

*Office of Research, M.U.N
Sample Expertise Form
For Research Directory*

Please Type (Do not write!!)

Name: Sandra LeFort Department/School/Centre: School of Nursing

Division (for SWGC entries): _____

Rank: Professor Title: Dr.

Cross Appointment(s): Faculty of Medicine Expiry Date: November 11, 2004

Joint Appointment(s): _____ Expiry Date: _____

Keywords (This section is mandatory)

Adjustment to chronic illness; pain and symptom management; health care delivery systems; rural health; self-help interventions

Current Research (Point form)

- Self-help intervention for those with chronic pain
- Community Needs assessment, Grenfell Region
- Evaluating the impact of acute care nursing practitioners

Past Research (Point form)

- Exercise and low back pain
- Primary health care, community needs assessment
- Predictors of chronic pain

Potential Research (Point form)

- Pain management studies
- Trans-cultural studies of chronic illness
- Health promotion
- Program evaluation

Special Equipment or facilities

Please return completed form to:

Elizabeth Noseworthy

By Mail: Office of Research, Spencer Hall, 1st Floor

By Fax: 709-737-4612

Or By Email: elizaben@mun.ca