

Dr. Robert Rutledge, MD, FRCPC

September 15, 2006

Dear Dr. Cook,

Re: Robert Rutledge - Candidate's Statement
for Promotion from Assistant to Associate Professor
in the Department of Radiation Oncology

I am pleased to submit the attached documentation of my qualifications and contributions for consideration of academic promotion to Associate Professor in the Faculty of Medicine at Dalhousie University with a major focus in clinical service and teaching. The attached Curriculum Vitae and Teaching Dossier will outline my teaching and administrative work and I have included samples and evaluations from professional and public presentations.

I wish focus your attention on the evaluations of many of my academic and public talks found in the 'Self-completed Performance Evaluations' section of the attached documents. To summarize, in addition to fulfilling full-time responsibilities as a radiation oncologist at the Nova Scotia Cancer Centre with a full clinical load and my teaching contributions in postgraduate and undergraduate medical education, *in the last two years alone*, I have given 21 academic presentations in nine cities to over 1200 health care professionals, organized and facilitated three day-long workshops for 140 oncology staff, spearheaded and lead nine weekend seminars for over 500 patients and family members in eight cities, and provided public talks to over 1500 lay people in three continents. Feedback from these presentations typically show the public talks and weekend seminars receive an average overall score of at least 9 out of 10, and the academic talks receive similar ratings or 'very good' or 'excellent' on likert scales.

As my Curriculum Vitae and performance evaluations cannot adequately describe the breadth and depth of many academic, professional service and teaching contributions I would like to provide further explanation here. Please note many of these projects are innovative and involve my collaborating with specialists across many disciplines.

Skills for Healing Weekend Support Groups for Cancer Survivors / Family Members

Shortly after my arrival in Halifax ten years ago, I partnered with a social worker in organizing a weekly support group for cancer survivors. To improve access to this valuable group experience,

in 1999 we teamed up with a Buddhist counselor with expertise in mindfulness-based stress reduction and the Canadian Cancer Society to create a weekend experience which would provide informational lectures (cancer and its treatment, role of complementary therapy, stress reduction etc) and teach coping skills like relaxation techniques, in a supportive-expressive large and small-group therapy environment. I have continued to expand this program across Canada, offering it a total of 14 times in nine cities including once in New Zealand. Participants rate the weekends an average scores of 9.0 to 9.5 out of 10. Feedback outside the formal evaluations also suggests that the true effect of the weekends cannot be captured by the very positive written comments.

As a result of my spearheading this program, I have presented at several national and international conferences, have taught health care professionals how to lead support groups based on this experience, and successfully piloted a distant support group in Nova Scotia.

To share my experience in organizing weekend support groups and to enable others wishing to do the same, I created a website (<http://rutledge.medicine.dal.ca>). This provides all the documentation on the various components of the weekends (from initial proposals, to advertising, programming, evaluating etc.) By creating this infrastructure and partnering with local organizations, I will organize weekend retreats in Toronto, Montreal and Halifax this fall, with plan to go to Ottawa and England next year.

Weekend Support Groups for Young Adults with Cancer

In 2004, Geoff Eaton, the executive director for Realtime Cancer (an organization whose mandate is to increase the awareness and provide support to adolescents and young adults with cancer aged 15-30 years old) attended a skills for healing program in Halifax and approached me with the idea of creating a similar program for young adults. In 2005, we organized the inaugural national weekend retreat in St. John's NL. The weekend attracted 27 young adult cancer survivors from seven provinces and generated a short documentary on CBC television's News World. The program (rated 9.4 out of 10 by the attendees) was orally presented at the annual meeting of the Canadian Association of Psychosocial Oncology and soon to be at the International Psychosocial Oncology Society meeting in Italy. I have just returned from a second very successful weekend for 29 young adults in Montreal.

To expand upon what little research exists on young adult cancer survivors we have obtained ethics approval to measure the long-term effects of the weekend retreats. Through this research, by organizing ongoing young adult weekend retreats and by increasing the credibility of Realtime Cancer, my hope is to help to raise awareness and fill the supportive care gap in this isolated and often vulnerable population.

Physician Health Initiatives

When CDHA formed a physician health committee I joined and later served as its chair. I came up with the idea of creating a web-based program which would serve as a convenient and confidential way for physicians to assess and hopefully improve their health. I recruited a Dalhousie Psychologist, Dr. Lynne Robinson, an assistant professor in the School of Health and

Human Performance, who specializes in health promotion. We assembled a team of psychologists, bioethicists and physician health specialists to create a web-based program created and housed by Med IT. CDHA provided initial seed funding for “MD Health eCoach” and I later won a CDHA health research award of \$15,000 to assess the long-term effectiveness of the program. Of significance, Dr. Martin Gardner and the postgraduate medical education program has endorsed the program, hoping to teach this critical life skill to young physicians. To date, eighty-four physicians have enrolled in the program and the follow up data continues to accrue.

As the result of my initial idea and the work of this dynamic team, we were invited to submit an article to the September edition of *Professional Psychology: Research and Practice* (high factor journal psychology journal). My abstract of the initial results of this project will be presented at the CMA-AMA international conference on physician health. I have also been approached directly by the Canadian Medical Association to expand the program nationally in collaboration with the physicians health network. Dr. Robinson has been asked by the Veteran Association Hospitals in the United States to adapt the project for their employees. The format and ease of development allows this web-based program to be modified easily for other vulnerable populations and will provide many more research opportunities.

Other examples of innovation in academic and public presentations

- a) As a board member of the Canadian Association of Psychosocial Oncology it became clear to me the oncology community spent little of its energy in the psychological and social aspects of cancer care. Few were aware that 40% of all cancer patients suffer from clinical depression or debilitating anxiety at some time during their cancer journey, and that early recognition and treatment actually saved on medical costs. In response, I have developed a lecture entitled “Why body-mind-spirit medicine should be standard of care” which outlines the scientifically-based rationale and simple and effective system of delivering psychosocial care in a busy oncology clinic. To date this talk has been presented to oncology staff in to eight cancer centers.
- b) On academic leave in Vancouver in 2005, the issue of the effect of the cancer experience on ‘family’ became obvious to me. These ‘silent’ partners often suffer as much distress as those with the diagnosis. In response, I organized and delivered a public lecture in Vancouver attended by 270 from the lay public entitled “When a loved one has cancer”. (also given in Nova Scotia, organized and filmed by the Community Health Department of CDHA)
- c) My interest in spirituality and health arises from working daily with people facing a life-threatening illness. Recent literature shows there are many compelling reasons to engage in these conversations in a sensitive and pragmatic way. As a result of my exploration, I have co-presented with an Anglican Minister who is a spiritual care specialist to both the public and to academic audiences on the topic of integrating spirituality into the cancer care system (screening for distress, indications for referrals, and models of team practice etc.) In addition, I am the scientific co-chair of the 4th international conference in spirituality and health in Vancouver, and have been asked to give a public lecture on spirituality in cancer care at the BC Cancer Agency’s annual conference this fall.
- d) Public speaking about health promotion has been a true passion for me. The scientific literature clearly proves the health habits of cancer survivors not only profoundly affects their quality of life and overall health but likely improves disease outcome in many

cancer types. It is critical to empower people with these simple effective health habits like exercise, good nutrition, maintenance of reasonable weight, and relaxation techniques. I hope to continue to motivate people to adopt these healthy lifestyles and a positive and proactive attitude.

Recognition for Health Promotion Contributions

This year I was awarded the Doctor's Nova Scotia Health Promotion Award for my work in physician health and the 'Skills For Healing' weekend retreats.

Clinical, Teaching and Research Responsibilities

I have maintained a full clinical load as a radiation oncologist in a Department which has often been short-staffed. I am the sole specialist in pediatric radiation oncology for the Maritimes and have been told I possess excellent clinical acumen by the pediatric oncologists. I continue to receive invitations to guest lecture at genitourinary oncology meetings including a plenary presentation at the 2006 Annual General Meeting of the Canadian Urology Association. My colleagues continue to ask my advice about technical aspects of radiation oncology, especially during our weekly quality assurance rounds.

In addition to the extensive public education projects listed above and in my Curriculum Vitae, I have maintained an active teaching schedule at all levels of medical education. Due to time constraints Radiation oncologists find it exceedingly difficult to commit to teaching part of the COPPS curriculum. Despite this limitation, I average about 30-40 hours of contact per year with the undergraduate medical students, for instance supervising selectives and other partial rotations. At the postgraduate level, I continue to supervise a radiation oncology resident 3 months per year, usually one or two residents outside of our program for a month each, and several pediatric hematology residents per year (3 hours each). The details of this can be found in my teaching dossier. I believe I am a very strong teacher as evidenced by our residents voting me as the Radiation Oncology Residency Program Teacher of the Year in 2006.

Lastly, I wish to highlight my research contributions. A vigorous advocate of clinical research, I have been the Radiation Therapy Oncology Group representative for Nova Scotia for the last five years. During that time our center has been a top accruer to RTOG trials despite our associate status and relatively small size. I am the Local Principal Investigator for three active studies. I have been either the highest or second highest accruer of patients to clinical studies until my academic leave last year.

Along with writing and co-authoring articles about psychosocial oncology, professional caregiver health and presenting many more research findings at national and international conferences, my academic output will increase as the collaborations from many of my projects come to fruition. As an example, I am the lead radiation oncologist on a children's oncology group international trial for high-risk leukemia. As a member of CAPO I am organizing the inaugural conference bringing together NGOs like the Canadian Cancer Society, researchers and psychosocial oncology specialists to 'create a community of knowledge exchange and capacity building' in psychosocial research and care delivery.

Please accept my Curriculum Vitae, Teaching Dossier and other attachments for your consideration in support of my academic promotion to Associated Professor. I would be honoured to hold such an appointment at Dalhousie, and look forward to my future contributions to educational, clinical, research and administrative activities based here in Nova Scotia.

Sincerely,

Robert Rutledge MD FRCPC