Health Sciences and  
Director  
*School of Nursing*

BY THE NUMBERS

620

full-time faculty

1,697

applications for 136 seats in occupational and physical therapy

1,401

part-time faculty

5,280

applications for 100 seats in medicine

3,000

learners

\$134M

\$134,047,504 million in research revenue

1,798

applications for 147 seats in undergraduate nursing

1,400

studies in progress

64

programs offered

# FACULTY OF HEALTH SCIENCES RESEARCH FUNDING

Sources of Revenue	2019/2018
Federal Government	\$26,770,721
Industry and Corporations	\$65,949,024
Provincial Government	\$6,260,495
Government – US and Foreign	\$7,136,839
Associations and Societies	\$10,378,097
Grants – Business, University, or Hospital	\$12,511,74
Foundations	\$5,040,573
Donations and Gifts	\$0
Other	\$0
Total	\$134,047,504

Increase in research funding from 2017/2018

47%

\$134,047,504 million in total research revenue

\$134M

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## FACULTY OF HEALTH SCIENCES RESEARCH UNITS

The Faculty of Health Sciences at Queen's 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.

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### Canadian Cancer Trials Group (CCTG)

Janet Dancey  
[jdancey@ctg.queensu.ca](mailto:jdancey@ctg.queensu.ca)  
[ctg.queensu.ca](http://ctg.queensu.ca)

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### Canadian Institute for Military & Veteran Health Research (CIMVHR)

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[cimvhr.ca](http://cimvhr.ca)

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### Cancer Research Institute at Queen's University (QCRI)

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### Centre for Neuroscience Studies (CNS)

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### Centre for Studies in Primary Care (CSPC)

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### Gastrointestinal Diseases Research Group (GIDRU)

Stephen Vanner  
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### Health Services and Policy Research Institute (HSPRI)

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### Human Mobility Research Centre (HMRC)

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

Sam Basta  
[bastas@queensu.ca](mailto:bastas@queensu.ca)  
[healthsci.queensu.ca/research/3iq](http://healthsci.queensu.ca/research/3iq)

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

Heather Aldersey  
[hma@queensu.ca](mailto:hma@queensu.ca)  
[rehab.queensu.ca/icacbr](http://rehab.queensu.ca/icacbr)

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### Queen's Collaboration for Health Care Quality (QcHcQ)

Christina Godfrey  
[godfreyc@queensu.ca](mailto:godfreyc@queensu.ca)  
[queensu.ca/qjbc/](http://queensu.ca/qjbc/)

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### Queen's Nursing and Health Research

Joan Tranmer  
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[nursing.queensu.ca/research](http://nursing.queensu.ca/research)

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### Queen's University Research Group for Studies on the Reproductive and Developmental Origins of Health, Disability and Disease

Madhuri Koti  
[madhuri.koti@queensu.ca](mailto:madhuri.koti@queensu.ca)

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### Translational Institute of Medicine (TIME)

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[uniweb.time.queensu.ca](http://uniweb.time.queensu.ca)



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## FACULTY OF HEALTH SCIENCES AWARD RECIPIENTS



*(above) Dr. Nazik Hammad receives her award from Dr. Richard van Wylick, Associate Dean, Continuing Professional Development*

**Society of International Urology  
Mostafa Elhilali Award**

Dr. J. Curtis Nickel  
Department of Urology

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**Canadian Society of Allergy and  
Clinical Immunology F. Estelle  
Simons Research Award**

Dr. Anne Ellis  
Division of Allergy and Immunology

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**Partners in Research 2019 Biomedical  
Science Ambassador Award**

Dr. Oyedoji Ayonrinde  
Department of Psychiatry

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**Canadian Association of Occupational  
Therapists Leadership Award**

Dr. Heidi Cramm  
School of Rehabilitation Therapy

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**Harvard University's Global Health  
Catalyst Award**

Dr. Nazik Hammad  
Department of Oncology

**2019 James H. Graham Award of Merit  
from the Royal College of Physicians  
and Surgeons**

Dr. James Wilson  
Department of Urology

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**Professional Association of Residents  
of Ontario Award: Citizenship Award  
for Medical Students**

Ms. Alexandra Morra  
School of Medicine

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**Fellowship, Canadian Academy  
of Health Sciences**

Dr. Michael Green  
Department of Family Medicine

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**Canadian Institute for Health Research,  
CIHR-ICRH/CTS Distinguished Lecturer  
Award in Respiratory Sciences**

Dr. Denis O'Donnell  
Department of Medicine

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**Ontario Research Fund Early Research Award**

Dr. Madhuri Koti  
Department of Biomedical and Molecular Sciences



## NEW CLINICAL TRIALS IN 2018-2019

### **Dr. Wendy Parulekar**

#### *Cancer Trials Group*

HNC2 – Randomized Phase II/III Trial of Radiotherapy with Concurrent MEDI4736 (Durvalumab) vs Radiotherapy with Concurrent Cetuximab in Patients with Stage III-IVB Head and Neck Cancer with a Contraindication to Cisplatin  
*May 10, 2019*

PR20 – A Randomized Phase III Trial of Local Ablative Therapy for Hormone Sensitive Oligometastatic Prostate Cancer [PLATON]  
*April 18, 2019*

HN10 – A Phase II Single Arm Trial of Elective Volume Adjusted De-Escalation Radiotherapy (EVADER) in Patients with Low-risk HPV-related Oropharyngeal Squamous Cell Carcinoma  
*February 20, 2019*

BL13 – A Randomized Phase II Trial Assessing Trimodality Therapy With or Without Adjuvant Durvalumab (MEDI4736) to Treat Patients with Muscle-Invasive  
*December 21, 2018*

REC4 – A Phase 3 Randomized Study Comparing Perioperative Nivolumab vs. Observation in Patients with Renal Cell

Carcinoma Undergoing Nephrectomy (PROSPER RCC)  
*October 31, 2018*

### **Dr. Lois Shepherd**

#### *Cancer Trials Group*

MAC26 – A Phase II Randomized Trial of Olaparib (NSC-747856) Administered Concurrently with Radiotherapy versus Radiotherapy Alone for Inflammatory Breast Cancer  
*May 28, 2019*

ALC6 – A Phase III Trial to Evaluate the Efficacy of the Addition of Inotuzumab Ozogamicin (A Conjugated Anti-CD22 Monoclonal Antibody) to Frontline Therapy in Young Adults (Ages 18-39 Years) with Newly Diagnosed Precursor B-Cell ALL  
*April 12, 2019*

MAC24 – A Randomized, Phase III Trial to Evaluate the Efficacy and Safety of MK-3475 (Pembrolizumab) as Adjuvant Therapy for Triple Receptor-Negative Breast Cancer with  $\geq 1$  cm Residual Invasive Cancer or Positive Lymph Nodes (ypN1mi, ypN1-3) After Neoadjuvant Chemotherapy  
*December 11, 2018*

### **Dr. Lesley Seymour**

#### *Cancer Trials Group*

IND238 – A Phase II Study of Durvalumab Treatment in Patients who Discontinued Prior Checkpoint Therapy Due to Immune Related Toxicity  
*June 7, 2019*

IND237 – A Phase II Study of CFI-400945 in Patients with Advanced/Metastatic Breast Cancer  
*December 21, 2018*

IND236 – A Phase Ib and Open Label Phase II Study of CFI-402257 in Combination with Weekly Paclitaxel in Patients with Advanced/Metastatic HER2-Negative Breast Cancer  
*October 17, 2018*

### **Dr. James Taylor**

#### *Cancer Trials Group*

BRC7 – INSIGNA: A Randomized, Phase III Study of Firstline Immunotherapy alone or in Combination with Chemotherapy in Induction/Maintenance or Post Progression in Advanced Nonsquamous Non-Small Cell Lung Cancer (NSCLC) with Immunobiomarker SIGNature Driven Analysis  
*July 10, 2019*



# MAJOR FUNDING SUCCESSES



(above) Dr. Anne Ellis

**Andrew Robinson**  
*Oncology*

**Project:** “A Phase II Trial to Investigate Genetic Markers of Response to Pembrolizumab Combined with Chemotherapy as a First-line Treatment for Non-Small Cell Lung Cancer”

**Anne K Ellis**  
*Medicine*

**Project:** A prospective observational study comparing allergic responses to birch allergen during natural season and during environmental exposure unit challenges.

**Anne K Ellis**  
*Medicine*

**Project:** Phase 3, single-center, sequential and parallel-group, double-blind, randomized study evaluating the efficacy and safety of fexofenadine hydrochloride 180mg versus placebo in subjects suffering from seasonal allergic rhinitis with symptoms aggravated in presence of pollutants.

**Josee-Lyne Ethier**  
*Oncology*

**Project:** A Randomized Phase 3,

Double-Blind Study of Chemotherapy With or Without Pembrolizumab Followed by Maintenance With Olaparib or Placebo for the First-Line Treatment of BRCA non-mutated Advanced Epithelial Ovarian Cancer (EOC)

**Christopher John O’Callaghan**  
*Canadian Cancer Trials Group*

**Project:** CE8: 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 – Clinical Trial Research Agreement b/w CCTG & EORTC

**Lesley Seymour**  
*Canadian Cancer Trials Group*

**Project:** IND231: A Phase I Study of CX5461 – Project Agreement #2 between CCTG and UHN, Stand Up 2 Cancer (SU2C)

**Lesley Seymour**  
*Canadian Cancer Trials Group*

**Project:** IND238: A Phase II Study of Durvalumab Retreatment in Patients who

Discontinued Prior Checkpoint Therapy due to Immune-related Toxicity – Project Agreement #10 to AstraZeneca Master Agreement

**Lesley Seymour**  
*Canadian Cancer Trials Group*

**Project:** IND227: A Phase II Randomized Study of Pembrolizumab Alone or in Combination with Chemotherapy in Patients with Advanced Malignant Pleural Mesothelioma – CTA between CCTG and Merck (David Review in Progress)

**Lesley Seymour**  
*Canadian Cancer Trials Group*

**Project:** IND.237: A Phase II Study of CFI- 400945 Fumarate in Patients with Unresectable Locally Recurrent or Metastatic Breast Cancer – Project Agreement #3 to Master Agreement between CCTG and UHN (Stand Up 2 Cancer)

**Lesley Seymour**  
*Canadian Cancer Trials Group*

**Project:** IND236: A Phase 1B and Open Label Phase II Study of CFI-402257 in Combination

with Weekly Paclitaxel in Patients with Advanced Breast Cancer – Project Agreement #1 to Master Agreement between CCTG and UHN

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**Lesley Seymour**

*Canadian Cancer Trials Group*

**Project:** IND234D: Prostate Cancer Biomarker Enrichment and Treatment Selection (PC-BETS) Study – CTra between CCTG and UHN

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**Wendy Ranjana Parulekar**

*Canadian Cancer Trials Group*

**Project:** PR20: A Randomized Phase III Study of Local Ablative Therapy for Hormone Sensitive Oligometastatic Prostate Cancer (PLATON) – Clinical Trial Agt between CCTG and TerSera Therapeutics LLC

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**Wendy Ranjana Parulekar**

*Canadian Cancer Trials Group*

**Project:** BL13: A Randomized Phase II Trial Assessing Trimodality Therapy With or Without Adjuvant Durvalumab (MEDI4736) to Treat Patients With Muscle-Invasive Bladder Cancer – Project Agreement #9 to AZ Master

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**Wendy Ranjana Parulekar**

*Canadian Cancer Trials Group*

**Project:** REC4: A Phase III Randomized Study Comparing Perioperative Nivolumab vs. Observation in Patients with Localized Renal Cell Carcinoma Undergoing Nephrectomy (PROSPER RCC) – CTA between CCTG & ECOG-ACRIN

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**Wendy Ranjana Parulekar**

*Canadian Cancer Trials Group*

**Project:** CCTG HN.10: A Phase II Single Arm Trial of Elective Volume Adjusted De-Escalation Radiotherapy (EVADER) in Patients with Low-Risk HPV-Related Oropharyngeal Squamous Cell Carcinoma

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**Janet Dancey**

*Canadian Cancer Trials Group*

**Project:** Dr. Janet Dancey – OICR Clinical Scientist I

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**Timothy Hanna**

*Oncology*

**Project:** Tim Hanna – OICR Investigator Award

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**Bruce W Banfield**

*Biomedical and Molecular Sciences*

**Project:** Early Stages in the Morphogenesis of Herpes Simplex Virus

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**Douglas J. Cook**

*Surgery*

**Project:** Research Services Agreement – No No Inc.

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**Douglas Perry Munoz**

*Centre for Neuroscience Studies*

**Project:** Ontario Neurodegenerative Disease Research Initiative 2.0 (ONDRI II)

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**Frederick W K Kan**

*Biomedical and Molecular Sciences*

**Project:** Role of Human Oviductin in Enhancement of Sperm Fertilizing Competence

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**Janet Dancey**

*Canadian Cancer Trials Group*

**Project:** US National Clinical Trials Network (NCTN): Canadian Collaborating Clinical Trials Network – Canadian Cancer Trials Group

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**Kieran M Moore**

*Emergency Medicine*

**Project:** A national research network on Lyme disease

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**Madhuri Koti**

*Cancer Biology & Genetics*

**Project:** Exploiting tumour innate immunity for sensitization of ovarian tumours to PD-L1 immune checkpoint blockade immunotherapy.

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**Neil Stephen Magoski**

*Biomedical and Molecular Sciences*

**Project:** Mechanisms of long-term change to neuronal activity and secretion

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**Stephen H Scott**

*Biomedical and Molecular Sciences*

**Project:** Impact of temporary lesions of frontoparietal cortex on feedback processing during voluntary motor actions

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**Stephen H Scott**

*Centre for Neuroscience Studies*

**Project:** Influence of visual and proprioceptive feedback during voluntary motor actions

## FACULTY OF HEALTH SCIENCES EXECUTIVE APPOINTMENTS



**Dr. Ramiro Arellano**

Head, Department of  
Anesthesiology and  
Perioperative



**Dr. Scott Berry**

Head, Department  
of Oncology



**Dr. Renee Fitzpatrick**

Assistant Dean,  
Student Affairs, UGME



**Dr. Michelle Gibson**

Assistant Dean, Curriculum,  
Undergraduate Medical  
Education



**Dr. Nazik Hammad**

Director, Global Health



**Dr. Omar Islam**

Head, Department of  
Diagnostic Radiology



**Dr. Lynne-Marie Postovit**

Head, Department  
of Biomedical and  
Molecular Sciences



**Dr. Steven Smith**

Interim Vice-Dean Research  
and Interim Vice President,  
Health Sciences Research,  
Kingston Health Sciences  
Centre/Interim President and  
CEO, KGH Research Institute



**Dr. Erna Snelgrove-Clarke**

Vice-Dean and Director, School  
of Nursing



**Dr. Chandrakant Tayade**

Associate Dean, Graduate  
and Postdoctoral Education



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## DECANAL TEAM

### **Dean, Faculty of Health Sciences and Director School of Medicine**

**Dr. Richard Reznick**  
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### **Vice-Dean, Education Faculty of Health Sciences**

**Dr. Leslie Flynn**  
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### **Vice-Dean Research , Faculty of Health Sciences**

**Dr. Steve Smith**  
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### **Vice-Dean & Director, School of Nursing**

**Dr. Erna Snelgrove-Clarke**  
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### **Vice-Dean & Director of School of Rehabilitation Therapy**

**Marcia Finlayson**  
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### **Vice-Dean Clinical School of Medicine**

**Christopher Simpson**  
*simpsonc@kgh.kari.net*

### **Associate Dean Continuing Professional Development**

**Richard van Wylick**  
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### **Associate Dean Academic, School of Medicine**

**Michael Kawaja**  
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### **Associate Dean Postgraduate Medical Education**

**Ross Walker**  
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### **Assistant Dean, Distributed Medical Education**

**Ruzica Jokic**  
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### **Associate Dean Graduate & Postdoctoral Education**

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### **Associate Dean Undergraduate Medical Education**

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### **Associate Dean Life Sciences & Biochemistry**

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### **Assistant Dean, Student Affairs Undergraduate Medical Education**

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### **Assistant Dean, Curriculum Undergraduate Medical Education**

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### **Assistant Dean, Academic Affairs & Programmatic Quality Assurance Undergraduate Medical Education**

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### **Chief Financial and Administrative Officer**

**Denis M. Bourguignon**  
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# Cracking the Case on Workforce Entry: Helping Marginalized Workers Get a Foot in the Door

There is much talk in the media these days about the employment challenges faced by millennials. Born between 1982 and 1997 (currently 23–38 years of age), millennials often struggle to start careers due to the compounding impact of the negative job market effects of globalization and technological change paired with the lower competitiveness of young workers with limited job experience. As a result, many millennials face high levels of precarious employment, a term that refers to work that is casual, seasonal, or temporary, usually part-time, and lacking features of standard employment relationships, including benefits and job security. Precarious employment has been estimated by StatsCan to affect anywhere from 27–45 per cent of Canadians. A recent Canadian study of employment in millennials revealed that only about 44 per cent of respondents had obtained permanent, full-time jobs, while the rest worked precariously in a

variety of unstable circumstances. Worse still, precarious employment has been associated with poorer mental health and well-being, which is destined to decline further given lack of access to extended health-care benefits for many in this group.

A growing body of research focusing on the health-promoting value of stable employment highlights what is at stake for today's youth. Not only do higher incomes open doors to better diets, housing, and medical care — employment connects people to people, and ensures regular exercise if only by virtue of getting out of the house every day. A 2018 literature review on the connection between employment and health concluded that while the impact of employment on health is complex and difficult to unpack, unemployment produces poor health outcomes, especially as it relates to mental health. The current levels of high youth unemploy-

ment and precarious employment pose a major public health concern.

Consider, now, facing these work-entry challenges while also living with a disability. Persons with disabilities have historically faced substantial employment challenges, particularly those with significant impairment levels. In response to the low employment rates these individuals have typically faced, organizations like the United Nations and the International Labour Organization have produced documents asserting the right of persons with disabilities to fair and equitable employment. Given the current state of employment among millennials, a target of equitable employment may not represent a very optimistic future.

How, then, do we get people with employment barriers related to disability into an already challenging labour market?



*(left) Social enterprises are designed to aid in job creation for marginalized groups, such as those with disabilities.*

One approach is to stop trying to crack open a seemingly impenetrable door, and instead proactively create workplaces that embrace the qualities known to promote health and worker success. Social enterprises that are designed for the purpose of job creation for marginalized groups have been in existence internationally for more than 50 years. Originating in Europe and Asia in various forms, social enterprises are businesses that operate in the open marketplace with a social purpose, which in the case of work integration social

enterprises (WISE) is to create employment opportunities, along with other spinoff benefits.

Social enterprises have successfully launched careers and helped people overcome poverty and social vulnerabilities throughout the world. Take, for example, Bangladesh, where Nobel Laureate in Economics Muhammad Yunus demonstrated how creating a self-sustaining yogurt business could create good jobs for rural and urban women, while address-

ing malnutrition in children. Likewise, in the 1970s, groups of persons with mental-health challenges in northern Italy created worker co-operatives to overcome joblessness. The co-operatives ran businesses such as hotels, cafes, and building-renovation companies, and grew to net annual income of more than US\$14 million, employing hundreds of people both with and without disabilities.

Today, research in this area has evolved to include a focus on the health-promoting benefits of social enterprise. Numerous Canadian examples of WISE exist today, and a better understanding of their impact on the health and economic integration of vulnerable Canadians is the subject of a nationwide array of studies funded by Employment and Social Development Canada. One of these is the Queen's-led WISE Impact study, which focuses on WISE in the mental-health sector. Our research partnership includes seven different social enterprises across Southern Ontario, all of whom are in the business of not only supplying valued goods and services to their communities, but also creating work and work training opportunities for persons living with mental illness and/or addictions. Our work qualitatively and quantitatively explores outcomes experienced by WISE workers, and the factors that lead to satisfying work lives in a very vulnerable population of individuals facing a challenging labour market. We have so far been able to create a profile of the type of individuals who choose WISE as a work entry option, and look forward to presenting results on their work, health, and social outcomes.

# A Nursing Student Works Toward Her Dream of Snowboarding in the 2022 ParaOlympics

**Sarah says she could never have achieved what she has so far without the support of the School of Nursing.**

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In 2017, Sarah Anne Cormier, a fourth-year undergraduate student in the School of Nursing, attended the Paralympian Search in Toronto to try out for running teams and development programs in Canada. While undergoing numerous tests of her running ability, she was also asked to fill out a form that asked her what other sports she participated in. Sarah had been snowboarding for years, but she didn't think she should put it down. She had never really snowboarded competitively, and she didn't want to be misleading.

When she asked a staff member working the Paralympic Search about the form, the staff member told her she should definitely write down snowboarding. The Paralympic Committee was looking for snowboarders.

Sarah took the advice, and filling out that form ended up changing her life. Now she's training intensely to make it onto Team Canada, with the goal of competing in the 2022 Paralympics in Beijing.

After the Paralympian Search in Toronto, Sarah was invited to a snowboarding development camp in Blue Mountain, where she made an impression on the Canadian coach for Paralympic snowboarding.

The coach told Sarah he thought she had real potential, and he wanted to train her. Sarah agreed, and shortly thereafter started an intense training regimen for the sport.

In the summer, when there is no snow for Sarah to train on, she works on strength and conditioning in the gym five days a week. In the winter, when she can snowboard, she still trains four days in the gym on top of getting on the snow every chance she gets. Sarah estimates that this winter she has spent 50 days training on the slopes.

One of Sarah's strongest motivations to undertake all this training, on top of her rigorous academic schedule in the School of Nursing, is to help inspire other persons with a disability to know they can achieve more than they probably realize.

Sarah was born with complications from amniotic band syndrome, a condition that occurs when a fetus becomes entangled in the amniotic bands of the womb. As a result of this condition, she was born missing her left leg below the knee and had various finger amputations on both of her hands. She has had to undergo seven surgeries throughout her life to address the complications the syndrome caused.





*(above) Sarah, nursing student, practicing for her chance at ParaOlympic Gold in Dubai*

When she was five, her parents signed her up for Track 3, a non-profit organization that teaches children with disabilities how to ski. Sarah loved skiing, but when she became an adolescent the sport made her feel self-conscious. When Sarah skied, she did not wear her prosthetic leg, but instead used outriggers as support for balance.

This system worked great, but when Sarah was 12 she started

to get uncomfortable with the feeling that people were giving her unwanted looks when she skied on one leg. She didn't want the attention that came with skiing, but she also didn't want to give up winter sports.

Sarah found an answer to her dilemma: snowboarding.

If she took up snowboarding, she realized, she'd be able to wear her prosthetic leg. She asked her parents if she could take up the sport, and they agreed.

Even though she has been snowboarding now for 16 years, Sarah feels like she still has a lot to learn. "Right now I'm trying to break 16 years' worth of bad habits," she says. But with the help of her coach and teammates, she also feels like she's making significant progress.

And it's clear her hard work is paying off. In January, Sarah competed at her first provincial race in Bromont, Quebec. Even though she felt nervous to be competing, she didn't let her nerves get the best of her; she won silver the first day of the event and gold the second day.

Sarah still has a lot of steps to take before she can reach her dream of making it onto Team Canada and competing in the 2022 Paralympics. Before she can make it onto Team Canada, she'll need to make it onto the Next Gen team. And before she can do that, she needs to compete in two different World Para Snowboard Cups and finish with competitive times.

But Sarah is well on her way to making her dream come

true, and all of us in the Faculty of Health Sciences are proud of her and are rooting for her.

At the same time, Sarah says she could never have achieved what she has so far without the support of the School of Nursing.

Sarah is currently halfway through her placement in the ICU at Kingston General Hospital, and she loves how much she learns there every day. Even though her schedule can be hectic as she tries to balance late nights in the hospital with long training sessions in the gym and on the slopes, Sarah says the nursing faculty and her fellow students always do what they can to help her. When she has to be away from home for long stretches, her friends from the school will even come walk her two dogs, Odin and Atticus.

Sarah will graduate in May 2019, and I'm very happy to share her story with you. Mostly because it is so inspiring, but also because it shows how well rounded our students at Queen's can be. Even though we have the most dedicated students in Canada, they're also often people who are pursuing additional passions outside their studies. And this is something we embrace and encourage in the Queen's Faculty of Health Sciences.

If you want to keep up with Sarah's progress toward her snowboarding goals, you can follow her on Instagram @sacorms12.

**Update:** Since writing, Sarah has graduated from Queen's and earned a spot on the Para Olympic team.



*(above) Like many PhD Students in Aging and Health, Lynn came from practice, with over 15 years of experience as a nurse.*

# PhD in Aging and Health: A Student Profile

Lynn Haslam worked as an acute care nurse practitioner in a tertiary care centre in Toronto for more than 15 years, but was looking for the “next step” in her career. She heard about the PhD in Aging and Health program at Queen’s, and it seemed to be the right fit at the right time. She was one of the inaugural students when the PhD program opened in 2016, and is now embarking on her fourth year of the program.

The PhD Aging and Health program is one of the newer offerings, based in the School of Rehabilitation Therapy but interdisciplinary in nature with contributions from other schools and departments inside and outside of the Faculty of Health Sciences. The program is designed for people, like Lynn, who may already have begun careers in research, social services, or health care but want to develop their skills in order to take on bigger challenges and larger responsibilities.

The blended format of the PhD in Aging and Health program has enabled Lynn to balance her doctoral studies with her work and personal commitments. As well as completing the program’s core course requirements, Lynn has taken full advantage of the comprehensive online electives available to students by taking courses in Ethics and Bioethics of Aging, Qualitative Research Methods, and Statistical Methods for Aging Research. Lynn feels that the skills gained from the PhD program coursework and comprehensive examination provided her with a strong foundation to develop her thesis.

At this point in the PhD program, Lynn is using her knowledge and skills related to different methodologies, and is applying them to

answer meaningful questions. Her qualitative interviews with patients have provided her with many insights. “I love to hear the older adult patient tell their perspective on hospital-based care — there are key messages that all health care providers need to hear.”

Lynn gives a lot of credit to her supervisor, Dr. Vincent DePaul, for supporting her interest in older adults experiencing hip fracture and mobility limitations while in hospital. His experience as a physiotherapist with stroke patients meant they were a good match right from the start. Dr. Kevin Woo of the School of Nursing has also contributed to supervising Lynn’s work. For her dissertation, she is conducting a mixed-methods study that examines how an institution has implemented best practice recommendations for early mobility of people after a fragility hip fracture.

Lynn’s goal after she completes her doctorate is to become a clinical research leader and to advance care for older adults. She hopes to use her findings about how to implement best practice recommendations in one context to enhance the application of other best practices across a myriad of settings. Over her career, she has seen many recommendations published, and realizes there is often an evidence-to-practice gap. Her clinical experience has motivated her to look at how we can work to improve the uptake of evidence by health-care providers.

Upon completion of her PhD in Aging and Health, Lynn will be well equipped to pursue that motivation and contribute to enhanced health care for older adults in Canada.

# Q & A with the New Director of the School of Nursing, Dr. Erna Snelgrove-Clarke

### **Q: Why did you decide to come to Queen's?**

**A:** I am a Newfoundlander; however, I have lived in Halifax the last 29 years. For 2 of these last 29 years, I was the Associate Dean, Academic, in the Faculty of Health at Dalhousie. This role gave me my first real exposure to a different level of leadership and a clearer understanding to how a university works. As that role was ending, I was thinking, what do I do next?

My husband has just retired, both of our sons live in Toronto, and there's water right there. I am a JBI trainer (Joanna Briggs Institute, and Queen's is a JBI Centre) and Queen's offered all of that in a university that wasn't too big, but yet a nice comfortable size to actually know people. Community and relationships are important. I have never been in an environment where I see the energy from students that I see here. It's unbelievable. And I have been so warmly welcomed everywhere I go. The inclusiveness is awesome.

### **Q: Tell me about your research.**

**A:** Most recently, I received the CIHR (Canadian Institute of Health Research) salary award as an Embedded Clinical

Researcher. In the research, we are exploring the use of evidence among women who live with obesity during pregnancy, birthing, and post-partum. My research focus is on knowledge translation; I examine strategies to support changing provider behavior to use best evidence in practice and ultimately to improve patient outcomes.

Care for women that live with obesity is inconsistent. I am currently conducting two systematic reviews, one looking at women's experiences of living with obesity during pregnancy, birthing, and post-partum and the other is looking at the health care provider experience of caring for women living with obesity during pregnancy, birthing and post-partum. If we understand the experience in context, as well as the readiness of the context, we can focus on identifying the best strategies to enable health care providers use of best practice (research evidence) and improve the health outcomes for that particular population of women.

### **Q: What do you love about teaching future nurses?**

**A:** I want people to understand what it means to provide care and what it means to the person they're providing it

for. Are you providing care that's centred on you, so is it provider-centred? Are you providing care that's centred on the patient? Or, are you providing care that is person-centred? When care is person-centred, it means that all persons in the context of care matter and in order to have a healthful culture and for people to flourish, we have to remember that all persons that come into the context make a difference.

For example, if I come to work as a staff nurse whatever has happened in my life just before work or even the night before can have an impact on the care I provide. For example, say my cat was sick that morning and nobody let me talk about my sick cat, then the care that I provide that day, well, I'm going to be thinking about my cat. But if I've been able to have a conversation about it, and I matter as a person in that context of care, then we all feel valued, and we're able to care for the patient in a different way. What I love about nursing is that it is an opportunity to understand that research evidence has a large impact on what we do. Research informs all activities of our role.

I have instituted, "Chat with the Director" so every week my office door is open for students to come and have a chat with me, about anything they like.

### **Q: What is your favourite thing about Kingston so far?**

**A:** New opportunity. I love change and things that are new and different. A lot of times, people think that the beginning of your career is the time to have adventure; Why can't you do that when you're at a different part of your career?

# The Importance of Compassionate Care

Compassion is such an important part of health care. By showing compassion to their patients, practitioners develop a meaningful bond with them and even improve the quality of their care. That is why all of us in the Faculty of Health Sciences are so grateful to Dr. Andrew Bruce for recently establishing the Margaret Leith Bruce Faculty Award in Compassionate Care. Dr. Bruce was professor and head of the Department of Urology at Queen's for many years, and he is currently a member of the Dean's Advancement Cabinet.

The award Dr. Bruce has established honours his wife, Margaret, and it will recognize one faculty member in the School of Nursing each year who serves as a model for the teaching and practice of compassionate care. The inaugural winner of this award was recently announced as Hilary Machan, Lecturer in the Queen's School of Nursing. In the accompanying picture, you can see Hilary (left) with

Dr. Bruce and Dr. Jennifer Medves, Former Director of the School of Nursing and Vice-Dean (Health Sciences).

To commemorate the establishment of this award, I've invited Hilary to write a guest post for the blog to reflect on what compassionate care means to her and how she incorporates it into her work. Hilary was gracious enough to agree, and you can read her contribution below.

## **Hilary Machan on Compassionate Care**

I am honoured to be selected by my peers as the recipient of the Margaret Leith Bruce Faculty Award in Compassionate Care. I thank Dr. Bruce for his investment in our students and the future of nursing.

Nursing was not a profession I had considered until my mother — a wise woman who also happened to be a nurse — encouraged me to apply to a nursing program. Queen's

University was the only school I wanted to attend, and so I applied to their school of nursing, along with other universities, just in case. When I received my acceptance letter, it seemed right; from the first day, I knew I had made the right decision.

My time at the Queen's School of Nursing exposed me to different hospitals, such as Kingston General Hospital, Hotel Dieu, Smiths Falls District Hospital, and the Perth Great War Memorial Hospital. I even got exposed to different countries, as I did one placement in Barbados.

Since I have graduated, I have had the opportunity to nurse not only in Ontario but also Edmonton and the Northwest Territories. Every experience has taught me new things, most importantly how to care. Eleven years ago, I had the opportunity to come back to the Queen's School of Nursing to teach, and I have enjoyed every minute since.

The Queen's School of Nursing places a focus on "Caring to Learn: Learning to Care." It is essential that we have faculty who can support our students in the required knowledge to provide excellence in evidence-informed care, and it is equally important that our students have compassion and incorporate this into their care.

It is a focus of mine to work with my colleagues to develop innovative ways we can continue to integrate caring into the curriculum. I believe every encounter we have with our students is an opportunity to do this, and I also believe we can be most impactful when teaching compassion at the



bedside, in the clinical environment. We need to lead by example and identify moments that can result in a better understanding for our students of what it means to provide collaborative care that is compassionate.

Given the reality of the health-care climate, time, cost, and workload are barriers to providing compassionate care. We need to discuss with our students how we can continue to involve and educate the patients and their families, to make them partners in their own care. It is often what is considered “the little things” that are the most important, and end up not being little, at all. Actively listening, looking for verbal

and non-verbal cues, responding to concerns, and taking that extra moment with your patient and their family are the moments that will often be the most meaningful to the people we care for.

As much as I love teaching, I have not given up bedside nursing. I have worked in long-term care, on medical and surgical floors, and, for the last 20 years, in the intensive care unit in my hometown. My commitment to teaching and to bedside nursing have complemented each other well, and have strengthened my knowledge and understanding. This has ultimately improved my abilities as an educator and as a

nurse. I have always believed that my role as an educator has made me a better nurse, and my continued bedside nursing has made me a better educator.

I believe we need to provide our students with a solid foundation and assist them to build on this knowledge as they move from year one to graduation. I view learning as a continuum, and I see my greatest asset as my ability to assist students to integrate theory and compassion into the clinical setting. This deeper understanding promotes critical thinking, better patient outcomes, and patient-focused care. Our students come with various backgrounds, experiences, and beliefs; this adds to the rich learning environment we are able to offer our students, and broadens their exposure and understanding.

Throughout the year, the school of nursing has identified opportunities to meet with faculty to further discuss how we will ensure our students continue to be meaningfully exposed to the concepts of care and compassion. I have recently attended the AMS Phoenix Conference. The aim of the AMS Phoenix Project is to bring compassion to health care. I intend to continue to look for further opportunities to discuss with other health-care professionals how they achieve caring in the clinical setting, and to bring this learning back to the Queen’s School of Nursing to share with my colleagues. As identified by Dr. Bruce, we need to “ensure learners of today remain committed to compassionate care while still being competent practitioners in an increasingly complex and automated health-care system, particularly in ICU.”

**It is often what is considered  
“the little things” that are the  
most important, and end up  
not being little, at all.**

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*(left) Hilary Machan, far left, is the inaugural winner of the Margaret Leith Bruce Faculty Award in Compassionate Care.*



# Jackie Duffin Inducted into the Canadian Medical Hall of Fame



In April 2019, a true legend of the Queen's School of Medicine was inducted into the Canadian Medical Hall of Fame: Dr. Jackie Duffin.

From 1988 to 2017, Dr. Duffin was the Jason A. Hannah Chair in the History of Medicine at Queen's, and in this role she taught all of Queen's medical students to place their profession in a broader historical context and also to think critically about the ways in which medical knowledge is produced.

A number of the lessons she created for the curriculum became rites of passage for the students. Most of those who studied here while Dr. Duffin taught for Queen's have vivid memories of reading the original Hippocratic Oath with her during orientation and thinking hard about the concepts of

*(left) Dr. Jackie Duffin is a hemotologist and a medical historian; she is fondly remembered by a generation of physicians as she begins a new chapter in her retirement.*

"heroes" and "villains" in medical history during their first semester. Many students also travelled around Canada and the United States with her, as she arranged yearly field trips to medical museums in both countries.

Dr. Duffin's students were so devoted to her that some of them created a conference in her honour the year after she retired. The Jacalyn Duffin Health and Humanities Conference has now run for two years, and it has been an outstanding success both times.

In its citation for Dr. Duffin's induction, the Canadian Medical Hall of Fame says, "A haematologist and historian, her enduring contributions to medical research and education deepen our understanding of how the humanities inform balanced, effective medical training."

The Faculty is extremely pleased that Dr. Duffin was honoured for the way in which she has so effectively brought the humanities into medical education because, at Queen's, we've been seeing for decades the positive effects this kind of teaching can have on students.

Dr. Duffin has always been very popular with the medical students at Queen's, as such, some were asked to share their thoughts on Dr. Duffin and what she has meant to them. Here's what they had to say.

"Dr. Duffin's History of Medicine curriculum has provided an essential building block to the medical education of thousands of medical students," Kate Rath-Wilson says. "She provided us with the critical reasoning tools to be skeptical when necessary and righteous in our advocacy. Learning about the history of our profession, its triumphs and tragedies, through Dr. Duffin's critical lens was at once humbling and empowering. Her teaching discouraged us from becoming complacent in our responsibilities as health-care advocates in our future careers."

"There are few generalizations that are true in life, but I can say without any reservation that Dr. Jacalyn Duffin is loved and cherished by ALL her students," says Hissan Butt. "That's why Meds 2015 established the Jacalyn Duffin Student Award, and students from Meds 2020 and 2021 started an eponymous health humanities conference. It's been an absolute privilege to learn from her and ask important questions about medicine and society."

Hissan was also in Montreal for the induction ceremony, as he was receiving a Canadian Medical Hall of Fame Award. These awards recognize terrific work being done by a student at each medical school in Canada, and all of us in

the School of Medicine are very proud of Hissan for being this year's recipient from Queen's.

"I always cherish moments in the lecture hall with Dr. Duffin," Yannay Khaikin says. "She teaches with a kind of energy and honesty that reverberates for decades in the minds of medical students, residents, and faculty who have been fortunate to hear her speak. Her commitment to preserving the study of philosophy and history in medicine is relentless, unapologetic, and utterly unique."

"Dr. Duffin has been the most influential and impactful teacher in both my medical and non-medical education," Chantal Valiquette says. "She is a resilient, passionate, and brilliant historian/physician who is a constant source of inspiration to her students. Her dedication to her students is unparalleled, and her support for history of medicine has inspired generations of students to realize the impact our history has on our present day understandings of medicine and medical education. There is no one more deserving of an induction to the Canadian Medical Hall of Fame."

"Equipped with a colourful scarf, her signature round glasses, a pair of neon sneakers and an exuberance that knows no bounds, Dr. Jackie Duffin is unlike any other professor I have ever had," Harry Chandrakumaran says. "It is obvious to even the least attentive student that she is unapologetically in love with her job. I cannot imagine a more deserving candidate for induction into the Canadian Medical Hall of Fame."

Many doctors have testified in court. Rarely have they had their testimony result in the canonization of a saint. Even more impressive than meeting the Pope, Dr. Duffin engage a hundred medical students while discussing the intricacies of 16th-century anatomical illustrators. Perhaps that is why she is so fondly remembered by a generation of physicians."

The Hannah Chair is funded by a program that was established by Associated Medical Services (AMS) to promote the history of medicine in curricula at medical schools across Canada. AMS funds eight Hannah Chairs at Canadian universities: six in Ontario, one in Alberta, and one in Quebec.

The Hannah Chair program is a fantastic contribution to Canadian medical education, and, at Queen's, we have always been proud to host a Chair. While Dr. Duffin no longer teaches at Queen's, they are still learning just as much about the history of medicine through our new Hannah Chair: Dr. Jenna Healey.

The Canadian Medical Hall of Fame induction ceremony is a tremendous event every year. Thank you to everyone at the Canadian Medical Hall of Fame for hosting a wonderful evening in Montreal and for all the work you do to recognize medical achievements in Canada.

If you're curious to read Dr. Duffin's thoughts on being inducted, please check out her most recent blog entry: <https://jacalynduffin.ca/2019/05/05/a-week-of-winnings/>

# 92% Job Satisfaction in FHS: How We're Building Community at Work

The 2018 Faculty of Health Sciences staff survey results show that 92 per cent of respondents are satisfied with their job. Numbers like this are essentially unheard of for employee satisfaction surveys. Special thanks to everyone in a leadership role for listening to and caring about your staff members; and to the entire Employee Engagement Committee – Kayla Desloges, Lindsay Lee, Nicole Rogerson, Jackie Moore, Laura McDiarmid, and Denis Bourguignon — for finding so many new ways to make the faculty an active, appreciative, and supportive place for staff.

But the most credit goes to our amazing staff members themselves. The reason so many people find their jobs here satisfying is because the faculty gives them a chance to work with other energetic, passionate, and purposeful people. With such a fantastic group of individuals making up our staff, FHS becomes something more than a workplace: it becomes a community.

### **Laura McDiarmid reflects on the Employee Engagement Strategy**

Thanks to a dedicated committee as well as support and participation from leadership, staff, and faculty, we have

had a tremendous year filled with activities.

Some of the highlights of our first year include several Fitbit challenges, Pizza in the Park, a successful holiday donation drive, the revisioning of the staff newsletter, February's "Gratitude Grams," and, our first annual employee engagement event, which took place at the Isabel Bader Centre in May 2018.

Our 2019 staff conference, *The Amazing Staff*, was a big success. Almost 300 of our staff gathered to hear key-note speakers Olympian Jon Montgomery and comedian Susan Stuart and participate in break-out workshops covering subjects like leadership, teambuilding, and Indigenous learning.

*"Not to overstate, but the day changed me. I won't forget the nuggets from Jon, the relay race video from Dean Reznick, the emotional story that Stephanie shared, or the Drum Cafe. I was a sweaty mess when I left from totally going out of my comfort zone to bang my drum and shake my maraca like no one was watching."*

At FHS, we want to create an environment in which employees feel empowered, appreciated, and connected to their

colleagues. As the numbers from our survey show, we are already well on our way to meeting these goals.

Our initiative focuses on five key areas of employee engagement:

1. Building community
  - a. Creating employee connections across the faculty
  - b. Creating employee connections to leadership
  - c. Focusing on inclusivity and diversity
2. Enhancing employee communications
3. Recognition
4. Empowering employees
5. Encouraging and facilitating employees' professional and personal growth

Across FHS, I see staff, faculty, and students constantly striving for excellence in every aspect of their life. Our employee engagement strategy is helping to build the culture and community to support them, and to achieve our shared vision to ask questions, seek answers, and inspire change.



# A Long-Overdue Degree and Hope for Our Future

Thursday May 23rd 2019 was convocation for the School of Nursing and the School of Medicine, and the whole faculty had the joy of seeing these tremendous graduates receive their new degrees. Convocation is always a meaningful occasion, but this year's stands out due to the granting of a posthumous degree to Ethelbert Bartholomew.

Ethelbert should have been granted this degree 100 years ago, but the 1918 policy that banned Black medical students from Queen's took away his opportunity to receive the degree he deserved.

Principal Woolf and Dean Reznick signed a public letter of apology for this ban. Ethelbert's son, Daniel Bartholomew, travelled to Kingston from Whitby to attend this apology ceremony.

Afterwards, at a dinner marking the occasion, Daniel asked of Dean Reznick: "There's one more thing I'm wondering if you could do. Could you give my dad his degree?"

This sounded like a great idea to Dean Reznick, but granting a degree is a complicated process, and it isn't something that can be done by the Dean on his own. Even if it were possible, it was likely to take a long time. Universities, you

might know, don't exactly move at lightning speed.

Dean Reznick spoke to Ann Tierney, Vice-Provost and Dean of Student Affairs, and she said, "We can do this!" The next day, Dean Reznick spoke to Director of Diversity Mala Joneja, and she said, "We can do this!"

To Dean Reznick's great thrill, everyone at Queen's jumped into action with great commitment to granting this degree. Processes that would normally take a year were finished within a month. Daniel asked for this degree in April, and we were able to confer it in May.

Conferring this degree was made all the more meaningful by the fact that Daniel and other members of Ethelbert's family came to Kingston to attend convocation. Two of Ethelbert's descendants even agreed to accept the degree on his behalf: Dr. Maria Bartholomew, his great niece, and Rosalind Bartholomew, his granddaughter.

The Faculty of Health Sciences is so grateful to all the members of the Bartholomew family who attended the convocation. "Handing Ethelbert's long-overdue degree to Maria and Rosalind will stay with me as one of the most meaningful moments in my time as dean," said Dean

*(right) Dean Richard Reznick and Chancellor Jim Leech celebrate with the Bartholomew family.*



Reznick. The Faculty also thanks PhD candidate Edward Thomas for his incredible and diligent work in unearthing many of the details of this story through his research.

The ban of 1918 is certainly a sad moment from our past, but we are excited and hopeful for the future. When it comes to embracing diversity, the class of 2019 is light years ahead of where we were, as a society, in 1918.

It's thrilling to see the ways in which they have all embraced inclusivity in the classroom, around campus, and in the hospital. For this generation, the drive to promote equity and diversity is part of who they are as people. Queen's medical graduates will continue to make Canada a more equitable society as they embark on the next stage of their careers.

# How this Nursing Professor is Improving Simulation-based Education in Canada

**In 2005, the Government of Ontario gave nursing schools in the province funds for simulation equipment, and Dr. Luctkar-Flude remembers opening the box of the first simulator Queen's procured.**

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When Dr. Marian Luctkar-Flude was in nursing school, she, like most other students in her generation, would practise giving injections on oranges and learned how to find veins by using the arms of her classmates.

In the past 15 or so years, though, teaching methods have changed drastically thanks to the rise in simulation-based education. Now, nursing students at Queen's and many other universities in the country work with a series of training devices — ranging from partial-task trainers to full-bodied computerized mannequins — to learn foundational skills for the profession, such as taking blood, performing cardiac resuscitation, and communicating as a member of a team. And Dr. Luctkar-Flude has played a significant role in the increasing sophistication of simulation pedagogy in nursing curricula, first at Queen's and, more recently, across Canada.

Recently, she has worked with a group to develop the Canadian Certified Simulation Nurse Educator (CCSNE) exam and course, which is the first simulation certification program for nurse educators in Canada. The program is run through

the Canadian Association of Schools of Nursing (CASN), and it aims to provide educators with an understanding of how they can most effectively employ simulation training in their courses. The certificate learners receive upon passing the exam is also the first credential of its kind in the Canadian nursing community.

As the first cohort to complete the online preparatory course just wrote the exam in March, CCSNE is starting to make a real impact on nurse education in Canada. And that impact is truly widespread: the course had participants everywhere from B.C. to southern Ontario to Nunavut.

Looking back on her own experiences with simulation training, Dr. Luctkar-Flude sees that she and the field have come a long way. As far as the story of simulation at the Queen's School of Nursing goes, she was there from the very beginning.

In 2005, the Government of Ontario gave nursing schools in the province funds for simulation equipment, and

Dr. Luctkar-Flude remembers opening the box of the first simulator Queen's procured. While she was excited to start using the new teaching materials, she realized she could use some specific training to understand how best to use these new tools.

Dr. Cynthia Baker, director of the School of Nursing at the time, supported Dr. Luctkar-Flude's goals and provided her with funds to undergo training in simulation pedagogy. Since that time, she has been very involved in implementing and expanding simulation in the nursing program at Queen's.

We now have three labs in the patient simulation lab located in the Cataraqui building, which are almost always busy, and students in all years of the undergraduate nursing program use simulation. And students from different schools work together on interprofessional training exercises in scenarios related to fields such as obstetrics and pediatrics.

Nursing students gain many valuable competencies through simulation, from basic clinical skills to knowing how to respond to different codes at the hospital. Dr. Luctkar-Flude remembers that when she was starting her career as a nurse, she had to learn to respond to such codes in the moment, with no prior training other than basic CPR certification.

The more work she does on developing simulation curricula, the more Dr. Luctkar-Flude believes in its benefits. That is why — in addition to helping to develop the CCSNE — she has co-created The Canadian Alliance of Nurse Educators using Simulation (CAN-Sim) along with Dr. Jane Tyerman, who

received her PhD in nursing from Queen's and currently holds a faculty position at Trent.

CAN-Sim is a network of nurse educators who promote excellence in simulation education and research. Through easily accessible resources like webinars, videos, and sample virtual simulation games, CAN-Sim aims to help educators generate ideas for how to incorporate simulation into the classroom and give them an understanding of current best practices. CAN-Sim connects educators and researchers in order to promote collaboration and exchange of ideas.

On the CAN-Sim website, nurse educators can find video-based virtual simulation games for a variety of clinical scenarios and educational purposes. Some of the games can help to better prepare students for a live simulation session in the lab, for instance, while others can be used in lieu of a lab session. And they teach learners how to handle conditions such as urosepsis and respiratory distress. Dr. Luctkar-Flude has played an active role in creating these games, doing everything from developing the scenario to filming the video with a Go Pro camera.

It's so great to see the way in which Dr. Luctkar-Flude has become a true leader in the community of Canadian nurse educators practising simulation. The rise in simulation pedagogy has been one of the most important recent developments in health sciences, and I'm proud that Queen's has been able to be at the forefront of the field thanks to dedicated faculty like Dr. Luctkar-Flude.

*(below) From orange skins to computerized mannequins, simulation-based training is helping nursing students learn practical skills.*



# Integrating Western and Indigenous Care in Northern Quebec

Working as an occupational therapist in a Cree community in northern Quebec, Jung Lin was very far away from Queen's when she heard about the DSc in Rehabilitation and Health Leadership (RHL) program — but the timing could not have been better.

Jung learned about the program through an informational email from the School of Rehabilitation Therapy, where she had earned a master's degree 10 years before. Just a few days before she received this email, she had been having a conversation with her manager about whether or not she'd be interested in taking a larger research and leadership role within their organization.

When the message about the program reached her, then, it seemed almost like a sign.

The DSc RHL program is one of our newest offerings in the Faculty of Health Sciences, and it is designed for people, like Jung, who already have careers in health care but want to develop their skills in order to take on bigger challenges and larger responsibilities.

Jung's goal in earning her doctorate is to put herself in the position to help rehabilitation professionals work more closely with Indigenous care providers. For her dissertation, she is conducting a mixed-method study to develop training modules that can help practitioners learn how to integrate Western and Indigenous methods of care. Her goal is to use her findings to develop better training systems for Indigenous paraprofessionals and to enhance service delivery.

"While I greatly enjoy providing care to my patients, I'm also looking to make bigger changes," Jung says. "The Rehabilitation and Health Leadership program is teaching me how to make the larger impact I'm aiming for."

Originally from Taiwan, Jung has been making connections across cultural divides her entire adult life. After earning her degree in occupational therapy in her home country, she worked there for several years at a mental health facility before moving to Canada with her family.

When she and her parents came to Canada, they settled in Montreal, which they chose because Jung's older sister was

working toward her PhD at McGill. After a few months, though, Jung decided on a change of scenery and to get started on earning her master's degree.

She found her way to the Master's in Rehabilitation Science program at McMaster University, where she developed a greater understanding of Canadian health care.

After finishing this one-year program, however, she felt like she had more to learn and explore in order to enter the workforce with a greater sense of confidence and mastery. Ultimately, this desire led her to enrol in the thesis-based Master's in Rehabilitation Science program at the Queen's School of Rehabilitation Therapy.

At Queen's, Canada truly started to feel like home for Jung. She gives a lot of credit to her supervisor, Dr. Rosemary Lysaght, for supporting her with her transition to Kingston and for helping her develop a professional network.

From Kingston, Jung returned to Montreal to be closer to her family, and she worked as an occupational therapist in



*(left) Jung credits her supervisor, Dr. Rosemary Lysaght, for supporting her and helping her develop a professional network.*

the city. When she saw the job advertisement for her current position with the Cree Board of Health and Social Services of James Bay, she was immediately intrigued. She viewed it as an opportunity to provide useful services to a part of Canada she wouldn't get to know otherwise.

Jung says there are some challenges to working in the north. Her family still lives in Montreal, so every two months she drives nine hours, each way, to spend time with them. The community she lives in is more than 90 minutes away from the nearest grocery store, which means she has to plan her

shopping trips much more carefully than she was used to. And, of course, the weather can get extremely cold.

But Jung finds the experience highly rewarding despite any challenges.

The DSc RHL program is fitting in to her work and life commitments just as she'd hoped it would. The online nature of most of the coursework allows her to integrate studying into her busy schedule without much trouble.

Even more important, she strongly believes the program is helping her to meet her goals. "I think I've gone through a transformation since starting the program," she says. "I am more capable of making long-term plans for my work, and I have grown more confident as a leader. The class's 'Leadership Development Seminar' and 'Applying Theory to Enable Change' have had an especially strong impact on me."

Jung felt confident in her decision to enroll in a second degree program at the Queen's School of Rehabilitation Therapy because, as she worked toward her master's, she thought it was an environment where the faculty truly care about students and their needs. "After 10 years," she says, "I think Queen's is just as student-centred as I remember it."

I wish Jung all the best as she moves through the DSc RHL program and does her important occupational therapy work in northern Quebec.



# Impactful Giving to Health Sciences

The Faculty of Health Sciences entered the fiscal year with specific goals of inspiring impactful and unprecedented giving to support both the development of our next generation of health-care leaders and groundbreaking medical research.

Over the last 12 months, we worked to share stories about life-changing research conducted across campus, and how philanthropy is helping to develop the next generation of leaders in the schools of nursing, rehabilitation therapy, and medicine. We rely on our generous donors to help us explore opportunities for improved patient care, welcome world-renowned faculty, and prepare learners for practice.

Thanks to significant investments by the South Eastern Academic Medical Organization (SEAMO) Surgeons, Pediatricians, and Medicine physicians, as well as gifts from more than 1,500 alumni and friends, more than \$8.8M in donations was pledged to support our mission. For the first time in the faculty's history, more than \$1M came from our annual donors, whose regular support is so important. In the last six years, \$84M was raised for our faculty priorities to support students, faculty, research, and equipment.

Thank you!

## 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	Heather Clarke
Jennifer Medves	Jo-anne Marr
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Kathy Pritchard	Louise Morrin
Lucas Murnaghan	Marcia Finlayson
Peter Shedden	Reid Drury
Robert Reid	Sue Guichon
Terrence Sullivan	

## SPOTLIGHT ON GIFTS

### Notable Gifts

- Surgeons, Pediatricians and Medicine physicians of SEAMO
- Anonymous – School of Medicine

- Anonymous – Centre for Neurosciences Concussion Research
- Brenninkmeyer Foundation – Wound Care
- Andrew Bruce – Nursing Compassionate Care
- Callahan Foundation – Medical Student Assistance
- Alan Chen – Biomedical and Molecular Science Student Assistance
- Susan and Greg Guichon – Rehabilitation Therapy Student Assistance
- Peter McEwan – Nursing Lectureship
- Viola Pearse – Medical Research
- Lois Shepherd – Canadian Cancer Trials Group
- Tatham-Henderson – Diversity and Inclusion Lectureship
- Walker Wood Foundation – Medical and Nursing Student Assistance
- Joan Webber – Nursing and Alzheimer's Disease Research

### Student Financial Assistance

Dean Richard Reznick has said many times that our students are the faculty's greatest asset. We are pleased that donors think of creative ways to ensure students are receiving the support they need to be successful.

As an example, the School of Rehabilitation Therapy is

committed to leading and inspiring positive changes that transform lives through rehabilitation research, education, and practice. This year we created a student experience endowment fund that will provide permanent, annual funding for our students' learning experiences that go beyond the classroom, which are an important component of the school's programs. Thank you to Greg and Susan Guichon (PT'78) and Cathy Ambler (PT'70) for providing the lead gifts to support the School of Rehabilitation Therapy Student Experience Fund.

The Walker Wood Foundation, established by Susan and Neil C.W. Wood, is dedicated to funding post-secondary education for candidates who have a high academic standing, have demonstrated leadership or similar qualities, and who might otherwise have found it difficult to afford further education. This year the foundation created awards to support both medical and nursing students.

### **Research Prominence**

The Faculty of Health Sciences is known for our research intensity and has long contributed to the university's research mission. Our success would not be possible without the philanthropists whose generosity supports up-and-coming stars dedicated to advancing our research mission and achieving medical breakthroughs. Improving the standards of patient care and patient outcomes are the overarching goals.

This year we received remarkable commitments to creating chairs to support research, innovation, and education. Also,

funding was provided to create research funds and visiting lectureships, and research studentships in all three schools. We are grateful to the SEAMO Surgeons, Pediatricians, and Medicine physicians, and the many donors who supported these initiatives.

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### **HONOURING LOVED ONES**

#### **Margaret Leith Bruce Faculty Award in Compassionate Care**

Compassion is such an important part of health care. By showing compassion to patients, practitioners develop a meaningful bond with them and even improve the quality of their care. We are grateful to Dr. Andrew Bruce for establishing the Margaret Leith Bruce Faculty Award in Compassionate Care. Dr. Bruce was professor and head of the Department of Urology at Queen's for many years, and he is currently a member of the Dean's Advancement Cabinet.

The award Dr. Bruce established honours his wife, Margaret, and it will recognize one faculty member in the School of Nursing each year who serves as a model for the teaching and practice of compassionate care. The annual winner of this award will be committed to extensive learning on compassion and then sharing with nursing faculty and students.

#### **Gerri MacEwen Memorial Lecture in Nursing**

In 2018, Gerri MacEwen passed away unexpectedly but

peacefully at her home after a brief but devastating illness. Having lost the love of his life, Pete MacEwen (Meds '73), in consultation with their son Kenny, decided to establish the Gerri MacEwen Memorial Lecture in Nursing in the Queen's School of Nursing.

During his years as a medical student and anesthesia resident at Queen's, in addition to his years of practice and teaching in Ottawa, Pete had always been inspired and motivated by visiting professors' lectures, and he wished to enable the same inspiration for Queen's nursing students, in Gerri's memory.

#### **The Peter R. Galbraith MD Fund for Palliative Care Education**

Dr. Peter Galbraith was a Meds'56 alumni and faculty member at Queen's with cross-appointments in the departments of Pediatrics and Oncology. He was founding head of the Division of Hematology/Oncology, and directed the Hematology training program for more than 25 years. He ran a division renowned for its compassion both for patients and the interns and residents who rotated through. Peter was also instrumental in establishing the chemotherapy unit at Kingston General Hospital and was a founder of the Palliative Care Service.

To honor Peter's legacy his children established The Peter R. Galbraith MD Fund for Palliative Care Education to provide support for trainees to gain additional expertise in palliative care.

# Rehabilitation Therapy Student Champions Mental Health Committee

Prior to commencing the occupational therapy program at Queen's, Caitlin De Smit worked in the field of mental health as a youth worker. She developed a passion for mental health after spending countless hours with youth, supporting them to overcome the many barriers they faced due to their mental illness.

Caitlin was introduced to occupational therapy when she worked on an interdisciplinary team at a transitional housing program. She was immediately drawn to the profession's holistic approach and its focus on enabling participation in meaningful occupations. In her first year at Queen's, Caitlin recognized that discussing mental health issues raised awareness among students about their own mental wellness. After becoming vice-president of the Rehabilitation Therapy Society, Caitlin saw an opportunity to apply her passion for mental health awareness in her new role on student council. With other members of the council, she worked to establish

a mental health committee comprising representatives from the occupational therapy and physical therapy programs.

The student-led mental health committee works to foster dialogue about mental health and wellness by increasing opportunities for student connection, sharing knowledge, and offering students referrals to appropriate resources.

The committee is devoted to building strong interprofessional ties within the School of Rehabilitation Therapy (SRT), as well as between the schools of medicine and nursing. Committee members believe that these ties foster a sense of community among future health-care professionals that can support positive mental health. Education, conversation, and de-stigmatization are principles that guide the committee, encouraging engagement from the entire SRT community.

When the committee first launched in 2018-19, advertisements about its focus resulted in 10 volunteers across the occupational therapy and physical therapy programs. Their

inaugural event involved distributing 140 hand-crafted notes of encouragement and positivity to the rehabilitation therapy students during final exams.

The committee also launched a web page on the student council website to keep everyone informed of upcoming events and to recruit additional members from incoming classes. They also launched a Facebook page to share resources about student wellness services and help link people together. Over the summer, the committee members developed a strong plan to promote mental health and wellness for the upcoming year.

A key strategy of the committee will be to wear "Let's Talk About Mental Health" badges at key events and activities, which will help introduce the committee members to all rehabilitation therapy students. These badges will ensure committee members' visibility, keep the conversations about mental health going, and encourage student participation in activities supporting mental wellness. Other planned activities include semi-weekly drop-in events focused on self-care and positive mental health, collaboration with students from the schools of medicine and nursing around mental health issues, and the provision of "stress busters" care packages during exam weeks.

By formalizing this student-led committee and engaging rehabilitation therapy students at Queen's, the committee hopes to create a community promoting positive mental health here on campus and beyond.

# Meet the Latest Cohort of Faculty of Health Sciences Students



*(left) A first for FHS: On-Campus Bachelor of Health Sciences students celebrating Orientation Week.*

This past September, if the fall colours, cheering, and clusters of students moving through campus and taking over City Park last didn't give it away, a new cohort of students started their studies at Queen's.

Fall is a special time for the Faculty of Health Sciences — the majority of our 64 programs across the School of Rehabilitation Therapy, School of Nursing and School of Medicine

welcome students to campus, or online, for their first term. Where nursing was the only undergraduate class we welcomed to campus in the past, this year we had a brand-new undergraduate class: the Bachelor of Health Sciences (BHSc).

The BHSc program was conceived of five years ago. We imagined building a program that would give high school graduates a pathway to the health-care professions: medicine, dentistry, pharmacy, and rehabilitation therapy, as well as a direct pathway to careers in the health-care sector, in government and in research.

But we didn't want to just do a regular-old health sciences degree. We enlisted our brightest faculty members to design courses that are competency-based, meaning our students develop tangible skills through each module, and they are assessed based on those abilities; not just what they memorized in a textbook. And three years ago, we put all of those courses online, offering Canada's first fully online BHSc degree.

Fast forward to today, and we are thrilled to be translating our cutting-edge curriculum to an on-campus degree. Dr. Michael Adams, the program's director, and his team

are extremely proud of the curriculum, and are constantly working on it to make it relevant both in terms of content and in our pedagogical approach.

In their time at Queen's, our BHSc students will spend time using flipped classrooms, learning in laboratories, doing hands-on research, and, most importantly, taking advantage of the interprofessional expertise right inside our faculty.

Dean Reznick often addresses the incoming classes, and this excerpt from his Orientation Week remarks focuses on what the Faculty of Health Sciences community is really like, "the one thing I know for sure after leading this faculty for the last nine years — whether it's nursing, medicine, or rehabilitation therapy — no other programs are as tight-knit as ours."

If you were on campus early this September, you would have heard the singing and cheering, you would've seen the foundation on which that tight-knit community is built. The BHSc class of 2023 will certainly follow suit. What starts as a room full of strangers, over four years, becomes a room full of close friends and a support network built through challenges, successes, and all the moments in between.

# Rethinking the Way That We Create Positive Spaces for Our LGBTQI2S+ Patients

**Not feeling welcome or understood hinders the therapeutic relationship and affects how people access care, or whether they access care at all.**

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We live in an era when it is increasingly important for health-care practitioners to create safe spaces for their lesbian, gay, bisexual, transgender, queer and questioning, and intersex and two-spirit (LGBTQI2S+) patients.

Discrimination and marginalization are huge barriers to health care for people of diverse sexual or gender identities. Not feeling welcome or understood hinders the therapeutic relationship and affects how people access care, or whether they access care at all. And we know that working towards positive spaces is a way to foster safer health-care environments for patients from LGBTQI2S+ communities; studies confirm this again and again.

So how do we create those positive spaces for both practitioners and patients? The traditional approach is through cultural competency training. The tools in such training focus on the provider developing a set of attitudes, knowledge, and skills that will support them in caring for and showing

respect for clients of different cultures.

And yet even for the most well-meaning, creating those safe spaces and experiences isn't as simple as relying on knowledge gained from prior trainings, such as an introduction to LGBTQI2S+ terminology.

Kathryn Allwright, who recently graduated from Queen's Master of Nursing Science (MNSc), explored this simple yet striking nuance: humility can be more effective than competency in making positive health-care spaces for people from the LGBTQI2S+ community.

According to Kathryn and her research, humility requires a different approach than competency.

Rather than aiming to have health-care practitioners "know" the issues and concerns their colleagues and patients from LGBTQI2S+ communities face, humility aims to have practitioners understand that knowing is a process, rather





*(left) Kathryn Allwright, right, with her supervisor Katie Goldie, Assistant Professor in the School of Nursing, looked into how humility can be more effective than competency in making positive health care spaces for people from LGBTQI2S+ community.*

than a destination. Each person has a unique lived experience; if we can resist assumptions and instead seek to understand each individual and their unique situation, we can shift to a state of constant learning — and act accordingly.

Exactly how humility might be embedded into nursing practice was the focus of Kathryn's thesis. In her initial research, she found literature demonstrating that public health nurses could make public health unit spaces safer for sexually and/or

gender-diverse people through a cultural humility approach. However, she found something was missing. There was no way to measure this. Public health nurses needed to be able to assess whether they were, in fact, using a cultural humility approach and creating positive spaces.

So, she set out to validate the effectiveness of existing self and workplace assessment tools made available by the Ontario Public Health Association. "Despite these tools being

used in practice, I was unable to find any psychometric testing to support that these were valid and reliable measures for positive spaces," Kathryn explained.

In the end, she set her sights on testing a modified version of the tools that reflected cultural humility rather than competence. "A cultural humility approach encompasses critical self-reflection, a commitment to lifelong learning, and a recognition of power imbalances. It was important to ensure that these components were reflected in the positive space tools," Kathryn shared. Her work yielded a 40-item self-assessment tool with 15 underlying dimensions and a 38-item workplace tool with 10 underlying dimensions.

"This Exploratory Factor Analysis is a step in the direction toward having validated and reliable tools," Kathryn said. The next step is testing the tools with different samples to assess generalizability of the results."

Although Kathryn has now graduated, this won't be the end of her work on LGBTQI2S+ health-care topics. Alongside project partners, she has launched a podcast series on trans health-care topics called TransForming Rounds. You can find all episodes [here](#).

Seeing the important work Kathryn is doing to support diversity and inclusion is not just inspiring but brave and thought-provoking. I hope it inspires those of you reading — whether you are a nurse, doctor, rehabilitation therapist, trainee, staff member, or someone working outside the health-care field altogether.

# Working Toward Inclusion: Listening to LGBTQI2S+ Student Voices in Medicine

BY DAVID MESSENGER, HEAD, DEPARTMENT OF EMERGENCY MEDICINE

Recently, I took part in a panel discussion organized by Queen's medical students. A small group of faculty and resident physicians came together to speak about our individual experiences as LGBTQI2S+ persons in medical school, residency training, and early practice. As the oldest panelist, I looked forward to learning how different becoming an LGBTQI2S+ doctor must be now compared to my own experience.

When I started medical school at Queen's in 1998, the landscape looked much different than it does today. Sexual orientation had only just been added to the Canadian Human Rights Act; same-sex marriage rights were still seven years away. At 21, I had yet to come out to my family and many friends, and I had just started my first gay relationship (with my now-husband). I was keenly aware of a need to tread very carefully as I took my first tentative steps out of a meticulously constructed closet.

As a gay medical student, I felt relatively isolated. Rather than

seek community with the tiny group of visible LGBTQI2S+ med students, I avoided associations that might result in my being "outed." I felt certain that coming out would be a liability to any number of my ambitions in medicine, particularly matching to a competitive specialty residency program. I worried about how I'd be viewed and treated by preceptors, colleagues, and patients if I presented as anything other than the norm that was modelled for me in medicine.

Gay clinical faculty exemplars or mentors? None were visible to me through my decade of training at Queen's. Normalization of LGBTQI2S+ patients in the curriculum? Other than being taught to ask "do you have sex with men, women, or both?" when taking a sexual history, and discussions about gay patients in the context of HIV, I don't recall much explicit reassurance that medicine welcomed the inclusion of the LGBTQI2S+ experience in its ranks.

Despite a sense of isolation, my actual lived experience at

Queen's has been mostly positive. My coming out has been a gradual and continuing experience that started during residency. I feel immensely grateful for the acceptance and support I've received from many peers and mentors here who have proved to be committed allies as I've become more open with my identity. But my experience has always felt more like good luck than it has deliberate institutional culture.

Two decades later, it's clear much has changed. Listening to the contemporary stories and experiences of my co-panelists and others revealed that LGBTQI2S+ students are more comfortable living that identity openly among their peers today. A more visible and supportive LGBTQI2S+ medical student community exists for those who seek it out. This community is finding a voice that is helping to promote the inclusion of more diversity in the curriculum.

But, even now, LGBTQI2S+ students describe considerable apprehension about if and how to be themselves when



*(left) Dr. David Messenger speaks about his LGBTQ-I2S+ experience in medical education*

applying for residency training. They search for subtle signals during electives and interviews that prospective programs are safe to join. They consider redacting their CVs to exclude activities that brand them as “too political” (code for “too gay”). They speak of ruling out entire disciplines from their

career choices because of worry that as LGBTQI2S+, they won’t fit with the culture of the specialty.

Despite unique individual experiences, many learners describe being victim to assumptions, misunderstandings,

and a hidden curriculum that can make them feel like outsiders within their disciplines. And finally, they expose an ongoing scarcity of accessible and visible LGBTQI2S+ mentors and role models within Queen’s Medicine.

June is Pride month — among other things, a celebration of diversity. At Queen’s, we often discuss a need to foster diversity and inclusion in medicine, but the stories of our LGBTQI2S+ students and trainees bring to light how much work remains for diversity and inclusion to become lived values.

An inclusive medical school welcomes and normalizes as many different populations of students as possible. An inclusive medical school does not explicitly or implicitly marginalize people or label them as “other,” including the patients our graduates will go on to care for. As one of a small number of gay faculty members in a position of leadership, my visibility and accessibility to students is an important contribution I can make to help us be a more inclusive community. I have a tendency to shelter behind my ability to visibly “blend into the crowd” and to obscure my identity — some habits die hard — and that tendency might be sending the wrong message to my students and colleagues.

Change begins with recognition. We all need to pay attention to the stories of LGBTQI2S+ students, stories as diverse as the individuals who tell them. We can, and must, do better as allies, and this starts by listening to, learning from, and advocating for our students and colleagues’ experiences in medicine at Queen’s.

# Canadian Cancer Trials Group Awarded More Than \$25 Million from NIH and NCI

This year, the Canadian Cancer Trials Group (CCTG) was awarded more than US\$19 million over six years (approximately C\$25 million) from the U.S. National Institutes of Health (NIH) and National Cancer Institute (NCI). This award will allow the group to continue its work leading major cancer clinical trials in Canada through the U.S. National Clinical Trials Network (NCTN) and to develop new large-scale trials under CCTG leadership.

“The renewed funding will continue the U.S.-Canadian research collaboration and allow CCTG to take the lead on a number of important trials over the next few years,” says Janet Dancey, CCTG Director. “The partnership will support more rapid accrual to trials led by U.S.-based groups who will be working alongside CCTG to identify better treatments for patients with cancer.”

This strong partnership with U.S. investigators within the NCTN emphasizes the need for international collaboration

to conduct definitive practice-changing trials, trials in rare cancers, and trials testing precision-medicine strategies. The CCTG has successfully obtained funding from the NCI since 1997 as a key clinical trials partner in the former U.S. Cooperative Group Program and now with the NCTN.

“CCTG’s outstanding level of quality cancer research means leading international investigators work with Queen’s faculty to generate ideas for trials that enroll many hundreds of patients annually to their studies,” says Richard Reznick, Dean of the Faculty of Health Sciences at Queen’s University. “The international scope of the success of the group is due not only to the expertise found here at Queen’s, but also to the hundreds of investigators at over 85 cancer centres across Canada.”

“Thanks to support from partners such as the NIH and NCI, the CCTG is an international leader in advancing both trial practices and cancer treatments,” says Kimberly Woodhouse, Interim Vice-Principal (Research). “Strong research

*(above) Janet Dancey, Director,  
Canadian Cancer Trials Group*



collaborations, both within Queen’s and among partner institutions, are critical to their success in addressing this devastating disease.”

Dr. Dancey concludes, “Global partnerships like this one allow CCTG to bring cutting-edge international clinical trials to Canadian cancer patients, helping to prolong and improve the quality of life of those living with cancer.”

## About the Canadian Cancer Trials Group

The Canadian Cancer Trials Group is a cancer clinical trials research co-operative that runs phase I-III trials to test anti-cancer and supportive therapies at more than 85 institutions across Canada and more internationally. The CCTG is one of the national programs of the Canadian Cancer Society, and from its operational centre at Queen’s University, the group has supported more than 500 trials in more than 40 countries aimed at improving survival rates and quality of life for all people with cancer.

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# A Senior's Oasis

**With Oasis,  
there is a support  
system naturally  
built into where  
they are living.**

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With an aging population, it is critical that seniors living in the community receive the support they need. It is important that new effective and cost-efficient strategies are developed to help seniors live where they want to live and prosper in their chosen communities.

The Oasis Senior Supportive Living Program is a unique model of active aging-in-place that was originally developed with a group of seniors living in an apartment building in Kingston. While members and the many people who work with them have cherished the program for many years, its value and potential has recently been recognized outside the city.

Professors Catherine Donnelly and Vince DePaul from the Queen's School of Rehabilitation Therapy are leading a research project to expand and evaluate the Oasis model into seven new communities in four cities in Ontario. In this project, they have partnered with the seniors at the original Oasis program at Bowling Green II apartment in Kingston, the Oasis board of directors, and researchers at Western University in London and McMaster University in Hamilton.

"The Oasis model is a unique model that's seniors-driven," says Dr. Donnelly. "Isolation can be a major issue for seniors who are living alone and who may have challenges getting out and about. With Oasis, there is a support system naturally built into where they are living. Members can connect with others in their familiar space."

Each Oasis building features an Oasis members committee, a community board of directors, and an onsite program co-ordinator. Oasis members drive the program and direct the programming, including communal meals, social activities, and exercise and activity programs. The onsite program co-ordinator supports all aspects of the program delivery,

working with the members. The community board offers oversight and governance support and has been instrumental in supporting Oasis.

All programming occurs in the apartment building where seniors are living, ensuring that Oasis brings the services they need to them. Programming includes everything from a Wii bowling league, exercise classes, creative writing workshops, and daily coffee times. Three days a week, catered meals are served to Oasis members in a communal dining space.

"This was a very grassroots, seniors-driven, community-supported idea. The original Oasis building opened about 10 years ago in the Bowling Green II apartment owned and operated by Homestead Landholdings," says Dr. DePaul. "Homestead has been very supportive from the beginning, including providing space for the program to operate. They continue to be very supportive as we move forward to expand the program to other buildings. We have also received support from another Kingston landlord, CJM, to open an Oasis program in one of their buildings here in the city. It's these partnerships that are critical."

The project has been funded through three separate grants from the Ontario Ministry of Health and Long-Term Care, the Baycrest Centre for Aging and Brain Health Innovations, and the Ontario Ministry of Seniors and Accessibility. The funds from each grant are being used to support the expansion and evaluation of Oasis into different buildings. The project team includes colleagues from Western, McMaster, and Queen's.

This new funding will allow this multidisciplinary and multi-community project with new programs to move forward, along with a model evaluation with an eye on refining the process and, potentially, bringing new aging-in-place communities on board.



# Research Institute Receives Critical Funding for Military and Veteran's Health Research

**To date, CIMVHR has funded 78 projects aimed at advancing the health of military personnel, veterans, and their families.**

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The Canadian Institute for Military and Veteran Health Research (CIMVHR) and Queen's University welcomed the Honourable Lawrence MacAulay, Minister of Veterans Affairs and Associate Minister of National Defence, to campus on July 10th, 2019, where he announced a \$25 million investment over 10 years to support the institution's research activities.

The Canadian Institute for Military and Veteran Health Research (CIMVHR) is a university centre based within the School of Rehabilitation Therapy at Queen's University. The only pan-national institute within the military, veteran, and family health research international landscape, CIMVHR is a network of 43 Canadian academic members and 10 global affiliates serving as the hub for research, relationships, and impact within the academic military, veteran, and family health research community. To date, CIMVHR has funded 78 projects aimed at advancing the health of military personnel, veterans, and their families.

"Queen's is pleased to see the Government of Canada commit long-term operational funding for CIMVHR — allowing the institute to continue its important research and knowledge translation aimed at improving health outcomes for Canada's veterans and their families," says Principal and Vice-Chancellor Patrick Deane. "The university has long been supportive of the institute's goals and objectives."

Minister MacAulay also announced \$250,000 in funding from the Veteran and Family Well-Being Fund to create a Servicewomen's Salute Online Portal for Research and Resources. The five-year project is designed to support female veterans and still-serving members transitioning out of the Canadian military to live in Canadian communities. "Research has shown that one in four Canadian Armed Forces members will have trouble transitioning from military to civilian life. This is particularly true for women in uniform," says Dr. English and Lieutenant-Commander

(Ret'd) Rosemary Park, MSc CD Servicewomen's Salute — Hommage aux Femmes Militaires Canada Lead. "A robust and customized research and community resource of information, research, support, and engagement for Canadian military women would help servicewomen navigate their transitions more easily." Dr. Allan English, Associate Professor, Queen's Department of History, is heading up the program, and the new funding will flow through the Queen's Centre for International and Defence Policy.

"Meeting the health needs of those who served in Canada's armed forces depends on access to leading scientific research in the military and veteran health field," says Minister MacAulay. "Queen's University has been an invaluable asset to our veteran community in this regard, both in terms of the work they've done for CIMVHR and Servicewomen's Salute. Continued collaboration between all stakeholders in this area benefits not only military members, veterans, and their families — but Canada as a whole."

Funding for CIMVHR was proposed as part of a larger push for veteran-centric research in the federal budget 2019 announcement. This exciting news comes a year after the CIMVHR hosted a roundtable of key stakeholders from academia, government, and the military to start the complex process of whole-of-community engagement in suicide prevention. Sadly, suicide is a major tragedy that touches many in the military and veteran communities. This roundtable was an unprecedented event and described its objectives as 1) start a discussion on suicide prevention in military



*(from left) Rosemary Park, Servicewomen's Salute – Hommage aux Femmes Militaires Canada Lead; David Pedlar, Scientific Director, CIMVHR; Lawrence MacAulay, Minister of Veterans Affairs and Associate Minister of National Defence; Walter Natynczyk, former Chief of the Defence Staff; Principal and Vice-Chancellor Patrick Deane; Harry Kowal, Principal, Royal Military College of Canada; Yvonne Cooper, Executive Director, CIMVHR.*

personnel, veterans, and public safety personnel; 2) share suicide-prevention knowledge and practices; 3) start developing a "whole-of-community" approach that all stakeholders can take part in; and 4) explore next steps.

"CIMVHR has worked tirelessly to build a collaborative network between academia, government, industry, and philanthropy to advance research in the area of military, veteran, and family health and wellbeing," says David Pedlar, Scientific Director, CIMVHR. "Recognizing the importance

of research and the impact it has on those who so selflessly serve, and their families, this Government of Canada funding will continue to strengthen the foundation for CIMVHR to continue leading the way for the next 10 years. We are honoured to continue serving those who serve us."

Research conducted by CIMVHR is used by departmental decision and policy makers, program planners, health managers, clinicians, and other stakeholders as they support the physical, mental, and social health of veterans and their families.

# A Medical Student has Her Voice Heard on Parliament Hill

**Her goal is to help local youth and seniors understand each other better, and to help humanize the issue of seniors care for young people.**

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As an undergraduate student, Caberry Yu did not think of politics as something she'd ever be interested in. But now, as a second-year student in Queen's School of Medicine, she finds herself growing into a role as an advocate for seniors care in Canada. With the organization Daughters of the Vote, she was selected to represent Kingston and the Islands in Ottawa, during which she delivered a speech to the Senate about the shortcomings in care for seniors in Canada.

Even though advocacy wasn't at the front of her mind at the time, Caberry now sees that the seeds of her political interests were being planted when she was still an undergraduate. To gain first-hand experience with patients, she volunteered for a seniors' rehabilitation program at St. Peter's Hospital in Hamilton. Through this experience, Caberry held in-depth conversations with many elderly patients and their caregivers. She had many meaningful discussions at the hospital, but one patient said something that resonated particularly strongly with her: "Most young people just don't care about seniors."

Looking back, Caberry sees this moment as a kind of call to action: it was one of the formative experiences that made her believe that younger people, especially in the health profession, need to become advocates for the care of senior citizens in Canada.

"Around that time," she says, "I realized that the patient was right – most of us, including myself, didn't know much about seniors care. We didn't understand how ill-equipped our health system was to help seniors age with dignity."

This past academic year, while she was in her second year of our undergraduate medical education program, Caberry became newly inspired to find her voice in seniors advocacy when she took part in the Day of Action organized by the Canadian Federation of Medical Students (CFMS).

Each year, CFMS puts together a delegation to Ottawa that enables medical students from across Canada to speak to members of Parliament and advocate for reform to the health system. This year's Day of Action took up the cause of aging

and seniors care, and it gave Caberry the opportunity to meet with MPs Celina Caesar-Chavannes and Kellie Leitch to discuss a national seniors strategy and pharmacare.

Caberry had such a positive experience on this trip in February that she eagerly signed up to take a second organized trip to Ottawa in April, this time with Daughters of the Vote.

This program selects young women between the ages of 18 and 23 from each federal riding in Canada to travel to Ottawa for the opportunity to engage with parliamentarians, learn about the workings of the federal government, and network.

Of the more than 300 women who go on this trip, a few are given the opportunity to make a speech in the House of Commons or Senate on a topic they are passionate about. Caberry was chosen for this honour, and she spoke in the Senate about the issue of Canadian seniors living in poverty.

Caberry's goal was to make people understand that while the process of aging impacts us all, some of its complications are unevenly distributed. A disproportionate number of seniors living in poverty are women. All too frequently, seniors in poverty cannot afford basic needs like food, housing, and medications, and are more likely to age in nursing homes than men. She advocated for a National Seniors Strategy to co-ordinate best practices in seniors care and examine aging from multiple perspectives.

After giving her speech and making connections in Ottawa, Caberry feels like she has only just begun her work. She has

already secured funding to put together an intergenerational exchange event in Kingston that will help seniors and university students connect with each other. Her goal is to help local youth and seniors understand each other better, and to help humanize the issue of seniors care for young people.

"It's really been a transformative year for me," Caberry says. "When I think of successful politicians, I don't see many individuals representative of my racial and gender identities. Having the opportunity to meet amazing women working in policy has inspired me to make advocacy a part of my career."

The Faculty of Health Sciences encourages our students to get involved in advocacy work. We hope that Queen's graduates will not only be outstanding practitioners but also leaders in our society, especially on issues related to the health system. We believe our health professionals should aim to have their voices heard in Queen's Park and on Parliament Hill.

We are so proud of Caberry for establishing herself as an advocate at such an early stage in her career, and we have no doubt she has a bright future ahead of her. We look forward to learning more about her leadership work in the coming years.

*(right) Medical Student Caberry Yu speaks about senior care on Parliament Hill.*



# Progress Report: Our Faculty's Response to the Truth and Reconciliation Report Calls to Action

The word progress is key in the context of our response to the calls to action contained within the Truth and Reconciliation Report (TRC). The Faculty of Health Sciences has made great strides in responding to these calls to action, and we are proud of the work we have done so far. But we are by no means finished. Creating a welcoming and safe place for Indigenous students, staff, faculty, and patients will remain a faculty-wide priority. The Indigenous Health Education Working Group, co-led by Dr. Leslie Flynn and Dr. Michael Green, will also continue work towards our main objective: directly responding to the TRC's calls to action.

This year has seen growth in partnerships made with important stakeholders. Our Indigenous access and recruitment co-ordinator and Indigenous curricular innovation co-ordinator have developed meaningful working relationships with Four Directions Indigenous Student Centre staff members;

Kanonhsyonne (Janice Hill), Associate Vice-Principal of Indigenous Initiatives and Reconciliation at Queen's; and Indigenous staff members in other Queen's faculties.

These connections have stretched outside the Queen's community as well. Partnerships have been developed with the National Indigenous Health Sciences Circle, a group comprising Indigenous representatives from health-care programs around Canada and whose annual conference was hosted here at Queen's in 2018; the Kingston branch of the Métis Nation of Ontario; and, importantly, prospective Indigenous students.

Our approach to recruitment and assistance, led by Cortney Clark, Indigenous Access and Recruitment Co-ordinator, is known as "wraparound service." Students have her direct support from the time they apply to when they graduate.



*(above) Indigenous students at FHS have access to culturally safe support not only from our faculty, but from partners on campus, such as the Four Directions Indigenous Student Centre.*



Cortney's recruitment efforts have taken her across the province, where she engages with Indigenous students of all ages, including speaking with families at the Little Native Hockey League in Mississauga. This year, an unprecedented 17 Indigenous students were asked to interview at the School of Medicine. During this period, Cortney welcomed the students with invitations to meet current Indigenous medical students, support with interview preparation, a tour of the facilities, and a communal meal.

When our incoming Indigenous students have arrived at Queen's, Cortney collaborates with Four Directions to offer cultural services such as sweat lodge and smudging ceremonies, full moon celebrations, and monthly feasts. Cortney's energy and dedication are infectious.

"I understand the need for this work," she says. "I want to use my lived experiences and abilities to help propel reconciliation through accessible and culturally safe higher education." In fall 2019, we were thrilled to welcome 24 new Indigenous students to our faculty.

As health educators, we continue to focus on decolonizing our curriculum in order to train health-care providers who can offer culturally safe care. But this change must be led by those who are training our students. As such, this year we focused on initiating a culture shift among our faculty members, with the help of Indigenous scholars and community leaders:

- In May 2019, Dr. Barry Lavallee, member of Manitoba First Nation and Métis Communities, and a family physician trained at the University of Manitoba, delivered three days of training on working with Indigenous communities. The public lecture, *Racism as an Indigenous Social Determinant of Health*, described systemic racism

faced by Indigenous patients. Dr. Lavallee also facilitated a faculty development workshop on promoting cultural safety for Indigenous patients through teaching methods. His final session was a medical round on Indigenizing educational research and workforces in health care.

- Since 2015, the Department of Family Medicine requires that all residents complete an Indigenous cultural safety course offered through the department's Global Health Day. As of October 2019, roughly 280 family medicine residents have completed the course.
- Faculty members in leadership roles have been supported to attend workshops designed to improve their personal understanding of the Indigenous experience.

These types of learning opportunities have helped our faculty members begin to incorporate Indigenous knowledge into their curricula and will be offered on an ongoing basis.

Full curricular reviews from an Indigenous perspective are already taking place, specifically with the following courses and faculty members: Dr. Trisha Parsons in Physical Therapy (Health Conditions) and Dr. Joneja (Global Population Health and the accompanying online module). These reviews, paired with continuing education, will continue to be a priority as we move forward.

We are proud of the progress we have made in a relatively short amount of time, none of which would have been possible without the support and dedication of the Indigenous staff, faculty, and students at Queen's, and our Indigenous partners. We are energized for the future, and eager to continue this important work.

## BY THE NUMBERS

# 200

Family Medicine Residents who have completed the mandatory Indigenous Cultural Safety Training

# 24

New Indigenous students at FHS in 2019

# 17

Indigenous students who were invited to interview for medical school

# Nursing Researchers Recognized

In February 2019, the Journal of Advanced Nursing published an analysis of academic nursing research within Canada (written by Thomas Hack, University of Manitoba). As nursing research gains prominence, studies such as these serve to “encourage academic excellence and foster recognition of scholarly leadership among nurse academics.”

We’re proud to announce that two faculty members from the School of Nursing were named in the report, Joan Tramner and Thomas Rotter.

**Dr. Tranmer** was listed in the top 25 Canadian Nursing Faculty based on number of career citations for all published journal articles, with total citations of her research numbered at 2,516;

**Dr. Rotter** made it to the top 25 most highly cited articles 1st-authored by Canadian Nursing Faculty, with total citations of his 1st-authored research numbered at 239 (now 387 to date).

We asked Drs. Tranmer and Rotter to answer a few questions about their research and how it feels to be recognized for their work. You can read their answers below. We offer congratulations to Drs. Tranmer and Rotter! The Faculty of Health Sciences is proud to support the increase in nursing scholarship.

## Tell us about your research:

### **DR. TRAMNER:**

I have two broad areas of focus: 1) the effect of the work environment on women’s health and 2) optimizing care and transitions for older persons living with complex health conditions.

We have been doing work on the health risks associated with shift work. We are exploring if circadian gene methylation, a marker for circadian disruption, is associated with new or worsening cardiometabolic risk biomarkers. This research will inform strategies to mitigate the risks associated with shift work.

In collaboration with practice partners, we are currently using health administrative data to determine the patterns of care for persons living with chronic obstructive pulmonary disease (COPD).

### **DR. ROTTER:**

My current research focuses on the development and implementation of clinical pathways in hospitals and in primary care settings. Clinical pathways are interventions aimed at guiding evidence-based practice and improving the interactions between health services.

All of my research has a common aim — to cut down the time it takes for a new treatment recommendation (e.g., clinical practice guidelines) in health care to arrive at the patient’s bedside.

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## How did you get into your field? What interested you in research?

### **DR. TRAMNER:**

My interest in health services research stems from my experience as a clinical nurse and leader at the Kingston General Hospital (now Kingston Health Sciences Centre). As a nurse, I knew the important contribution that nurses made to high quality care for patients and families. However, we often lacked the evidence supporting nursing effectiveness. Nurses comprise the largest component of the healthcare workforce. We need to be able to use the best available evidence to support optimal contribution of nurses within the healthcare system.

### **DR. ROTTER:**

I worked as a nurse clinician for 11 years in Germany in a variety of settings before deciding to go back to university to complete my PhD. While completing my doctorate,

I connected with the Cochrane Collaboration — this is like a dating agency for those involved in evidence-based practice and medicine. Through this I met my mentor — Dr. Leigh Kinsmen in Australia — and we started doing research together.

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### **What is your favourite thing about working at Queen's?**

#### **DR. TRAMNER:**

One of the most attractive aspects of the Queen's community is its spirit of collaboration and willingness to engage with, and support faculty interests and research. We are uniquely positioned to work with leading academics and practice partners. This is essential for health services research.

#### **DR. ROTTER:**

Working with our bright students and networking on campus.

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### **What are your plans for the future?**

#### **DR. TRAMNER:**

I am the lead for the Queen's Nursing and Health Research (QNHR) Group, which works to grow our research enterprise. We are achieving successes, and I know that the passion and drive from the QNHR faculty will result in continued growth

in research and academic scholarship. As the Site Director for ICES — Queen's, I facilitate the use of health administrative data for research by FHS faculty. The use of this data to address healthcare issues relevant and amenable to nursing-system level interventions is a unique focus for our School of Nursing.

#### **DR. ROTTER:**

I would like to shift more of my applied research from hospital care to primary care. In other words, I would like to help us avoid hospitalization of patients.

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### **What does it mean to you that your research has been cited so frequently?**

#### **DR. TRAMNER:**

Recognition of my work in the citation report is affirming. It is important to acknowledge the important contribution of my co-investigators and graduate students. Together, we are able to achieve successes and provide new knowledge with our programs of research.

#### **DR. ROTTER:**

It clearly indicates the potential of strong international networks, and what impact good research can have.



*Dr. Joan Tramner (top) and Dr. Thomas Rotter (above) are researchers who are increasing the profile of nursing research.*

# Being Proactive About Student Mental Health

At Queen's, we're very proud to have Dr. Heather Stuart on faculty as the Bell Chair in Mental Health and Anti-Stigma Research. So, all of us in the Faculty of Health Sciences were especially thrilled when we received news of the major honours she has received this past year. In September 2018, she was inducted into the Royal Society of Canada, and in December 2018 it was announced she had been appointed to the Order of Canada. These are both amazing accomplishments, and we are thrilled for Dr. Stuart, as she is incredibly deserving of these honours.

Dean Reznick knew that attention should be drawn to Dr. Stuart's recent successes on the Dean's Blog, and that the best time to do so was January 30: Bell Let's Talk Day. It's become a tradition for Dean Reznick to cover Dr. Stuart's work and the broader work being done by the Bell Let's Talk campaign every year on Bell Let's Talk Day, and this year, more than ever, it seemed appropriate.

Dr. Stuart's mother was an administrator at a mental health institution, and her family lived on the grounds of the hospital. As a result, the residents of the institution were Dr. Stuart's neighbours when she was growing up. It was only when she

got older that she realized there was a stigma against the mental health patients who made up her community.

We hope you find Dr. Stuart's story and message inspiring. Her work in mental health and stigma reduction is so important, and her work along with campaigns like Bell Let's Talk are creating real changes in how Canadians think about and discuss mental health.

Over the past year, Bell Let's Talk has been putting an even greater emphasis on the prevention of mental illness, especially among post-secondary students. Along with the Rossy Family Foundation and RBC Foundation, Bell Let's Talk has been funding the Post-Secondary Students Standard project that is being developed by the Mental Health Commission of Canada (MHCC) and the Canadian Standards Association.

Dr. Stuart is playing an important role in this project, as she serves on both the executive and evaluation committee. She also led the research team that developed a literature review on the mental health of post-secondary students. A summary of that report is available on the MHCC website.

The goal of this project is to come up with a voluntary guide-

line that helps academic institutions in Canada promote and support the mental health and safety of post-secondary students. We're becoming increasingly aware that post-secondary students are at risk of developing mental health problems, and these guidelines will be an important step in keeping students healthy and safe throughout their education.

Along similar lines, at Queen's we're proactively trying to improve the wellness of our students by being mindful of our campus environment. Environment plays a huge role in wellness, and Queen's has agreed to join the Okanagan Charter. The charter calls on post-secondary institutions to make wellness a key aspect of campus culture. Upon joining the Okanagan Charter, Queen's has committed to developing a system-wide framework to support wellness on campus, and also to advance research and teaching on health promotion.

To encourage students to take a leadership role in how we approach campus wellness, we organized an event that put their ideas and experiences at the forefront. In the past, Queen's has often organized a large public lecture to draw attention to Bell Let's Talk Day, but this year we went in a

different direction. On Tuesday, January 22, Queen's hosted an event that enabled students to come together to have a dialogue about mental health. Dr. Stuart led a group of panelists who shared their thoughts on, and experiences with, mental health in a campus setting.

*(below) Dr. Stuart works to reduce stigma around mental health issues*



The atmosphere of the event was so welcoming and supportive that a number of students in the audience felt comfortable sharing their own personal experiences of dealing with mental health issues while at Queen's.

Events like this are so encouraging, because they demonstrate that the efforts of the Bell Let's Talk campaign are working. People across Canada are becoming increasingly aware of mental health issues and are working against stigma more proactively. It's hard to imagine previous generations of students being as comfortable discussing their mental health experiences in a public forum as the students at this event were.

Join us in celebrating Dr. Stuart's anti-stigma work today, Bell Let's Talk Day. Please, have open and honest conversations about mental health with the people you care about, and help make a difference by reducing the stigma against mental health issues. As a helpful starter, keep Bell's 5 ways you can help in mind: choose your words carefully, educate yourself, be kind, listen and ask, and talk about mental illness.

As a final note, we'd like to draw your attention to an upcoming initiative in the Queen's School of Medicine. In the next few months, we will be conducting a survey of the medical school community on the topic of wellness. In our current strategic plan, we set the goal of creating a culture of wellness in the School of Medicine, and in order to achieve that goal we first have to assess our needs. The survey will be an important tool in conducting that needs assessment, and in order to succeed, we need all medical faculty, residents, and students participate. With everyone's help, we'll create an outstanding culture of wellness at Queen's.

**Over the past year, Bell Let's Talk has been putting a greater emphasis on the prevention of mental illness, especially among post-secondary students.**

# Testing New Models of Care to Address the Challenge of Low Back Pain

Low back pain is a common experience. An estimated 75 to 80 per cent of people will experience some form of back pain during their lifetime. For the majority, it will improve quickly, but about half will experience recurrences within a year. For many, low back pain can lead to suffering and disability that interferes with participation in usual life roles and activities. In fact, global burden of disease studies provide evidence that low back pain is the leading contributor to years lived with disability worldwide.

When people seek care for low back pain, the most common first point of contact with the health-care system is a family physician. Yet, a growing population that is increasing in age and experiencing more chronic health concerns is making it difficult for family doctors to meet patients' diverse needs.

One way to support family physicians is to build a team of health-care providers to help address patients' needs. For people with low back pain, integrating physiotherapists (PTs) at the first point of contact within primary care teams may provide a more focused low back pain consultation, improve patient outcomes, and reduce the workload for family doctors.

Dr. Jordan Miller is leading a multidisciplinary and international team of researchers and knowledge users who are conducting research to determine the effectiveness and cost-effectiveness of integrating PTs at the first point of contact within primary care teams for patients with low back pain. Team members include co-investigators Dr. Catherine Donnelly and Dr. Kathleen Norman from the School of Rehabilitation Therapy, and Dr. Michael Green and Dr. David Barber from the Department of Family Medicine.

Dr. Miller and his team completed a pilot cluster randomized trial with four sites to determine the feasibility of conducting a fully powered cluster randomized trial. This study was supported by a Catalyst grant (\$100,000) from the Canadian Institutes of Health Research (CIHR). The pilot demonstrated feasibility through high rates of recruitment, retention, and outcome measurement completion, as well as ability to implement the new model of care with high fidelity. These results suggest it is feasible to proceed with a fully powered trial.

Embedded within this pilot trial was a qualitative study to explore the perspectives and experiences of primary care providers and patients involved in the new PT-led primary

care model for low back pain. Both primary care providers and patients described a positive experience with the new model of care. They suggested that they highly valued the thorough assessment, support for active management, improved access to rehabilitation, enhanced communication, and better continuity of care resulting from the integration of a PT in the primary care team.

Primary care providers also suggested they felt the added musculoskeletal health expertise increased what they were able to offer to patients, and provided opportunities for interprofessional learning amongst the team members.

Patients expressed an appreciation for the additional time the physiotherapists were able to provide to listen to their experiences and concerns, and to demonstrate their understanding of the challenges patients were experiencing. They also expressed that the PT helped them to feel more involved in their own care, and to feel motivated, confident, and empowered to manage their back pain.

The next steps for Dr. Miller and his team are to carry out the fully powered cluster randomized trial, funded by a CIHR project grant (\$1.4 million). This fully powered trial will provide high-quality evidence on the effectiveness and cost-effectiveness of the PT-led primary care model for low back pain. The results will provide important evidence to inform clinical practice and health-system planning, with the ultimate goal of improving health outcomes for people with low back pain.



# Is an Exercise-Related Hormone the New Frontier in Alzheimer's Treatment?



*Irisin, a hormone released by exercise, may help protect the brain against Alzheimer's disease.*

In January, winter term got off to a fabulous start with some great news out of the Faculty of Health Sciences. Dr. Fernanda De Felice, an associate professor in the Centre for Neuroscience Studies, co-authored a paper with collaborators at the Federal University of Rio de Janeiro that appeared in *Nature Medicine*, a prestigious journal of medical research.

Dr. De Felice's publication shows that irisin, a hormone released by exercise, could help protect the brain against Alzheimer's disease. Speaking with the *Queen's Gazette*, she says:

"In the past few years, researchers from many places around the world have shown that exercise is an effective tool to prevent different forms of dementia such as Alzheimer's. This has led to an intense search for specific molecules that are responsible for the protective actions of exercise in the brain. Because irisin seems to be powerful in rescuing disrupted synapses that allow communication between brain cells and memory formation, it may become a medication to fight memory loss in Alzheimer's disease."

Realizing the potentially huge impact Dr. De Felice's findings could have, media outlets have widely circulated the study. In the UK alone, for example, everyone from *The Daily Mail* to the NHS is talking about

this potentially ground-breaking study. In the U.S., *The New York Times* has covered the study. In Kingston, *Global News* has produced a story on the research.

As with all studies, it will still take some time to realize the full ramifications of the findings. The study has generated so much interest already, though, because it has the potential to improve the conditions of millions of people affected by Alzheimer's.

If future studies support the case that irisin can protect against or slow the progression of Alzheimer's disease, these findings could lead to novel and impactful treatments. Researchers may even be able to develop medications that could increase irisin levels in the brain without exercise. As the majority of people suffering from Alzheimer's are elderly and therefore more at risk of having conditions (such as arthritis and heart disease) that make exercising difficult, a drug that increases irisin could be crucial to treating patients with the disease.

The Faculty eagerly anticipates more findings from Dr. De Felice and her team. In the meantime, though, we would like to congratulate everyone involved in this study and thank them for their hard work and dedication to research.

# Fighting One of the Fastest Growing Diseases in South Eastern Ontario



*(above) Lyme disease is becoming more prevalent each year, due in part to climate change. Dr. Kieran Moore's work will respond to this emerging threat.*

The Canadian Institutes of Health Research (CIHR) and the Government of Canada announced a \$4 million investment in a new multidisciplinary research network that will bring together scientists, clinicians, and patients to address gaps in the approach to prevention, control, diagnosis, and treatment of Lyme disease, on Monday, Oct. 15.

Led by Queen's Professor of Emergency and Family Medicine Kieran Moore, the Pan-Canadian Research Network on Lyme disease's multi-pronged mandate seeks to make a national impact on health outcomes, practice, programs, and policy related to Lyme disease. The disease is becoming more prevalent each year, due in part to climate change.

"We would like to thank the Government of Canada and CIHR for the opportunity to advance the science of Lyme disease prevention, diagnosis, and treatment," says Dr. Moore, who is also the medical officer of health for Kingston, Frontenac, Lennox & Addington Public Health. "Our network, based at Queen's University, will collaborate with patients and our many academic and government partners to protect the health of Canadians from coast to coast. We will provide the national capacity to have a co-ordinated, integrated, and multi-disciplinary response to the emerging infectious disease threat of Lyme disease."

Lyme disease is an infectious disease caused by a bacteria transmitted to people through the bite of infected blacklegged ticks. Symptoms can vary from person to person, but most people experience an expanding red rash at the site of the tick bite, fever, chills, and flu-like symptoms while others may have more serious symptoms, such as heart, joint, and neurological disorders.

"With the incidence of Lyme disease on the rise in Canada, Dr. Moore and his team will be uniquely positioned to respond to the research gaps related to Lyme disease in Canada," says Kimberly Woodhouse, Interim Vice-Principal (Research) at Queen's.

This federal government's investment, through CIHR, in partnership with the Public Health Agency of Canada, is part of a concerted commitment to support the Pan-Canadian Framework on Clean Growth and Climate Change. The Pan-Canadian Research Network on Lyme Disease also builds on Canada's ongoing efforts to tackle the illness through surveillance, research, sharing of best practices, laboratory diagnostics and testing, prevention education, and public education and awareness.

"The Government of Canada is proud to support a research net-

work that focuses on collaboration between Lyme disease stakeholders from across the country to improve patient outcomes and access to care,” says Ginette Petitpas Taylor, Minister of Health for the Government of Canada. “We understand that Lyme disease is emerging in many parts of the country, due in part to climate change, and we are committed to minimizing the public health risk associated with this disease.”

**Postscript: Congratulations and Next Steps**

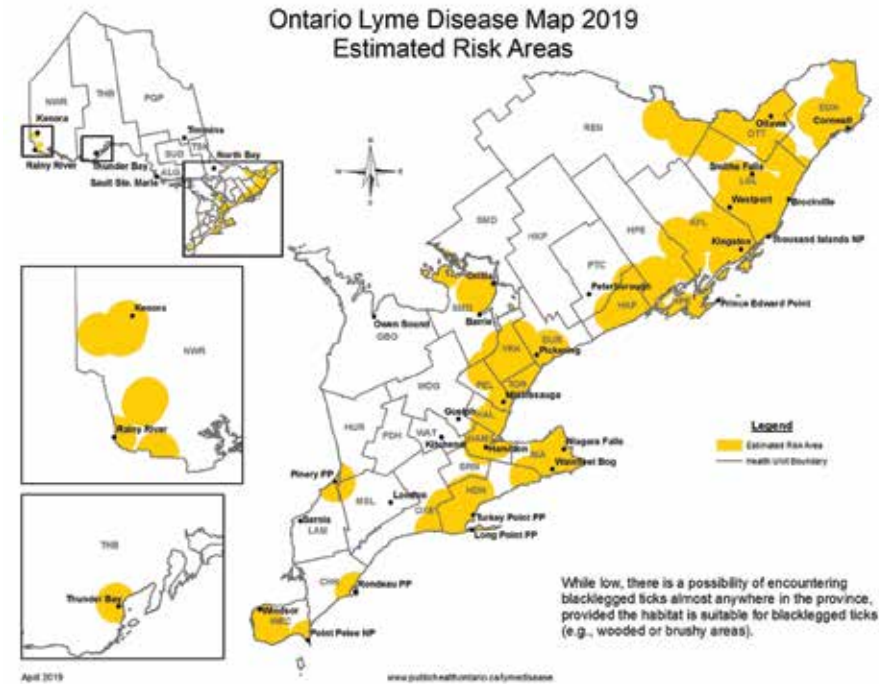
The article above originally appeared in the *Queen’s Gazette* on October 15, and we would like to thank Dave Rideout for sharing the story.

We would also like to congratulate all of the many people in the Queen’s Faculty of Health Sciences who worked tirelessly to develop the Lyme Disease Research Network and secure CIHR funding for it. This was truly a team effort involving many people across FHS and our partners. Special congratulations, however, are reserved for Dr. Kieran Moore, who has been the network’s tireless leader.

Lyme disease is a very pressing issue in Canada today, and Southeastern Ontario – where Queen’s makes its home – is no exception. A map from Public Health Ontario is pictured that shows which areas in the province are at risk for tick bites and Lyme disease. It is truly alarming how many areas in Southeastern Ontario are at risk in 2019. It is impossible to look at this map and not think that something needs to

be done immediately to address the spread of the disease. The work Dr. Moore and his team of researchers are doing is poised to make significant strides in addressing the prob-

lem. Through their combined efforts, we are confident that we’ll be taking steps in the right direction to keep people in the region safe.



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## IN CLOSING



**I thought I would  
use my last page  
to reflect on our  
achievements.**

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This is a special report for me, as it is the last that I will publish as Dean of the Faculty of Health Sciences. After two terms served over ten years, it is bittersweet to be stepping down from my role at this remarkable institution.

We have accomplished a great deal together in the past decade, and I thought I would use my last page to reflect on our achievements.

The first of our four strategic directions is to develop, lead and implement new models of education. Over the course of a decade we have led the country in the transformation to competency based medical education across all residency programs at Queen's. We are now national leaders in this area. We have worked incredibly hard at developing new programming and in the last decade have launched 15 brand new programs from undergraduate to graduate to professional, including a novel online undergraduate degree program, the Bachelor of Health Sciences, a spectacular lineup of Health Quality programs and an innovative new DSc program in Rehabilitation Health Leadership. No longer are we just teaching in Kingston, we are doing so all over the province, with teaching partnerships at 22 hospitals and hundreds of clinics and community centres in Ontario. All of this has been achieved while earning glowing reviews from our staff and students; we continue to have exceptionally high student and employee satisfaction across our three schools.

We have had steady growth in our research mission, leading up to a banner year in 2018/19 with \$134M in research dollars. As I write this, we have 1400 research studies in progress. In the past decade, we have seen massive growth in the Cancer Trials Group, such that it is one of the best trial centres in the world. And we have seen several new research centres and institutes establish themselves in the

Faculty of Health Sciences. We now have over 15 robust research units here on campus.

Our efforts to build strong and collaborative partnerships have come to fruition in many ways. Over the last 10 years, we have raised \$80M for important new chairs, research, educational programs and scholarships. We developed an industry engagement strategy and formed relationships with over 40 industry partners. We hosted the Canadian Medical Hall of Fame gala in Kingston and the Faculty played an important role as a partner in the successful integration of Kingston General Hospital and Hotel Dieu Hospital into the Kingston Health Sciences Centre.

With the fourth of our four strategic directions focused on patients & populations, we set several important initiatives in motion. We began to implement the truth & reconciliation commission actions, and have greatly increased our Indigenous initiatives in the Faculty. We established the Canadian Institute for Military and Veteran Health Research and its growth has provided great service to military and Veterans. The Southeastern Ontario Academic Medical Organization (SEAMO), our academic practice plan, has grown significantly, seeing the arrival of over 50 new academic clinicians to Kingston.

There are more to list; these are just some of the many things, big and small, that we have accomplished. In reading about these achievements, I hope that you can see how your own hard work and contributions have helped to make these initiatives a reality.

I am proud of the state of the faculty as it prepares to welcome a new Dean in July, and I look forward to watching with pride as the Faculty of Health Sciences continues to grow and further its vision to "ask questions, seek answers, advance care and inspire change."





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