



FACULTY OF  
**Health Sciences**

**DEAN'S REPORT**  
2015–2016



**ASK**  
questions

**SEEK**  
answers

**ADVANCE**  
care

**INSPIRE**  
change





## Looking back on five great years

**2016** marks a huge milestone for Queen's. It is the 175<sup>th</sup> anniversary of the University, and this year has seen a large number of celebrations across our faculties and many reminders of our rich history as an institution.

And this is a very special time for the Faculty of Health Sciences. 2016 marked the 75<sup>th</sup> anniversary of the School of Nursing, and 2017 will mark the 50<sup>th</sup> anniversary of the School of Rehabilitation Therapy. Both schools have used their anniversaries as opportunities to hold celebratory events, and to unite alumni around the important work that our schools do in educating health professionals.

And this Dean's Report marks a much newer anniversary: my fifth report, and the completion of my first term as Dean of the Faculty of Health Sciences. Reflecting back on my time here, much has been accomplished, and it is all thanks to a remarkable group of individuals who make up our faculty, staff and students.

We have developed and launched 11 new educational programs, from the Queen's Accelerated Route to Medical School to the continuously growing Master of Science in Healthcare Quality to a graduate diploma, Masters and PhD in Aging & Health. And as you'll read in this year's report, the Faculty of Health Sciences has launched a brand new online undergraduate degree: the Bachelor of Health Sciences.

Despite a challenging research environment in Canada, we have focused on strengthening our research mission. Over the last five years we have seen the establishment of several new research chairs; we have built a clinician scientist recruitment program that led to the recruitment of 11 outstanding clinician scientists; we saw the Canadian Institute for Military and Veterans Health Research become the driving force behind military health research in our country. And as you'll read in this report, we have seen some of our clinical trials from the Canadian Cancer Trials Group recognized as the best in the world.

But what I am most proud of is the work that we have done to bring our three schools together. While each school has a distinct mission, five years ago we created a shared vision: *In the Faculty of Health Sciences, we ask questions, seek answers, inspire change and advance care.* Our three schools now work collaboratively at our executive table, in budget processes, in fundraising and in interdisciplinary programming and we are all better for this great partnership that we have forged.



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)

## Three Unifying Strategic Directions

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

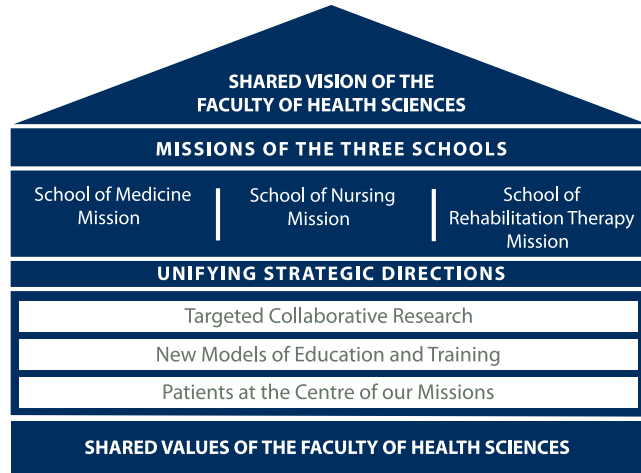
The sharing of leading practices will enable the development of new models of training and will strengthen and transform our educational programs

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



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

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

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

# by the numbers

**543** full-time and **1,460** part-time faculty

**3,000** learners

**60** programs offered

**22** teaching partnerships across Ontario

**\$74 million** in research revenue

**900** studies in progress

**1,149** applications for **140** seats in undergraduate nursing

**1,776** applications for **148** seats in occupational and physical therapy

**4,522** applications for **100** seats in medicine

**97%** of UGME students placed in CaRMS match

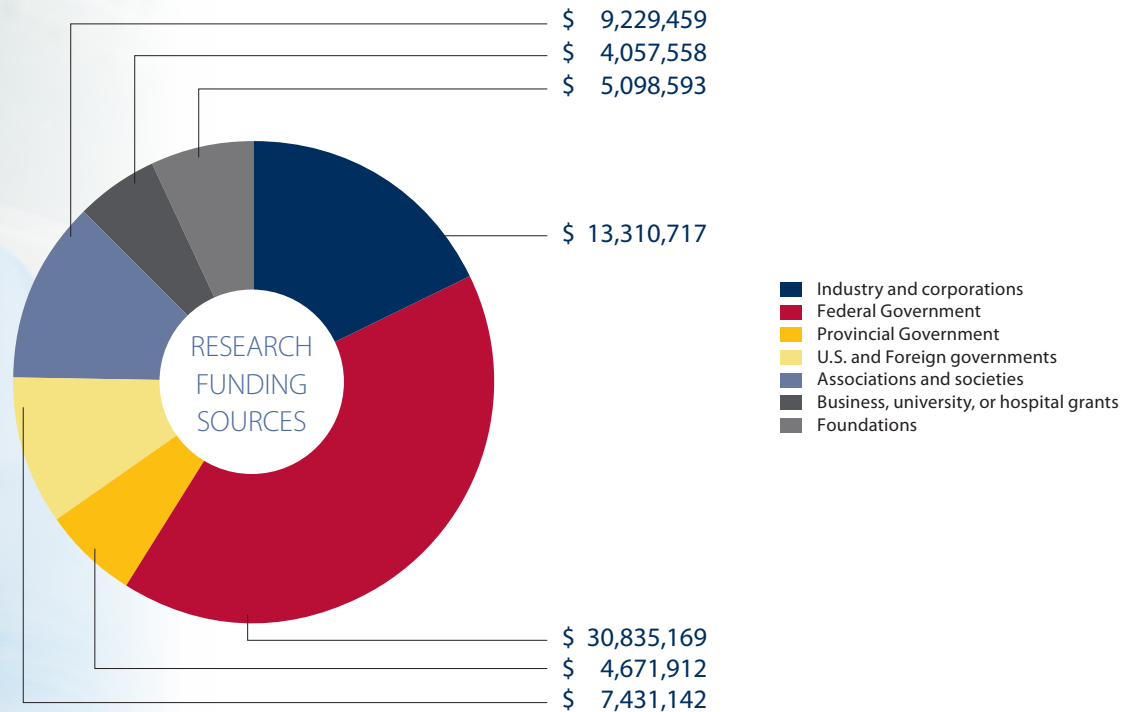
**97%** of PGME placements filled in CaRMS match



## Faculty of Health Sciences Research Funding

Departments, Research Centres/Institutes and Schools

Fiscal Year 2015/2016



Total Research Revenue  
Received as of April 30, 2016

**\$ 74,634,551**

## Faculty of Health Sciences Research Units

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

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

qcric.queensu.ca

Contact: David Berman • bermand@queensu.ca

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

dbms.queensu.ca/research\_groups/ccr

Contact: Don Maurice • mauriced@queensu.ca

### **Gastrointestinal Disease Research Unit (GIDRU)**

meds.queensu.ca/gidru/

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

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

healthsci.queensu.ca/research/chspr

Contact: Michael Green • mg13@queensu.ca

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

dbms.queensu.ca/research\_groups/infection\_immunity\_and\_inflammation\_research\_gr

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

Katrina Gee • kgee@queensu.ca

and Andrew Craig • ac15@queensu.ca

### **Human Mobility Research Centre (HMRC)**

hmrc.engineering.queensu.ca/

Contact: Executive Committee • hmrc@queensu.ca

### **Centre for Neuroscience Studies (CNS)**

neuroscience.queensu.ca/

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

### **Queen's Nursing and Health Research**

nursing.queensu.ca/research/queen\_s\_nursing\_and\_health\_research

Contact: Joan Tranmer • tranmerj@queensu.ca

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

queensu.ca/cspc/

Contact: Richard Birtwhistle • richard.birtwhistle@dfm.queensu.ca

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

meds.queensu.ca/departments/reproductive\_and\_developmental

Contact: Chandrakant Tayade • chandrakant.tayade@queensu.ca

### **Queen's Collaboration for Health Care Quality: A Joanna Briggs International Centre of Excellence**

queensu.ca/qjbc/welcome

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

### **Canadian Institute for Military and Veteran Health Research (CIMVHR)**

cimvhr.ca

Contact: cimvhr@queensu.ca

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

rehab.queensu.ca/icacbr/

Contact: Heather Aldersey • hma@queensu.ca

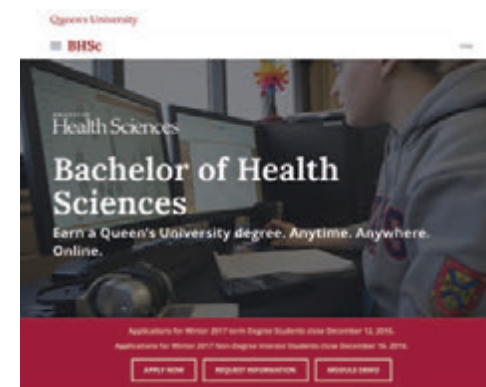
## New BHSc arrives online

**S**tarting in September 2016, Queen's University is offering an innovative new online Bachelor of Health Sciences (BHSc Honours and General) which will provide students with a foundation in the health sciences and the skills and knowledge they need to pursue further education in a health professional program or graduate studies.

Approval from the Ontario Universities Council on Quality Assurance was received in February and final approval of student funding from the Ministry of Training, Colleges and Universities (MCTU) was received in early May. These milestones marked the approval of the online program after years of conceptualization, planning and design.

At the core of the BHSc is the development of the skills that students require to become health professionals, while offering the "anytime, anywhere" flexibility for them to pursue their studies at a pace that suits them. Combine this with the Queen's quality and there is plenty of reason for excitement.

"We examined other health science programs across Canada and then purpose-built this program specifically for students who would like to consider a career in health science or as a health-care professional," says Michael Adams, Professor and Co-Director of the Bachelor of Health Sciences Program as well as Head of the Department of Biomedical and Molecular Sciences. "Feedback to date tells us that the courses we are building as part of this program are of extremely high quality."



Thus, the BHSc online program offers a range of courses to prepare students for further studies in a variety of health professional programs. Students successfully completing the program will develop the tools and knowledge they will need to succeed in programs such as occupational therapy, nursing, medicine, dentistry, physical therapy and pharmacy. In addition, a series of unique learning tracks offer further specialization in specific health science fields ranging from health and disease to global and population health.

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“Simply knowing what the content is will not be enough. The program will be about how you use that knowledge.”

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### Competency framework for new program

Similar to the new residency programs being developed in the Queen's School of Medicine, the BHSc online is built upon a competency framework. Students will demonstrate the extent to which they have become competent in core areas such as communication, advocacy, leadership, scholarship, professionalism and collaboration.

"Simply knowing what the content is will not be enough," Adams explains. "The program will be about how you use that knowledge."

By using an innovative online format, students are able to see how they are progressing with continuous feedback from their instructors on where they are successfully meeting course goals and what needs improvement.

"This program is purpose-built with the competencies embedded in elements of each course," Dr. Laura Kinderman, Associate Director of the Bachelor of Health Sciences Program and the Office of Health Sciences Education says. "Students will be able to log in and see how they are progressing, not only in terms of whether they got an A+ or A- on the course, but also that they got that A+ because they are really good at

competency X, Y and/or Z. Alternatively, it could also indicate to a student that he or she needs to improve as a communicator, or a collaborator, or as an advocate."

Moving forward the student can then work on improving these areas, becoming more competent overall.

Tracking students' progress and competencies can have other beneficial effects. "We can tell if a student hasn't signed in for three weeks and can follow up to check on their status and well-being, or see if they need help," says Dr. Nikki Philbrook, Program Development Associate and Faculty Member, Bachelor of Health Sciences.

"We ask ourselves a key question before designing courses: What will students be able to do that they could not do when they started the course... and how will we know?" says Dr. Rylan Egan, Co-Director, Bachelor of Health Sciences and Director of the Office of Health Sciences Education. "We have found that assessments formed from contemplating such a question lend themselves to being more applied – rubric-driven – and specific. Our instructional methods are then developed to support student success on these assessments."

### Positive feedback early on

Already, the Faculty of Health Sciences has offered several courses using this online model and the response has been overwhelmingly positive, both from the students and the instructors.

"There's a lot of work for the professors at the beginning, but once the course is running, they have the opportunity to focus on the students and focus on their learning, how they are learning, and whether they need extra help," says Philbrook.

Communication continues throughout the modules, through discussion boards and email systems. To get to this point, it has taken a lot of effort; however, while team members are very satisfied with the way the program is developing, they know the work will continue.

"We meet regularly," says Adams. "We review and assess and tweak and adjust to refine our processes because we're all learning how to improve the program and course development. Fortunately, we have a number of exceptional faculty members who are enthusiastic about being a part of this extraordinary program."

## A year of Celebration for the School of Rehabilitation Therapy!

In 2017, the School of Rehabilitation Therapy will celebrate its 50<sup>th</sup> Anniversary! In recognition of this special achievement, the School, students, along with alumni, faculty, and staff are planning a variety of celebratory activities.

Since its establishment in 1967, the School of Rehabilitation Therapy has been growing and evolving to meet the needs of the Kingston community and beyond. The School is home to professional programs in Occupational and Physical Therapy; research-focused programs in Rehabilitation Science and a new suite of programs in Aging and Health. Graduates from all of these disciplines have gone on to exciting and productive careers across the full range of opportunities in rehabilitation – clinical practice, consulting, management and administration, business, community development, education and research.

Beyond its academic programs, the School of Rehabilitation Therapy is home to the International Centre for the Advancement of Community Based Rehabilitation, the Motor Performance Lab, and the Canadian Institute for

Military and Veteran Health Research. These resources enable the School to produce high-quality research that supports and informs education, policy and practice locally, nationally and internationally.

For five decades, the School's graduates, students, faculty and staff have contributed to the everyday lives of individuals and communities across the globe. In recognition of these accomplishments, the School's celebratory activities include a Gala Event, a Speaker Series, and an Alumni Profile project.

The Gala Event, taking place in Kingston in September 2017, will bring together 300 alumni, friends and faculty, in celebration of 50 years of academic achievement. The public Speaker Series, consisting of four events, will provide a forum for its speakers to share their experiences and expertise with students, alumni and the broader Queen's and Kingston communities. The themes of the speaking events include: Emerging Patterns of Health and Disease, Wellness and Health Promotion, Leadership in Rehabilitation and the Impact of Mobile Technology. An online



alumni profile project will highlight the diversity of experiences and contributions of the School's decades of graduates.

Alumni are excited to be involved, and to work with the School, to make all of these celebratory events possible! The 50<sup>th</sup> Anniversary has brought together an organizing committee comprised of volunteers representing the School's decades of graduates from each educational specialty. The first graduating class collectively decided to delay their Homecoming to be present for the Gala event. This, and subsequent graduating classes, are also actively involved in building School history by connecting with classmates, tracking down stories, photos and memorabilia. "We have been touched by the outpouring of support for these celebrations," comments



2016 PT Candidates, Arlee Stern (L) and Heather Greene (C) present SRT Director, Dr. Marcia Finlayson (R) the commitment cheque

50<sup>th</sup> Anniversary coordinator, Cheryl Descent. "Without these wonderful, dedicated alumni, this celebration would not be possible."

It is not just alumni that are looking forward to the celebrations! Each year, graduating classes at the School of Rehabilitation Therapy organize a fundraising activity called "ThankQ" to leave a legacy of their time at Queen's. This year, students in the Class of 2016 chose to raise funds in support of the 50<sup>th</sup> Anniversary Speaker Series.

As momentum grows, the year ahead promises to be an exciting time for the School. It will be full of opportunities to bring together alumni, students, faculty and staff, both in celebration, and in reflection of their collective achievements over the past five decades.

## Nursing unveils new strategic plan

**U**nder the excellent leadership of Dr. Jennifer Medves, the School of Nursing has had a series of successes in the past five years. The school spearheaded the development of our new Master of Science in Healthcare Quality program, earned a \$5.8M grant to lead a provincewide initiative to improve nursing simulation and has initiated the development of several new programs; a diploma in pain management and programs in aging & health. The school has also coordinated a year of celebrations to mark its 75<sup>th</sup> anniversary and endeavours to raise \$750K to build an endowment fund for student scholarships. All the while, our nursing students have had excellent performance on national licensing exams and they continue to report high levels of student satisfaction.

Dr. Medves was appointed for a second term in 2014, and in order to build on the programs and achievements that she and her colleagues initiated in the first five years of her tenure, a new strategic plan has been created.

The strategic plan is built on five pillars, each with a set of strategies, benchmarks and goals that will be achieved over the next five years. Some of the highlights include:

### **Goal 1 – Students**

*We support the growth of nursing professionals who provide excellent care, with passion, creativity, and confident leadership.*

Through enhanced advancement efforts, the school will grow and pursue endowments, which will directly affect our students. With a goal of raising \$10M for student assistance, Nursing envisions offering scholarships to

up to 70% of our undergraduate students, 50% of masters students and 100% of PhD students. This will drastically improve accessibility to our programming while reducing the share of student assistance funds that come from the school's operating budget.

In addition to its focus on student assistance, the school will continue to integrate technology into the classroom and develop elective clinical placements for the undergraduate program.

### **Goal 2 – Reputation**

*We are recognized for excellence in education, research and clinical practice, and for an innovative and unique student experience.*

In practice, this goal means the school will focus resources on developing faculty members as teachers, researchers and clinicians. This will include establishing a mentorship program, creating clinical appointments and supporting interdisciplinary research and education through cross-appointments within the Faculty of Health Sciences and the university as a whole.

### **Goal 3 – Development**

*We build on our solid foundation and leverage opportunities to grow our resources and talent.*

This section's major highlight is the continuation of the planning process for a new site for the School of Nursing and School of Rehabilitation Therapy. By 2020, a new site will have been identified, a budget will be in place – complemented by an advancement campaign – and a detailed project plan will lay out the steps necessary to bring the new site to fruition.

### **Goal 4 – Collaboration**

*We work with partners and stakeholders to advance our common goals.*

The School of Nursing is already well-versed in seeking out and building partnerships. In the next five years, it will build on this foundation, with a reach that is not just local or national, but global, and includes research and education partnerships developed in South America and Africa. The drive to build new partnerships will also mean developing mutually beneficial relationships in both the for-profit and non-profit sectors.

### **Goal 5 – Operations**

*The work and activities of the School of Nursing are supported by effective and efficient operating systems.*

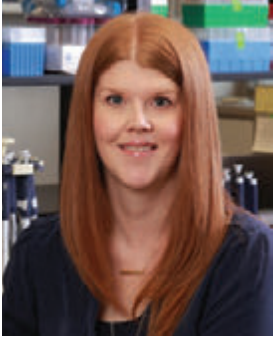
The School of Nursing recognizes the importance of IT systems and their effectiveness in enhancing administrative operations and supporting teaching and learning goals. As such, the school has laid out a plan where much of its communication and coursework will go paperless by 2017. And a computerized exam room will be available for exam writing by 2018.

To see the full plan, go to: [nursing.queensu.ca](http://nursing.queensu.ca)





## Let's Talk. Period.



Dr. Paula James

As many as 35,000 Canadian women may be suffering from a bleeding disorder but don't know it, mainly because they believe their condition is normal. Queen's researcher Dr. Paula James has developed a new website and online survey tool to educate women about the signs and symptoms

of abnormal bleeding and to help break down the stigma of talking about menstruation.

"There is a lack of good information and a lot of misinformation out there," says James, a Professor in the Department of Medicine. "About 30 per cent of women have a problem with heavy periods at some point during their reproductive years, but most figure that's normal. It isn't. We know that up to 15 per cent of women with heavy periods have an underlying bleeding disorder."

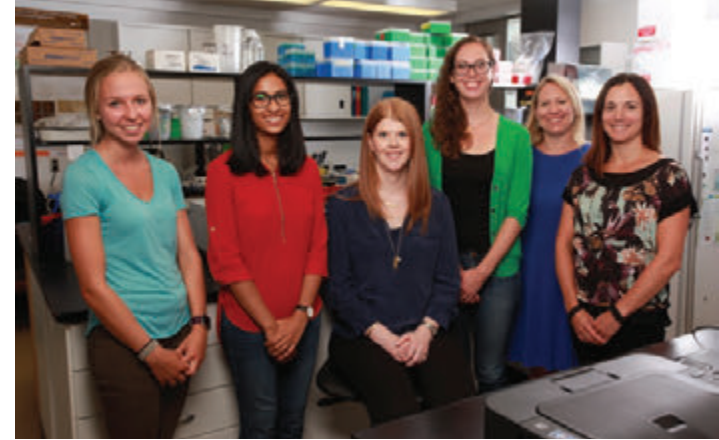
James and her team created [letstalkperiod.ca](http://letstalkperiod.ca), a website to help women understand more about their periods and whether they are experiencing abnormal bleeding. The site features a self-administered bleeding assessment tool (Self-BAT) that has been validated as a screening tool for von Willebrand disease, which occurs in 1 in 1,000 individuals and can cause excessive, life-threatening bleeding. The assessment survey is easy to use and provides women with a score that indicates whether they may be experiencing abnormal bleeding.

James notes that many bleeding disorders are inherited, but discussions about periods are often avoided. "Women have felt frustrated for years," she says. "Their mom may have had heavy periods or a bleeding disorder, but they didn't talk about it. And many doctors aren't spending the 20 – 40 minutes to administer the BAT test during a patient exam due to time pressures." Along with von Willebrand disease, heavy bleeding can be a symptom for several other treatable disorders, such as uterine fibroids and hormonal problems.

“About 30 per cent of women have a problem with heavy periods at some point during their reproductive years, but most figure that's normal. It isn't.”

Since being launched in May 2016, the website has had over 5,000 page views from Canada and around the world. Nearly 500 visitors completed the self-assessment tool, and approximately 45 per cent of these individuals received scores that indicated abnormal bleeding.

The team now plans to expand the educational content of the website, including information directed at medical professionals and a regular blog targeted at the public, including information about referral centres where women can take their results. They also hope to seek approval to recruit and track the outcomes for those with abnormal bleeding scores.



James says that the initial results of the website and Self-BAT indicate that the tool is valuable and can be used to reach individuals around the world. She believes that the results will inform diagnosis and treatments, but more importantly, give women the knowledge they need to treat these often debilitating problems.

"Regardless of the cause, the good thing is effective treatments are available," she says. "Women just need to be made aware that there is a problem."

## Aging and Health student works to improve the lives of aging community members

**W**hen Alida Moffatt entered the first cohort of the School of Rehabilitation Therapy's new Aging and Health program, she was vaguely aware of the work of Oasis, a local seniors' support organization. Little did Alida know that an opportunity provided by one of the program's core courses would act as the basis for a relationship with this non-profit, reaching well beyond the end of her academic assignments.

Core to the Aging and Health program, Masters level students take a course on program evaluation, particularly related to the evaluation of age-related services. This hands-on course asks students to embed their learning in a real world setting by developing a program-evaluation plan for an organization that serves the needs of older adults. The Program also encourages students to find organizations within their local community.

While volunteering for senior-related organizations in the Kingston area, Moffatt heard occasional references to an organization called "Oasis." Upon inquiry, she learned that Oasis Senior Supportive Living provides services for community members who, rather than moving to assisted living facilities or retirement homes, wish to age in place.

This concept aligned very well with the focus of Moffatt's coursework; identifying the social and economic benefits of aging in place. As a first step in developing her program evaluation plan, Moffatt contacted Chairperson of the Board of Directors, Christine McMillan, explaining that she was a student in the Queen's Aging and Health Program and was searching for a community-based organization to

work with on an academic evaluation project. "I found Christine to be very receptive to the opportunity and generous with her time in providing background information," said Moffatt, who began working with Oasis in early 2016.

Over the next several months, in support of developing the evaluation plan, Moffatt gathered background information on Oasis, met with McMillan and conducted telephone interviews with staff at supporting agencies. Following completion of the evaluation plan, it was shared with the organization, as well as with those who had been interviewed as part of the data gathering process.

"The program evaluation plan that Alida developed for Oasis captured all of the important objectives of our innovative approach," said McMillan. Often, support programs for seniors fail to recognize the need for mentally competent seniors to be involved in the decisions that affect them. "It was gratifying that this factor was recognized in the proposed evaluation developed by Alida."

In addition to her work with Oasis on an evaluation plan, Moffatt also worked with Oasis on an application for funding to develop an awareness of the program. This awareness would dovetail well with a separate application for funding made, with the support of faculty from Queen's, to expand the concept to three other locations across the province.

The collaboration between Oasis and Moffatt turned out to be an incredibly positive experience for both parties. When starting the Aging and Health program



Christine McMillan (standing) with Alida Moffatt

at Queen's, "I had not recognized program evaluation as a formal discipline," reflected Moffatt, "I learned a lot in developing the evaluation plan... this opportunity has provided me with a valuable skill set to apply to organizations, programs and activities that I may be involved with in the future." From the perspective of the organization, McMillan remarked that, "this evaluation tool is going to play a major role in our efforts to expand the concept of bringing on-site support to seniors wishing to live and age in place."

Moffatt's relationship with Oasis will not end when she graduates with an MSc in Aging and Health this November. "The Oasis Board recognizes talent when we see it," McMillan declared. "We invited Alida to join our Board in June; she has made such a substantial contribution in a very short period." Moffatt did not have to think twice about the offer. "I really appreciated the opportunity to support this organization, which provides such an important service, and is a great model for older adults who wish to age in place in their community."

## New approaches to chronic pain



Mary Anne Good



Dr. Catherine Donnelly



It is estimated that 20–25% of Canadians live with chronic pain, a challenging condition that affects every aspect of daily life. A recent collaboration between Queen's School of Rehabilitation Therapy and the Chronic Pain Clinic at Hotel Dieu Hospital has supported the development of a new interprofessional chronic pain-management program. The goal of the program is to help individuals with chronic pain learn how to manage their symptoms, while providing the means to share their experiences with others. A truly interprofessional endeavour, the program engages a variety of health care professionals including three nurse practitioners from the School of Nursing, Drs. Wilson, Sawhney and Ms. Suurd.

"Chronic pain can have a major impact on the lives of Canadians, leading to decreased engagement in meaningful daily activities. For those living with pain, it can be difficult to cope with the reactions of others, who may not understand the severity of disability it can cause, or who may even dismiss symptoms as not being real. There can be a sense of isolation for these patients," says Mary Anne Good, the Program Manager of the Chronic Pain Clinic. "People can't see the problem, so they have trouble validating it."

To help address this complex and pervasive issue, School of Rehabilitation Therapy researchers and practitioners collaborated with

“Not only has this work contributed to improvements in outcomes ... but it has also provided a new platform for collaboration ... ”

the clinic's staff to support the development of an interprofessional pain-management program, which would see an expansion of the Clinic's services and providing much needed services for the region.

After first conducting an environmental scan of available services in the region and a scoping review of best practices, the School's researchers developed a set of recommendations for the program's design and implementation. The recommendations, firmly rooted in an interprofessional approach to treatment, draw on the collective strengths of a team of health professionals, including occupational and physical therapists, social workers, nurses, and anesthesiologists.

The 7-week program is offered to patients across the Local Health Integration Network (LHIN) and takes the form of both individual and group-based sessions. The sessions include non-pharmacological approaches such as coping strategies, which include goal setting and activity and movement training,



Hotel Dieu Hospital Chronic Pain Clinic program team (l to r): Judith Cox, Dr. Catherine Donnelly, Dr. Scott Duggan, Kerry Oulton, Mary Anne Good, Tom Douglas and Kyle Vader

to empower participants and encourage them to engage more fully in managing their symptoms.

The program is currently in its initial implementation phase, with a later evaluation scheduled to fully understand the validity of the approach. It has, however, already achieved an important goal of creating an interprofessional team with a holistic approach to patient care.

"Not only has this work contributed to improvements in outcomes for those living with chronic pain," comments Dr. Catherine Donnelly, a researcher and professor at the School of Rehabilitation Therapy, "but it has also provided a new platform for collaboration between Hotel Dieu and the School of Rehabilitation Therapy; we look forward to finding additional opportunities to work together in the future."



## Queen's leads the way in implementing new education model



Dr. Susan Chamberlain, Associate Professor in the department of Obstetrics and Gynaecology

Three years ago, Dr. Susan Chamberlain, an Associate Professor in the department of Obstetrics and Gynaecology, began seeking out opportunities to learn more about Competency-Based Medical Education (CBME), a new model that de-emphasizes time-based learning in favour of promoting residents based on demonstrated competency. Today, as one of 29 CBME leads at Queen's, she is a key player in the School of Medicine's transition to the new model, and part of a pioneering team that is implementing CBME into all programs simultaneously.

“The CBME model features a number of new approaches. We are taking a phased-in approach to help everyone understand the changes and get used to doing things differently.”

Queen's School of Medicine partnered with the Royal College of Physicians and Surgeons of Canada (RCPSC) last year to implement its Competency by Design project. The project has mapped out a seven-year transition for all specialty programs in Canada, however, Queen's has opted to take a leadership role by implementing a parallel, accelerated path, with all incoming Queen's residents using the CBME-based model by July 2017. The school is the first in the world to do so.

Chamberlain notes that this ambitious goal requires a culture change and buy-in from all stakeholders. “The CBME model features a number of new approaches,” she says. “We are taking a phased-in approach to help everyone understand the changes and get used to doing things differently.”

A key component of CBME is developing core activities, known as Entrustable Professional Activities (EPAs) that define the key outcomes for each program. Residents move forward in their training as they successfully complete each EPA, allowing them to work more independently once they've demonstrated competence in each area of learning.

The model also features new assessment tools to incorporate feedback opportunities as part of daily coaching. Chamberlain notes that this approach ensures that residents receive regular feedback and improves clarity about expectations at each stage of their learning.

Chamberlain is working with 28 other program leads across the school to develop the tools and processes to ensure a smooth transition. The leads participate in joint workshops to share resources and ideas and to support each other through the process.

CBME Transition Lead Dr. Damon Dagnone says that forging partnerships across



departments is critical to the success of the transition. “Queen's is breaking new ground and demonstrating leadership in medical education,” he says. “Our collaborative approach is building synergies and creating a strong foundation for a model that will graduate skilled specialists who will excel in, and contribute to, excellence in patient care.”

## Post-cancer care in the primary care setting



Dr. Marian Luctkar-Flude

After completing cancer treatment, people living with the disease typically return to their primary care physician and move into a phase of survivorship care. Often, however, neither they, nor their primary care practitioners, know what that entails. Dr. Marian Luctkar-Flude, a lecturer and instructor in the Queen's School of Nursing has been conducting research to help cancer survivors and their primary care physicians better understand what after-care is required, and what they should be watching for after cancer treatments.

Luctkar-Flude has been studying after-care in cancer survivors since 2001, specifically in breast cancer survivors. "When I started my PhD, there wasn't a single comprehensive guideline that addressed all of these issues. My work synthesized recommendations from 30 published guidelines into one document." After her work was published, the American Society of Clinical Oncology published a comprehensive guideline for breast cancer survivorship care that addresses the four domains of survivorship care and the many issues relevant to primary care.

Luctkar-Flude says that physicians need to be aware of the components of care and the side effects of having cancer treatments. "Even after cancer treatment has finished, patients can experience fatigue, distress, depression, pain and memory loss," she says.

### Four main components of survivorship care:

- 1 Prevention activities such as nutrition or smoking cessation.
- 2 Surveillance for new or recurring cancer.
- 3 Interventions for long term effects.
- 4 Coordination of care between primary care providers and specialists.

“When I started my PhD, there wasn't a single comprehensive guideline that addressed all of these issues.”

"Both cancer survivors and their primary care practitioners should be aware of these effects and discuss options for addressing all treatments."

She also notes that survivors should be aware of the specific treatments that they've had and the potential complications that can occur years down the road so that they know what to look for and what to report to their

primary care practitioner. "They should be aware that fatigue, anxiety and sexual problems are common and they should bring up these issues with their doctor so that they can get help."

As well as mapping specific survivorship issues and existing guideline recommendations, Luctkar-Flude's research also looked at the self-reported knowledge and practices of primary care physicians and nurse practitioners working with breast cancer patients in the greater Kingston region. She worked with an expert panel to identify 21 key recommendations for post-treatment breast cancer survivorship care, and has several projects on the go related to other aspects of survivorship care.

Luctkar-Flude notes the primary care setting is an optimal environment for this type of care. "Primary care providers are the ideal providers to deliver comprehensive survivorship care because they know the patient and they know all about their comorbidities. Those working in health teams can share this information with their colleagues – for example, nurses, dieticians and physiotherapists – so that everyone can participate in screening and counselling activities."

## Hospital integration paves the way for a new academic health sciences centre



In June 2016, Kingston General Hospital (KGH) and Hotel Dieu Hospital (HDH) announced plans to create a new academic health sciences centre that will bring together the operations of Kingston's two major teaching hospitals. The integration enhances the ability for Queen's to partner with the hospitals to teach students, advance discovery and provide exceptional care to the community.

Dean Richard Reznick believes the integration will result in efficiencies by collaborating with one administrative team and opportunities to continue to grow the strong relationship between Queen's and the hospitals. "Queen's works closely with KGH and HDH on so many levels, from research and clinical trials to the critical teaching opportunities that provide so much value to our educational programs," he says.

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“Queen's works closely with KGH and Hotel Dieu on so many levels, from research and clinical trials, to the critical teaching opportunities that provide so much value to our educational programs.”

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“The integration gives us a unified strategy for learning, discovering, working with government and improving patient care.”

The new academic health sciences centre was proposed as a way to address many of the challenges that hospitals currently face, including an aging population and provincial budget pressures. It will exist as one hospital with one budget and one board, but will still operate on two separate sites. Each site will continue to fulfill its unique role, with KGH providing complex-acute and specialty care and HDH providing acute-ambulatory care. The integration is expected to cut down on paperwork and

redundancy for patients, particularly those who use the services of both hospitals.

Both KGH and HDH are teaching hospitals, but they also host research labs and clinical trial facilities, with clinician-scientists working within the hospital environment to train students and translate discovery into bedside care. Several specialty research centres, such as the Gastrointestinal Disease Research Unit (GIDRU), the Human Mobility Research Centre (HMRC) and the High Speed Skeletal Imaging Lab, are located within the hospitals.

Formal planning is underway for a transition to the new model in April 2017.





## Queen's hosts Joanna Briggs Conference of the Americas



Dr. Christina Godfrey

As part of its 75<sup>th</sup> anniversary celebrations, Queen's School of Nursing welcomed to campus a group of North American leaders in the field of nursing for the Conference of the Americas this week.

Hosted by the Queen's Joanna Briggs Collaboration (QJBC), the conference focused on enhancing techniques and improving methodology in the field of nursing. This is the first time the conference has been held in Canada.

"Bringing all the North American centres to Queen's is a unique opportunity for discussion," says Dr. Christina Godfrey, professor, School

of Nursing, QJBC Scientific Director and Senior Methodologist. "We talked about how we, as nurses, can improve our field and the work we do. It was also a chance to network and set the stage for the building of strong communities around the world."

QJBC was founded in 2004 as the first Canadian Joanna Briggs Institute (JBI). The JBI is an international not-for-profit, research and development centre based at the University of Adelaide, South Australia. There are now 70 JBI centres around the world.

Godfrey leads and mentors the seven centres located in Canada, five in the United States,

and one in Brazil, all of which form the American region. The seven centres in Canada bring together both universities and hospitals with a common goal of improving the quality and reliability of practice and, ultimately, health outcomes, by enabling the use of best available evidence on patient safety and healthcare quality.

The Canadian centres are located at Memorial University, Dalhousie University, the University of New Brunswick, St. Elizabeth Care (Ontario), Covenant Health (Alberta), the University of Victoria, and Queen's as the lead institution.



QUEEN'S JOANNA BRIGGS  
COLLABORATION (QJBC)  
CONFERENCE OF THE AMERICAS

## Understanding the needs of families of children with disabilities in Bangladesh



Reshma Parvin Nuri

For Reshma Parvin Nuri, an MSc student in the Rehabilitation Science program at the School of Rehabilitation Therapy, a gap in the literature on family needs in low-income countries compelled her to spend several months over the summer conducting research in her native Bangladesh. Through the support of a prestigious Queen Elizabeth II (QEII) Scholarship in International Community-Based Rehabilitation, Nuri interviewed family members of children with cerebral palsy (CP). The data collected throughout this research will support her Master's thesis work, which seeks to understand the needs of families of children with CP, ultimately aiming to improve the lives of those affected by CP in Bangladesh.

“Most of the families are telling me that they need financial support for the rehabilitation services for their child with CP; these services are expensive and can continue throughout the lifespan.”

For a child with a disability, family plays a significant role both in their life and rehabilitation process. However, Nuri and a collaborator found that there has been limited research focused on family needs in low-income

countries. In order to fill this gap, Nuri travelled to Bangladesh to conduct fieldwork,

interviewing family members including fathers, mothers, grandmothers, and siblings who are receiving rehabilitation services from the Centre for the Rehabilitation of the Paralysed (CRP). The Centre, was founded in Bangladesh in 1979 in response to the desperate need for services for spinal injury patients, has since developed into an internationally respected organization, focused on a holistic community-based approach to rehabilitation.

To her surprise, Nuri found that early impressions of the data collection suggested financial resources as one of the greatest needs identified by families participating in the study. “These findings are particularly interesting,” commented Nuri, “because they contrast with recent research, indicating that informational need is the greatest unmet need of families of children with disabilities in high and middle-income countries.” Nuri added that, “most of the families are telling me that they need financial support for the rehabilitation services for their child with CP; these services are expensive and can continue throughout the lifespan.”

In addition to conducting research in the field, the time spent in Bangladesh also allowed Nuri to contribute to the local community by doing volunteer work with



Reshma assisting with analysis training for AHEAD participatory research

the Access to Health and Education for All Children and Youth with Disabilities (AHEAD) in Bangladesh. AHEAD is an ongoing project of the School's International Centre for the Advancement of Community Based Rehabilitation (ICACBR).

Upon her return to Canada in September, Nuri expects that a more comprehensive understanding of family needs will provide direction for future research as a doctoral student, which she hopes will ultimately lead to improvements in the lives of children and families affected by CP in Bangladesh.



## Queen's hosts Tobacco Endgame Summit

In the fall of 2016, a summit of Canada's leading health experts came together to discuss bold novel ideas and examine a series of recommendations aimed at reducing the rate of commercial tobacco use in Canada to below five per cent by the year 2035. The recommendations were debated at the two-day Tobacco Endgame Summit held at Queen's University.

"Achieving this goal towards a commercial tobacco-free future will require us to consider bold, novel ideas," says Elizabeth Eisenhauer, Head of the Queen's Department of Oncology and Chair of the Executive Planning Committee for the Tobacco Endgame Summit. "There is no current recipe or playbook to achieve a tobacco-free future, but we believe the ideas coming out of this summit represent a strong basis for governments, professional organizations and advocacy groups to work together towards this important objective."

"We want to see a future where every Canadian can breathe easily," says Debra Lynkowski, CEO of The Canadian Lung Association. "Reducing commercial tobacco use is a pivotal step towards achieving that goal. The success we have had to date is a direct result of a collaborative, coordinated effort; the Endgame is the natural progression of those efforts. It is necessary for us all to bring forth our most innovative ideas and lead Canadians towards a healthier future, free of lung disease, and we are excited to be a part of it."

To ensure momentum carries forward from the convention, the summit also called for the creation of an Endgame Cabinet. Membership in the cabinet

**"Tobacco is the most significant modifiable cause of cancer and chronic disease, which makes it imperative that we continue to identify new approaches to achieve a tobacco-free future."**

to include, health charities and health professional organizations from across the country – including but not limited to – those represented at the summit.

"Tobacco is the most significant modifiable cause of cancer and chronic disease, which makes it imperative that we continue to identify new approaches to achieve a tobacco-free future," says Alice Peter, Director, Prevention and Cancer Control, Cancer Care Ontario and Steering Committee member for the Tobacco Endgame Summit.

The Cabinet will be responsible for communicating with and educating the public about the Endgame initiative, encouraging Endgame strategy deliberations and discourse among policy-makers and government and ensuring accountability of those in leadership to pursue Endgame measures. This Cabinet will also engage with relevant federal, provincial and territorial government officials to continue progress towards the Endgame objective.

"The Canadian Medical Association issued its first public warning about the dangers of tobacco use in 1954 and, led by Dr. Fred Bass and many other dedicated and visionary physicians across Canada, it is gratifying that rates of use have fallen substantially since that time," said Granger Avery, President of the Canadian Medical Association. "The time is now, however, for a final push to completely eliminate this public health scourge that has caused so much pain and suffering."





## Rehabilitation Therapy celebrates Heritage Week with hands-on mobility workshops

**R**ehabilitation Therapy, along with the Schools of Medicine and Nursing, celebrated Ontario Heritage Week February 15 -21, 2016 with a series of tours, talks and hands-on demonstrations for local high students, based on the Ontario Heritage Trust's 2016 theme of 'medical science and innovation'.

The School of Rehabilitation Therapy welcomed over 125 high school students, who, through hands-on learning activities, were introduced to the work of rehabilitation professionals.

The first multi-activity station provided an opportunity for the high school students to better understand the environmental barriers that individuals

face when using a wheelchair or other wheeled mobility device. The students were challenged to identify physical barriers they were aware of, or have observed, in their community and school environment. Next the students explored the role of occupational therapy and physical therapy in the role of seating and mobility services. The occupational therapy students that led the station reviewed physical performance factors; the importance of individuals having a device that fits them well, and the role of rehabilitation therapists related to education for mobility and transfers. This activity concluded with a wheelchair relay where the groups and teacher leaders were split into two teams to race against the clock, assembling the parts

of their wheelchair and maneuvering between obstacles in the lab!

The second station provided an opportunity for the high school students to be exposed to a variety of assistive devices and modalities that are used in everyday practice for occupational therapists and physical therapists. The students were presented with items such as: a TENS unit, long handled reachers, a sock aid, an incentive spirometer, Theraband™, long handled shoe horns, transfer boards, transfer discs, transfer belts and dressing sticks. Without too much introduction the high school students were asked to "guess" what the items were and what they are used for. Again, racing against the clock



the students inspected, touched and experimented with the items. Immediately following, the two School of Rehabilitation Therapy students that led the sessions reviewed all of the items and their use in clinical practice.

"Our professional students really enjoy sharing their passion for rehabilitation practice," comments Dr. Marcia Finlayson, Director, School of Rehabilitation Therapy. "Perhaps through these interactions, inspiration was sparked in future generations of occupational and physical therapists!"

Heritage Week, sponsored by the Ontario Heritage Trust, is an annual event that invites Ontarians to reflect on their contributions to Ontario and how they might shape the future.

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“ Our professional students really enjoy sharing their passion for rehabilitation practice. Perhaps through these interactions, inspiration was sparked in future generations of occupational and physical therapists. ”

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SRT Students (L to R) Jessica Andrade, Nicholas Lefebvre, Elishea Mardling and Mohamed Al-Haj Ahmad Saddy get ready for Heritage Week launch activities.



## School of Nursing celebrates 75 years



The School of Nursing was launched in 1941 and, in 2016, celebrate its 75<sup>th</sup> anniversary. Compared to other nursing schools in Canada, Queen's has a long history. The first program based at a Canadian university was in 1919 at UBC. The School of Nursing at Western was established in 1920 and the University of Ottawa in 1933. The University of Toronto was the first to develop a four-year degree program, funded by the Rockefeller Foundation. This was the year after Queen's School of Nursing was founded. Interestingly, according to King (1970), Queen's was approached in the early 1900s to start a university program and as with other universities, declined. Fast forward to 1941 and the Senate documents confirm that a nursing program would be established. The early history of the program is well documented in the monograph *Breaking Down the Walls*. Principal Wallace was a major figure in bringing nursing to Queen's Nursing students were registered prior to appointing the first director in August 1946. Interestingly, the first class in the Course in Nursing is not recorded, however, the first two candidates were awarded the Bachelor

of Nursing Science in May 1947. In 1948, 10 students graduated and their photograph hangs in a place of pride in the School of Nursing.

The School of Nursing was initially housed in Kingston Hall and moved to Summerhill in 1960 where it remained until 1982 when it moved to the Cataragui Building. Over the past 15 years, the number of programs and students has rapidly increased with student numbers nearly doubling in the last decade.

In March, the 75<sup>th</sup> anniversary was celebrated with a dinner at the Portsmouth Harbour. In the summer, donors and friends of the School of Nursing were welcomed to lunch and provided an overview of the School and our ambitious strategic plan.

In late September, colleagues from the Joanna Briggs Collaboration came to Kingston for an engaging conference where we moved beyond systematic reviews and debated the merits of new approaches to reviews and implementation science.





## Difficult conversations: preparing health professionals to talk about dying

Physicians and other health professionals have many intimate discussions with patients and families around goals of care and treatment options, particularly at the end of life. With the introduction of legislation around Medical Assistance In Dying (MAID), however, those discussions can take on a new level of intensity. The Continuing Professional Development Department (CPD) within the Faculty of Health Sciences is developing educational programs and resources to support and mentor health professionals as they work to understand the legislation and how to approach these difficult conversations.

The topic of MAID can be challenging for anyone, but particularly for those who haven't had much experience talking about end of life scenarios with patients. "This kind of conversation may be relatively infrequent, but it's also high impact," says Dr. Karen Smith, Associate Dean, Continuing Professional Development.

CPD is working on a mentorship approach to MAID education, arranging for physicians who are experienced in end-of-life discussions to mentor others. "Building competency in this area takes time," says Smith. "It's not

“It's not just about knowing the law; it's about communication skills and achieving a level of comfort in discussing options across the spectrum of end-of-life care.”

just about knowing the law; it's about communication skills and achieving a level of comfort in discussing options across the spectrum of end-of-life care. We want to be sure that physicians also understand other care options, such as a palliative approach, so that their patients are fully informed.”

Smith notes that while the Faculty of Health Sciences is incorporating training into programs and lectures for students, there is also a need to support practicing physicians, who may also be encountering these discussions for the first time. "Physicians are being asked to consider requests, but also to refer to other health professionals if they choose not to provide the service," she says. "That could be a very difficult

conversation with a longstanding patient – and also may be hard to accomplish in rural areas, where access to health services might be limited.”

A new page on the CPD website offers a host of resources to bridge the gap for physicians, including guidelines, training resources, videos, journal articles, webinars and information about the referral process. The web page also provides easy access to tools from several provincial and national organizations, including the Canadian Medical Association, the Ontario Hospital Association and the Ministry of Health and Long Term Care.

Smith says that CPD is continuing to refine the website and its training programs, and is committed to creating a strategy that could be shared provincially. "The need for these conversations is not going to go away," she says. "Our goal is to work with our partners to develop the training programs and mentorship that our students and practicing healthcare professionals need to care for our communities.”





## International fieldwork tests students' skills

Supported by Queen Elizabeth II (QEII) Diamond Jubilee Scholarships in International Community Based Rehabilitation, for 2015-16, eight occupational therapy students participated in clinical and community development placements in Africa and India; an experience that pushed them out of their comfort zone and forced them to think creatively on the job, according to Cate Preston (OT '16).

Ms. Preston and three other OT students traveled to Moshi, Tanzania. Over a three-month period, they completed both a clinical and a community development placement. The clinical placement was at the Pamoja Tunaweza Women's Health Centre.

At the health centre, the students participated in a supervised clinical practice that addresses the health needs of high-risk women in the Kilimanjaro region. Many of the women are affected by the impact of HIV/AIDS, and experience poverty and gender-based violence.

For the community development portion, the students in Tanzania worked with current and former street youth through the Pamoja Tunaweza Boys and Girls Club (PTBGC). They developed resources and

programming that will help empower the youth and allow them to become mentors and leaders for future generations. They worked side-by-side with current youth leaders to create curriculum that they can use when teaching life skills, healthy living and business to at-risk youth.

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“International experiences allow our students to broaden their horizons and see what occupational therapy practice looks like in other countries.”

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is dedicated to the rehabilitation, education and empowerment of people with disabilities.

While at ASSA, the students took part in supervised clinical practice and community development initiatives that support the centre's integrated schools, early intervention programs, outpatient rehabilitation programs, vocational training program and village-based programs that support children and youth affected by disabilities.

“This funding, awarded to the ICACBR, was one of two Queen's projects to receive support from the Canadian Queen Elizabeth II Diamond Jubilee Scholarship program in 2015.”

Four other students completed their clinical and community development placements at Amar Seva Sangam (ASSA), a rehabilitation and development centre in rural India. ASSA is a grassroots, non-governmental organization that



Eight occupational therapy students received Queen Elizabeth II Diamond Jubilee Scholarships in International Community Based Rehabilitation to complete international fieldwork this summer in Tanzania and India. The group includes (left to right) Cate Preston, Katie Fortuna, Allie Rogers, Steph Venedam, Josh Lee, Suzanne MacLeod, Kim Mikalson and Kara Dafoe.

One aspect of the ICACBR project enables occupational therapy students to complete their community development and advanced clinical placements in low- and middle-income Commonwealth countries. Eight more OT students will be awarded Queen Elizabeth Scholarships for the 2016-17 school year.

Susanne Murphy, lecturer and fieldwork coordinator for the Queen's Occupational Therapy Program, says the scholarship program removes the financial barrier to an important opportunity for students.

“International experiences allow our students to broaden their horizons and see what occupational therapy practice looks like in other countries,” she said. “The Queen Elizabeth II Scholars can also think about what they can bring back to their Canadian occupational therapy practice.”

## Queen's Nursing PhD student recognized for research and education leadership in skin tears



Kimberly LeBlanc and Dr. Kevin Woo

It's been an award-winning year for Kimberly LeBlanc, an experienced nurse and educator who is currently pursuing her Nursing PhD at Queen's. Along with receiving a prestigious Order of Merit from the Canadian Nurses Association, LeBlanc was recently presented with a Leadership award from the Registered Nurses Association of Ontario and is one of 20 clinicians honoured by the World Union of Wound Healing Society Congress for her global work in skin tear education. These accolades bear testimony to LeBlanc's dedication to research and education in enterostomal therapy and the prevention, assessment and treatment of skin tears.

The incidence of skin tears – defined as wounds caused by shear, friction and/or blunt force resulting in the separation of skin layers is global and most common in the very young or very old, as well as in critically ill patients. In Canada, they are found in approximately 15% of long-term care patients. Globally, this number can range from 15 – 54% of patients in similar settings.

Skin tears in the elderly can occur for a number of reasons, including falls, bumping into objects, or as a result of aggressive behaviour due to dementia or other conditions. As a person ages, their skin's elasticity and strength decreases and they become more vulnerable to trauma. Skin

“We can examine our practices around how we approach patients with cognitive impairments while dressing or bathing them so that we reduce the risk of a skin tear occurring.”

tears are often regarded as minor wounds but can cause significant pain and further health complications if not treated properly.

LeBlanc's PhD work is focused on the modifiable risk factors that can have an impact on the prevalence of skin tears.

“We can't change the fact that aging skin gets dryer, but we can implement processes to keep the skin moisturized,” she says.

“We can examine our practices around how we approach patients with cognitive impairments while dressing or bathing them so that we reduce the risk of a skin tear occurring.”

As the President of the International Skin Tear Advisory Panel, LeBlanc was instrumental in validating a global skin tear classification system and an assessment and treatment toolkit that's currently being



used in 14 countries. The toolkit provides guidance for classifying skin tears in order to apply the most appropriate treatment, but also recommends an educational program to increase awareness and help health care professionals assess potential risks in order to minimize these wounds.

Along with her research, LeBlanc is an active educator who spends a great deal of time teaching and supervising student projects. Now, as a student herself, she is excited to be working with Dr. Kevin Woo, an assistant professor at the School of Nursing and her supervisor at Queen's. “Dr. Woo is an amazing supervisor and the reason I came to Queen's,” she says. “He is a superb mentor and has provided the support and research environment that I need to take my work to the next level.”

## The Power of a Smile: How Queen's prepared me for a role at Dzherelo Children's Rehabilitation Center



Natalie Langstaff PT'15

*Natalie Langstaff, PT'15, shares her experiences in the role of Physiotherapy Consultant at the Dzherelo Children's Rehabilitation Centre in Lviv, Ukraine.*

In March 2016, I was selected to work at the Dzherelo Children's Rehabilitation Center as a Canadian Physiotherapy Consultant in Lviv, Ukraine. This six week opportunity was developed and funded by the Children of Chernobyl Canada Fund (CCCCF). The clinical reasoning and hands on training that I gained while completing my Master's of Science in Physical Therapy at Queen's University prepared me for this amazing experience!

Firstly, I would not have found out about this opportunity if it weren't for Queen's. The School of Rehabilitation Therapy prides itself on offering international clinical placement opportunities for students in the Masters of Occupational Therapy and Physical Therapy programs. With the support of the clinical placement coordinators, I was able to dip my toes into the world of global health and complete a six week clinical placement in Belize, Central America at the Inspiration Centre.

This experience ignited a spark that led me to seek out future global health initiatives. I was selected to represent Queen's at the Global Health Summer Institute for Physical Therapy 2015 at Duke University in North Carolina, USA. It was at this conference that

I learned about Dzherelo Children's Rehabilitation Centre.

The Dzherelo Children's Rehabilitation Centre is a not for profit organization that provides pediatric rehabilitation therapy for children with various neurological conditions such as cerebral palsy, Down syndrome, autism and other developmental delays. It was developed out of necessity to provide specialized rehabilitation services to children and families affected by the catastrophic nuclear accident that occurred on April 26, 1986 at the Chernobyl Nuclear Power Plant in the town of Pripyat, Ukraine.

My role as a Physiotherapy Consultant included assessing the quality of service delivery in the Child Development Department's Early Intervention Program, Kindergarten, School, and Adult Workshop departments. I worked collaboratively with a team of rehabilitation specialists from Canada, including a physiotherapist and occupational therapist. Together we empowered Ukrainian rehabilitation professionals at Dzherelo and developed standards, documentation guidelines, and a report of recommendations to support future growth and development. I also provided hands on training for physiotherapists through presentations, and clinical skills sessions.

The skills I gained through my education at Queen's enabled my success in this challenging role. I used my leadership skills to model professional behaviors, mentor staff in evidence-based treatment, and suggest changes in service delivery to increase access to quality rehabilitation services. At Queen's, I learned how to be adaptable in new situations. I was encouraged to think outside of the box, to develop creative solutions and apply them in a culturally sensitive manner. Most importantly, I developed critical inquiry skills and was taught to promote knowledge translation and dissemination. It empowered me to share my passion for pediatric rehabilitation with others and inspire a spirit of innovation.

One of the most important lessons Dzherelo taught me is that communication knows no bounds. The power of a smile and laughter transcends international borders and divides. Although my Ukrainian language skills were very limited, I was able to engage children in play-based interventions and share my passion for physiotherapy with staff and parents. Moreover, the children showed me that we all possess diverse abilities and have the potential to make positive contributions to society. As physiotherapy professionals, we must advocate for equitable treatment of our patients and model a shift in societal perspectives to showcase, support, and celebrate differences in abilities.



## Arthritis can't stop medical student



Molly Dushnicky

**M**olly Dushnicky has never really known a life without arthritis. However, as she points out, that has never slowed her down and is part of what drives her to help others.

“Diagnosed with Juvenile Idiopathic Arthritis (JIA) when she was 18 months old, Ms. Dushnicky is currently in her first year of studies at the School of Medicine at Queen’s University. Her end goal: to become a pediatric rheumatologist.

The reason is simple. There have been many people who have helped her along the way. She simply wants to give back.

“I don’t think I would be where I am and in the condition I am if I didn’t have such an absolutely fantastic team, and I really mean team, of health care professionals as I was growing up,” the Thunder Bay native says. “It sounds really corny but I do really want to give back.”

A diagnosis like the one she received all those years ago is a difficult one, particularly for the parents, she explains. For the child it is a new reality, a life with periods of excruciating joint pain and swelling but also years where they can be primarily pain free. However, JIA takes its toll, on the sufferer and loved ones alike.

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“It’s so inspiring to see someone like Molly, who has faced the challenge of arthritis for most of her life, committing herself to serving this community as a career, Molly is an active supporter of The Arthritis Society and her enthusiasm and dedication are unwavering.”

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Part of it is coming to grips with the fact that you are different from your peers, something Ms. Dushnicky admits she struggled with through her elementary and school years. But with support, she made it through, and volunteers with the Arthritis Society.

“It’s so inspiring to see someone like Molly, who has faced the challenge of arthritis for most of her life, committing herself to serving this community as a career,” says Joanne Simons, executive director, The Arthritis Society, Ontario Division. “Molly is an active supporter of The Arthritis Society and her enthusiasm and dedication are unwavering.”

Having lived with JIA will also help her when she achieves her “dream goal”.

“You do really need a lot of support. My family is fantastic so I have a lot of support with them. But anyone going through a chronic illness needs that mental and emotional support and it has to come from everybody – from your physician, from the nurses, your family,” she says. “It makes a huge difference to know that people are there to listen to you so I think that having this experience in my life will make it hopefully a little bit easier for me to be that support for my patients in the future. I think it’s the case that it’s easier to help someone when you understand what they’re going through. Everyone’s situation is different so you are never going to fully understand but a little bit helps.”

## CCTG trials recognized as best in the world



Dr. Chris O'Callaghan



Dr. Wendy Parulekar

**T**wo cancer trials conducted by the Queen's University-based Canadian Cancer Trials Group (CCTG) and lead scientific investigators Drs. Chris O'Callaghan and Wendy Parulekar have been recognized as among the highest impact studies in the world.

The two trials were included in the recent plenary session of the American Society of Clinical Oncology (ASCO) annual meeting in Chicago.

"The papers that are chosen represent the best and most significant advances in cancer treatment and care, with the greatest potential influence," O'Callaghan says.

"Only four papers were chosen for the ASCO plenary session out of more than 5,000 submissions. To have two selected from one research organization is a rare achievement."

O'Callaghan was the senior investigator on the CE.6 trial that examined the use of the cancer drug temozolomide in the treatment of glioblastoma, an incurable form of brain cancer. The trial found that adding the drug to a shortened course of radiation therapy, followed by monthly maintenance doses, significantly improved the survival rate of elderly patients. The drug reduced the risk of death by 33 per cent, without loss of quality of life.

Glioblastoma is the most common primary brain tumor in adults and is one of the major causes of cancer death.

The co-principle investigators are Dr. James R. Perry (Sunnybrook Health Sciences Centre) and Dr. Normand Laperriere (Princess Margaret Cancer Centre).

“This is the first study to report the impact of extended aromatase inhibitor therapy on breast cancer recurrence, side effects and quality of life in women with receptor positive breast cancer.”

"While the incidence of glioblastoma is highest in the elderly population, a lack of clinical trial data in this age group has led to uncertainty about their optimal management," says O'Callaghan. "The results of our study provide the first evidence from a randomized clinical trial that chemotherapy in combination with a shorter radiation schedule provides significant benefit for elderly patients. These results will be internationally practice changing."

Parulekar supervised the MA.17R trial which discovered extending therapy with a commonly used hormone drug called an aromatase inhibitor from five to 10 years in postmenopausal women with early breast cancer reduces the risk of recurrence by 34 per cent.

The findings will be published concurrently in the New England Journal of Medicine. The lead author is Dr. Paul Goss (Harvard Medical School).

"This is the first study to report the impact of extended aromatase inhibitor therapy on breast cancer recurrence, side effects and quality of life in women with receptor positive breast cancer," says Parulekar. "Based on the results of this trial, women and their health-care providers can make an informed decision about taking this type of treatment beyond five years, which is the current standard of care. The results of this study will immediately impact treatment practices on a global basis."

Both trials were made possible through the partnership of patients with a consortium of international cancer clinical trials groups, including the European Organization for Research and Treatment of Cancer (EORTC), Trans-Tasman Radiation Oncology Group (TROG) and the North American-based National Cancer Trials Network (NCTN) based in the United States. NCTN members Alliance for Clinical Trials in Oncology, ECOG-ACRIN Cancer Research Group and SWOG also took part in the research.

## Major funding successes in 2015-2016\*

**Richard V Birtwhistle**  
*Family Medicine*

The implementation of the 'CPCSSN Data Presentation Tool' in primary care clinics to enhance the surveillance, prevention and management of chronic disease

**Heather Castleden**  
*Public Health Sciences*

Canada Research Chair in Reconciling Relations for Health, Environments, and Communities

**Heyland Daren Keith**  
*Medicine*

Sodium Selenite Administration in Cardiac Surgery (SUSTAIN CSX Trial) – Definitive Study

**David P Lillicrap**  
*Pathology and Molecular Medicine*

Canada Research Chair in Molecular Hemostasis

**Mark Ormiston**  
*Medicine, Biomedical and Molecular Sciences*

Canada Research Chair in Regenerative Cardiovascular Medicine

**Andrew Robinson**  
*Oncology*

Prospective Expanded Biomarker Collection for Patients with Biomarker Collection as part of funded standard of care

## New clinical trials in 2015-2016\*

**Janet Dancey**  
*Canadian Cancer Trials Group*

IND.225: A Phase II Study of the Assessment of Response to Pembrolizumab in Metastatic Melanoma: CT Texture Analysis as a Predictive Biomarker

**Wendy Ranjana Parulekar**  
*Canadian Cancer Trials Group*

Canada Research Chair in Urologic Pain and Inflammation

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

MA38: A Randomized Phase II Study Comparing Two Different Schedules of Palbociclib Plus Second Line Endocrine Therapy in Women with Estrogen Receptor Positive, HER2 Negative Advanced/ Metastatic Breast Cancer

IND232: A Phase II Study of Durvalumab (MEDI4736) With or Without Tremelimumab in Patients with Metastatic Castration-Resistant Prostate Cancer

IND.226 – Project Plan #1 under AstraZeneca Master Agreement

LACE-Bio-II: Identification, validation and implementation of prognostic and/or predictive biomarkers for adjuvant chemotherapy in early stage non-small cell lung cancer (NSCLC)

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)

BR34: A Phase III Randomized Trial of the Anti-PD-L1 Monoclonal Antibody, MEDI4736 ± Tremelimumab and Chemotherapy as First-Line Therapy in Advanced (Stage IIIB/IV) Non-Squamous Non-Small Cell Lung Cancer (NSCLC)

IND.229: A Phase 1B Pharmacodynamic Study of Durvalumab (MEDI4736) with Trastuzumab in HER-2 Positive Metastatic Breast Cancer Previously Treated with Trastuzumab and Pertuzumab – Project Agreement #3 to AZ Master (David to Review – Relates to 6016029)

IND.231 A Phase I/II Study of CX5461

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



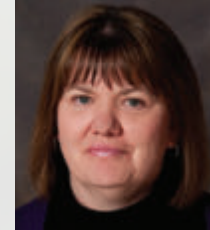
## Faculty of Health Sciences



**Alice Aiken**  
*School of Rehabilitation Therapy*  
Named to College of New Scholars,  
Artists and Scientists of the Royal  
Society of Canada



**Jackie Duffin**  
*School of Medicine*  
Queen's University Prizes for  
Excellence in Research



**Marian Luctkar-Flude**  
*School of Nursing*  
International Nursing  
Association for Clinical  
Simulation and Learning  
Excellence in Research Award



**John Allingham**  
*School of Medicine*  
Mihran and Mary Basmajian  
Award



**Elizabeth Eisenhauer**  
*School of Medicine*  
Fellow to the Royal Society  
of Canada



**Heather Murray**  
*School of Medicine*  
Health Sciences Education  
Award



**Gunnar Blohm**  
*School of Medicine*  
Mihran and Mary Basmajian  
Award



**Marcia Finlayson**  
*School of Rehabilitation Therapy*  
Inducted as an inaugural member  
of the American Occupational  
Therapy Foundation's Leaders and  
Legacy Society



**Keith Poole**  
*School of Medicine*  
Fellow to the Royal Society  
of Canada



**Diana Hopkins-Rossee**  
*School of Rehabilitation Therapy*  
Life Membership Award to  
the Canadian Physiotherapy  
Association



**Cheryl Pulling**  
*School of Nursing*  
Excellence in Nursing Education,  
Canadian Association of Schools  
of Nursing

## Faculty of Health Sciences



**Alexander (Sandy) Boag**  
*Head, Department of  
Pathology and Molecular  
Medicine*



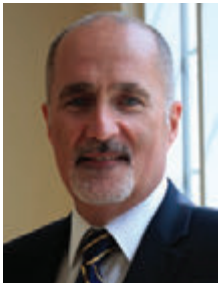
**David Messenger**  
*Head, Department of  
Emergency Medicine*



**Daniel Howes**  
*Director, Simulation  
Laboratory and  
Head, Department of Critical  
Care Medicine*



**Chris Simpson**  
*Vice-Dean, Clinical,  
School of Medicine and  
Medical Director, SEAMO*



**Michael D Kawaja**  
*Associate Dean (Academic),  
School of Medicine*





## Faculty of Health Sciences surpasses Initiative Campaign goal

**T**his year, the Initiative Campaign drew to a close. Thanks to the generosity and dedication of Queen's donors and volunteers, more than \$61 million was raised, surpassing our goal of \$50 million set in April 2006. Our students and faculty members have benefitted tremendously as a result of these gifts. They have allowed the Faculty of Health Sciences to fortify our teaching, build our research function and elevate the reputation of our Schools of Nursing, Rehabilitation Therapy and Medicine in extraordinary ways.

Together, we are growing stronger and making a difference, not only to Queen's, but to the world around us.

Over the course of the campaign, we have created a number of chairs, including the Sally Smith Chair in Nursing and the Britton A. Smith Chair in Surgery. Our Research Chairs are fueling innovation in research and education for patients in Kingston and beyond in remarkable ways.

Our alumni have rallied to create unprecedented class gifts. The Class of Rehabilitation Therapy 1970 Bursary established the first endowed class fund in the School of Rehabilitation Therapy that provides financial assistance to students. The Class of Medicine 1974 raised the largest faculty class gift during the campaign, and many other classes pledged their support to assist students, stimulate research and impact patient care.

Finally, through the Initiative Campaign we have been able to strengthen our infrastructure, allowing us to continue to attract students of the highest caliber to Queen's. This is best exemplified in the construction of a state-of-the-art home for the School of Medicine. Located on the corner of Arch and Stuart Streets, the new building has had tremendous impact on the delivery of education, the student experience and the Queen's campus.

We are grateful for all of the support that has enabled the Faculty of Health Sciences to drive unparalleled healthcare education and research at Queen's.

### Major Campaign donors

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

- The Estate of Larry Gibson
- Dr. Hak Ming and Deborah Chiu
- William J. Henderson Foundation
- General Dynamics
- Mr. Britton A. Smith
- Susan Phillips
- Paul B. Helliwell Foundation
- True Patriot Love Foundation
- Orthopaedic Association
- Department of Obstetrics and Gynaecology
- Department of Surgery
- Canadian Chiropractic Research Foundation
- Dr. John Kostuik and the Division of Orthopaedics

“Together, we are growing stronger and making a difference, not only to Queen's, but to the world around us.”

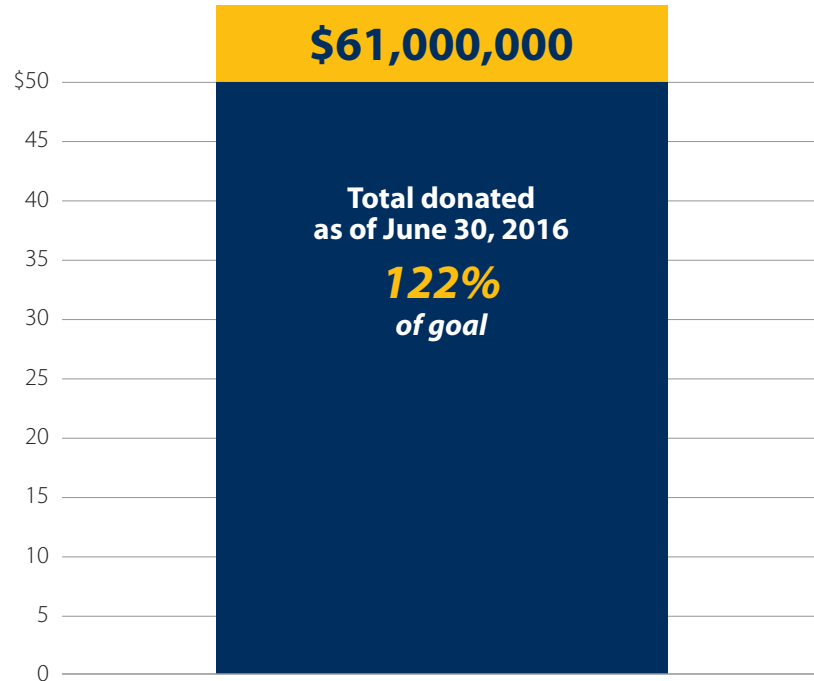
### Campaign Cabinet

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



## FACULTY OF HEALTH SCIENCES Initiative Campaign progress

(\$ Millions)



Goal to be raised by April 30, 2016:

**\$50,000,000**

To make a gift to the Faculty of Health Sciences, visit:  
[givetoqueens.ca/healthsci](http://givetoqueens.ca/healthsci)

Although the campaign has ended, we will continue to seek donations to benefit priorities across our Schools in the best interest of our students. With this in mind, our philanthropic efforts for the coming year will focus on:

- Facilities for School of Nursing
- Facilities for School of Rehabilitation Therapy
- Human Mobility Research Centre
- Canadian Clinical Trials Group
- Clinical Simulation Centre
- Student Assistance and Awards
- Endowed Research Chairs
- Research Infrastructure
- MD/Ph.D. Program



For more information, contact:

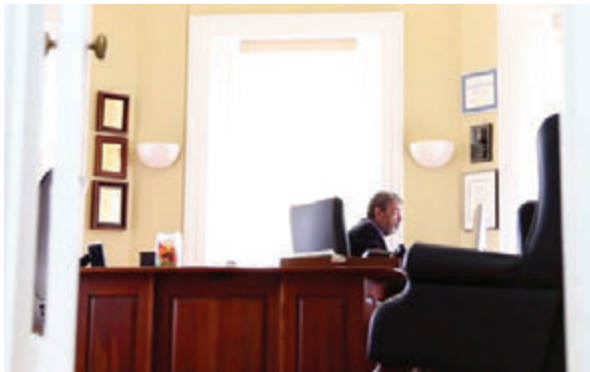
William Leacy

Executive Director

Development and Partnerships, Faculty of Health Sciences

[william.leacy@queensu.ca](mailto:william.leacy@queensu.ca) • (613) 533-6000 ext. 75446

## Looking forward



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

There is one message that I have continued to convey in my time as Dean, whether speaking to a new class of students, our graduates, or our faculty members; and that's 'be restless'. When we achieve success in the Faculty of Health Sciences, we don't rest on our achievements; we turn our sights to the next challenge, and start climbing.

This year, as the Faculty of Health Sciences' five-year strategic framework came to an end, we spent many hours evaluating our progress on the goals that we set out to achieve, testing to see if our vision still resonated with our stakeholders and setting our direction for the next five years.

While it hasn't been published yet, I am delighted to give you a sneak peek at what's to come. In our new strategic framework, we have set four unifying strategic directions:

- Foster targeted collaborative research
- Develop, lead and implement new models of education and training
- Be driven by our mission for patients and populations
- Build strong and collaborative partnerships

Building our relationships, innovating in education, focusing on research and improving outcomes for people and patients will fuel our vision to ask questions, seek answers, advance care and inspire change.

I look forward to sharing our new strategic framework with you, but in the meantime, as always, I invite you to keep in touch with me throughout the year through twitter and my weekly Dean on Campus blog. It amazes me, but the blog has now reached the milestone of 1,000,000 page views. Please join in the conversation, and keep me up to date on your own successes and stories, whether they are on the bench, at the bedside or in the classroom.

Thank you to everyone who contributed to the creation of this year's Dean's Report: the team at the Queen's Gazette, our students, staff and faculty members, and to Jen Valberg, our Communications Coordinator who managed this project from start to finish.

## Decanal Team

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FACULTY OF  
**Health Sciences**  
[healthsci.queensu.ca](http://healthsci.queensu.ca)