Dear Reader,

My goal in this Newsletter is to provide an overview of where the Faculty stands in the achievement of our priorities and responsibilities early in 2005.

I have also invited authors to contribute elements to this Newsletter to provide detail in Research, Nursing, Rehabilitation Therapy, and Medical Education.

I identify seven priorities for this year:

1. Achieve a new Alternative Funding Plan for SEAMO
2. Create a functional program for a new building
3. Continue Basic Science Strategic Development
4. Achieve curricular and regional development strategy
5. Optimize teaching hospital function/structure
6. Evoke and discharge a new vision for the School of Nursing
7. Complete program transformation in Rehabilitation Therapy

Many of these priorities are addressed specifically and in detail below. I would like to comment on some of these priorities.

A new AFP

The absence of a Framework Agreement between the Ministry of Health and Long Term Care (MOHLTC) and the Ontario Medical Association (OMA) prevents development of a new AFP. Such a framework agreement would govern and fund all aspects of
physicians’ services in the province for a defined period, including our AFP.

Thus, our negotiators have been engaged in quite fruitful preliminary “discussions” with Ministry officials, carrying with them a clear strategy to satisfy our interests, which seem to be shared by the Ministry. In essence, we aim to obtain sufficient funds to sustain our clinical and academic programs, with sufficient numbers of faculty and sufficient funds for departments to recruit and retain those individuals.

Assuming the MOH and OMA reach a ratified “framework” agreement for all physicians services in Ontario, our negotiations should move rapidly to conclusion, reflecting in many aspects the elements of such a framework agreement; if the Ministry and the OMA fail to reach agreement, then the Ministry would be free to negotiate bilaterally with SEAMO, complicated by the fact that many groups and disciplines would be attempting to do the same. The Ministry has a limited capacity to engage in multi-lateral negotiations.

It is clear from discussions at all levels within the Ministry that they wish to sustain SEAMO and create a new agreement. Circumstances beyond our control frustrate the timely conclusion of that goal, and we shall have to be patient as we construct an optimal and appropriate agreement; this may require yet another extension to the current contract.

Our negotiating team is expert, balanced and committed and I have full confidence in their ability to advocate effectively on our behalf (Edwards, Rudan, Jeffrey, Dow and Rosenbaum).

I am fully confident that we shall soon see the outcome of negotiations, which management and the Resources committee will convert into a budget for consideration by SEAMO Governors. Once adopted, this budget will be promulgated to departments for conversion into “what this means” for each member prior to
ratification. Simultaneously, the other signatories (three teaching hospitals and the University) will be asked to ratify the deal.

It is inherent to our discussions that a new contract would be retro-active to January 1, 2005.

**A New Building**

As expressed in a recent letter to all faculty, we are engaged in the process of writing a program identifying functional requirements that justify a new building for the Faculty. Expansion pressures in our education programs, infra-structure constraints that limit our research capability, and the need to provide new supports for both lead to the conclusion that our current facilities are exhausted. I thank all who have offered advice, suggestions and their services to this exciting venture.

We have created a Building Committee, which will oversee the writing of the functional program, monitor the schedule, receive recommendations from the Content Committee and report to the University’s Executive Committee and Campus Planning Committee of the Board. Members of the committee are Fisher, Olney, Baker, Crocker, Caulfield, Ma, Roth, Ludwin, Verma, Edgar, Munt, Bowes and Walker (Chair).

The Content Committee, with our consultant Tannis Chefurka, is responsible for consultation, collaboration, direction in identifying and resolving issues, creation of specific subcommittees, and making recommendations to the Building Committee in the creation of a functional program. Members are Ludwin, Verma, Baker, Olney and Fisher (Chair). A variety of subcommittees may be created, such as a technical review committee. There will be wide-ranging consultation.

This initiative has been identified as a fund-raising priority and I am delighted to tell you that we have already received a multi-million
dollar bequest, which will serve as seed money in support of this project.

**Basic Science Strategic Development**

The recent retreat and a variety of consultations continue to advance thinking in terms of the future aspirations and organization of the basic medical sciences at Queen’s.

We have come to firm agreement of the size of the Life Sciences and Honours Biochemistry programs in collaboration with Arts and Science and the Vice-Principal (Academic).

The current structure and funding formula is unsustainable, and we look forward to the results of Bob Rae’s review of post-secondary education, in hopes that new revenue will allow us to add-back enhanced quality and new programs to what we do. There are indications that quality improvements may be recognized in a new funding model and we may well be asked to define innovative components of the programs to enhance and attract quality.

**Curricular change and regional distribution**

The medical school is well embarked on a process of curricular review and renewal and our students are enthusiastically involved in creating change.

While that continues, we continue to grow our regional programs. Traditionally and successfully preceptor based, we are considering the next stage of development, toward community teaching services in key locations.

Furthermore, it is clear that we need to coordinate the efforts of many people, disciplines, programs and departments as we build these aspects of our activities; as we do so, we are required to interact functionally with other schools such as Ottawa, other programs (such
as the Eastern Region Medical Education Program, ERMEP and others), and many institutions and practices in the region.

We also need to proceed in lockstep with regional care plans and the initiatives of hospitals, new structures such as Local Health Integration Networks, new arrangements (such as KGH with Napanee) and I have asked Sarita Verma, Gene Dagnone and Peter Munt to develop a more formal and integrated strategy to address: a combined education and clinical strategy for the region, generation of community teaching services, incorporating the developments and leadership of Family Medicine’s program, and recognizing the strength of ERMEP.

The recent occasion celebrating the signing of a formal agreement between KGH and the Lennox and Addington County General Hospital provides a variety of opportunities for clinical and academic programs and I was pleased the University was invited to witness the ceremony, which cabinet Ministers Dombrowsky and Gerretson also attended.

The Aesculapian Society President, Brendan Munn, has begun regular meetings with me, and has identified curriculum change, better coordination of social and other activities across the medical years, and web technology advances as his priorities for the year.

The Aesculapian Society has selected six to receive Students Teaching Awards; they are Conrad Reifel, Lewis Tomalty, John Matthews, David Holland, Robyn Houlden and Jerome Simon. Congratulations to the winners of this very significant honour.

There is good news on the Bracken Library front. The University has agreed to a funding mechanism that allows the $1.8M CHEER (The Centre for Health Electronic Education Resources) project to proceed in the Bracken Library. This is exciting news and this groundbreaking project will serve our students and faculty well.
Optimize teaching hospital function/structure

The teaching hospitals have submitted a request to the Minister to alter the original restructuring directions in ways previously described. While this submission would save $100M in capital costs, it saves little operationally, and still utilizes three sites. The hospitals are identifying quite substantial integration initiatives, but these can only go so far in creating the needed operating savings to balance budgets.

Recent review of the substantial restructuring, deferred but critical infrastructure upgrades, and equipment costs are leading to a further analysis of options as this centre engages with its partners, the Ministry and politicians to ensure the best facilities for our patients, staff and learners.

From Sandra Olney....

School of Rehabilitation Therapy

Accreditation of Occupational Therapy Program:

The Occupational Therapy Program has received a very positive report from the accrediting body, the Canadian Association of Occupational Therapists Academic Credentialing Council, though they confirm what we already knew, saying, “Space is not conducive to the participation of users, the program has outgrown the space available and current work environment presents health hazards that need to be addressed immediately.” The report states, “[This is] a very collegial unit that has been able to share limited resources to maximize program delivery. The MScOT [program] is innovative in many ways...Faculty members should be commended for their commitment to develop not only a sound theoretical and professional program, but a solid pedagogical program.... In conclusion, this is a strong program that demonstrates dedication and commitment by all stakeholders.”
Accreditation of Physical Therapy Program:

The Physical Therapy Program has received full accreditation status from the Accreditation Council for Canadian Physiotherapy Academic Programs (ACCPAP) until 2010 or until the last class of baccalaureate students graduate. Accreditation of the new professional MSc PT will occur prior to the first graduation in 2006. The accreditation team concluded it to be “is an excellent, viable and thriving physical therapy program...well-established both in Ontario and in Canada...Faculty members are well known and well respected, and are led by a dynamic and capable Program Chair.”

Research in the School of Rehabilitation Therapy

As many members of the faculty may not be aware of the research in progress at the School, the Newsletter will introduce an example of research in progress.

Title: Interdisciplinary approach to fall prevention and risk reduction in older adults

Recently Dr. Elsie Culham, with Drs B. Brouwer (School), M. Godwin (Family Medicine) and W. Rosser (Family Medicine) were awarded $281,274.80 by the Primary Health Care Transition Fund, administered by the Ministry of Health and Long-Term Care. The project will evaluate the impact of an interdisciplinary (physician, nurse and physiotherapist) fall prevention program on the incidence on falls and fall injury in seniors. Patients of family physicians in a Family Health Network (FHN) in Kingston, who are 65 years of age or over, and have identified risk factors for falls, will receive a fall prevention program targeted at reducing modifiable risk factors identified through comprehensive team assessment. The effectiveness of the program will be determined by comparing the number of falls and fall injuries sustained by participants in the 12 months after enrolment in the program with numbers from the previous 12 months. Benefits to patients are access to a health promotion-injury prevention program within their primary care setting that will potentially reduce falls and injury. The model developed in this demonstration project could
form the basis of fall prevention programs within primary care across the province.

From Cynthia Baker……

School of Nursing

The Practice and Research in Nursing (PRN) group has completed its first full year of operation. During the year, PRN has successfully obtained new research funding, has acquired support for graduate students, and has built capacity in nursing research in Kingston. Membership in the group has expanded from its three founding members (Dr. Jennifer Medves, Dr. Margaret Harrison, and Dr. Joan Tranmer) to include eight research associates, all of whom are working with PRN on funded studies. The research associates include Dr. Marianne Lamb, Dr. Elizabeth VanDenKerkhof, Dr. Judy DeWolfe, Dr. Diane Buchanan, Catherine Perkin, Susan Laschinger, Cheryl Pulling and Judy Plourde.

Eleven new research grants were received in 2004. In total, PRN scientists are engaged in 25 research projects – 12 as Principal Investigators ($3,284,743 in funding) and 13 as co-investigators ($4,956,109 funding). A further $1 million in grants are currently under review.

A major research initiative of PRN, the Queen’s Joanna Briggs Collaboration (QJBC), received Ministry of Health funding. This 3-year demonstration project and implementation research study is part of an international initiative that links clinical practice and research in nursing to promote evidence based practice. One goal of QJBC is to conduct at least one systematic review per year on nursing issues that will enhance clinical practice recommendations. The systematic review topic for 2004-5 is The psychosocial and spiritual experience of elderly individuals recovering from stroke and is being completed by Drs. Lamb, Buchanan and Harrison.
Another major PRN initiative has been to undertake an integrative systematic review with the international Cochrane Collaboration. This initiative is housed with the Evidence for Practice and Organization of Care (EPOC), and is entitled, *Group Effectiveness of Guideline Implementation in Nursing and Professions Allied to Medicine*. Dr. Margaret Harrison is first author.

Ten graduate students were provided support from the PRN group. Fairleigh Seaton also received $20,000 in graduate funding from the University of Toronto/McMaster University Indigenous Health Research Development Program Graduate Scholarship, funded by the Canadian Institutes of Health Research-Institute of Aboriginal Peoples Health. Meredith Harvey, a third year nursing student, received a summer studentship from CIHR in 2004 to work with PRN.

Over the past year, PRN has developed a solid outreach with the practice community. The PRN web site became fully functional in 2004 and contains information about the group, links to other research groups within Kingston, and fellowships and other research opportunities with group members. Lunch and learn opportunities were organized for nurses to engage in research and philosophy of nursing discourse.

From Sarita Verma……

**Medical Education:**

2005 has been another eventful year for medical education at Queen’s. Since 2003, the consolidation of multiple portfolios in medical education has created a fertile ground for innovation and creative growth. Numerous advancements have included:

The formation of Medical Education Advisory Committee (MEAC) - a consortium for medical education which leads the direction of portfolios and operational planning for medical education.
There is now a Liaison Committee for Health Sciences – This group comprised of the Associate Dean Medical Education, Associate Dean Nursing, Associate Dean Rehabilitation Therapy, Vice-President Patient Care Programs (KGH), Assistant Executive Director Patient Care (HDH), and Director Rehabilitation Therapies (PCCC), meets quarterly to discuss issues related to education for all three schools and the three main teaching hospitals.

There is a robust Working Group on Professionalism and there are plans to create a Working Group on Social Accountability.

The Working Group on Interdisciplinary Education is comprised of a group of experts from Medicine, Nursing, Rehabilitation Therapy, Engineering and Theology who explore curricula and share teaching ideas. The “QUIPPED” initiative, led by Drs. Verma, Medves and Paterson from the three Schools, has integrated linkages across the University in inter-professional education and was submitted to Health Canada for $1.3 million for a curriculum in interprofessional education.

The Technical Skills/Medical Simulation Laboratory Working Group provides guidance and direction for the creation of proposals and facilitates integration for the Development campaign for a surgical skills laboratory. The champion of this project is Dr. Robert McGraw.

The Liaison Group with the Department of National Defense is coordinating the initiatives for UGE, PGE, family medicine, technical skills and enhanced skills training with DND.

The office has been engaged in the development of a Health Executive Leadership Course, working closely with Tom Anger, Associate Dean of the School of Business in leadership and management skills for health educators and executives to be jointly sponsored by the School of Medicine and the School of Business; also in the development of a course on the Canadian Health Care System with the School of Policy Studies. At the request of Union College, in New York State we are working with the Director of SPS, Arthur
Sweetman to develop this week-long course to be offered in June 2005.

Sarita Verma is currently on ‘loan’ for about 70% of her time to the Office of the Vice - Principal (Academic) as a member of the University’s collective bargaining team.

David Holland has now completed six months as Assistant Dean UGE. Our UGE program must file a progress report with the LCME/CACMS secretariat on expansion, regionalization and the introduction of education technology. In 2004 Students achieved a 100% pass rate on MCC QE Part 1 and we started discussions to transform and renew the curriculum in undergraduate medical education.

The Curricular Renewal Task Force has been meeting regularly, reviewing the objectives of the MD program and plan to have a template by the Spring. Discussion are underway to launch an MD-Ph.D program led by Dr. S. Vanner. A revised clerkship curriculum with the revision of the medicine and surgery rotations and a new pre-clerkship curriculum with a White Coat Ceremony were introduced. The Queen's and AAMC exit surveys consistently demonstrate that our students are competitive and happy with the MD program. A search is underway for a Career Student Adviser to replace Dr de Metz who vacated the role in 2004.

The Clinical Skills program will organize and provide 1000 sessions this year. Innovations include: an enhanced version of the Queen's manual in Physical Diagnosis, a WEB site for prospective students and another for registered students; advanced communication skills sessions; greater use of standardized and focused volunteer patients; revised objective-based evaluation systems and expansion of the Standardized Patient Program. The staff has provided detailed information regarding departmental contributions of tutors that will be helpful in defining and ensuring continued support of this program.
Leslie Flynn is in her second year as Assistant Dean PGE. The expansion of our PGE programs is unprecedented with an increase of 30% within the next two years and will be felt as soon as July 2005. The expansion of Family Medicine and the 'ramp up' of positions for international medical graduates are priorities for the government, which Queen's has been doing its best to address.

We still enjoy an excellent fill rate (second best in the country) on the first iteration of the CaRMS Match and a complete fill in our family medicine residency program.

At present we enjoy a Pass Rate of 85 % and higher for our Residency Programs and have full approval status for all of our residency programs being one of two medical schools in the country with this status. The next accreditation site survey by the RCPSC and CFPC will occur in October 2005. In anticipation of this, all the internal reviews of residency programs will be completed by end of January 2005 and pre-survey documentation will be filed with the Colleges in the summer.

The Resident Exit Survey continues to show high levels of learner satisfaction with the PGE programs and the PGE environment. In response to government initiatives, Dr. Mala Joneja has undertaken the job of Director, IMG programs and is innovating curricula and faculty development for these special needs. A Resident Adviser (Melissa Andrews) was appointed in early 2005.

The Community Development Office (Bruce Maitland) and the Eastern Regional Medical Education Program (ERMEP) are liaising with the Regional Education Office (Gene Dagnone) to offer outstanding educational sites in Southeastern Ontario for UGE and PGE learners plus the connection to recruitment opportunities for graduates. Linkages with Moose Factory (Weeneebayko General Hospital), Oshawa, Peterborough, Belleville (Quinte); and multiple sites are underway. We are consolidating closer relations with the University of Ottawa and establishing our videoconferencing facilities through our Regional Education Office. At least 35 % of our UGE learning and 20 % of our Resident Training will occur in the
Region this year. Over 80% of our education in primary care (notably family medicine) occurs in community-based rotations.

The Queen’s FHS Regional Campus looks like this:

Lewis Tomalty has been renewed for a second term as Assistant Dean CME and with the departure of Dianne Delva (who took up a new role as Deputy Head in Family Medicine) is acting Director of Faculty Development. The CME office is migrating to the more inclusive arena of Continuing Professional Development. As a means of promoting life long learning, CPD will embrace both CME and Faculty Development. We are all grateful for the magnificent job that Dianne Delva has done in FD over the past 5 years. Without her drive and enthusiasm, we would not be so well placed to expand on the solid foundation she has laid.

The priorities within CPD will be multifold. One of the first is to enhance faculty development in the region. This is an essential step
towards the successful expansion of our medical school into the region. Collaborations with Gene Dagnone in Regional Education and the Medical Education Technology Unit are making for some very exciting educational deliverables. There will always be an ongoing need for FD locally as well, and we must continue to embrace the challenges of teaching and learning in a diverse and ever changing faculty. Drs. Verma, Tomalty, Flynn and Holland made a site visit to Moose Factory in December, which was excellent. The staff and faculty at WGH were very hospitable and faculty CME rounds were well received.

CME continues to evolve as the models of educational delivery to a broad region with diverse learners challenge us continually. Technology such as web casting and videoconferencing are now seen as tools that can deliver top quality education, equivalent to face to face meetings. The challenges of developing these tools remain somewhat a barrier, but one that is far from insurmountable.

In the immediate future are local CME programs in Infectious Diseases and Internal Medicine. There will be a TIPS programs for both faculty and for residents in the late winter. If you have not taken the TIPS program yet, you are encouraged to register as this is a fabulous program to enhance teaching skills.

A search will soon commence for the Director of Health Sciences Education to replace Ros Woodhouse. The Medical Education Technology Unit (under Ben Chen) has led the programming for course content on the web; Web Evaluation for PGE programs; solutions for curricular renewal, clinical skills, data gathering and digital libraries. Close relations are encouraged with Bracken Library where Suzanne Maranda has been appointed as the new Head Librarian. Bracken has been offering faculty development sessions that are very well received. We understand that these sessions have the best attendance rate (fewer no-shows). Plans are to offer a session on Reference Manager, one on Desktop Access to Information Resources, and the 3rd on Health Information Resources for PDAs. Details will be on the faculty development website.
Development Projects have been commenced to raise funds for CHEER (Bracken Library’s Center for Health Education Electronic Resources), the Medical Surgical Skills Laboratory and the Altana Scholarship in Family Medicine. A new Chair of the Advisory Committee of the Clinical Education Center, Dr. Jennifer MacKenzie, was appointed in late 2004. Several awards were made this year for excellence in medical education and scholarship in medical education has begun to flourish with the publication of peer reviewed journal articles; and a higher profile of posters, abstracts and presentations at regional and national professional meetings.

Our faculty and staff continue to hold important leadership positions in the following national professional organizations: AFMC UGME; AFMC PGME; AFMC Education Technology; AFMC/CAME; AFMC Task Force on Social Accountability; AFMC Working group on Professionalism; CaRMS Board; UE; COFM; PGE COFM; PGM: COFM; DME; COFM; e-COFM and more.

From Sam Ludwin…

**Research**

With the passage of the Faculty Research Strategic Plan through Faculty Board in October, clear directions have been presented. A primary priority has been the attraction and retention of top class faculty. Recruiting is continuing, and we are looking forward to welcoming some excellent researchers. CRCs in Protein Function and Discovery and Health Services Research, as well as new recruits in cancer, gastrointestinal diseases, and microbiology and immunology will fill in needed gaps in the Faculty. The strategic plan also highlighted the need to concentrate on the development of clinician scientists, in keeping with the recent CIHR report on the critical state of the clinician scientists in Canada. Some pilot projects have been awarded to link up clinicians with basic scientists in order to promote this interchange.
The strategic plan also highlighted the need for adequate infrastructure, especially research space and animal care facilities. A standing committee on space consideration and allocation has been formed, and hopefully will become a positive and vigorous body. Space issues in the aging facilities of Botterell Hall have become a big issue, and it is clear that new facilities will have to be found. Similarly, animal care services has reached a critical state in Botterell Hall. In spite of the new renovations to satisfy the last CCAC visit, we remain short of space both for the transgenic facility, as well as for normal breeding, surgery and holding rooms. There is a major effort on-going to try and increase the amount of space in the short to medium term, through better utilization and renovation of other space. A facility for immune compromised mouse work is being built by the Faculty in the Biosciences building, which will alleviate some of the problems. However it is clear that in the long term new modernized animal care facilities will have to be built. For these latter two reasons, it has become clear that the Faculty needs new buildings and Dean Walker has announced that the building of a new structure is the top priority for the Faculty. The research enterprise will be a major driver of this facility, both for research space and for modern state-of-the-art animal care facilities.

On a more immediate basis, work is on-going in the basement of the Cancer Research Institute to house the new experimental MRI. Work is well underway towards the completion of the new GIDRU building on the KGH campus.

The Faculty celebrated its sesquicentennial with a wonderful Research Symposium, highlighted by outstanding local researchers and two external keynote speakers. It was generally felt that a Faculty research symposium day should not be delayed for another 150 years.

The recent round of CIHR funding was extremely disappointing, with low success rates compared with our peer institutions. This was particularly sad since our June results were superb. Sam Ludwin and Jim Brien are conducting a post-mortem to identify and analyse any underlying causes, which can be modified. Many PIs came very close
to being approved for funding, and with applications of a quality which at other times would have received funding. It is most important that we take any and all steps to make the difference in future rounds.

The recent round of CFI applications was adjudicated over the last two months and Dr. Jeanette Holden was awarded a CFI for her project on autism studies through mobile laboratories.

The Faculty welcomes two new CRC Tier 1 Chairs, Dr. Anne Croy with the Departments of Anatomy and Cell Biology, and Obstetrics and Gynecology, and Dr. Colin Funk with the Departments of Biochemistry and Physiology and anticipates a Tier s CRC appointment in health Policy. We wish them much success at Queen’s and feel sure that they will make a major contribution to our research enterprise.

The Faculty is delighted to congratulate Dr. Joe Pater of the Clinical Trials Group at the Cancer Research Institute and the Department of Oncology, who was awarded one of the two University Excellence in Research Awards for 2005. Dr. Pater delivered a public lecture in recognition of this in November. Similarly, Dr. Graeme Smith of the Department of Obstetrics and Gynecology was awarded the Basmajian Award for the best young researcher in the Faculty, and delivered a Basmajian Lecture during the Sesquicentennial Research Symposium.

On a national level, the Council for Health Research in Canada organized a national Leaders’ Forum from members of the research community across Canada to formulate a strategic plan for visioning the future of Canada’s health research enterprise. Dr. Samuel Ludwin and Dr. Jim Brien from the Faculty were invited to take part in this symposium. The CIHR, following the publication of its document on the critical state of the clinician scientists in Canada, has adopted the training of clinician scientists as a major initiative. Dr. Joe Pater is serving on the initial committee to formulate a strategic plan to achieve this.
Finally, the new privacy legislation, as well as other initiatives on research ethics have led to a re-evaluation of the way much research involving humans is conducted. In this regard Dr. Ludwin has been appointed to the Tri Council (CIHR, NSERC, SSHERC) Panel on Research Ethics, the body that is responsible for the implementation of the TCP in institutions across Canada.

In conclusion I would like to announce that a variety of individuals will be assisting me in a presentation to the Queen’s Board of Trustees at their next meeting, on Saturday March 5. We shall be describing the mission of the Faculty and the opportunities and challenges we perceive.

I wish once again to acknowledge the usually unheralded contributions and efforts of faculty, staff, students, friends, partners and advisors as we navigate through stormy seas and a dark winter. While we are beset by many challenges, wrapped within them are, indeed, many opportunities and we have much to be grateful for while we struggle on.

Best wishes to all as we slowly emerge into longer, brighter days.

David Walker
Dean
February 8, 2005