



FACULTY OF  
Health Sciences

## **DEAN'S REPORT** 2013–2014



**ASK**  
questions

**SEEK**  
answers

**ADVANCE**  
care

**INSPIRE**  
change



## Believing in our students

“I am a success today because I had a friend who believed in me and I didn’t have the heart to let him down.”

– Abraham Lincoln

**I**T HAS been an exciting year in the Faculty of Health Sciences. In this year’s Dean’s Report we’ll be singing the praises of our faculty and their accomplishments as clinicians, researchers and educators. We’ll also highlight new programs and innovations within the Faculty. But you’ll also see a common thread throughout: stories of our exceptional students.

Students are at the core of everything that we do. As a dean, my dream is to see our students thrive. I want them to become better nurses, therapists, practitioners and doctors than we ever could have imagined. Like Abraham Lincoln’s friend, each time that we engage with our students, we are showing them that we believe in them. We are sending a message that anything is possible.

It is our students who will be the advocates of tomorrow’s health care system. It will be their responsibility to fight for a universal system wherein patients have access to excellent care that is affordable and accessible. And in our three schools

– Rehabilitation Therapy, Nursing and Medicine – it is our job to prepare our students for this leadership role. Every day, we work to develop compassionate caregivers, inquisitive learners, and individuals who will not rest on their achievements, but continue to push forth and innovate.

This year’s Dean’s Report is rife with examples of how our students are already raising the bar. In these pages you’ll read the story of Yan Xu, a medical student who captured CIHR funding for his research. You’ll hear about the new surgical skills program, envisioned and created by our students. And you’ll read about Christiane Gray-Schleihau, a recent nursing graduate who is making a difference in her workplace.

In the Faculty of Health Sciences, we strive for excellence, and our vision is to *ask questions, seek answers, advance care and inspire change*. I think that you’ll agree that our students are heeding the call.



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



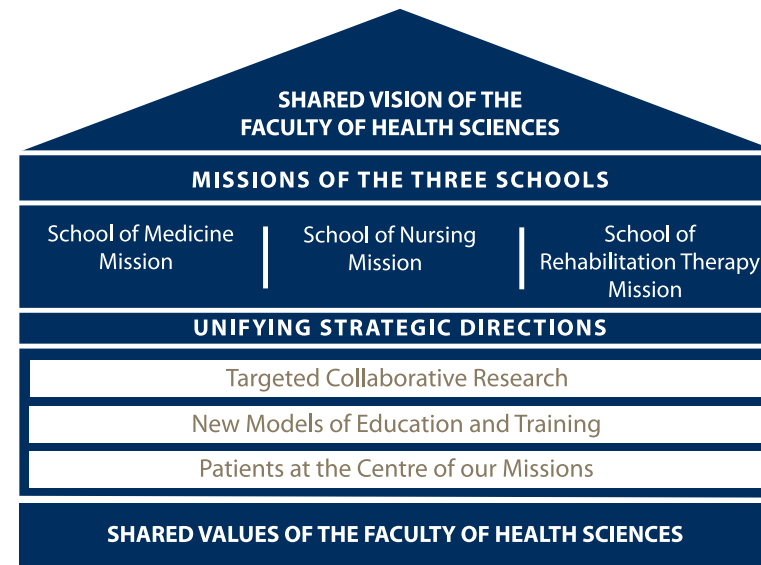


## Our guiding principle – the fates of the three schools in the Faculty of Health Sciences are inextricably linked

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

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

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





# Queen's Health Sciences

## by the numbers

**1250** faculty (full-time, part-time, adjunct)

**3000** learners

**57** programs offered

**22** teaching partnerships across Ontario

**\$76 million** in research revenue

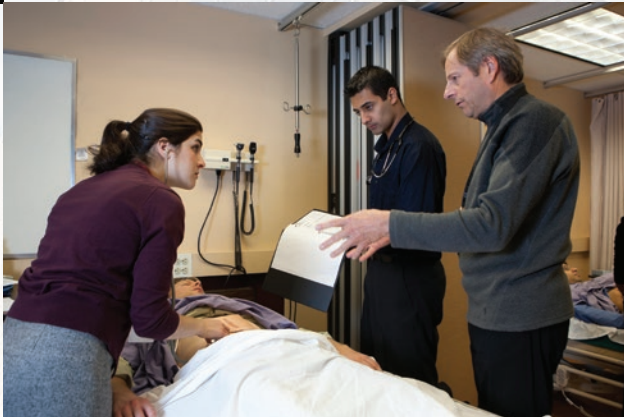
more than **800** research studies in progress

**940** applications for **99** seats (nursing)

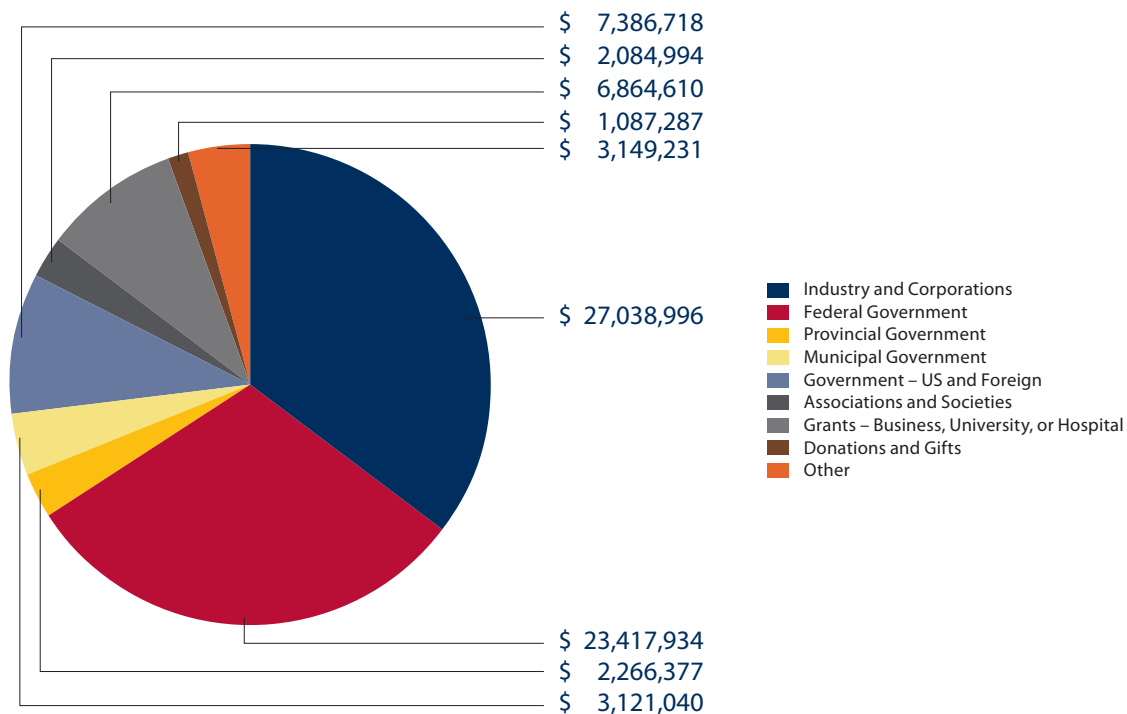
**1607** applications for **140** seats (occupational therapy and physical therapy)

**4400** applications for **100** seats (medicine)

**99%** of medical students placed in CaRMS match



**FACULTY OF HEALTH SCIENCES**  
Departments, Research Centres/Institutes and Schools  
**Research Funding Sources Fiscal Year 2013/2014**



**TOTAL RESEARCH REVENUE**  
**RECEIVED AS OF JUNE 30, 2014: \$ 76,417,187**





THE Faculty of Health Sciences strongly encourages interdisciplinary approaches to research which is reflected in a number of thematic research institutes, centres, groups and units. These examples of thematically focussed research bring together investigators in the Schools of Medicine, Nursing and Rehabilitation Therapy, who are drawn from a range of disciplines, including: basic and clinical biomedical sciences, population studies and health services and policy research. In some cases, the disciplines involved extend beyond the Faculty of Health Sciences and include investigators from the Faculties of Arts and Science, Applied Science and Engineering and School of Business. Details of these thematic research programs can be found at the following links:

**Canadian Institute for Military and Veterans Health Research**

<http://www.cimvhr.ca>

Contact: Alice Aiken • [alice.aiken@queensu.ca](mailto:alice.aiken@queensu.ca)

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

<http://qcri.queensu.ca>

Contact: Roger G. Deeley • [deeleyr@queensu.ca](mailto:deeleyr@queensu.ca)

**Cardiac, Circulatory, Respiratory Research Program (CCR)**

<http://meds.queensu.ca/ccrprogram>

Contact: Don Maurice • [mauriced@queensu.ca](mailto:mauriced@queensu.ca)

**Centre for Neuroscience Studies (CNS)**

<http://www.queensu.ca/neuroscience/index.html>

Contact: Doug Munoz • [doug.munoz@queensu.ca](mailto:doug.munoz@queensu.ca)

**The Centre for Studies in Primary Care (CSPC)**

<http://www.queensu.ca/cspc/index.html>

Contact: Richard Birtwhistle • [birtwhis@queensu.ca](mailto:birtwhis@queensu.ca)

**Environment and Human Health Research Group (EHHRG)**

<http://www.queensu.ca/ehhrg/index.html>

Contact: Louise Winn • [winnl@queensu.ca](mailto:winnl@queensu.ca)

**Gastrointestinal Disease Research Unit (GIDRU)**

<http://meds.queensu.ca/gidru/>

Contact: Stephen Vanner • [vanners@hdh.kari.net](mailto:vanners@hdh.kari.net)

**Centre for Health Services and Policy Research (CHSPR)**

<https://healthsci.queensu.ca/research/chspr>

Contact: Michael Green • [mg13@queensu.ca](mailto:mg13@queensu.ca)

**Human Mobility Research Centre**

<http://hmrc.engineering.queensu.ca/>

Contact: Ryan Bicknell • [bicknellr@kgh.kari.net](mailto:bicknellr@kgh.kari.net)

**Infection, Immunity and Inflammation (3IQ) Research Group**

[http://dbms.queensu.ca/research\\_groups/infection\\_immunity\\_and\\_inflammation\\_research\\_gr](http://dbms.queensu.ca/research_groups/infection_immunity_and_inflammation_research_gr)

Contact: Sam Basta • [bastas@queensu.ca](mailto:bastas@queensu.ca) and

Katrina Gee • [kgee@queensu.ca](mailto:kgee@queensu.ca)

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

<http://www.queensu.ca/icacbr/index.html>

Contact: Heather Aldersey • [hma@queensu.ca](mailto:hma@queensu.ca)

**Musculoskeletal – Human Mobility Research Centre (HMRC)**

<http://hmrc.engineering.queensu.ca/>

Contact: Executive Committee • [hmrc@queensu.ca](mailto:hmrc@queensu.ca)

**Practice and Research in Nursing (PRN)**

[http://nursing.queensu.ca/research/practice\\_and\\_research\\_in\\_nursing](http://nursing.queensu.ca/research/practice_and_research_in_nursing)

Contact: Joan Tranmer • [tranmerj@queensu.ca](mailto:tranmerj@queensu.ca)

**Protein Function Discovery (PFD) Research and Training Programs**

<http://www.queens-pfd.ca/>

Contact: Steven Smith • [sps1@queensu.ca](mailto:sps1@queensu.ca)

**Queen's Joanna Briggs Collaboration (QJBC)**

<http://www.queensu.ca/qjbc/welcome>

Contact: Christina Godfrey • [christina.godfrey@queensu.ca](mailto:christina.godfrey@queensu.ca)

**Reproduction, Development, Sexual Function – Queen's University Research Group for Studies on the Reproductive and Development Origins of Health, Disability and Disease**

[http://meds.queensu.ca/departments/reproductive\\_and\\_developmental](http://meds.queensu.ca/departments/reproductive_and_developmental)

Contact: Anne Croy • [croya@queensu.ca](mailto:croya@queensu.ca)

Investigators from the Faculty of Health Sciences play an integral role in contributing to Queen's reputation as one of Canada's leading research-intensive universities.

## New study could improve survival rate of colon cancer patients

A UNIQUE trial at Queen's University could improve the survival rate of patients with colon cancer. This is the first study to test if exercise can improve the cure rate of colon cancer and improve quality of life and physical function.

The study, called CHALLENGE, is led by the NCIC Clinical Trials Group at Queen's, and is currently underway at 46 cancer centres in Canada and Australia. It will soon expand to the United States and Israel.

"Our ultimate goal is to improve the survival and quality of life of patients with cancer... we also hope that the CHALLENGE trial will serve as a 'trailblazer' for other future studies..."

"Our ultimate goal is to improve the survival and quality of life of patients with cancer," says lead investigator Christopher Booth, Associate Professor at Queen's University and Medical Oncologist at Kingston General Hospital. "As this will be the first

and largest clinical trial to evaluate exercise in this setting, we also hope that the CHALLENGE trial will serve as a 'trailblazer' for other future studies of exercise and nutrition in patients with cancer."

Currently, there are about 300 patients enrolled and the trial aims to recruit 962 patients. Those participating have already had surgery to remove their colon cancer and completed six months of chemotherapy.

In this trial, patients are randomized to either the "standard arm," in which they receive usual care and a book that encourages them to exercise, or the "intervention arm," in which they undergo the same tests but are also provided with a physical activity consultant (PAC) who works with the patient to develop an exercise prescription.

If the CHALLENGE trial finds that physical activity improves cancer survival, it could lead to a shift in practice and policy whereby an exercise program is considered part of standard treatment to be used in conjunction with surgery and chemotherapy. The PACs would become part of the cancer treatment team together with nurses, oncologists, social workers, dietitians and other health professionals.

"Our hope is that regular exercise will improve survival and quality of life for patients with cancer. If the trial can be completed successfully, it will also encourage other international studies of the effects of diet and exercise in the health of cancer survivors," says Dr. Booth.



Cancer survivor Pat Bogstad works with Dr. Chris Booth (center) and physiotherapist Michael Ranger from the PT Clinic at the School of Rehabilitation Therapy



## School of Nursing-led partnership receives \$5.8 million grant

**An** INNOVATIVE project, led by the School of Nursing, to enhance the student learning experience and reduce administrative costs has received \$5.8 million from the Government of Ontario's Productivity and Innovation Fund.

In the spring of 2014, a conference was organized to showcase the new clinical simulation equipment that was purchased through the grant. The *Blue Sky: Innovations in Patient Safety and Teaching and Learning* conference focused on enhancing

"This enhanced experiential learning will better prepare registered nurses and lead to better safety outcomes for patients."

A Queen's-led partnership between 13 of Ontario's university nursing programs, in collaboration with four colleges, redesigned upper year clinical courses and developed new clinical simulations. Jennifer Medves, Director of the School of Nursing says these new simulations will prepare nurses to provide high quality, safe care in situations they do not frequently encounter in their education.

"The simulations focus on complex scenarios not often encountered during nursing education because of the infrequency of some of the events. A number of them address the specific needs of vulnerable populations, such as children, the elderly and aboriginal peoples," says Dr. Medves. "This enhanced experiential learning will better prepare registered nurses and lead to better safety outcomes for patients."

registered nurse job readiness and patient safety outcomes. Through 16 workshops, participants took part in scenarios and discussions on how to integrate simulation into their respective programs.

"Our work on the grant resulted in an innovative approach to the integration of simulation based learning outcomes and student evaluation," says Dr. Deborah Tregunno, Associate Professor, School of Nursing and principle investigator and primary author of the grant. "The project was absolutely magical and we had a superb team to work with here at Queen's and at our partner sites across the province."



## Queen's National Scholar Announced in the Field of International Community Based Rehabilitation

In 2014 Dr. Heather Aldersey was appointed to a Queen's National Scholar (QNS) position in the field of International Community Based Rehabilitation in the School of Rehabilitation Therapy. Dr. Aldersey brings a diverse academic, research and fieldwork background in disability and family support spanning North America and Africa, and this appointment signals the School of Rehabilitation Therapy's commitment to internationalization, globalization and diversity. "I am excited to be part of an effort to expand opportunities for students, community partners and people with disabilities around the world," says Dr. Aldersey.

Believing that "experiences of disability and community-based rehabilitation are too diverse to be left within a single discipline," Aldersey completed a PhD in Interdisciplinary Studies at the University of Kansas. She continued her training with a post-doctoral position at McGill's Douglas Mental Health University Institute where her work focused on a study of the recovery from severe mental illness among people in Montreal from diverse ethno-cultural backgrounds.

Dr. Aldersey frames her research from the perspective that "disability is a social construct, culturally created and manipulated." In her work, she

Dr. Heather Aldersey, pictured with a family impacted by disability in Kinshasa



strives to identify individual and collective strengths to create solutions to challenges confronted by people with disabilities and their families.

Dr. Aldersey will be working closely with the International Centre for the Advancement of Community Based Rehabilitation (ICACBR) to increase research activities and to extend its current work to include a geographical focus on Africa.

Since its inception, ICACBR has experienced unprecedented success through a series of large studies funded by government

and other sources for Community Based Rehabilitation projects around the world. For over 20 years, the work of the ICACBR has positively influenced the daily lives of people with disabilities in over 22 different countries.

Now synonymous with academic excellence, the QNS program was first established in 1985, with the objective to "enrich teaching and research in newly developing fields of knowledge as well as traditional disciplines."

"I am excited to be part of an effort to expand opportunities for students, community partners and people with disabilities around the world"





## \$15 million to boost cancer trials collaboration

**T**HE NCIC clinical trials group (CTG) at Queen's was awarded \$15 million in funding from the U.S. National Institutes of Health through the U.S. National Cancer Institute (NCI) to strengthen its work leading major cancer clinical trials in Canada. The funding allows the NCIC CTG to increase its collaborations with the U.S. NCI and its National Clinical Trials Network (NCTN).

"This funding means so much to cancer patients in North America. New drug testing opportunities will help us win the fight against this terrible disease."

This funding from the NCI will give Canadian cancer patients access to cutting-edge international clinical trials, potentially helping to prolong and improve the quality of life of those living with cancer. It also allows NCIC CTG to open its trials to the U.S. groups.

"This funding will really increase North American collaboration in clinical cancer research," says Dr. Elizabeth Eisenhauer, who served as Interim Director of NCIC CTG. "This funding means so much to cancer patients in North America. New drug testing opportunities will help us win the fight against this terrible disease."

NCIC CTG is the only Canadian co-operative cancer trials group conducting the entire range of cancer trials, from early phase studies to large international randomized controlled trials across all cancer types. Its success is due not only to the expertise

Dr. Eisenhauer greets cyclists from the 7 Days in May event. All funds raised from the ride were donated to NCIC CTG.



found in the Central Operations and Statistics Office based at Queen's, but also to the hundreds of clinical investigators in 84 cancer centres and hospitals across Canada that are part of the NCIC CTG network. These investigators work with Queen's faculty to generate the ideas for trials and enroll many hundreds of patients annually into NCIC CTG studies.



## Medical students create hands-on surgical skills program

**S**ECOND year Queen's medical students had a special opportunity during their first two weeks of summer break to practice their surgical skills.

A year in the making, the Surgical Skills and Technology Elective Program (SSTEP) was an idea proposed by second-year medical students Jennifer Siu and Stefania Spano to give students the opportunity to build and reinforce foundational knowledge and skills, in a supervised environment. Through their leadership, SSTEP brought together 24 second-year students and more than 27 faculty members and resident facilitators for two weeks of hands-on learning and surgical skill building.

"Our goal was to give students more time and supervision to practice their procedural skills in a simulated environment and in doing so, to help increase their overall understanding, competence, and confidence when they are asked to assist, observe, or perform similar procedures on patients," said Ms. Siu.

Each day of the program honed in on skills used within a specific medical specialty, with physicians from each specialty and nurses from Kingston General Hospital acting as teachers and facilitators.

"This initiative was entirely organized by our students and reflects their great passion and enthusiasm for self-directed education."

The program was hosted at the Medical School's Clinical Simulation Centre, allowing the students to take advantage of the state-of-the-art surgical simulation facility provided there. The project was supported financially by the Medical School Excellence Fund, which is resourced by donations from alumni and friends.

"We came up with the idea in April 2013, then proposed it to Dr. Reznick in October 2013," Ms. Spano says. "He was enthusiastic about the idea and helped set us up with the appropriate partnerships".

"This initiative was entirely organized by our students and reflects their great passion and enthusiasm for self-directed education. We strive to offer opportunities like this to our

students here at Queen's; this facilitates the development of physicians who can demonstrate a broad array of competencies, including skills in advocacy, management and leadership," remarked Dr. Reznick.

After a jam-packed two weeks of learning, the SSTEP leaders were pleased to find that the feedback was all positive, amongst facilitators and the students themselves.

"Learning alongside 23 of my future colleagues and friends was what made the program such a great experience for me," one student commented. "The enthusiasm each student brought to listening and learning from the facilitators made it an experience I will never forget."





## Nurse Practitioners enhance chronic pain clinic at Hotel Dieu Hospital



**T**HE chronic pain clinic at Hotel Dieu Hospital is a busy place. Since its opening in 2012, 7500 patients have walked through its doors, with many more awaiting care.

Staffed with up to four physicians on any given day, the clinic also relies on the work of three nurse practitioners, Rosemary Wilson, Mona Sawhney and Jeanette Suurdt who provide a unique form of care.

“Nurse practitioners can do things that traditionally fall within the realm of medical management of pain,” explains Wilson, “but the scope of our practice is much wider. We offer a holistic wellness oriented approach to care, looking at patient cases with a new lens.”

The role of a nurse practitioner can include coordinating counseling, prescribing treatment or pharmacologic therapies, and liaising with other practitioners: family physicians, community pharmacists and social workers. In the case of the chronic pain

Both Wilson and Sawhney are PhDs, and the chronic pain clinic has created an opportunity for innovative research studies. Not only is data collected, but both clinicians and patients can give input as to what type of information is important and should be tracked. “Having academic nurse practitioners in a clinical setting is unique, and allows for robust research that is not limited by sample size,” says Wilson. “It gives us a much clearer picture of the population in our catchment area, and will ultimately allow for the creation of programming built for patients’ current needs.”

Jennifer Medves, Director, School of Nursing sees the benefits of interprofessional collaboration amongst clinicians. “The more interdisciplinary the health care team, the better care we can provide to our patients. This model has been essential to the clinic’s early success.”

“The more interdisciplinary the health care team, the better care we can provide to our patients. This model has been essential to the clinic’s early success.”

clinic, nurse practitioners provide their greatest utility in patients with complex needs. “Patients who are two standard deviations from the mean are where we have our greatest benefit. We can offer specialized care while sparing physician time for things that fall squarely within their scope of practice,” says Dr. Wilson. The nurse practitioners work with the physicians, both in independent and complementary roles, regularly referring patients back and forth.





Yan Xu  
Meds '15



Dr. Chris Simpson  
Chair, Division of Cardiology  
Department of Medicine



Dr. Ana Johnson  
Department of Public Health Sciences

## Studying performance of blood thinners in the elderly

**T**HE line between effective and harmful is a thin one when it comes to the choice of blood thinners in seniors, says new research by Yan Xu, a third year undergraduate medical student at Queen's, Dr. Ana Johnson, a professor in the Department of Public Health Sciences, and Dr. Chris Simpson, Chair of the Division of Cardiology in the Department of Medicine.

In Canada, novel oral anticoagulants, also known as new blood thinners, entered the market in 2010 and are recommended as the first line therapy for stroke prevention in patients with a heart rhythm condition known as atrial fibrillation.

For the authors, Mr. Xu, Dr. Simpson, Dr. Johnson, Dr. Anne Holbrook and Dr. Dar Dowlathshahi, the age of those using these drugs is of particular interest because with increasing age comes an increased risk of bleeding.

"Blood thinners are associated with more hospitalizations due to drug reactions in seniors than any other medication class in Canada, one of the reasons being the window between when the drug is therapeutic and when it becomes harmful," says Mr. Xu.

In their study published in the Canadian Medical Association Journal *Open*, the researchers found that new medications were most heavily used in patients over the age of 85, in whom the evidence of benefit and harm compared to warfarin, an older agent used for the same purpose, is limited.

After learning which age groups are being most commonly prescribed the drugs, the next step of the study will involve chart review of bleeding cases caused by these agents at four hospitals in Kingston, Ottawa and Hamilton.

"Blood thinners are associated with more hospitalizations due to drug reactions in seniors than any other medication class in Canada"

Determining the resources that are used to reverse the bleeding in these patients and their outcomes are crucial to the investigators' goal of generating and disseminating the best evidence for blood thinner treatment.



"It is crucial to understand the resource utilization and outcomes of patients in a real world setting," says Mr. Xu. "It's quite a unique collaboration that we have here."

The study was noted in the New England Journal of Medicine's *Journal Watch*



## Answering the call to caring



Dr. Catherine Donnelly



Dr. Trisha Parsons

**A**SSOCIATED MEDICAL SERVICES (AMS) recently launched a multi-year initiative focused on “making a positive and lasting impact on how health professionals develop and sustain their abilities to provide humane care to patients.”

*The AMS Phoenix Project: A Call to Caring* aims to instill and sustain compassion, empathy and professional values in the environments in which clinicians learn and work; through the recent support of grants and fellowships, our faculty members are answering that call.

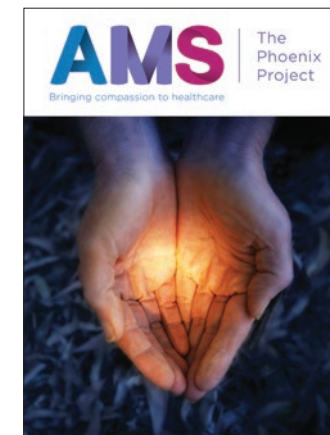
Dr. Trisha Parsons (School of Rehabilitation Therapy) received a renewal of a Phoenix Fellowship, to continue her work on ‘*The Personal Health Care Story as a Catalyst for Person-Centered Care*,’ a project that seeks to understand whether the use of a personal health-care story will influence how health professionals develop and sustain empathy in learning and practice. The project is being developed in partnership with a person living with both kidney and heart failure; the fellowship support allowed for the creation of a “photo-documentary” of their health journey. The documentary will be used in teaching to aid students in exploring how

people tell their stories and how to elicit, attend and reflect on those stories in order to develop capacities for person-centered care.

Working from the premise that teaching compassionate care requires innovative and interactive approaches and that the clinical learning environment is

*“The AMS Phoenix Project: A Call to Caring aims to instill and sustain compassion, empathy and professional values in the environments in which clinicians learn and work”*

one of the most fundamental aspects of health education programs, Dr. Catherine Donnelly (School of Rehabilitation Therapy) received a Phoenix Project *Call to Caring* grant, and will be leading a cross-discipline project entitled *Compassionate Collaborative Primary Care*. The project’s overarching aim will be to support the development, delivery and evaluation of an online compassionate care module delivered in a primary care clinical learning environment. A diverse team of faculty from the School of Rehabilitation Therapy, the Department of Family Medicine and the Office of Interprofessional Education and Practice will be collaborating on this initiative. 2013 *Call to Caring* grant recipients include



Deborah Tregunno & Elizabeth VanDenKerkhof (School of Nursing) and Elaine Van Melle, Susan Phillips & Kelly Howse (Department of Family Medicine).

Through its relationship with AMS Phoenix, the Faculty of Health Sciences has engaged its three schools in building a compassionate patient-centered care community. “Each month, fellows, *Call to Caring* grant recipients and other stakeholders come together to report on our projects and keep our work on track,” says Leslie Flynn, Vice-Dean Education. “Together we are striving to foster the values of compassionate care in students, enabling them to carry these values into their professional lives and practice.”

## Using social media to improve foot care



Dr. Kevin Woo

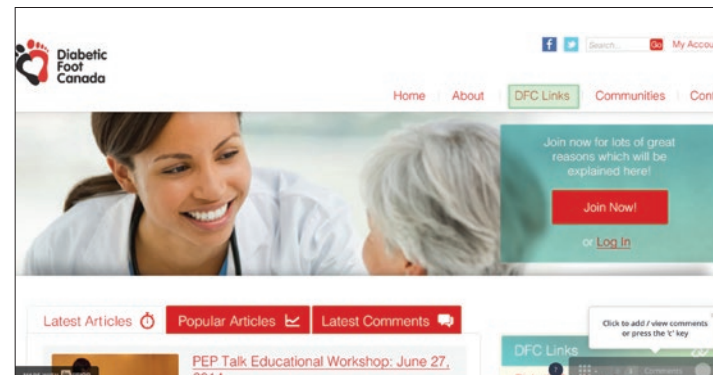
**I**t was seeing the Canadian Association of Wound Care's support groups for patients with diabetes that inspired the idea for Dr. Kevin Woo's Online Foot Care research project. "The program was for patients based in Ontario. The geography of diabetes is such that many patients live in isolated parts of Canada, and I saw a potential to build a support program that would be accessible to all through a social media platform," said Dr. Woo, an assistant professor in the School of Nursing.

With diabetes on the rise, Dr. Woo is interested in one of the disease's major complications: foot issues. Nerve damage resulting from diabetes leaves patients with no sensation in their feet, making them increasingly susceptible to injury, ulcers and even amputation.

"Education about foot care is extremely important for these patients; it can prevent further complications," explained Dr. Woo.

What he has found so far, however, is that traditional education efforts have been ineffective, resulting in minimal changes to patient behaviour. The solution that he envisions is to capitalize on social media.

A recipient of the Early Research Award from the Ministry of Research and Innovation, Dr. Woo and his research team will develop an online platform, which will function as a virtual support group. The program will engage patients who have had success with self-management to be peer counselors who can offer education and support to other patients in a safe, supervised online setting.



With an aim to build a sense of empowerment and decrease depression, Dr. Woo's research team will monitor the use of the online community, and measure the impact of the program through changes to patient behavior. "The delivery of health care through an online platform is a completely new concept," says Dr. Woo. "Our goal is to have patients develop their own short term and long term goals, to learn tangible skills for self-management, and to be motivated to follow through."

"The geography of diabetes is such that many patients live in isolated parts of Canada, and I saw a potential to build a support program that would be accessible to all through a social media platform"

Idevania Costa (PhD student), Dr. Kevin Woo, and Lucy Mgonja (Master's student)





## Launch of the distinguished alumni awards



Diana Hopkins-Rosseel, MSc  
(Rehabilitation Science) '92

OVER THE past few years, School of Rehabilitation Therapy faculty member and Queen's alumna, Diana Hopkins-Rosseel, MSc (Rehabilitation Science) '92, and her husband, John Rosseel, BA (Artsci) '81, had been thinking about how they could give back to Queen's. They wanted to find a way to honour the successes of alumni, but from a unique angle.

While many awards exist to reward academic pursuits, Diana and John wanted to recognize those who are giving back to their communities as health care professionals and to "shout their successes from the rooftops." They saw great value in maintaining a connection with alumni throughout their professional journeys. And so, in 2013, the School of Rehabilitation Therapy Distinguished Alumni Awards were launched.

The inaugural awards were presented last fall at the school's annual Homecoming Brunch to a graduate from each of the Occupational Therapy, Physical Therapy and Rehabilitation Science programs. These individuals have made exceptional contributions to their chosen profession, field and community.

Dr. Carolyn Emery, BSc (Physical Therapy) '88

"These individuals have made exceptional contributions to their chosen profession, field and community"

The recipients included **Dr. Mary Law, BSc (Occupational Therapy) '73** who is best known for her development of the Canadian Occupational Performance measure and as the Co-Founder of the CanChild Centre for Childhood Disability Research; **Dr. Carolyn Emery, BSc (Physical Therapy) '88** whose work on the prevention of sport and recreational injuries in youth has led to

significant public policy changes in Canada; and **Ms. Djenana Jalovcic, MSc (Rehabilitation Science) '08**, Director of the International Centre for the Advancement of Community Based Rehabilitation at Queen's, an organization whose reputation is recognized nationally and internationally as one of Canada's leaders in disability and development.

Ms. Djenana Jalovcic, MSc  
(Rehabilitation Science) '08



Dr. Mary Law, BSc  
(Occupational Therapy) '73



## Improving kidney stone treatment



Glenville Jones  
Biomedical and Molecular Sciences

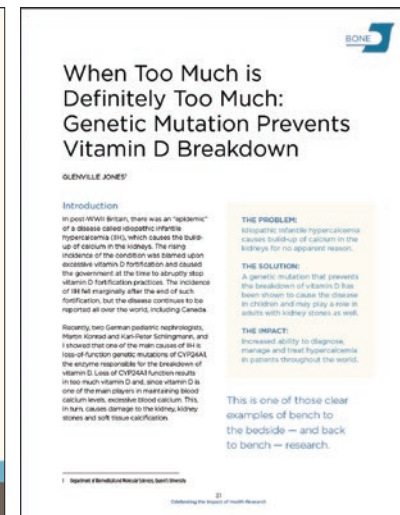
**A**FTER SPENDING much of his career conducting extensive research on vitamin D metabolism, Queen's researcher Glenville Jones has been featured in the Canadian Institutes of Health Research's (CIHR) "celebrating the impact of health research" series.

The CIHR write-up focuses on the impact of Dr. Jones' research on the idiopathic infantile hypercalcemia (IIH) – a rare disease that causes the build-up of calcium in the kidneys and eventually leads to kidney stones in the patient.

Along with two German pediatric nephrologists, Dr. Jones showed that one of the main causes of IIH is a genetic mutation of the enzyme CYP24A1 that prevents the breakdown of vitamin D. Since this discovery, there is now an increased ability to diagnose, manage and treat hypercalcemia in children and adults.

"The write-up in the CIHR-IMHA special publication is a wonderful recognition of the impact of our basic science work on a clinically-relevant problem"

"Most hypercalcemia patients eventually develop kidney stones, and everyone knows that the passing of kidney stones is one of the most painful experiences a human can suffer," says Dr. Jones, a biochemistry professor in the School of Medicine. "A few IIH patients will go on to suffer from permanent kidney damage so it's important that research in this area continues to develop."



CIHR's special publication was created as a way to celebrate the value and impact of research in areas such as musculoskeletal health, arthritis, skin diseases and oral health conditions, as well as to demonstrate how important funding is to health care.

Dr. Jones acknowledges the benefits CIHR's special publication will have on his research.

"The write-up in the CIHR-IMHA special publication is a wonderful recognition of the impact of our basic science work on a clinically-relevant problem," says Dr. Jones. "In the past, knowledge and publicity of our work has helped spawn the Idiopathic Infantile Hypercalcemia-Europe-Canada-Collaboration which works with IIH patients around the world to investigate their illness and establish new treatment protocols."



# International Multiple Sclerosis Falls Prevention Research Network hosts first meeting at Queen's University

CANADA has one of the highest rates of multiple sclerosis (MS) in the world. Mobility and balance impairments are commonly experienced by people with MS, and place them at high risk of accidental falls. In fact, more than 50% of people with MS will experience a fall in a six month period and approximately half of those falls will require medical attention.

The first week of March 2014 marked a milestone in the field of MS falls prevention research. Over 30 stakeholders and key informants were brought together for the inaugural meeting of the International MS Falls Prevention Research Network. The meeting was supported by a CIHR Planning Grant, and led by Dr. Marcia Finlayson, Director of the School of Rehabilitation Therapy.

"All of my co-investigators and I recognized that pooling our unique areas of expertise would enable us to find effective ways to reduce fall frequency, severity and consequences for people with MS. As an international group from Canada, Ireland, Italy and the US, we have a unique opportunity to make a big impact," says Dr. Finlayson. The primary aim

of the meeting was to begin work on a protocol for a MS falls prevention intervention trial that could be replicated by each member of the investigative team in his or her own jurisdiction.

"Clearly defined objectives, a streamlined strategic agenda, and active engagement of researchers, local clinicians and people with MS allowed the meeting to far exceed our expectations," says Dr. Finlayson. "Together, participants came to consensus on major aspects of the intervention protocol. We still have work to do, but our partnership is solid and we are ready to create new knowledge that will influence falls prevention practice in MS for years to come."

"...our partnership is solid and we are ready to create new knowledge that will influence falls prevention practice in MS for years to come."



**International  
MS Falls Prevention  
Research Network**



## Promoting scholarly activity in nursing through inter-university collaboration

QUEEN'S University is part of a nine-university consortium that offers the Primary Health Care Nurse Practitioner (PHCNP) program in Ontario. The PHCNP diploma program is a 1-2 year program, consisting of five clinical and two theory courses, which, until recently, were all held at Queen's. With the short nature of the program, many students did not relocate to Kingston for their studies. "We realized that students were travelling long distances to attend onsite tutorials and explored possible sites for a satellite," says Dr. Jennifer Medves, Director of the School of Nursing.

"We realized that students were travelling long distances to attend onsite tutorials and explored possible sites for a satellite"

In response to the need to offer programming west of Kingston, a proposal to collaborate with another school was developed. Through the initiative of Dr. Medves, Chantelle Hart and Colleen Mackulin, tutors in the nurse practitioner program, Trent University was approached and a partnership was created.

Since then the program's teaching team has expanded to include Connie Brown and Clarissa Townsend. To create a well-rounded educational experience, experts in primary health care from Peterborough provide focused learning opportunities. Clinical placements for students are arranged in the immediate surrounding area including both rural and urban practices.

"The faculty at Trent University have welcomed us to hold classes in Peterborough in the Trent/Fleming School of Nursing," says Dr. Medves. "This means that students have shorter distances to travel for class and have their clinical practicums in the local Peterborough area. It has been a very successful program and has provided us with the opportunity to accept more students in the program through Queen's."

The creation of the Trent/Fleming and Queen's partnership has attracted students from as far east as Brockville to the greater Toronto area. "This program gives me the opportunity to study closer to home," says one student. "The benefits are that I spend more time with my family, can connect easily with students to study, and spend less time travelling."



Chantelle Hart



Connie Brown



Clarissa Townsend



## First Functional Anatomy Boot Camp a resounding success

**W**HAT was originally envisioned as a preparatory course for students entering Queen's Occupational and Physical Therapy programs grew into a multi-day event attended by students and practicing clinicians from across Ontario.

The inaugural Functional Anatomy Boot Camp hosted by The School of Rehabilitation Therapy was designed to help prepare incoming students for entry into the fall's academic programs. As interest in the programming became apparent, the opportunity was shared with universities and clinicians from across the province, who travelled to Kingston for the two-day event.

Not limited to rehabilitation therapy, attendees were students in a variety of programs including bio-medical engineering, medicine, nursing, occupational therapy and physical therapy. Mirroring this diversity, clinicians who attended came from medicine, nursing and occupational and physical therapy.

The event was intensive, hands-on and collaborative, as participants were organized into cross-disciplinary groups to facilitate networking and interprofessional learning. The first day took place in our new state-of-the-art active learning classrooms at Ellis Hall, and participants worked with bone-sets to develop an understanding of anatomical terminology and its application to the skeletal system.

The second day focused on the muscular system and took place at our School of Medicine's Human Anatomy Learning Centre, both in the museum and laboratory, working with donor specimens.

After an intensive weekend, participants left with a base of learning with which to confidently start their fall academic programs or with a fresh understanding to bring to their clinical practice.

"My understanding and knowledge of functional anatomy has gone to another level. ... I couldn't recommend this course highly enough to another in my field"

"The course was absolutely fantastic, I learned so much. My understanding and knowledge of functional anatomy has gone to another level. The instructors were very clear and insightful. I couldn't recommend this course highly enough to another in my field," commented one participant.

Beyond the learning experience, important professional connections were made and new friendships developed. In the words of one student participant, "the instructors and other participants created a fun learning environment. I learned a lot and met some awesome new friends with similar interests!"



## Industry Engagement Strategy

**In** 2012 with the creation of the School of Medicine strategic plan, the Industry Engagement Strategy was initiated. In the first phase of the strategy, Mr. Paul Lucas, former President and CEO of GlaxoSmithKline Inc. was recruited and now acts as a Special Assistant to the Dean in this initiative. In the spring of 2014, we welcomed Dr. Seth Chitayat, who is now in place as the Faculty's Industry Liaison Officer. "Creating this role was critical to our Industry Engagement Strategy," says Richard Reznick, Dean, Faculty of Health Sciences. "As we reinforce our strategy to seek out mutually beneficial opportunities, Seth serves as an integral connector and link between pharmaceutical companies, and scientists within our Faculty."

Since the strategy's inception, we have visited and met with 23 CEOs and Chief Scientific Officers of Canada's largest pharmaceutical and device companies. In turn, 16 companies have sent delegations of executives and senior scientific personnel to Kingston to meet with the School of Medicine's top scientists. These visits open conversations about mutually beneficial educational and professional training opportunities, and potential research partnerships that align with our areas of strength.



Dr. Seth Chitayat



Paul Lucas  
Faculty of Health Sciences



<http://meds.queensu.ca/templates/medicine/assets/medicine-strategic-plan-r20120622.pdf>



## Nursing grad makes an impact

**As** WE say good bye to nursing students at convocation we wonder where they will be in five years – how their career will have developed, what their plans are for their continued education in nursing, and where they will be living. Christiane Gray-Schleihauf (nee Macpherson) graduated in 2011 and was a student who actively participated in *Queen's* life and the Nursing Science Society.

Receiving feedback from employers is part of the School of Nursing's evaluation process, but finding out where graduates are practicing can be difficult. Occasionally we receive phone calls directly and relish the opportunity to hear about the wonderful work the graduates are now engaged in.

"From the interview it was apparent to myself and the program manager that she was going make a huge impact on our program."

In February 2014, Dr. Jennifer Medves, Director of the School of Nursing, received a phone call from Nicole Wagner, Advance Practice Nurse, Mental Health and Addictions Program, Humber River Hospital in Toronto, who wanted her to know how much she appreciated Christiane, remarking that *Queen's* should take credit for preparing her for a career in nursing.

This letter was received from Nicole later that week, a testament not only to Christiane's ability and dedication to the profession, but to the school's excellent training program.

*Christiane joined my team just under a year ago. From the interview it was apparent to myself and the program manager that she was going make a huge impact on our program. She had a depth of knowledge and a*

*compassion for this population (addictions) that we knew we were lucky to hire her on.*

*Just after a few months of working with us, Christiane had gained the respect of our interdisciplinary team and was efficient in making small changes in processes that had huge patient impacts and improved standards of care. She was solution focused and could easily get her team on board with her initiatives.*

*She takes time to explain things to her colleagues in an easygoing, open attitude that does not threaten or make staff feel uncomfortable, and this was crucial for building capacity with our emergency/medicine department nurses and physicians.*

*It is not very often you come across a nurse like Christiane, to be a nurse and focus on addictions, this is a rare thing, who is especially dedicated to a population so marginalized and oppressed. But her impact as an addictions nurse extends from the patients she sees to our hospital and the community.*

Christiane Gray-Schleihauf  
(nee Macpherson)



## Creating the most “caring campus” in Canada



**Q**UEEN’S University mental health experts Heather Stuart (Centre for Health Services and Policy Research and Public Health Sciences) Shu-Ping Chen (Public Health Sciences) and Terry Krupa (School of Rehabilitation Therapy) have received \$1.7 million out of \$12 million distributed by Movember Canada for their latest project, *The Caring Campus: An Intervention Project*. The multi-institutional project focuses on substance abuse, reducing the stigma associated with substance misuse and creating a more caring campus.

Along with physical health, a focus of Movember is also men’s mental health.

“We want to help first-year male students manage their basic health,” says Dr. Stuart. “Patterns of drinking are established right from their first week at school so we want to get through to them right at orientation. There are about 2,000 male students coming to Queen’s every year and we want this to become part of the orientation.”

The Caring Campus team will work with researchers at Dalhousie University and the University of Calgary on the new program. Part of the project includes a substance abuse



continuum model adapted from the Department of National Defence that students will be able to use to check their state of well-being by self-assessment. The model will also be developed into a smartphone app.

Along with developing this new model, Dr. Stuart and her co-researchers will hold a series of summits with first-year male students and invite in speakers who have had similar issues. The goal is to provide support and create a caring campus.

“There is a positive energy at Queen’s right now in terms of support for mental health issues,” says Dr. Stuart. “I want to harness that energy which will support students right from the first day at Queen’s.”

“We want to help first-year male students manage their basic health... There are about 2,000 male students coming to Queen’s every year and we want this to become part of the orientation.”



## Pushing for new clinical trials into chronic pain



Ian Gilron  
Anesthesiology & Perioperative Medicine  
Director, Clinical Pain Research

**Q**UEEN's Director of Clinical Pain Research Ian Gilron (Anesthesiology) reviewed current drug treatment therapies and concluded drug combinations remain an important and understudied strategy. The management of chronic pain is a common but often neglected aspect of medical illnesses and pain treatment therapies in general.

"Health providers have already started widely using drug combinations in about half of pain patients," says Dr. Gilron. "However not all combinations have been carefully studied with clinical trials, some combinations may be significantly more effective than single drug therapy and some combinations might be harmful. More study is needed."

In the United States alone, chronic pain associated with neurological disease affects about 30 per cent of the population and is estimated to

cost the U.S. about \$650 billion per year in health care costs. Drug therapy is an important part of mitigating those costs; however, current drugs have limited efficiency and dose-limiting toxic effects.

Dr. Gilron says clinical trials must be developed to evaluate the components of drug combinations to determine which drugs work most effectively together. "Available evidence showing that some,

## THE LANCET Neurology

Review

### Combination pharmacotherapy for management of chronic pain: from bench to bedside

Ian Gilron, Todd S. Jensen, Anthony H. Dickenson

Chronic pain, a frequently neglected problem, is treated with different classes of drugs. Current agents are limited by incomplete efficacy and dose-limiting side-effects. Knowledge of pain processing implicates multiple concurrent mechanisms of nociceptive transmission and modulation. Thus, synergistic interactions of drug combinations might provide superior analgesia and fewer side-effects than monotherapy by targeting of multiple mechanisms. Several trials in neuropathic pain, fibromyalgia, arthritis, and other disorders have assessed various two-drug combinations containing antidepressants, anticonvulsants, non-steroidal anti-inflammatories, opioids, and other agents. In some trials, combined treatment showed superiority over monotherapy, but in others improved benefit or tolerability was not seen. Escalating efforts to develop novel analgesics that surpass the efficacy of current treatments have not yet been successful; therefore, combination therapy remains an important beneficial strategy. Methodological improvements in future translational research efforts are needed to maximise the potential of combination pharmacotherapy for pain.

#### Introduction

Chronic pain is a common but often neglected aspect of neurological disease.<sup>1</sup> In the USA alone, it affects about 30% of the population and is estimated to cost US\$650 billion a year in health-care costs and lost productivity.<sup>2</sup> Pharmacotherapy remains an important component of multimodal, multidisciplinary pain management. However, current drugs have limited efficacy and dose-limiting side-effects.<sup>3</sup> Although translational research efforts to develop more effective treatments have led to some novel agents, we have yet to address the clinical need fully.<sup>4</sup> While awaiting better agents, and to address these limitations of current pharmacotherapy, combination drug regimens have been pursued by researchers and clinicians with the intention of improving outcomes.<sup>5,6</sup> Combination pharmacotherapy is used commonly for treatment of acute postoperative pain, and its use has a wide evidence base. Rational combination therapy has long been used in clinical areas such as antiemetic, oncologic,<sup>7</sup> and hypertensive,<sup>8</sup> but only more recently for pain management. Although more than half of patients with chronic pain receive two or more different analgesic drugs concurrently,<sup>9</sup> relatively little evidence supports this practice, and experts have called for more research on the safety and efficacy of specific combination regimens.<sup>10</sup>

Through knowledge of pain processing, many concurrent mechanisms of nociceptive transmission and modulation can be targeted.<sup>11</sup> Thus, synergistic interactions between mechanistically distinct analgesic drugs might provide superior analgesia or fewer side-effects compared with monotherapy.<sup>12,13</sup> In this Review, we discuss practical literature, clinical data, and other information addressing the rationale, practice, and future directions of combination pharmacotherapy for pain. We do not review combination treatment for headache, which is discussed elsewhere.<sup>14</sup>

#### Pain mechanisms and clinical classification

Nociceptive processing represents an important alarm system to warn of tissue damage.<sup>15,16</sup> Pain is signalled

by specialised high-threshold receptors in the periphery, leading to a fast well-defined emotional experience, driving the individual to escape from the noxious stimulus.<sup>17</sup> Acute nociceptive pain occurs only in the presence of noxious stimuli and resolves shortly after removal of the stimulus. Chronic pain, however, seems to serve no purpose. It is a state in which increased activity is present in the nociceptive signalling system because of either sustained input to peripheral sensory nerves or abnormal activity in those parts of the nervous system that modulate sensory information. This abnormal modulation can lead to either increased facilitation in central zones or insufficient inhibition in pain-transmitting and pain-modulating circuits.<sup>18,19</sup> Chronic pain is typically divided into three major classes: inflammatory (eg, arthritis), neuropathic (eg, postherpetic neuralgia), and idiopathic (eg, fibromyalgia). These classifications are adapted mainly from preclinical evidence from which distinct and separable mechanisms have been identified from neuroimmune and inflammatory models, and there are various different diseases and causes. In the case of neuropathic pain, these can be categorised according to the anatomical underlying pathology and the anatomical location of the disorder (table 1).

Inflammatory pain is a response to tissue injury and is accompanied by neurogenic inflammation.<sup>20,21</sup> It results from the release of sensitising inflammatory substances (eg, prostaglandins, bradykinin) that reduce the activation threshold of the nociceptors innervating the inflamed tissue, increasing the response to activation and yielding abnormal responses in the CNS to sensory input as a result of increased neuronal excitability. These events, although evoked within minutes, can outlast the tissue injury for hours or days. These changes after inflammation are reversible if healing occurs, and the sensitivity of the system is restored after inflammation has resolved. In chronic inflammatory conditions, nociceptive signalling pathways are intact and in a state of heightened sensitivity to ensure optimum healing. Signs of inflammation—

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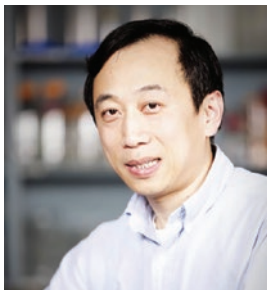
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[http://dx.doi.org/10.1016/S1474-4422\(13\)70193-5](http://dx.doi.org/10.1016/S1474-4422(13)70193-5)

but not all, combinations are superior to their single-agent components suggest continued research in this area has the potential to improve clinical outcomes."

Dr. Gilron's review on the future direction of combination drug therapy was published in the November 2013 issue of *The Lancet Neurology*, Vol. 12 No. 11 pp 1084-1095.

## New hope for breast cancer patients



Xiaolong Yang  
Pathology and Molecular Medicine

**Q**UEEN's researcher Xiaolong Yang has discovered the key to understanding how breast cancer patients become resistant to chemotherapy. This discovery could lead to more successful breast cancer treatment.

"We have identified a protein that may be critical in causing the resistance of breast cancer cells to antitubulin drugs, a group of chemotherapeutic drugs commonly used for the treatment of breast and lung cancer," explains Dr. Yang, an associate professor in the Department of Pathology and Molecular Medicine.

The research group led by Dr. Yang has discovered that antitubulin drugs kill breast cancer cells by inactivating a protein called YAP, which is critical for protecting cancer cells from drug-induced cell death. However, when the YAP protein becomes immune to drug-triggered inactivation, it can protect cancer cells from dying.

This discovery suggests that the YAP protein status can be used as a marker in predicting antitubulin drug response in patients, which could lead to more effective chemotherapy.

Dr. Yang's research team including PhD candidate Yulei Zhao, Prem Khanal, a Terry Fox Transdisciplinary Postdoc Fellow, and Paul Savage (Artsci'11), currently an MD/PhD student at McGill University, collaborated on the research with Drs. Yi-Min She and Terry Cyr at Health Canada.

This research, which was funded by the Canadian Breast Cancer Foundation, was published online in the journal *Cancer Research*.

"We have identified a protein that may be critical in causing the resistance of breast cancer cells to antitubulin drugs, a group of chemotherapeutic drugs commonly used for the treatment of breast and lung cancer"





## Collaboration in Action (CIA) initiative and compassionate care

**S**INCE 2011, the Office of Interprofessional Education and Practice (OIPEP) has offered the Collaboration in Action project (CIA), which takes students into the community to partner with health care mentors – individuals in the community who are affected by multiple health challenges, to learn about and experience collaborative teamwork. This is a big effort involving 270 students (all second-year Nursing, Occupational Therapy and Physical Therapy students), 61 community mentors with chronic health challenges and 32 faculty/clinician/community member judges.

The CIA project helps to ensure that our students enter their health care practices well-trained in the six interprofessional competencies documented in A National Interprofessional Competency Framework (CIHC, 2010)[i]:

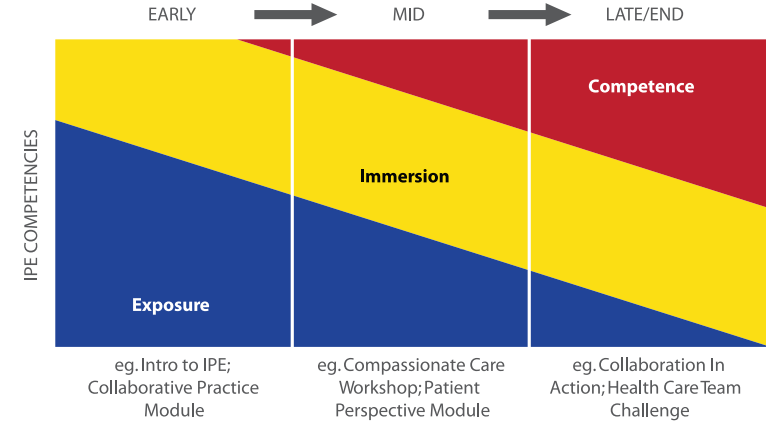
- interprofessional communication
- patient/client/family/community-centred care
- role clarification
- team functioning
- collaborative leadership
- interprofessional conflict resolution

The CIA project is just one of nearly a dozen programs from OIPEP, under the leadership of Director, Dr. Rosemary Brander and a large community of faculty and community/patient representatives, staff and students.



Office of Interprofessional Education & Practice  
Advancing Health Care Through Collaborative Learning

### Faculty of Health Sciences Academic Programs



A simplified diagram showing the progression of IPE learning that students from all three schools (Medicine, Nursing and Rehabilitation Therapy) receive as part of their education at Queen's

Imbuing our future health care professionals with interprofessional competencies is a priority, one with global relevance. It has been identified via the World Health Organization (WHO) Framework for Action on Interprofessional Education & Collaborative Practice. The 2010 report by The Commission on Education of Health Professionals for the 21st Century, states:

*"For interprofessional education, health needs teamwork, and this necessity has grown in importance because of the transformation of health systems. The emergence of non-communicable diseases, for which patient care becomes a series of transitions from home to hospital to rehabilitation facilities and back to home again, necessarily engages a host of multidisciplinary professionals—social workers, nurses, therapists, doctors, counsellors, etc—who must work together to provide a seamless web of health services."*

[i] [http://www.who.int/hrh/resources/framework\\_action/en/](http://www.who.int/hrh/resources/framework_action/en/)

## Forging new partnerships with retirement homes



**As** CANADA's demographics continue to shift, and practitioners are expected to interact with agencies at an organizational level, the School of Rehabilitation Therapy is developing innovative strategies to equip future clinicians with the necessary competencies to work with aging populations within community health frameworks.

In the fall of 2013, the School launched an interprofessional clinical education program, *The Retirement Home Placement Initiative*, that combined both occupational and physical therapy disciplines, and placed students in several retirement homes within the community for their fieldwork assignments. Four retirement homes collaborated on the initiative, each facilitating paired clinical fieldwork placements.

A primary goal of the initiative was to increase student interaction with individuals living within retirement homes and secondarily, to approach each agency as a distinctive community



in and of itself, with unique goals and needs. Students carried out client-centered assessments and then created and delivered a program of weekly workshops tailored to the requirements of the individual retirement home community.

The initiative allowed students to gain access to traditional areas of practice within a non-traditional environment, while exposing them to community level health experiences, including administration and management perspectives, interprofessional collaboration, illness prevention and health promotion as well as consultative models of service delivery.

Students assessed over 120 clients during the placements, and developed and delivered eight health education workshops tailored to the needs of individual agencies.

“A primary goal of the initiative was to increase student interaction with individuals living within retirement homes”

The initiative delivered a rich and nuanced learning experience for students and provided participating retirement homes with an opportunity to benefit from the development of individualized programming based upon resident needs and existing services.





## Family Health Team a leader in family medicine



The Queen's Family Health Team celebrates its 2013 provincial awards during a holiday season workshop.

**T**IMES are changing in the field of family medicine, and the Queen's Family Health Team (QEHT) is a leader in this new model of health care. Led by Dr. Glenn Brown, Head, Department of Family Medicine, the team includes physicians, residents, nurse practitioners, nurses, social workers, a pharmacist, a dietitian and a foot care nurse, all focused on improving health care for their patients.

It used to be that family physicians trained to be autonomous professionals, working in a private office with only a receptionist and a nurse. But this model of care became unsustainable and was limited in its ability to meet the primary care needs of patients. As people age they have more health issues, and addressing these issues is much easier in a team environment in which team members can work together to provide care more efficiently.

Last year, more than 55,000 patient visits occurred at the QEHT's two Kingston clinic sites. The Ministry of Health and Long-Term Care recently approved the addition of QEHT allied health staff at the Department's academic site in Belleville. Dr. Karen Hall Barber, QEHT Physician Lead, and Diane Cross, Clinic Manager, in collaboration with their team, have developed and manage a number of patient programs focused on health promotion

"...It's important for the team to contribute in the development and implementation of new ideas and programs and to share in the success equally."

and disease prevention. Patient programs include diabetes care, chronic pain self-management, lactation support for new mothers, anti-coagulation management, social work counseling and a smoking cessation program.

"Team work and collaboration are essential elements in improving patient care," says Ms. Cross. "It's important for the team to contribute in the development and implementation of new ideas and programs and to share in the success equally."

The QEHT was recently honoured by the Association of Family Health Teams of Ontario (AFHTO) Bright Light Awards program, earning awards for *Meaningful Use of Electronic Medical Records* and *Innovation in Interprofessional Collaborative Team Implementation* in October 2013.



Dr. Kelly Howse



Dr. Karen Enriquez

## SEAMO brings four more clinician scientists to Queen's

**T**HE Southeastern Ontario Academic Medical Organization (SEAMO) committed \$3.6M annually to bring a total of ten eminent clinician researchers to our academic health sciences centre. In addition to the six clinician scientists recruited last year, this year, four clinician scientists were recruited to Queen's.

SEAMO is an association whose members are: the Clinical Teachers' Association of Queen's University (CTAQ), Kingston General Hospital (KGH), The Religious Hospitallers of St. Joseph of the Hotel Dieu Hospital Kingston, Providence Care and Queen's University.



**Clinical Teachers' Association  
of Queen's University**

### **Susan Bartels** *Department of Emergency Medicine*



Susan Bartels is the tenth clinician scientist recruited to Queen's through the SEAMO program. She is an attending physician in the Department of Emergency Medicine. Dr. Bartel's research aims to improve the science and practice of delivering humanitarian aid and her current focus is the impact of war on the health of women and children. Dr. Bartels has completed projects in the Democratic Republic of Congo, Darfur, Ethiopia, Kenya, Tanzania and Lebanon and maintains affiliations with the Harvard Humanitarian Initiative and with the Harvard School of Public Health.

Dr. Bartels completed fellowship training and an MPH degree in Boston, going on to become the Director of Global Health and International Emergency Medicine Fellowship at Beth Israel Deaconess Medical Center and an Assistant Professor at Harvard Medical School.

### **Jennifer Flemming** *Department of Medicine*



Dr. Jennifer Flemming joined the Department of Medicine in January as a clinician scientist and member of the Division of Gastroenterology. She is a member of the Cancer Care and Epidemiology (CCE) group at the Cancer Research Institute at Queen's University with a cross appointment to the Department of Public Health Sciences. Her health services research program focuses on the epidemiology and natural history of cirrhosis, hepatitis C and primary liver cancers.

Dr. Flemming completed medical school at Dalhousie University and completed Internal Medicine and Gastroenterology training at Queen's University. She then spent two years at the University of California San Francisco completing subspecialty training in hepatology and liver transplantation and obtained her Master's degree in Advanced Clinical Research.

### **David Maslove** *Department of Medicine and Critical Care Program*



David Maslove became a clinician scientist with the Department of Medicine and Critical Care Program in January. His research focuses on informatics, genomics, and the use of biomedical Big Data to address current challenges in Critical Care Medicine.

Dr. Maslove completed medical school and residency in Internal Medicine at the University of Toronto. He trained in Critical Care Medicine at Stanford University where he also undertook graduate studies in Biomedical Informatics. He collaborates with Critical Care and informatics specialists both in Canada and abroad, and is a member of the American Medical Informatics Association, the Canadian Critical Care Trials Group, and the Society of Critical Care Medicine.

### **Neil Renwick** *Department of Pathology*



Neil Renwick came to Queen's Department of Pathology from The Rockefeller University in New York where he was an Assistant Professor in Clinical Investigation in the HHMI Laboratory of RNA Molecular Biology and Chair of the Rockefeller Early-Phase Physician-Scientist program. An anatomic pathologist, he established a program in RNA-based diagnostics and RNA-centric pathomechanisms under the expert guidance of Prof. Thomas Tuschl.

As a clinician scientist here at Queen's, Dr. Renwick is building an independent research program in translational RNA biology, focusing on post-transcriptional gene regulation (RNA-binding protein- and microRNA-mediated control of gene expression) in health and disease. His cross cutting research has implications for neurodegenerative diseases and cancer and he is looking forward to a career in bench-to-bedside research using the substantial research expertise and excellent facilities on campus.

## Major CIHR funding successes in 2013-14

### John Allingham

#### *Biomedical and Molecular Sciences*

Preclinical Development of Natural Product-Based Agents as Anti-Cancer Drugs

### Bruce Banfield

#### *Biomedical and Molecular Sciences*

Functions of the Herpes virus Tegument

### Susan Cole

#### *Cancer Research Institute*

Investigations of the drug and organic anion transporter, MRP1

### Alastair V Ferguson

#### *Biomedical & Molecular Sciences*

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

### Timothy P Hanna

#### *Cancer Care and Epidemiology*

A Population Study of the Toxicity and Effectiveness of High-Dose Interferon for High-Risk Melanoma

### Daren K Heyland

#### *Medicine*

A RandomizEd trial of ENtERal Glutamine to minimIZE thermal injury: The RE-ENERGIZE Study

### Daren Heyland

#### *Medicine*

Improving General Practice Advance Care Planning: The i-GAP Study.

### Daren Heyland

#### *Medicine*

SodiUm SeleniTe Adminstration IN Cardiac Surgery (SUSTAIN CSX® trial)

### Rachel M Holden & Daren K Heyland

#### *Medicine*

Inhibit the progression of arterial calcification in hemodialysis patients: A multi-center pilot study

### Rachel Holden

#### *Medicine,*

#### **Michael Adams**

#### *Biomedical and Molecular Sciences*

Calcitriol and Vitamin K Co-Treatment in CKD: Targeting Vascular Calcification

### Glenville Jones

#### *Biomedical and Molecular Sciences*

Idiopathic Infantile Hypercalcemia: European-Canadian Consortium

### David P Lillicrap

#### *Pathology and Molecular Medicine*

Molecular studies of von Willebrand factor biology and pathobiology

### David P Lillicrap

#### *Pathology and Molecular Medicine*

Evaluation of innovative therapeutic strategies for hemophilia A in a unique hemophilic dog colony

### Douglas Munoz

#### *Centre for Neuroscience Studies*

Neural mechanisms of saliency and orienting

### Douglas Munoz

#### *Centre for Neuroscience Studies*

Establishment of a primate model that exhibits Alzheimer's-like features to explore new preventative and therapeutic strategies



## Faculty of health sciences external awards



**Paul Beliveau**

*Department of Surgery*

Recipient of the John Provan Outstanding Canadian Surgical Educator Award



**Roger Deeley**

*Faculty of Health Sciences*

Elected fellow of the Canadian Academy of Health Sciences



**Jacalyn Duffin**

*Department of Medicine*

Elected fellow of the Canadian Academy of Health Sciences



**Elizabeth Eisenhauer**

*Department of Oncology*

Elected fellow of the Canadian Academy of Health Sciences



**David Lillicrap**

*Department of Pathology*

Elected fellow of the Royal Society of Canada



**James Low**

*Department of Obstetrics & Gynaecology*

Named to Order of Canada  
Recipient of the Ronald G. Calhoun Science Ambassador Award for Health Research, Partners in Research



**Mary Ann McColl**

*School of Rehabilitation Therapy*

Recipient of the 2013 Kenneth G. Langford Lifetime Membership Award



**Robert Reid**

*Department of Obstetrics & Gynaecology*

Named fellow ad Eundem by the Royal College of Obstetricians and Gynaecologists

## New Faculty Administrative Appointments



### **Alice Aiken**

**Associate Director (Physical Therapy),  
School of Rehabilitation Therapy**

Associate Professor, School of Rehabilitation Therapy;  
Director, Canadian Institute for Military and Veterans Health  
Research (CIMVHR)

**Research interests:** Health services and disability policy research; the role of rehabilitation and knowledge translation in primary care; linking the academic community with the research needs of military personnel, Veterans and their families.



### **Lindsay Davidson**

**Director (Teaching, Learning & Innovation, UGME),  
School of Medicine**

Associate Professor, Pediatric Orthopaedics

**Research interests:** Team based learning; case based learning; blended learning; instructional technology; instructional innovation.



### **Dana Edge**

**Associate Director (Graduate Nursing Programs),  
School of Nursing**

Associate Professor, School of Nursing

**Research interests:** Health of rural populations, rural nursing, primary care, community resiliency, and student perceptions of patient safety education.

## FACULTY ACHIEVEMENTS



### **Janet Dancey**

**Named new director of the NCIC Clinical Trials Group**

Janet Dancey has been named director of the NCIC Clinical Trials Group (NCIC CTG). Dr. Dancey is internationally renowned for her expertise in developing new anti-cancer drugs.

"I am honoured to have the opportunity to lead the NCIC CTG and work with such a dedicated group of people at Queen's, across Canada and around the world," says Dr. Dancey. "The NCIC CTG is a world-class cancer clinical trials group, and the trials it conducts are important for advancing cancer care. There is tremendous opportunity to improve outcomes for cancer patients through personalized medicine strategies and to develop new approaches to trial design and execution."

Dr. Dancey is currently director of Clinical Translational Research at the NCIC CTG. She is also director of the High Impact Clinical Trials Program at the Ontario Institute for Cancer Research, scientific director of the Canadian Cancer Clinical Trials Network (3CTN), and chair of the Experimental Therapeutics Network at Cancer Care Ontario.

Prior to joining the NCIC CTG, Dr. Dancey was associate chief of the Investigational Drug Branch in the Cancer Therapy Evaluation Program at the U.S. National Cancer Institute where she coordinated the development of over 200 phase I-III trials in experimental therapeutics.



### **Leslie Flynn**

**Appointed Vice-Dean Education, Faculty of Health Sciences**

Leslie Flynn has been appointed as the inaugural Vice-Dean Education for the Faculty of Health Sciences.

A member of the Department of Psychiatry since 1995, Dr. Flynn has served as director for the departmental Continuing Medical Education Program, and Postgraduate Program. She was director of Psychotherapy in the Department of Psychiatry, and associate dean of Postgraduate Medical Education. Dr. Flynn is currently an associate professor in the Departments of Psychiatry and Family Medicine.

Dr. Flynn has received departmental awards for Excellent Leadership in Education and Dedication to the Ideals of the Department as well as the Annual Staff Excellence in Teaching. She has conducted research in physician health, the role of the health advocate, interprofessional education and the scholarship of teaching and learning. Dr. Flynn's committee service has included the National Committee of Directors of Psychiatric Postgraduate Education and the Examination Board in Psychiatry for the Royal College of Physicians and Surgeons of Canada.

## New Faculty Administrative Appointments



**Renee Fitzpatrick**

*Director (Student Affairs, UGME), School of Medicine*  
Assistant Professor, Department of Psychiatry

**Research interests:** Teaching and assessment strategies in undergraduate and postgraduate medical training, development of resilience in medical students, improving recess experience for children with complex neurodevelopmental disorders.



**Michelle Gibson**

*Director (Student Assessment, UGME), School of Medicine*  
Assistant Professor, Department of Medicine

**Research interests:** Assessment in clinical settings, competency-based assessment, formative assessment, social media in medical education, team-based learning models.



**Christina Godfrey**

*Director & Methodologist, Queen's Joanna Briggs Collaboration, School of Nursing*

Assistant Professor, School of Nursing

**Research interests:** Management of chronic disease, amalgamating evidence on care concepts, improving self-care.



**Rosemary Lysaght**

*Associate Director (Occupational Therapy), School of Rehabilitation Therapy*

Associate Professor, School of Rehabilitation Therapy

**Research interests:** Productivity roles of adults; integration of persons with acquired or congenital disabilities into competitive workplaces; disability management; educational strategies in the health sciences and the development of clinical reasoning; evaluation research.



**Hugh MacDonald**

*Director (Undergraduate Admissions, UGME), School of Medicine*

Assistant Professor, Department of Surgery

**Research interests:** Colon cancer, colorectal surgery, inflammatory bowel surgery, rectal cancer.



**Wendy Pentland**

*Associate Director (Rehabilitation Science Program), School of Rehabilitation Therapy*

Associate Professor, School of Rehabilitation Therapy

**Research interests:** The relationships between life balance, personal values and meaning and their application in enabling people to live healthy and personally fulfilling lives.




**Kimberley Sears**

*Associate Director, Master of Science in Healthcare Quality*  
Assistant Professor, School of Nursing; Deputy Director of  
Healthcare Quality, Queen's Joanna Briggs Collaboration

**Research interests:** Health services, advancing quality care, reducing risk, improving patient safety.


**D. Phillip Wattam**

*Assistant Dean (Distributed Medical Education, UGME),  
School of Medicine*

Assistant Professor, Department of Medicine

**Research interests:** Chronic disease management, heart failure, hospital-based medicine, care delivery models, medical education.


**Richard Van Wylick**

*Director (Faculty Development), Faculty of Health Sciences;  
Director (Student Progress, Promotion and Remediation),  
School of Medicine*

Associate Professor, Department of Pediatrics

**Research interests:** Medical education, development of faculty roles, clinical studies in cystic fibrosis.

## FACULTY ACHIEVEMENTS


**Chris Simpson**

*Takes over leadership of Canadian Medical Association*

With a focus on care for seniors, Dr. Chris Simpson became president of the Canadian Medical Association (CMA) in 2014 after serving a year-long term as president-elect. "We need to develop a more patient-oriented health system that recognizes the landscape of chronic disease, particularly in the seniors' population, requires community-based solutions," says Dr. Simpson. "We should be doing everything we can to support our seniors so they can live well in their own

homes for as long as possible." Dr. Simpson's election comes ten years after his being awarded the first CMA Award for Young Leaders.

In addition to his advocacy work, Dr. Simpson is professor and chair of the Division of Cardiology in the Department of Medicine, and the medical director of the Cardiac Program at Kingston General Hospital and Hotel Dieu. Dr. Simpson's primary professional interest is health policy – particularly access to care. He serves as chair of the Wait Time Alliance and as chair of the Canadian Cardiovascular Society's Standing Committee on Health Policy and Advocacy. He is the lead for the Southeast (Ontario) Local Health Integration Network Cardiovascular Roadmap Project. He serves on the executive of the CCS (Member-at-Large), on the Cardiovascular Care Network Board of Directors, and is an American College of Cardiology governor.


**Ruth Wilson**

*Named World Organization of Family Doctors president for North America*

After 35 years as a family doctor, it would be understandable if Ruth Wilson, Professor, Department of Family Medicine was starting to wind down her career. But quite the opposite is true.

At the recent world conference of the World Organization of Family Doctors (WONCA), Dr. Wilson was named the president of the organization's North American region. The position marks the

highest level of achievement for Dr. Wilson, whose resumé is bursting with honours, awards and nominations.

"My role as president is to help promote better health care in the world," says Dr. Wilson. "Canada has a lot to offer in terms of primary health care and family medicine and we can share our expertise and resources with countries that are still improving their health care systems."

Dr. Wilson's election comes after she was recognized in 2010 as one of Canada's top 100 most powerful women by the Women's Executive Network. She also won the triennial Five Star Doctor Award from WONCA for excellence as a health care provider.

## Banner year for the Initiative Campaign

"It's about bolstering our reputation nationally and internationally by focusing on what we do best."

**T**HE half billion dollar Initiative Campaign is about investing in the people of Queen's who – like the generations before them – will not waver in their pursuit of excellence. It's about unleashing the potential of our thinkers and doers. It's about bolstering our reputation nationally and internationally by focusing on what we do best. Together, we will grow stronger and make a difference, not only to Queen's, but to the world around us.

With over 80% of the total goal donated by thousands of generous alumni and friends, the Initiative Campaign has enjoyed enormous success as has the Faculty of Health Sciences.

The Faculty has a campaign goal of \$50 million and thanks to support of alumni, faculty and friends, more than 84% has been contributed. This year, over \$19 million in gifts were donated, making 2013-2014 our most successful year so far. We will achieve the remaining objective by funding priorities and initiatives to fortify our education, research and patient care, and to elevate the reputation of our three schools in extraordinary ways.

### Priorities & Initiatives

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

### Major Gifts in 2013-2014

This year we are pleased to announce over 1,000 gifts were made to the Faculty of Health Sciences in support of the Initiative Campaign including:



A. Britton Smith

- A. Britton Smith gift for chairs in nursing and surgery
- Paul B. Helliwell Foundation gift for a chair in orthopedic research within the HMRC
- Surgeon's gift in support of a chair in surgical research
- Gift to support the Kitty Noble Memorial Ontario Graduate Scholarship for the School of Rehabilitation Therapy
- Estate gift for Medical School scholarships
- Wounded Warriors for support of student research as part of the Canadian Institute for Military and Veteran Health Research



### Donations Driving Innovation

A new program was initiated when a group of medical students identified the need for foundational surgical skills training in second year. This led to the creation of a two week Surgical Skills & Technology Elective Program (STEPP), giving second year students an opportunity to hone their skills under the guidance of facilitators from a variety of specialties. The program was attended by 24 students and 27 facilitators, and was supported financially by the Medical School Excellence Fund. This is but one example of how donations from alumni and friends support student innovation in the Faculty of Health Sciences.

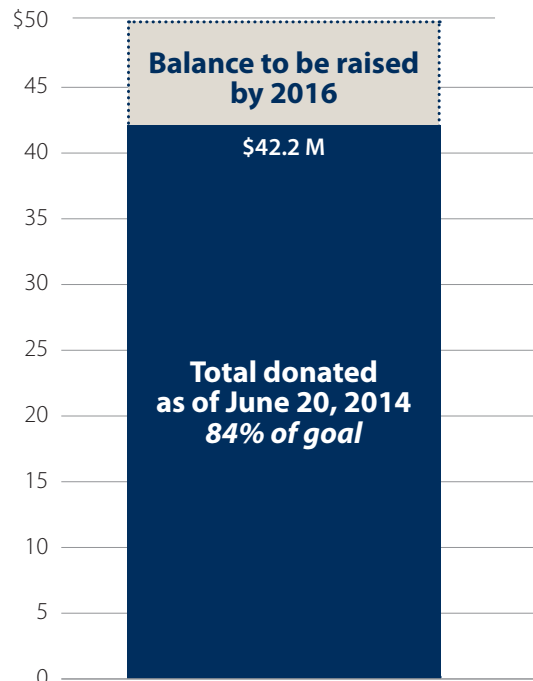
For more information on how to make a gift to the Faculty of Health Sciences, visit <https://www.givetoqueens.ca/healthsci>



### Campaign Cabinet

Ms. Stephanie Amey  
 Dr. Andrew Bruce  
 Dr. David Cook  
 Chancellor Emeritus David Dodge  
 Mr. Reid Drury  
 Dr. Thomas Fiala  
 Dr. Marcia Finlayson  
 Dr. Gordon S. Francis  
 Dr. T. J. Garrett  
 Dr. Hans W. Jung  
 Mr. Richard Kizell  
 Dr. John P. Kostuik  
 Mr. Paul Lucas  
 Dr. Jennifer Medves  
 Ms. Louise Morrin  
 Dr. Andrew Pipe  
 Dr. Sarah S. Prichard  
 Dr. Robert L. Reid  
 Dr. Richard Reznick  
 Dr. Peter Shedden  
 Dr. Christopher Wallace  
 Ms. Margaret Zakos

## FACULTY OF HEALTH SCIENCES Initiative Campaign progress (\$ Millions)



Goal to be raised by 2016: **\$50,000,000**



For more information contact  
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## My (virtual) door is always open

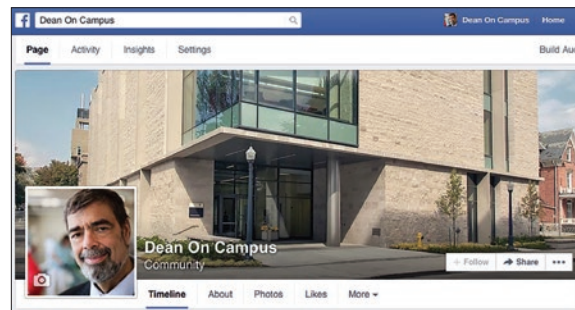


Richard K. Reznick, MD, MEd, FRCSC, FACS, FRCSEd (hon), FRCSI (hon)  
Dean, Faculty of Health Sciences  
Director, School of Medicine  
Queen's University  
CEO, Southeastern Ontario Academic Medical Organization (SEAMO)

**E**ACH week I end my regular blog post with an invitation to readers to comment, or “better yet, please drop by the Macklem House, my door is always open.” 200 blog posts later, I have had responses from and engaged in conversation with people from around the world; with students, faculty, and alumni; with strangers who are drawn to discuss a given topic.

As I have delved deeper into the world of social media, I have been compelled to open new doors, continuing on my quest to engage with the public. Where once a dean was available solely by phone or face to face, today I can be ‘accessed’ 24/7 through a range of mediums. In a virtual sense, my door is now quite literally always open.

This year I reached two social media milestones. My blog had its 500,000<sup>th</sup> page view, and I reached 1,000 followers on Twitter. Encouraged by the level of engagement that I have with my followers, I added a new piece to my social media portfolio: a Facebook page.



The benefits of social media in health care are abounding. Researchers can network with colleagues, find collaborators and create networks that span the globe. Hospitals and caregivers can hold two-way conversations with patients, sharing information that ultimately improves care. Clinicians can pose questions, share best practices and stay connected to what is new and innovative in health care.

### Dean On Campus Blog

Since my leap into the world of social media with my blog, I have seen my colleagues follow suit: Tony Sanfilippo, Associate Dean, Undergraduate Medical Education, Stephen Archer, Head, Department of Medicine, and Chris Simpson, cardiologist and CMA President are all regular bloggers. In the Twittersphere I see colleagues in nursing, rehabilitation therapy and medicine jumping on board with their own Twitter accounts on a weekly basis.

As this trend continues, I invite you to join me in conversation, whether it's a comment on my blog, a tweet or a like on Facebook. My door is always open.



## Decanal Team

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