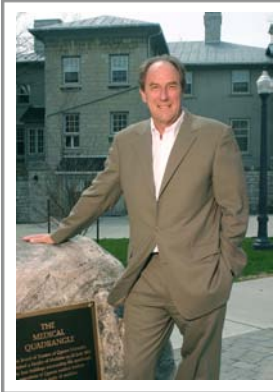


Faculty of Health Sciences

Newsletter #21



Dean's Message

Leadership change

The past year has seen leadership change across this academic health sciences centre (AHSC), at the University and at all three of the Principal Teaching Hospitals affiliated with Queen's University.

On behalf of the Faculty of Health Sciences, I welcome **Daniel Woolf** who in September will become the 20th Principal and Vice-Chancellor of Queen's

University and look forward to introducing him to the Faculty. At Hotel Dieu Hospital we welcome **Sherri McCullough** as Board Chair and **David Pichora** as Acting Executive Director; at Kingston General, **Bill Richard** as Board Chair and **Leslee Thompson** as President and CEO; and at Providence care, **Jim Barton** as Board Chair and **Dale Kenney** as President and CEO.

As we note this extensive change in leadership, I wish to acknowledge with gratitude the important roles played by **Cathy Dunne**, **Joe de Mora** and **Hugh Graham** over so many years and for the support they and their institutions provided to this Faculty. Also, of course, to Principal **Tom Williams**, who continues to provide enlightened leadership of this institution and for his understanding of, and support for, the priorities of this Faculty.

Plans and Goals

One of the jobs of the Dean is to evoke, discharge and be able to describe the plans and goals of the enterprise. Thus, as I meet with those charged with the leadership roles noted above, it is expected that there be a description of where we think we are going, how we are getting there and how the trip is progressing. Furthermore, during this period of leadership renewal and decanal succession, there will be a new opportunity to plan, so the Faculty must look forward from an informed position of progress to date.

In reviewing the strategic plans we developed over five years ago, and the particular strategic objectives identified in each of the subsequent years, one can boil them down to the following:

- 1 Expand the medical school in a distributed model.
- 2 Develop the curriculum and comply with accreditation standards.
- 3 Review the function and organization of the Basic Sciences.
- 4 Upgrade and expand physical facilities.

- 5 Support our institutional partners.
- 6 Ensure adequacy of human and financial resources.
- 7 Emphasize and implement inter-professional programs.
- 8 Pursue a research strategy supporting programs of particular excellence.
- 9 Expand opportunities for graduate education.
- 10 Transition the School of Rehabilitation Therapy (SRT) to graduate only programs.
- 11 Change the focus of the School of Nursing (SON).

It is, perhaps, for others to judge how well we have accomplished these objectives within the vision and value framework that we espouse and proclaim. However, it might be useful if I were to attempt a brief summation of progress on some of these (and you will read further about others within this Newsletter, particularly the comments of my colleagues **Elsie Culham**, Director of the SRT and **Cynthia Baker**, Director of the SON, and **Roger Deeley**, Vice-Dean, Research).

- Expand the medical school in a distributed model.
- Develop the curriculum and comply with accreditation standards.

A 33% expansion of the MD program created some digestive issues, but has now been successfully accomplished. Subsequent assumption of a competency based curriculum, and the progressive development of regional sites for medical education have been success stories, although not without the usual teething problems. An accreditation visit at the end of March will allow us an opportunity to describe the steps we have taken to address some specific areas of concern identified in 2007. Meantime, the graduating class of 2008 led the nation in the LMCC examinations, our graduates continue to excel in the CaRMS match, second year student Raed Joundi has been awarded a Rhodes Scholarship and applications to the class of 2009 rose to over 3000 from 1800 last year for 100 seats.

We have continued to expand at the postgraduate level, most especially in the Queen's Family Medicine (FM) program. The Government of Ontario has committed capital resources for FM's further development in the Kawartha, Lakeridge and Quinte sites and this forms a significant plank in our platform for medical education with our regional partners who are enthusiastically supporting these initiatives. The memorandum of Agreement with Lakeridge Health Corporation and the University of Ontario Institute of Technology and our anticipated capital support for the Lakeridge Health Education and Research Network (LHEARN) initiative and simulation capability is particularly exciting.

100% of our postgraduate programs stand at full compliance with accreditation standards, although it is recognized that the resource and physical restructuring of our partner teaching hospitals is creating some expected turbulence that will have its effect and be reflected in our mid-cycle program reviews.

- Review the function and organization of the Basic Sciences.

Significant evolution in inter- and trans-disciplinary research activities and associated graduate programs; integrated and rapidly changing undergraduate education in the professional and life science arenas; progression of scientific knowledge and discovery beyond the boundaries of traditional departments and very significant fiscal challenge which will require rationalization of our human and other resources make it incumbent upon us to consider the optimal organizational structure that will facilitate excellence in our enterprise.

I must stress that the status quo is financially and thus academically unsustainable. The budget for the Basic Medical Sciences (BMS) will shrink and the magnitude and duration of this contraction over time will see fewer people available to address our research and education activities.

In consideration of our core and mission critical functions we must determine how best to deploy our available human resources in this different future. Therefore I am creating a Restructuring Advisory Group in the Medical School that will consult widely and then make recommendations to the School for needed change. The terms and composition of the committee will be announced shortly. The committee will be chaired by Vice-Dean (Academic) Designate Iain Young.

- Upgrade and expand physical facilities

It may be the best or the worst of times to identify a significant capital need to one's institution, partners, alumni, friends and Government. Nevertheless, as previously described in documents, business cases and meetings, we have argued that the education of tomorrow's practitioners and increasing numbers of them requires new, expanded education facilities. The University and the Board of Trustees has identified a new facility as a lead priority and the University has had extensive discussion and consultation with the Ministry of Training Colleges and Universities (MTCU) on the plan. The Principal and I had a productive meeting with MTCU Minister Milloy late last fall.

The Federal budget's emphasis on infrastructure and post-secondary education seems permissive and we await decisions of the provincial government on this large project that would be built adjacent to Abramsky Hall. If we are successful in obtaining Government support, we would be required to raise some additional funds beyond the approximately \$10M already secured, in large part due to the generosity of the estate of **Dr. Howard Justus** (Meds '28) which provided \$8 million. A cheque for \$500,000.00 received in January from **Dr. John Fraser** (Meds '43) will be used to assist in the simulation centre planned for this building. Others similarly inclined are most welcome to contribute as we engage in formal fund-raising.

- Support our institutional partners.

Our hospital partners in Kingston have been undergoing considerable change. One aspect of this has been a process of renewing affiliation agreements with the University and that is now rapidly approaching closure. The resulting changes to the appointment and selection process for clinical heads has occasioned the support of the School of Medicine Academic Council and will be recommended to Senate at the March meeting.

It is indeed gratifying to see the cranes overhead KGH with work apparently ahead of schedule. It is anticipated that the developments at HDH will follow shortly which leaves PC and the work required to see new infrastructure at King West.

As the teaching hospitals develop and implement performance plans to match budgetary constraints, the Faculty and all those with leadership responsibilities continue to emphasize the academic mandate with our partners as they achieve these required and challenging goals. This is difficult work, but there is no doubt that the Boards of Directors, Board Chairs, CEOs and the Chiefs of Staff are fully aware of the concerns of the academy and share our goal of excellence in all of our programs. We shall continue to work in partnership through these challenges as we have in the past.

- **Ensure adequacy of human and financial resources**

Between 2005 until 2008 our Faculty grew by 12%, from 753 to 845, a reflection of clinical need, education expansion and research success. The Canada Research Chair program has benefited us considerably as has the funding of our clinical/academic enterprise through the Southeastern Ontario Academic Medical Organization (SEAMO).

Our increasingly complex and large organization has also seen significant staff expansion in support of our critical functions. We now employ 500 staff across all aspects of the Faculty and are recruiting a Human Resources manager in order that we may employ basic and advanced HR practices in the Faculty to ensure that we continue to be a workplace that attracts the best individuals and then support them in their work. This model has worked well in the School of Business and is an important initiative. The Faculty has also been reviewing staff roles in a number of administrative units with the goal that there be an appropriate professionalization of roles in critical support functions. Capable support staff can and should be deployed to carry out functions that are not necessarily within the skill set of faculty members with administrative responsibilities, thus allowing our faculty to be more efficient in their multiple roles.

On the financial side, the University has requested budget submissions from all sectors with a 15% (+3% progress through the ranks) reduction over a three-year time period. Each school within the Faculty has now submitted such a budget. This has been a challenging task and each school has achieved the required outcome in a different fashion. One might presume that following this three-year period government revenue will not necessarily be fully recovered, particularly when debt repayment will again be necessary. Thus, it would be a mistake to assume that the taps of funding will suddenly turn on again. We must be prepared for that eventuality.

In essence, the Faculty will be able to achieve this three-year fiscal contraction by employing a number of tools. They include revenue generation (enrolment increases in medicine, SRT, possibly LISC, graduate programs such as the new MPH), judicious increases in fees, organizational restructuring and faculty human resource rationalization (by attrition). The impact of such a significant budgetary adjustment has been mitigated and delayed by the use of cash reserves. Mission critical functions are being protected.

While the majority of clinical and associated academic programs fall outside this budgetary model or have alternative funding, it is in those areas falling under the collective agreement where we must consider ways to bend the cost curve. It is essential that we use this period to consider carefully our overall deliverables and the deployment of our intellectual capital, all with the goal of achieving excellence in research and effectiveness in our various educational programs. If we fail to do so the sequential effects of the economic reality will result in significant harm to the enterprise.

SEAMO continues to benefit from the effects of the AHSC-AFP Phase 3 funding and the recent framework agreement covering physician services in Ontario. While our current agreement with the Ontario Government expires in March 2009, we are being asked to agree to an extension of our current agreement with the goal of incorporating our next iteration into provincial time-lines for such agreements.

- **Emphasize and implement inter-professional (IP) programs.**

The Faculty has achieved considerable success in the field of IP research and education. Ranging from substantial research grants to the creation of a student organization dedicated to inter-professional education development, the structure of this Faculty lends itself well to considering and experimenting across disciplines.

Closing Remarks

The increasing pace of change seems inexorable. It is my opinion that although uncomfortable, the current environment provides us with great opportunity. When the resources that sustain our activities are in question it encourages healthy debate as to what our priorities are and how we achieve our intended outcomes. Often clearer goals and more effective mechanisms come out of this process.

During these times, we must continue to adhere to our values and keep our mission in full view. We must ensure the success of our clinicians and scientists in their work so that we can continue to attract the very best learners, evoke enthusiasm for our mission in our partners and funders and sustain the dedication of our talented staff.

In my attempts to draw a picture of where we have been, are now and are headed I have avoided specific mention of those whose hard work and dedication make such progress and success possible – some 900 faculty members, 100 staff, thousands of students and academic and partnership leaders across this centre and in our region. Individually, every one of you make this place special.



David M.C. Walker, MD, FRCPC
Dean, Faculty of Health Sciences

Update on Undergraduate Medical Education by: Dr. Tony Sanfilippo

The 2008-2009 academic year will be remembered as one of overlapping activities and pivotal change in the Undergraduate Program. We are engaged in preparation for our accreditation visit while undertaking curricular review and engaging changes in our current curriculum. Some highlights and items of note:

Accreditation

We are preparing for repeat CACMS/LCME accreditation visit in late March. A document outlining our responses to the areas of concern that were raised at the formal visit in 2007 is under development. The accreditation process has provided opportunities to reflect and review all aspects of our curriculum. This has been guided by a very active Curricular Advisory Group initially and now a formal Curriculum Committee. We have taken the approach that we need to bolster and strengthen our current curriculum while considering fundamental structural changes which are required to address many of the issues that were raised. We recognize that the job will never be truly complete in that medical curricula are constantly evolving but that continuing reflection and improvement is appropriate and contributes to a healthy dynamic structure for undergraduate education.

Structural Changes

The administrative and committee structure of the program has been revised. Most notably the functions of the Undergraduate Medical Education Committee have divided into two groups, a formal Curriculum Committee which deals with the structure, oversight and revision of our curriculum, and an Executive Committee which deals with the administrative oversight and governance of the entire program. The Curriculum Committee has a number of subgroups including committees on Teaching and Learning chaired by **Dr. Elaine Van Melle**, Student Assessment and Evaluation chaired by **Dr. Paul Belliveau** and committees overseeing each of the three phases chaired by Phase Directors **Dr. Sherry Taylor** (Phase I), **Dr. Michelle Gibson** (Phase II) and **Dr. Lindsay Davidson** (Phase III).

Curricular Council

Our current curriculum consists of about 50 separate educational elements. A concern raised by the accreditation process and by educational leaders has been a lack of communication and sharing of information among those curricular leaders. This has been addressed by the development of a Curricular Council. This brings together all educational leaders into a forum where issues of education, evaluation and overall administration can be discussed and reviewed. This body meets four times each academic year.

Curricular Review

This process has been ongoing and supervised initially by the Curricular Advisory Group and now the Curriculum Committee. It was recognized that a necessary first step is the definition of appropriate curricular goals. This has been accomplished through the development of a competency framework which has been reviewed at School of Medicine and by all Faculty members. It outlines the competency based goals of the program which are founded on the CanMEDS competencies appropriately interpreted for undergraduate education. The Medical Expert competency will be delivered through the framework

Undergraduate Medical Education cont...

of Medical Council of Canada presentations. The other six competencies are currently being reviewed by working groups which will be providing the Curriculum Committee with suggestions regarding curricular elements appropriate to the delivery and evaluation of those competencies. Those working groups and their chairs are as follows:

Collaborator Competency – **Dr. C. Schroeder**

Communicator Competency – **Dr. S. Moffatt**

Advocacy Competency – **Dr. R. Birtwhistle**

Manager Competency – **Dr. R. Wilson**

Professionalism Competency – **Dr. T. Ashbury**

We have also undertaken a curricular survey which consists of gathering feedback from all curricular leaders. This has been submitted to the Curriculum Committee. With this information and the feedback from working groups that committee will be developing suggestions regarding curricular revision and specific strategies for the 2009-2010 academic year.

Medical Council of Canada – Part I Examination Results

We are very pleased to hear that our class performed very well on the Part I Medical Council of Canada examination. In fact the 2008 class had the highest average score of any medical school in Canada. We extend our congratulations to those graduates and curricular leaders.

Admissions

The number of applications to the Queen's School of Medicine increased dramatically this past year. Our usual application numbers are about 1800 for our 100 positions. This year that

number increased to about 3200. There are likely multiple reasons for this. It has caused us to reflect on our admission process since we would hope to interview a larger proportion of this applicant pool. The Chair of the Admissions Committee **Dr. Michael Kawaja** and our Admissions Officer **Jennifer Saunders** together with the Admissions Committee has refined the current process to allow for a greater number of interviews and a more structured interview process with the capacity for both specific questions and both verbal and written responses. We again require active Faculty participation in this process. The Admissions Committee is also reviewing its processes and procedures globally. This has not been undertaken for several years. This will be led by the new Admissions Committee Chair **Dr. Hugh MacDonald** who will take over at the end of this academic year when **Dr. Kawaja** finishes his term. **Dr. Kawaja** has provided innovative leadership to this group over the past several years for which the Faculty is most grateful.

Rhodes Scholar

We are most pleased that one of our students has been chosen for a prestigious Rhodes Scholarship. **Raed Joundi** has been selected and will be embarking on a neuroscience fellowship beginning in the next academic year.

In summary, it is a busy but most interesting time for undergraduate medical education at Queen's. We continue to be blessed with committed faculty and students who engage education with vigor and creativity.

Research Update by: Dr. Roger Deeley

I am pleased to say that, after three successive CIHR competitions in which the Faculty's success rate fell below the National average, in the September 2008 competition we were well above the average. The Faculty had a success rate of approximately 32% and was responsible for 10 of the 11 grants funded at the University. The National average remained at approximately 22%. As promised in last year's E-mail, we implemented changes to our local review system and sought advice from current and recent CIHR panel members and chairs. While it is too early to tell what extent these initiatives have contributed to the improved performance, we will continue to enhance the local reviewing process for all peer review applications.

This year, for the first time, we will be posting on the Faculty WEB-site a summary of research activity which will provide a picture of the distribution of peer reviewed projects and the sources of research funding among basic and clinical departments in the School of Medicine, as well as the Schools of Rehabilitation and Nursing. While I am confident that we are capturing the overwhelming majority of the funding, we cannot be absolutely sure and would invite you to draw any concerns to my attention. Just by way of a very brief overview, a total of 916 research projects were active during '07-'08 with a total of \$81 million in funding, approximately 25% of which came from the Federal Government, 25% from industry and 20% from foundations or non government organizations. The total research budget for the University is approximately \$190 million.

I would also like to congratulate members of the Faculty who have received honours and awards since the last Newsletter. These include: **Chris Booth** (Oncology and Medicine) who was selected for one of the first Cancer Care Ontario research chairs, **Cathy Cahill** (Pharmacology and Toxicology) who was the recipient of the Faculty's 2008 Basmajian Award, **Susan Cole** (Pathology and Molecular Medicine) who received the 2008 Pfizer Senior Scientist Award from the Pharmacological Society of Canada, **Ken Rose** (Physiology) who won the Barbara Turnbull Award co-sponsored by the Barbara Turnbull Foundation, the Neuroscience Canada Foundation and the CIHR Institute of Neurosciences, Mental Health and Addiction, **Dean Tripp** who received a Early Career Award from the Canadian Pain Society and **Stephen Vanner** who received the Canadian Association of Gastroenterology (CAG) Research Excellence Award.

Nursing Update by: Dr. Cynthia Baker

The last year has been a dynamic period for the School of Nursing. We admitted our first class of five PhD students in the Fall and also expanded our Master's program to include a non thesis option in primary health care. To accommodate this graduate expansion, renovations were done in the Cataraqui Building to provide an appropriate place for graduate students to work and socialize with each other.

Nursing Update cont...

This summer we will be launching Nursing's first undergraduate course offering at Herstmonceux Castle, Queen's International Study Centre in England. The course will explore comparative development of professional nursing in Canada, Great Britain and more globally.

We continue to integrate simulation in the nursing skills lab and last summer's renovations in the Catarqui building included a new lab, a birthing room. Nursing and medical students have been learning teamwork in this new lab in labour and delivery situations using Noelle, our realistic computerized mannequin who actually delivers a newborn mannequin.

Research is flourishing at the School of Nursing as faculty expand international research collaborations, attract significant research funding and actively contribute to the advancement of nursing knowledge and nursing practice. We held a Research Symposium for alumni last fall at homecoming to showcase some of the exciting work they have been doing.

Last spring two School of Nursing nominations received an award of excellence from the Council of Ontario University Programs in Nursing (COUPN). **Alex Harris** who graduated in June last year won the Excellence in Professional Nursing Practice at the Undergraduate Student Level Award; and Kingston General Hospital won the Agency Recognition Award for Excellence in supporting Nursing Education.

Life Sciences and Biochemistry: new directions, new location, new people by: Dr. Ken Rose

We have moved! This past summer, **Katherine Rudder** and I (**Ken Rose**) vacated our old home on the second floor of Botterell Hall and took up our new abode located in the lobby of the main floor of Botterell Hall. Thanks to the architectural skills and office design know-how of **Kevin McKegney**, we are now comfortably settled and extend a warm welcome to all visitors. Indeed, we have discovered that our new location has greatly enhanced our visibility and is a magnet for many of the students in the LISC/BCHM programs. The fact that this magnet has attracted several lost waifs looking for Richardson Hall or the maternity floor of the hospital has only added to **Katherine Rudder's** fame as a dispenser of wisdom and knowledge.

As the new Associate Dean for Life Sciences and Biochemistry, I have learned that filling the shoes of the previous Associate Dean, **Dr. Bill Racz**, is a very tall order. Bill continues to share his legendary knowledge of arcane university regulations and the best means to help students who are in need of innovative solutions to seemingly irresolvable dilemmas. Thank you Bill!

The LISC program continues to evolve in new directions that hold the promise of a richer and more diverse academic experience. Please see the LISC website at <http://meds.queensu.ca/lifesciences/home> for a description of the long awaited Life Sciences Mission Statement. This

Life Sciences and Biochemistry cont...

mission statement is a testament to the vision and unstinting help of **Dr. John Pierce**, Associate Dean of Studies for the Faculty of Arts and Science. The past year has also seen the maturation of a growing sense of cohesiveness between the students in the LISC program. This cohesiveness has manifested itself in several ways. The weekend of January 31st will see the culmination of months of planning for the third annual LISC banquet by many members of the LISC student executive, including **Vincent**

Clinical Update by: Dr. John Jeffrey

Recently forty-three clinical Faculty successfully completed the reappointment process, which will be effective July 1, 2009. Two candidates also applied for tenure and were successful. Our congratulations go to **Dr. Lindsay Davidson** and to **Dr. Gordon Jones**.

Three searches are currently ongoing for Heads of Departments, in the Departments of Diagnostic Radiology, Paediatrics, and Surgery. **Dr. John Smythe** is the Acting Head of the Department of Paediatrics and **Dr. Annette McCallum** is in her second year as Acting Head of the Department of Diagnostic Radiology.

After serving one term, **Dr. Dale Mercer** is stepping down as Head of the Department of Surgery effective June 30, 2009. A Search Committee, chaired by **Dr. John Jeffrey**, has begun the process to recommend the individual to next take on the role of Head of the Department of Surgery.

In Ophthalmology, **Dr. El-Defrawy** will complete his first five-year term as Head of Department on June 30th, 2009. **Dr. El-Defrawy** has agreed to let his name stand for a second term and therefore, a

Wong, Tony Chan and **Dave Wallace**. This year's the celebrations have been aptly named, Las Vegas. The LISC student newspaper, Life Beat, continues to provide provocative commentary and news. Finally, the mentorship program introduced by previous LISC executives has been updated and continues to be a unique means of communication between students and faculty thanks to the efforts of **Clarke Euwes** and **Dan Berant**.

Review of the Department and of his Headship will be conducted by **Dr. David Walker**.

Effective March 1, 2009, **Dr. Iain Young** will assume the newly created role of Vice-Dean Academic. **Dr. Young** will step down from his current position of Head of the Department of Pathology and Molecular Medicine effective February 28, 2009. Steps are currently being taken to identify an Acting Head of the Department of Pathology and Molecular Medicine and a Search Committee for the next Head is being assembled.

Dr. Young's role as Vice-Dean Academic will be to eventually assume the duties currently carried out by **Dr. Kanji Nakatsu** in his role as Associate Dean, Academic and the duties of **Dr. John Jeffrey** in his role as Associate Dean, Clinical. It is anticipated that **Dr. Nakatsu** will step down at the end of June 2009 and that **Dr. Jeffrey** will step down as of November 2009, allowing for what is hoped to be an adequate period of time of orientation for **Dr. Young**. We wish **Dr. Young** every success in his future role as Vice Dean Academic and trust that he will have your support.

Basic Sciences Update by: Dr. Kanji Nakatsu

For the Basic Science Departments, 2008 brought notable moments, milestones and memories. Some examples of notable events include-

Education:

- **Ron Eastal**- Chancellor Baillie Award for Excellence in Interactive Teaching
- **Myron Szewczuk and Les MacKenzie**- Education Award Faculty of Health Sciences
- **Lewis Tomalty**- Reddick Award for Excellence in Nursing Education

The Departments of Physiology and Pharmacology & Toxicology have begun to consolidate the laboratory experience for Medical and Life Science students in those two disciplines through new inter-disciplinary laboratory offerings, using state-of-the art data acquisition and analysis systems. A new Master of Public Health program has been approved in the Department of Community Health & Epidemiology with a target date of September 2009 for the inaugural class.

Research:

- **Steve Smith**- Basmajian Research Award, Faculty of Health Sciences
- **Susan Cole and Roger Deeley**- National Cancer Institute of Canada, Diamond Jubilee Award for "outstanding impact and contribution to the field of cancer research"
- **Keith Poole**- Elected as Fellow of the American Academy of Microbiology
- **Michael Adams**- Most Prolific Inventor Award for having the greatest number of

different inventions (16) on which PARTEQ has filed patent applications.

- **Louise Winn**- Society of Toxicology of Canada, Veylien Henderson Award for Contributions to Toxicology in Canada.
- **Colin Funk**- Killam Research Fellow for research on the cardiovascular effects of COX-2-inhibitors.
- **David Lillicrap**- International Society on Thrombosis and Haemostasis - Investigator Recognition Award.
- **Susan Cole**- Pfizer Senior Scientist Award from The Pharmacological Society of Canada.

Service to the community

- **Charles Graham and Anne Croy**- co-chaired the International Federation of Placenta Associations meeting which was held over five days at Queen's and hosted by the research group in Reproduction, Development and Sexual Function.
- **Brian Bennett**- elected as Vice President of the Pharmacological Society of Canada
- **Thomas Massey**- Co-Chair of the Eleventh International Congress of Toxicology Organizing Committee, Montreal, July 2007.

Novel Appointment

- **Jeremy Squire** has been appointed to the Department of Pathology & Molecular Medicine as the First KGH Research Chair and Queen's Adjunct Professor.

School of Rehabilitation Therapy by: Dr. Elsie Culham

Occupational Therapy (MScOT) and Physical Therapy (MScPT) Programs

In response to the "Reaching Higher" initiative of the Ministry of Training Colleges and Universities, the School of Rehabilitation Therapy agreed in May 2008 to increase enrolment in the Occupational Therapy and Physical Therapy Programs from 45 to 66 effective September 2008. This decision led to an enormous commitment of faculty and staff over the summer in order to prepare for the larger class size. Approved plans for basement renovations in Louise D Acton were modified prior to start of construction to enlarge the skills laboratory to accommodate the increased numbers. Classes had to be relocated to larger venues on campus, changes were made in how the curriculum was delivered and many Term Adjunct appointments were made to ensure the human resources were in place for clinical skills teaching. The increase in numbers will result in a total of 264 students in these graduate programs and an additional 180 clinical placements for a total of 610 placements that must be arranged on an annual basis. A large portion of the growth funding has been earmarked for capacity building for clinical education in order to increase and sustain the needed clinical experiences.

Research and Graduate Program in Rehabilitation Science

The faculty in the School continue to be successful in attracting highly qualified students into the research based MSc and PhD programs in Rehabilitation Science. Current enrolment is 17 Masters and 23 PhD students. Faculty have also been successful in attracting funding to support research in both the Motor Performance and

Disability and Wellness in the Community fields of study. **Dr. Terry Krupa's** work in mental health was recently recognized by the Canadian Association of Occupational Therapists as she was chosen for the Muriel Driver Memorial Lectureship Award. **Dr. Krupa**, an Associate Professor in the School of Rehabilitation Therapy, has focused her research and service work on the development of approaches and interventions that promote recovery from mental illness. Recovery is less about finding a "cure", and more about ensuring that people with mental illness have the opportunity to experience meaningful lives and full citizenship. **Dr. Krupa's** recent research includes the development of a conceptual model that advances our understanding of how the stigma of mental illness operates in the workplace. Stigma is considered one of the biggest barriers to recovery and community participation. She has also addressed how rehabilitation therapists can contribute to the problems of stigma and discrimination. Her interest in prevention has lead her to studying the processes of disability as they occur in first episodes of psychosis, including the patterns and predictors of applications for government disability pensions. Finally **Dr. Krupa** has been working with several local occupational therapists to design and test an intervention designed to enhance participation in meaningful and socially connected activities among people with serious mental illness, who for a variety of reasons have found themselves exceptionally marginalized from community life. **Dr. Krupa's** work will again be recognized on Friday, May 1, 2009 when she will give the keynote address at the national graduate colloquium in Research in Rehabilitation which is being hosted by Queen's University this year.

Continuing Professional Development by: Dr. Lewis Tomalty

The CPD office continues to respond to the needs of the practicing health care community by providing high quality educational programs in a variety of formats. Over the past couple of years, our offerings have become increasingly responsive to interprofessional needs and to those needs in the region. With the expansion of our medical school, CPD programs provided to an ever increasing faculty is critical to fulfilling our expansion mandate. I urge you to agree to take part in regional CPD activities if you are requested. The time commitment by you may just be the little extra that can allow an extra learner at one of our regional sites.

Highlights from the past year include:

-A continuation of our highly successful On-Line Infection Control Course. This 6 month course provides basic training in infection control to 'students' from across the country. The brainchild of Dr D Zoutman, this course is now offered twice per year and still has a waiting list of several hundred students.

- Interactive pain program. The office recently completed a highly successful, interactive, hands on pain program at the CEC. The highlight of the program was the incorporation of patients into the program as a means of hands on learning.

-The office has developed a preceptorship program in dermatology where we support family physicians to travel to Toronto and spend two days with a dermatology specialist to enhance their skills in handling dermatology problems in the office.

-A three part series on Chronic Disease Prevention and management was held over the late fall and early winter. This comprehensive program was designed and developed with a broad group of partners and provided a much needed discussion format for this difficult and increasingly important area of medicine.

I urge you to visit our website to view the current listing of events: <http://meds.queensu.ca/cpd/che/>

Industry Funding of Medical Education

The AAMC Task Force Report has been widely disseminated to the academic health care faculties. The report provides recommendations and guidelines on the interaction of industry funding and medical education. The report has also been endorsed by the AFMC and we must now challenge ourselves with implementing these recommendations. The Canadian Medical Education method of dealing with industry funding has always outpaced U.S. process and therefore we already have in place many of the recommendations. However there are a number that we have not yet addressed and these will require conversation and thought on how to effectively deal with the guidelines/ rules without losing industry support, the primary source of funding for the CPD office. If you have not yet read the report, I urge you to do so. It can be found at the following link: www.aamc.org/publications <<http://www.aamc.org/publications>> .

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Calendar

April 6

Dr. Peter Morrin Memorial Lecture
<http://meds.queensu.ca/cpd/che/>

Spring 2009 (date TBA)

Travill Debate

May 27 2:30pm

School of Medicine Convocation & Reception

June 8 9:30am

School of Nursing, School of Rehabilitation
Therapy Convocation

September 26

Medical Student Bursary Golf Tournament

<http://healthsci.queensu.ca/advancement>



OUR MISSION is to educate health professionals and students in the biomedical sciences by conducting research, by generating a spirit of enquiry, and by serving the health needs of the people of southeastern Ontario, drawing on Queen's learning environment to enable our graduates to become the leading health professionals for Canada's rural, northern, and urban communities and to provide researchers and educators for the nation's future.