



EXECUTIVE TRAINING FOR RESEARCH APPLICATION

2008 GUIDE FOR APPLICANTS

EXTRA/FORCES

Partners

The EXTRA program is supported by a group of partnering organizations: the Canadian Health Services Research Foundation (CHSRF), the Canadian College of Health Service Executives (CCHSE), the Canadian Nurses Association (CNA), the Canadian Medical Association (CMA) and a consortium of 12 Quebec partners represented by the **Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS)**. The Canadian Health Services Research Foundation is responsible for the overall management and delivery of the EXTRA program.

While administered by the Foundation, the EXTRA program collaborates closely with partners and other stakeholders in setting program directions. The program operates under a distinguished advisory council with representatives from the nursing, physician and other health executive professions. The role of the advisory council is to promote the program and provide strategic advice on program development. The advisory council also selects, annually, the cohort of fellows.



Canadian Health Services Research **Foundation**
Fondation canadienne de la recherche sur les services de santé

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MISSION

The Executive Training for Research Application (EXTRA) program develops capacity and leadership to optimize the use of research-based evidence in managing Canadian healthcare organizations.

WHO SHOULD APPLY?

Senior health-service executives and policy makers from ministries and government departments and/or their organizations are eligible to apply (see page 4 for details).

GOALS

Research literacy
Change management
Collaborative relationships

PROGRAM FEE

a) Healthcare organizations

A one-time \$5,000 program fee per individual must be paid by the sponsoring organization at the time of acceptance of the fellowship(s). All participants must have a laptop computer upon entering the program.

b) Government ministries and departments

Due to funding-agreement restrictions on use of program funds, the economy-of-scale model will apply to program fees for policy makers entering the two-year program. A one-time "marginal cost-recovery" fee for policy stream participants of \$15,000 for each individual must be paid by the sponsoring government ministry or department. All participants must have a laptop computer upon entering the program.

DATES

- Application deadline: February 29, 2008
- Results announced: May 1, 2008
- First residency session: August 9-22, 2008



INTRODUCTION

Context

Consultations with chief executive officers, policy makers and other senior leaders in healthcare show that healthcare organizations are becoming more research-aware, and many are looking for means to create a research-literate organizational culture in which management decisions are systematically informed by research evidence. This cultural shift requires a critical mass of senior-level direct-care decision makers and policy makers who not only understand and create processes for acquiring research-based evidence, but who also have:

- the skills to find, appraise, adapt and apply research;
- a sophisticated knowledge of how research can and should affect decisions;
- the desire to build organizational capacity for research use; and
- a commitment to promoting the increasingly important collaboration between health-service executives, nurses, physicians and researchers in the management of the health system.

The EXTRA program, launched in 2004, is designed to develop individual skills and competencies in research use; to build organizational capacity to use research to manage and guide policy and health system change; and to foster interprofessional collaboration. As a long-term training program, EXTRA continues to equip and motivate a significant number of senior health-service and policy decision makers to improve the quality and effectiveness of the health system through the use of research. Individuals participating in the EXTRA training experience act as important agents of change within their organizations, regional health authorities and the healthcare system.



ADVISORY COUNCIL MEMBERS

Dr. Jean Rochon (Chair), *Expert associé, Institut national de santé publique du Québec*

Dr. David Butcher, Vice-President, Medicine, Northern Health Authority, British Columbia

Ms. Dianne Doyle, President and CEO, Providence Health Care, Vancouver, British Columbia

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Dr. Édouard Hendriks, CEO, Regional Health Authority 4, Edmundston, New Brunswick

Dr. John Horne, Adjunct Professor, School of Health Information Sciences, University of Victoria, British Columbia

Ms. Wendy Nicklin, President and CEO, Canadian Council on Health Services Accreditation, Ontario

Mme Carole Trempe, *Directrice Générale, Association des cadres supérieurs de la santé et des services sociaux, Québec*

Eligible Applicants

a) Applicants from healthcare organizations

Mid-career nurse, physician and other health-service executives currently occupying senior leadership positions in direct-care-delivery organizations. Typical job titles include chief of nursing; chief of medicine; and chief executive officer (CEO), vice-president or chief operating officer. Directors and department heads/chiefs from these three executive streams who have a significant scope of influence and authority in the organization, and who can demonstrate that they are on a career trajectory to senior leadership positions, are eligible to apply. Team applications on behalf of two or three executives are being entertained for the second time this year. Team applications from an organization/regional health authority must be submitted by the CEO. Individual applicants must also show they have the support of their organization or regional health authority as demonstrated by their CEO's signature on the application. Both individual and team applicants must identify an intervention project closely aligned with organizational goals and their own work responsibilities.

b) Applicants from government ministries or departments

Mid-career policy makers currently occupying senior leadership positions whose responsibilities include significant linkages to providers of direct care and delivery of services. Typical job titles include assistant deputy minister, director general and executive director. These are individuals whose jobs and responsibilities have a significant scope of authority and influence within government and who can demonstrate that they are on a career trajectory to more senior leadership positions. Senior policy makers can apply as individuals or as teams. Team applications from a government ministry must be submitted by the deputy minister. Policy-maker applicants need to be involved in implementing healthcare policy as part of their duties, with a close working relationship to providers of direct care in delivery organizations and/or regional health authorities. Individual applicants from the policy-making sector must show that they have support from the ministry as demonstrated by their deputy minister's signature on the application. Both individual applicants and team applicants must identify an intervention project closely aligned with ministry priorities in implementing healthcare policy in conjunction with local healthcare organizations and/or authorities.

Multiple applications (each with a separate intervention project) from organizations, government departments/ministries or regional health authorities are accepted. However, it should be noted that this is a highly competitive program. Organizations or government departments/ministries putting forward more than one application are encouraged to limit their applications to their very best candidates. Organizations and ministries must prioritize (rank) all applications they are submitting. If not prioritized (ranked), applications will not be forwarded for review.

Potential applicants from organizations, regional health authorities, government departments or government ministries whose eligibility status is in doubt should contact GrantsandAwards@chsrf.ca for clarification.



Additional eligibility information about team applications

It is intended that team applications come from large or multi-site health-service organizations, regional health authorities and government ministries or departments responsible for implementing healthcare policy and wishing to rapidly build a critical mass of evidence-informed decision makers able to accelerate the spread of a research-literate culture.

Interdisciplinary teams may involve both policy makers and direct-care decision makers, provided that the application is submitted by one lead organization — either a government ministry or an organization or regional health authority, depending on the nature of the intervention project and its implementation strategy.

a) Team applications from direct-care-delivery organizations

A successful team application submitted by a direct-care-delivery organization will be composed of two or three mid-career leaders drawn from nurse, physician and health executive ranks who can contribute relevant interprofessional expertise and skills to undertake an intervention project in an area identified by the CEO as an organizational priority. Team applications with representation from each of the three streams — nurse, physician and health-service executive — are strongly encouraged. The application must articulate how the team members will establish and maintain collaboration in the development and implementation of the intervention project, while simultaneously retaining identifiable areas of individual responsibility. The application must also demonstrate significant involvement of the CEO and senior executive team in the intervention project.

b) Team applications from government ministries or departments

A successful team application submitted by a government ministry will be composed of two or three mid-career senior policy makers whose responsibilities include involvement in implementing healthcare policy and who have close links to delivery of services and a working relationship with providers of direct care in delivery organizations and/or regional health authorities.



Language policy

The EXTRA fellows and faculty can participate in all program activities using the official language of their choice. There is simultaneous translation at the residency sessions. The EXTRA desktop (electronic network) and major course materials are available in both official languages.

Program goals

- To help health system leaders, policy makers and managers find and apply research in their daily work, facilitate evidence-based decision-making, and provide executives involved in the healthcare system with professional development and experiential learning opportunities.
- To encourage capacity-building for research use through linked team applications.
- To produce a significant number of health-service professionals and policy makers who are equipped with the skills and motivated to improve the quality and effectiveness of the health system through the use of research. These health-system policy makers and decision makers will also act as important agents of change within their organizations, government ministries and the broader healthcare system.
- To foster the increasingly important collaboration between health-service executives, nurses and physicians, and between the policy makers and system delivery executives, in the management of the health system.

Value-added features of EXTRA

While many health executive training programs offer leadership training, and some touch on a number of EXTRA's goals, none is focused exclusively on optimizing the use of research-based evidence in healthcare and organizational capacity-building for research use. This goal, and the complexity of the healthcare management and policy environment, defines EXTRA as a distinct pan-Canadian program that provides a unique opportunity to develop capacity for evidence-based decision-making in managing healthcare policy- and decision-making.

EXTRA:

- offers a dynamic curriculum that brings theory and practice together in all program aspects, and equips fellows with concrete tools for effecting evidence-informed change;
- creates a network across the country, with a particular emphasis on creating interactions and sharing experiences among peers;
- is designed to increase organizational as well as individual capacity and requires significant organizational support and participation;
- has a built-in, ongoing evaluation to ensure that it is adaptable to changing needs;
- focuses on systemic rather than piecemeal change, consistent with the increasing integration and regionalization of healthcare in Canada;
- is dedicated to creating a rewarding and open environment for all fellows irrespective of their official language preferences and capacities; and
- offers fellows an academic and mentoring support system that can adapt to individual circumstances.



Benefits and impacts

EXTRA fellows are trained and supported to acquire:

- knowledge of research evidence (its existence, location and relevance/application);
- the capacity to draw on systems thinking;
- collaborative professional relationships; and
- the ability to introduce and manage organizational change.

EXTRA is designed to have short-term and long-term impacts at three levels: on the fellows themselves, on their organizations and on the overall healthcare system.

Professional development

- Gain the skills to find, assess and apply research to become more effective at evidence-based decision-making — knowledge and skills that will serve you throughout your career.
- Use research, data and information with greater confidence.
- Collaborate with colleagues from across the country and across disciplines to acquire skills in evidence-based decision-making in the management of health systems, learning from diverse healthcare settings.
- Gain exposure to the forefront of today's healthcare management and policy issues and gain comparative and international perspectives with access to top-flight faculty, recognized experts and guest lecturers from Canada and abroad.
- Play a leadership role in your organization or government department/ministry and help create an evidence-based decision-making culture.
- Communicate and teach the skills needed for improved use of research in the policy environment and management of healthcare organizations.

- Develop collaborative working relationships that go beyond the formal EXTRA program and take part in an emerging community of practice.
- Earn university credits towards a diploma in health services administration or a master's in health services administration from the Université de Montréal, in addition to a program diploma conferred by CMA, CCHSE, CNA, CHSRF and *AETMIS*; qualify for a CCHSE Fellowship designation and CCHSE Maintenance of Certification (MOC) Level 1 credits; and accrue continuing medical education credits through EXTRA.

Organizational performance

- Benefit your organization or ministry with use of research to improve healthcare policy, delivery, innovation and cost-effectiveness.
- Create a culture of evidence-based decision-making; share your new skills with colleagues and accelerate change in the organizational culture and policy environment.
- Bring new ideas and knowledge into your organization or government ministry through interaction with peers from diverse healthcare settings and disciplines.
- Assess your organizational performance and benchmark against best practices of other organizations, policy initiatives and regions across the country.

Health system benefits

- Improve the overall quality and effectiveness of the Canadian healthcare system through better decisions, supported by evidence from research.



Period of fellowship

EXTRA is a two-year training experience, but only three weeks per year will be spent away from the workplace (two weeks in August and one week in February of each year). In addition, participants will need to be released from regular duties for at least one day per week to have time for their intervention projects and self-directed learning at their home organizations. **All members of an organizationally sponsored team of applicants are required to participate in the residency sessions.**

Between residency sessions, fellows, faculty and mentors will interact through the EXTRA desktop, an online environment designed to complement, enhance and build upon the learning environment and work achieved in the residency sessions. All components of the EXTRA program are integrated within the online network environment.

Learning objectives

The EXTRA program's learning objectives are:

- to demystify and clarify what research-based evidence is, and how it differs from other influences on decision-making;
- to enhance research literacy among the fellows so they are able to find evidence, appraise its quality and relevance to their decision-making settings, and identify potential applications;
- to refine leadership skills for the specific purpose of developing an organizational culture that promotes the role of research-based evidence in decision-making; and
- to provide tools and strategies for using research-based evidence to promote change and facilitate change management.

Learning model



The EXTRA program offers a “blended” learning experience with a focus on the application of research skills learned in the classroom to solving healthcare management issues in the workplace. The program is committed to developing and maintaining a contemporary adult learning approach and environment that is responsive to participants' needs and takes into account their considerable existing skills and knowledge.

- The faculty are experts in their fields, comfortable in an adult learning environment, and committed to creating a unique and team-based high-level experience for the fellows. Faculty recruitment places a premium on dynamism, the ability to explain complex concepts and issues clearly, willingness to adapt in response to changing needs, and a talent for drawing out higher levels of performance from fellows.
- Fellows are assumed to be motivated, energetic, committed to learning and fully capable of articulating both their general and specific needs from program staff, curriculum design, mentors, sponsors and their home environments.
- Fellows learn in many different ways. A program goal is to provide them with tools to facilitate learning between residency sessions, from online sources, and between and among individuals and groups.
- Formal residency sessions are interactive, flexible and connected to real-world issues and experiences.
- Classroom presentations and interactions focus on problem-solving, discussion of different perspectives and options, analysis and strategic thinking. It is assumed that fellows will read and absorb factual information on their own.
- The program uses and makes available state-of-the-art networking technology. Information technology is a powerful tool for obtaining information, interaction and analysis. The network creates opportunities for interaction among members, makes a wide variety of learning resources available on a customized platform, and facilitates communicating with faculty and mentors. Fellows with particular abilities in information technology will be able to increase their capacities considerably, but the EXTRA program assumes that interest levels will vary and the experience should not be compromised on this account.
- The program offers a high-level educational experience and encourages co-operation and collaboration rather than competition among participants. The creation of an expanding community of knowledge transfer (advocates in favour of moving research from researchers to research users) is a primary goal. The development and support of an ongoing network is fundamental to the ultimate success of the EXTRA program. In that context, teamwork, collaborative intervention projects, peer-to-peer, mentoring and other forms of co-operation are strongly encouraged.

Program structure

The program has five main elements:

- Residency sessions
- Intervention projects (individual or team projects), conducted in the fellows' organization or government department
- Educational activities between residency sessions, such as e-learning, self-directed study, interactions with sponsor and mentors, support teams, etc.
- Network-building and mentoring support
- Post-program support and activities after the fellowship ends, such as identification of further learning opportunities, involving graduates in future program design and delivery, and building a community of practice

YEAR 1		
<p>Delta Lodge at Kananaskis, Kananaskis, Alberta Two-week session in residence</p>	<p>AUGUST 9 – 22, 2008 Module 1 Promoting the use of research-based evidence Module 2 Demystifying the research world</p>	<p>Delta Lodge at Kananaskis Kananaskis, Alberta</p> 
<p>Your workplace</p>	<p>ONGOING WORK ON INTERVENTION PROJECT (INDIVIDUAL OR TEAM)</p>	
<p>Hôtel Le Chantecler, Sainte-Adèle, Québec Week-long session in residence</p>	<p>FEBRUARY 7 – 13, 2009 Module 3 Becoming a leader for the use of research-based evidence</p>	
<p>Your workplace</p>	<p>ONGOING WORK ON INTERVENTION PROJECT (INDIVIDUAL OR TEAM)</p>	
YEAR 2		
<p>Delta Lodge at Kananaskis, Kananaskis, Alberta Two-week session in residence</p>	<p>AUGUST 8 – 21, 2009 Module 4 Using research-based evidence to create and manage change Module 5 Sustaining change in an organizational context</p>	<p>Hôtel Le Chantecler, Sainte-Adèle, Québec</p> 
<p>Your workplace</p>	<p>ONGOING WORK ON INTERVENTION PROJECT (INDIVIDUAL OR TEAM)</p>	
<p>Hôtel Le Chantecler, Sainte-Adèle, Québec Week-long session in residence</p>	<p>FEBRUARY 13 – 19, 2010 Module 6 Synthesis seminar, building a community of practice, and presentation of the intervention projects</p>	
<p>Your workplace</p>	<p>FINAL INTERVENTION PROJECT REPORT – MAY 1, 2010</p>	

What is an intervention project?

The EXTRA program is grounded in the reality of today's health-service world. During the fellowship, participants will be actively applying learnings from the EXTRA program to a specific project responding to real situations at home organizations or the policy environments in their workplaces. This catalyst for learning is called the "intervention project."

Participants will engage in individual or team intervention projects depending on the application stream through which they enter the program. A team intervention project will involve an inter-professional collaboration of two or three fellows from the same organization, regional health authority or government department/ministry who collectively undertake an intervention project in an area identified by the CEO or deputy minister as an organizational or policy priority. Team applications can involve both organizational and ministry fellows, provided that either the organization or the ministry assumes the lead role in the team application.

Both individual and team intervention projects are expected to engage the home organization and/or government ministry in a change strategy with full support from the CEO and senior executive team, or the deputy minister and the senior executive team at the ministry. The intervention project must be motivated by or make significant use of research-based evidence in policy, program or administrative issues, and should lead to significant organizational or policy change.

The intervention project can be aimed at effecting an organizational or policy change or it can create a long-term change strategy designed to increase the use of research evidence. The project will stretch over the full two-year period of the fellowship. Participants are strongly advised to choose an area or topic that fits well within their daily work and responsibilities and meets the strategic needs and objectives of the home organization or the ministry.

Regardless of topic, the intervention projects will provide opportunities for the fellows to apply the training from EXTRA and collaborate on similar or comparative projects. They will give you the opportunity to add value to your own organization or policy environment. Some fellows may spend time in other fellows' organizations or relevant government departments/ministries, and fellows from the policy sector may decide to work together on implementing long-term change strategies at the organizational and policy levels. Discussing your intervention project with your mentoring team and then with the class as a whole, you will learn to apply health-service research and make evidence-based decisions. You will develop and enhance practical skills that you can apply immediately in your own workplace.

More information on the intervention project is provided in the Intervention Project and Mentoring Guide, available upon request at GrantsandAwards@chsr.ca and on the EXTRA web site at www.chsr.ca/extra.

What does the residency component involve?

Participants leave their workplaces and come together twice a year with faculty in classroom sessions. This also provides you with opportunities to network and build a collaborative learning community. This away-from-home residency component consists of six learning modules. These six areas of study are supported by a horizontal health-information-management curriculum spread over the four away-from-home residency sessions. The residency sessions offer you access to senior faculty and experts, guest lecturers from Canada and abroad, orientations for educational activities between residency sessions, web-based resources, interaction with mentors and colleagues, and information on what you're expected to do when you're back home. The residency sessions will use learning approaches that look at real-life challenges. You will learn from case studies and critically assess how concepts and models relate to real-life organizations and your own work.

What is involved in "learning from home" between the residency sessions?

In between residency modules, you'll keep in touch with faculty and fellows using the EXTRA desktop, a customized Internet-based learning platform which provides participants with an electronic classroom, online course software, a variety of Internet technologies and an environment for collaboration developed for EXTRA to support this unique learning experience. Between the residency sessions, there will be online educational material available to the fellows. The intent of these is to enhance the content learned within the residency sessions through self-directed study and interactions with EXTRA faculty and program mentors. A key program objective is to further develop team problem-solving skills, which in turn will strengthen the commitment to building a sustainable, ongoing network.

Post-fellowship activities and EXTRA alumni status

EXTRA will offer post-fellowship activities as a follow-up to the program for both the fellows and their organizations. As a graduate, you will have ongoing access to the EXTRA desktop: a shared database, virtual library, conference centre, online meeting space for collaboration, networking infrastructure for research-based problem-solving, and opportunities for further professional development. You will be part of an online community of practice that provides continuing professional development, collaboration and further learning opportunities beyond the formal two-year training period. Graduates will also be involved in future program and curriculum design, as guest faculty and speakers and in ongoing evaluation of EXTRA on the individual and organizational changes.

RESOURCES FOR FELLOWS

To meet all of the learning objectives the fellow requires flexible support from a number of people. The organizational sponsorship, mentoring and advice roles should be considered complementary. In general terms, the support includes:

- an organizational/ministry sponsor to facilitate and support all aspects of the program, including access to senior decision makers, protected time for residency and project work, and support for the organizational or policy change dimensions;
- CEO or deputy minister participation in part of the residential program to facilitate the implementation of a successful intervention project;
- mentors — who may be researchers, program faculty members or decision makers/policy makers — with expertise in change management who can provide curriculum advice and assist with the design and application of the intervention project; and
- faculty on-site at residency sessions.

Mentoring

Support is a critical component of the EXTRA program. During your fellowship, you can count on various sources for help. Indeed, the relationships you build within your training cohort create a collegiality between participants of various skills and expertise. Moreover, the program is structured to provide you with an external mentoring team in addition to the sponsor and CEO/deputy minister of your workplace. Mentoring plays a key role in supporting the fellows, especially in the long periods between the residency sessions while you are engaged in self-directed learning and developing intervention projects.

Regional mentoring centres

The regional mentoring centres are the direct contact point for the fellows' mentoring relationships in the regions. Their role is to ensure that support is provided to EXTRA fellows with the academic course material and intervention projects (both in their design and implementation). Most of the mentoring centres' work concentrates on establishing and maintaining a regional pool of qualified mentors and ensuring that the fellows receive effective mentoring support. In addition, the regional mentoring centres provide formal feedback on fellows' intervention project progress reports from expert reviewers.

Two particular activities of the mentoring centres merit additional comment. The first is that the mentoring centres hold an orientation workshop for the fellows, mentors, researchers and interested decision makers and policy makers in the region to introduce the new cohort of fellows to potential mentors and create more opportunities for collaboration between the research, policy and applied worlds. The second focuses on the intervention project — a key activity of the fellows in the EXTRA program since it applies the concepts and theoretical information from the academic curriculum (that is, the modules) to real-life conditions in the workplace. The mentoring centres ensure the intervention projects garner special attention in the mentoring component, from both the mentoring team and the mentoring centre leads.

Each regional mentoring centre has a lead person or co-ordinator, a program assistant and a pool of mentors with expertise in both academic/research and applied/decision-making/policy domains. The following four centres will operate as the mentoring sites for the EXTRA program. Each of these also covers the northern parts of its region:

- the Western Regional Mentoring Centre, encompassing British Columbia, Alberta, Saskatchewan, Manitoba and the territories;
- the Ontario Mentoring Centre;
- the Quebec Mentoring Centre, which is the FERASI Centre (*Formation et expertise en recherche en administration des services infirmiers / Training and expertise in research applied to administration of nursing services*); and
- the Atlantic Regional Mentoring Centre, encompassing Newfoundland, Nova Scotia, Prince Edward Island and New Brunswick.



More information on mentorship is provided in the **Intervention Project and Mentoring Guide**, available upon request at GrantsandAwards@chrsf.ca and on the EXTRA web site at www.chrsf.ca/extra.

Curriculum

During the residency sessions, a series of curriculum modules is the core of the academic program. Spread over four away-from-home residency sessions, the curriculum modules have been planned and developed by leading experts to follow a logical sequence through which participants develop an understanding of research and evidence and learn to apply them to organizational change. Each module is delivered by top-flight faculty using a variety of techniques including lectures, case studies, pairs' exercises, etc. Participants gain a solid grounding in theory but move quickly to applying that theory in practical and relevant ways. The residency sessions are the cornerstone of a comprehensive learning design that includes IT support, mentors, academic advisors, between-session exercises and the intervention project.

Module 1: Promoting the use of research-based evidence in healthcare organizations

Develop strategies to deal with policy factors and policy context that influence how research-based evidence is used, and understand the link between the nature of evidence and its use in decision-making and organizations. Learn about the evidence-based information cycle, and understand the approaches you can adopt to promote the use of evidence-based research. Set the action plan for your intervention project.

LEAD FACULTY: John Lavis

GUEST FACULTY: François Champagne, Jeremy Grimshaw, Maurice McGregor, Sam Sheps

Module 2: Demystifying the research world

Discover the world of evidence-based research and examine other influences on decision makers. Enhance your research literacy — learn to appraise the quality and relevance of research to your decision-making environment. Explore in-depth policy research, management research and health economics research.

LEAD FACULTY: David Steiner

GUEST FACULTY: Paula Goering, Jeffrey Hoch, Adam Topp

Module 3: Becoming a leader for the use of research-based evidence in healthcare organizations

Enhance your ability to create and lead research-based change in a real organizational context. Refine your leadership skills to develop an organizational culture that will promote the role of research-based evidence in decision-making. Learn about tools and strategies for using research-based evidence to promote management and organizational change.

LEAD FACULTY: Terry Sullivan

GUEST FACULTY: Alan Hudson, Gail Donner, Tony Culyer, Louise Lemieux-Charles, Richard Lessard





Module 4:
Using research-based evidence to create and manage change

Focus on the dual relationship between research use and organizational change and its implications for achieving successful change. Understand how organizational culture and politics influence the conception and use of research and evidence. Explore the “make it or break it” factors in implementing change to achieve short-run wins but also long-term, sustainable change. Continue to develop plans for your intervention project.

LEAD FACULTY: Karen Golden-Biddle

GUEST FACULTY: Ken Kizer, Ann Langley, Lise Lamothe, Trish Reay, Jean Rochon

Module 5:
Sustaining change in an organizational context

Refine your leadership skills and the strategies required to develop an organizational culture that promotes research-based evidence in decision-making. Learn from real-life examples in which organizations have either been successful or have faced major difficulties in applying research results on a routine basis. Explore the implications of research use for organizational resources and strategies. Assess the potential and practices of your own organization regarding the strategic management of knowledge.

LEAD FACULTY: Marcel Villeneuve and Jean-Louis Denis

GUEST FACULTY: Chris Ham, Sharon Levine

Module 6:
Synthesis seminar, building a community of practice, and presentation of the intervention projects

Examine key themes and issues that emerged over the course of the program. Present your intervention projects to an expert panel for review and feedback. Develop strategies and action plans for a post-graduation community of practice.

Module 6 also uses two key vehicles to address the invaluable role played by the sponsoring CEOs or deputy ministers. The CEOs/deputy ministers 1) are part of the presentation of the intervention projects, offering a unique perspective on the initiatives and the overall EXTRA program; and 2) attend a “by invitation only” in camera session to hear from and debate significant and relevant health issues with prominent leaders in the field.

LEAD FACULTY: Jack Altman

GUEST FACULTY: Steve Denning

Horizontal Curriculum Module:
Health Information Management

Health information management (HIM) topics are integrated across all the modules with a focus on health information literacy and skills, organizational information management, personal information management, evidence information management, acquisition and synthesis, decision-support management, and online collaboration skills. HIM incorporates aspects of facilitator-directed learning at the residency sessions as well as self-directed activities, development of an intervention project report and reflective learning between residency sessions.

LEAD FACULTY: Robert Hayward

GUEST FACULTY: Marianne Malo-Chenard

APPLICATION PROCESS

WHAT IS EXPECTED OF AN ORGANIZATIONAL SPONSOR?

The sponsor should be a senior officer of the organization or ministry whose responsibilities, authority and influence within the organization or ministry will ensure the required support and commitments to the program are in place. Given the wide variety of organizations and policy settings in the Canadian health system, it would be overly rigid to specify precisely who is eligible to act as a sponsor. For senior-level fellows, the CEO or deputy minister may be the ideal sponsor, while for others it may be that the director general of a program is more suitable.

Among the expectations of sponsors are:

- a keen interest in EXTRA and evidence-based decision-making;
- sufficient presence and authority to protect the fellow's time for EXTRA activities, particularly between residency sessions;
- the ability to create opportunities for the fellow to share the insights of the program with senior managers and policy executives and others in the ministry or organization;
- provision of support and, where necessary, negotiation around problems in the conduct of the intervention project(s); and
- participation in the design of plans for ensuring that the momentum generated by the fellowship experience continues after the fellow graduates and/or leaves the organization or ministry.

WHAT IS EXPECTED OF THE CEO/DEPUTY MINISTER?

The EXTRA program aims to make research and other evidence a regular part of planning and decision-making. This means some fairly substantial changes to most organizations' cultures. If this kind of cultural change is to be sustained, it requires top-level organizational awareness and commitment to EXTRA. For individual or team applicants the CEO or deputy minister may be a sponsor — a central liaison between the fellow and the home organization or ministry department — as described above. If the CEO is the fellow, the board chair will be required to ensure top-level organizational commitment. For team applications the CEO or deputy minister is required to submit the application on behalf of the organization or ministry and ensure ongoing involvement in the program and the intervention project.

To make sure awareness and commitment happen at the top, the CEO (or board chair) or deputy minister is expected to commit in the memorandum of understanding to attending at least part of the residency program. At a minimum, he/she needs to attend the residency session that highlights the results of the intervention projects. This ensures that the organization profits as much as possible from the project and that the project's results can be applied to as many areas as possible in the organization. In addition, this exposure should increase the likelihood that the CEO/deputy minister will promote other ways to support the adoption of an evidence-based decision-making culture in the organization.

The home organization and the fellow should also look for and create opportunities to share the learning from the EXTRA program in their region.

Confirmation of these commitments is an integral part of the application process. Each fellowship will be governed by a memorandum of understanding signed by the home organization. The majority of the memorandum will be a set of generic clauses describing the obligations and undertakings of the fellow, the host organization or government department/ministry, and the EXTRA program.

Application procedure

Separate application forms for the following stream of applications are available in electronic format from GrantsandAwards@chrsf.ca.

- Organizational individual applications
- Government departments/ministry individual applications
- Organizational team applications
- Government departments/ministry team applications

Signatures must be provided to confirm that the candidates, the organizational/ministry sponsors and the CEOs/deputy ministers have explicitly agreed to their roles and commitment to the training program. Signatures on the cover page must be original since the application constitutes a formal agreement committing both the applicant and organizational/ministry sponsor to the fellowship terms and conditions. The applicants are responsible for ensuring complete documentation is provided. All completed application forms must be received at the Foundation's offices by 12 p.m. on February 29, 2008.

Review Process

The review and selection process will have two parts:

- a) eligibility screening; and
- b) review and ranking by panel.

a) Eligibility screening

Foundation staff will conduct a preliminary eligibility assessment according to application requirements. If an application appears ineligible or incomplete, or if multiple individual or team applications from a single organization or ministry are not ranked, they will not be forwarded for review. If an application is deemed ineligible, it will be returned without a full advisory council review, and the applicant will be provided with an explanation of the decision.

b) Review and ranking by panel

A distinguished advisory council, with regional representatives from the nursing, physician, health-service executive and policy settings will select the fellows. The main job of the advisory council, in its role as a review panel, is to select excellent candidates. But there are general targets the program is committed to meeting, over three to five years, including the commitment to program partners to select an equal number of nurse, physician and other health-service executives to participate in the training program. In

In addition, the advisory council will ensure, in the selection process, gender and language balance, participation from all regions and provinces and different types of organizations and policy settings. Monitoring will take place to ensure general targets are met, averaged over three to five years.

Selection criteria

Specific assessment criteria (below) and descriptor statements will be used by reviewers to assess applications — the descriptor statements are available upon request at GrantsandAwards@chrsf.ca. Applicants are strongly encouraged to make use of this information to strengthen their application.

Quality of applicant(s)

Assessment criteria include:

- understanding of, and vision for, EXTRA program objectives;
- educational background and work experience that allow the applicant(s) to benefit from program;
- demonstrated leadership ability (currently in a position to influence a significant scope of activities within the organization or healthcare policy environment), and demonstrated ability to collaborate across disciplines, healthcare sectors and professional groups, including an articulation of a plan for enhancing the impact of research on decision-making as part of the fellowship learning experience; and
- career plan and development to date (evidence of strong upward career path).

Additional quality of applicant(s) criteria for team applications

- Planned interactions of team applicants to enable them to carry out the intervention project

Additional quality of applicant(s) criteria for government departments/ ministry individual and team applications

- Demonstrated current involvement in the implementation of healthcare policy
- Strength and suitability of the applicant(s)' working relationship with direct healthcare providers

Organizational commitment

Assessment criteria include:

- demonstrated interest or commitment of organization/ government department/ministry to evidence-informed management and policy and commitment to protecting applicant(s)' time for program (highest rating to those who commit to protecting time well beyond the six weeks of residency programming, with details provided on how current work responsibilities will be modified to allow participation in program);
- organization or ministry's articulation of applicant(s)' present and future career and scope of influence;
- organization's or government department's/ministry's commitment to the development and implementation of the intervention project (congruence between intervention project and organizational

priorities and support);

- organizational commitment (existing or planned) to building on the fellowship experience to achieve a more research-oriented decision-making culture, including the use and uptake of the intervention project; and
- commitment of CEO (or board chair) or deputy minister to attend part of the final residency session.

Additional organizational commitment criterion for organizational applications:

- Confirmation that the proposed intervention project is in an area which has been identified by the CEO as an organizational priority
- Team applicants' involvement with and reporting relationship to the organization's senior executive committee and/or CEO/deputy minister with respect to the proposed intervention project

Intervention project

Assessment criteria include:

- clarity, originality and feasibility of problem statement and preliminary intervention project description;
- clear articulation of how the intervention project will be based on evidence from research;
- potential impact of the intervention project (likely or desired impact at policy, organizational, regional, system or population levels);
- clear explanation of roles of applicant(s) and organizational sponsor in project; and
- potential linkages between building capacity for evidence-informed leadership and management, the policy environment and the intervention project (examples of ways the projects may provide opportunities for collaborating and networking among the fellows and between the organizations and the policy sectors). Additional intervention project criteria for organizational applications:
- clear articulation of collaborative plans for the linked applicants in the development and implementation of the intervention project.

Additional intervention project criteria for team applications

- Clear articulation of collaborative plans for the team applicants in the development and implementation of the intervention project

Notification of results

The 2008 call for applications will be posted on the Foundation's web site on October 1, 2007. The deadline for submission of applications is February 29, 2008, at 12 p.m. This gives potential candidates and their organizations five months to prepare an application. The eligibility screening, panel review and selection will take place in April 2008, and the results will be posted on the Foundation's web site by May 1, 2008.

Program orientation packages will be sent by June 1, 2008, and the first residency session will be from August 9 to August 22, 2008 at the Delta Lodge, Kananaskis, Alberta.

MORE INFORMATION

Program costs

Because of the financial support provided to the program by Health Canada and the existing provisions of the funding agreement, two levels of program fees apply to participants:

a) Healthcare organizations

A one-time \$5,000 program fee per individual must be paid by the sponsoring organization at the time of acceptance of the fellowship(s).

b) Government departments/ministries

A one-time “marginal cost-recovery” fee for policy stream participants of \$15,000 for each individual must be paid by the sponsoring government ministry or department.

Program fees will be applied at the time of acceptance of the award fellowship. If you are from a small and non-urban organization that may be unable to meet the \$5,000 program fee, you may apply to the EXTRA program’s “equity fund” for assistance, prior to submitting an application. In addition, all participants must have a laptop computer upon entering the program.

Further information is available from Foundation staff at GrantsandAwards@chrsf.ca.

To eliminate potential barriers to participation in the program by candidates who rely partially on fee-for-service billing, the EXTRA program will provide some income replacement, on a matching basis with the organization, for the residency sessions only. This provision may apply to clinicians with significant senior management

responsibilities in an organization but who nevertheless rely partially on fee-for-service billing for their income. A ceiling of \$600 per day will apply, on a matching basis with a sponsoring organization. If you are seeking this type of arrangement you will need to contact Foundation staff prior to submitting your application.

As a fellow, you will be expected to have your own laptop computer when you begin the program and have the commitment from your organization to make sure you can access all EXTRA-related software and Internet activities to ensure seamless integration with the EXTRA desktop and among all EXTRA fellows. You will receive support from EXTRA in the form of software and connectivity to the EXTRA network.

Attendance

Full participation in all residency sessions of the program is essential to retaining your fellowship. All members of teams are required to participate in the residency sessions of the program.

Resubmissions

Individual applicants and team applicants unsuccessful in a competition may reapply to a subsequent competition, provided they strengthen their application based on the feedback and advice of the review panel.

Contacts for further information

If you require additional information or explanation not provided in this guide, please contact Foundation staff at GrantsandAwards@chrsf.ca.



PROGRAM CO-ORDINATORS

PROGRAM MANAGEMENT AND ADMINISTRATION

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Knowledge Transfer and Exchange
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ACADEMIC SUPPORT AND CURRICULUM DEVELOPMENT

Terry Sullivan

Academic Co-ordinator
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E-mail: terry.sullivan@cancercare.on.ca

MENTORING IN THE EXTRA PROGRAM

Atlantic Regional Mentoring Centre Cathy Peyton

Program Assistant
Atlantic Regional Training Centre (ARTC)
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E-mail: cpeyton@mun.ca

Ontario Mentoring Centre Miguel A. Pérez

Program Assistant
Ontario Regional Training Centre (OTC)
Phone: 905-525-9140 ext. 26203
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Quebec Mentoring Centre Nicole Gagné

Program Assistant, FERASI Centre
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E-mail: nicole.gagne@umontreal.ca

Western Regional Mentoring Centre Karen Cardiff

Program Assistant
Western Regional Training Centre for Health
Services Research (WRTC)
Phone: 604-822-5533
Fax: 604-822-4994
E-mail: karen.cardiff@ubc.ca

ORGANIZATION LIAISON

The organization liaison position provides support for ongoing dialogue, communications, and relationships between the EXTRA program and the fellows' home organizations, as set out in the program memorandum of understanding. Questions or issues concerning organizational support and involvement in the EXTRA program should be directed to:

Armand Boudreau

Organizational Liaison
Phone: 613-830-5010
E-mail: ajboudreau@sympatico.ca

EXTRA/FORCES DESKTOP

Robert Hayward, Director

Jackie Specken, Associate Director

Centre for Health Evidence
2105 Research Transition Facility
University of Alberta
8308 – 114 Street
Edmonton, Alberta T6G 2E1
Tel: 780-492-6632
Fax: 780-492-1748
E-mail: info@cche.net
www.cche.net

PROGRAM EVALUATION

Malcolm Anderson

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FREQUENTLY ASKED QUESTIONS

1. Could I receive a paper copy of the application form?

No. The application form is only available in electronic format and must be completed in MS Word or WordPerfect.

2. Does a hard copy of my application need to be submitted?

Yes. In order to be considered, all applications have to be submitted both via e-mail and in hard copy.

3. How many copies do I need to submit?

The electronic version of the application must be e-mailed to the Foundation at GrantsandAwards@chrsf.ca. You must also submit an original hard copy plus three photocopies of the application to the Foundation.

4. Do I need original signatures on my application?

Yes. Signatures on the cover page of the printed application form must be original, since the application constitutes a formal agreement committing both the applicant and organizational/ministry sponsor to the fellowship terms and conditions.

5. What address do I send my application to?

Grants, Awards and Partnerships
Executive Training for Research Application (EXTRA program)
2007 Call for Fellowships
Canadian Health Services Research Foundation
1565 Carling Avenue — Suite 700
Ottawa, ON K1Z 8R1

6. Can you provide me with proof that my application has been received by the Foundation?

The best way to obtain proof that your application has been received is to courier your application with a shipping service and request a signature for receipt confirmation. Also, shortly after the deadline, all applicants will receive a letter confirming receipt of the application.

7. When is the deadline?

All appropriately completed applications have to be received at our offices by February 29, 2008, by 12 p.m. EST.

8. Can I submit the same application more than once?

Unsuccessful individual and team applicants can submit a new application to the EXTRA training program in later years. However, the applicants must take into account the comments from the panel that are provided with the notification of results to strengthen their applications. Please note that the EXTRA program doesn't keep unsuccessful applications for later consideration.

9. What is the equity fund?

Small, non-urban organizations that may be unable to cover the required program fee of \$5,000 may apply to the EXTRA program's equity fund for assistance, prior to submitting an application.

10. Does the EXTRA program offer income replacement?

The EXTRA program does offer some income replacement, on a matching basis and for the residency sessions only, to candidates who rely partially on fee-for-service billing. A ceiling of a total amount of \$600 per day applies, on a matching basis with your sponsoring organization. If you are seeking this type of arrangement, this is the process you will need to follow.

Prior to attending each of the four residency sessions, your organizational sponsor will need to send us a letter confirming that the organization will provide matching funds to replace your clinical income losses due to your participation in the EXTRA program.

For instance, if while attending a given residency session, you miss several shifts resulting in a lost income of \$5,700 — which calculates to \$406.94 per day over 14 days, which your organization will cost-share 50/50 with EXTRA — each party will need to pay \$203.47/day x 14 days (\$2,850). Those details would appear in the letter that would stand for an invoice.

As agreed with your organization, either we will issue the cheque directly to you or offer the money to the organization, which will pay you the total income replacement amount.

11. Who purchases the laptop computer: the candidate or the employer?

It is expected that the sponsoring organization/government department/ministry will provide a laptop, software and technical support to permit fellows' participation in the program's virtual learning community.

12. Does my CV accompany my application?

Yes. The "Quality of the applicant" section of the application form has to include a brief CV (maximum five pages), tailored to EXTRA program objectives.

13. Do you require any specific formatting for the five-page CV? In what electronic format?

There are no specific format requirements for the five-page CV. We would prefer to receive the electronic version in MS Word or WordPerfect, but any text file will be fine.

14. Do you require any specific format for the organizational chart?

We would prefer to receive the electronic version in MS Word, WordPerfect or PDF format.

15. Do I need to attach reference letters?

No. The selection panel doesn't need any reference letters. Nevertheless, we expect your organizational/ministry sponsor to contribute significantly to the submission of your individual application by jointly preparing the "Organizational commitment" section of the application form. The elements expected to be covered in that section are stated in the "Application requirements" section of this guide.

16. Do I need to attach my diplomas?

No, you don't need to provide a copy of your diplomas. However, we expect to see an "Education background" section in your CV in which you would list any pertinent training credentials and obtained degree(s).

17. Do I need a PhD to be considered for the program?

No. The EXTRA program is neither targeting researchers nor intending to turn the participants into researchers. The program is designed to help decision makers, policy makers and organizations/ministries acquire skills and competencies to use and apply research more effectively and to influence the organizations and policy sectors to be more receptive to research use and application.

18. Am I eligible to apply?

Two elements have to be considered regarding the eligibility of individuals and teams: The sections "Eligible Applicants" and "Additional eligibility information about team applications" of this guide present complete details about eligibility for individuals and teams applying from direct-care-delivery organizations and government departments/ministries. Potential applicants whose eligibility status is in doubt should contact either Nina Stipich at nina.stipich@chrsf.ca or Mireille Brosseau at mireille.brosseau@chrsf.ca at the Foundation for clarification.

19. Are international medical graduates/health executives eligible for the fellowship?

No. At the moment, the EXTRA program is open to Canadian health-service leaders in senior management positions working in direct-care-delivery organizations and to a limited number of individuals and teams from government departments/ministries.

20. Does the program fee cover the CEO's/deputy minister's travel and accommodation at the final residency session?

Attendance of the CEO or deputy minister isn't covered by the fellowship; therefore the cost has to be assumed by the organization or ministry.

21. Can I miss one residency session and still remain in the program?

No. Full participation in all residency sessions of the program is required by all participants to retain the EXTRA fellowship.

22. How is my fellowship evaluated?

The faculty and the mentors will provide you with ongoing feedback and comments on your work. The milestones for the intervention projects, managed by the regional mentoring centres and involving assigned mentors, will constitute "work-in-progress" assessment of intervention projects by expert reviewers. You will also engage in ongoing self-assessment, participate in peer dialogue and shared learning, and receive support and feedback from faculty and mentors. A program diploma and other accreditation provisions will be conferred upon successful completion of all program requirements.

23. Is the EXTRA program recognized by a university?

Yes. In May 2007, the EXTRA program was formally recognized at the Université de Montréal. EXTRA fellows have the option of converting the EXTRA curriculum modules and intervention projects into credit equivalents toward a diploma in health services administration, or a master's in health services administration from the Université de Montréal.

24. I am not currently a member of the CCHSE, however I am planning to be — would I still be able to indicate an interest in the accreditation opportunity?

Yes, you can still indicate that you are interested in the CCHSE accreditation opportunity even if you are not currently a member.

25. Who should I address questions to?

Any questions, concerns, or comments should be first addressed by e-mail to foundation staff at GrantsandAwards@chrsf.ca.

FACULTY

EXTRA faculty recruitment places a premium on dynamism, the ability to explain complex concepts and issues clearly, a willingness to adapt in response to changing needs, and a talent for drawing out higher levels of performance from fellows. The EXTRA faculty are experts in their fields, comfortable in an adult learning environment, and committed to creating a unique and high-level experience for the fellows.

The EXTRA session leaders are renowned senior applied researchers and practitioners from various domains (clinical, managerial and policy sectors). They have strong backgrounds in knowledge utilization, leadership development, change management, linking research with policy communities, and organizational and decision-making processes. The program faculty also present a high level of Canadian and international experience within their respective domains.

ACADEMIC CO-ORDINATOR

Terry Sullivan

PRESIDENT AND CEO, CANCER CARE ONTARIO
ASSOCIATE PROFESSOR, DEPARTMENT OF HEALTH POLICY
UNIVERSITY OF TORONTO



Dr. Terry Sullivan is a seasoned policy researcher and organizational innovator. He has occupied senior public policy roles for the Ontario cabinet and the Ontario ministries of Health and Intergovernmental Affairs. He served as assistant deputy minister in charge of constitutional affairs and federal-provincial relations during the Charlottetown negotiations, and he served two successive premiers of Ontario as executive director of the Premier's Council on Health Strategy, including a period as deputy minister. Dr. Sullivan is a social scientist with graduate training in cognitive and policy science.

As academic co-ordinator for the EXTRA program, Dr. Sullivan is responsible for the academic content of the EXTRA program and overall curriculum development. He is also the lead faculty for Module 3 of the program.

LEAD FACULTY

Jack Altman

(MODULE 6)
HEALTHCARE CONSULTANT



Dr. Jack Altman holds a doctorate in biopsychology from the University of Chicago and worked nearly 25 years as a teacher, researcher, clinician and administrator. He is a past-president of the Public Health Association of British Columbia and was one of the original members of the steering committee of the B.C. Healthy Communities Network. His professional positions included provincial director of the B.C. Heroin Treatment Program for the B.C. Alcohol and Drug Commission, director of a public health unit in the city of Vancouver's health department, and vice-president of community health services for the Vancouver Regional Health Board. Since his retirement in 2002, he has worked as a consultant in management and health services.

LEAD FACULTY

Jean-Louis Denis

(MODULE 5)

PROFESSOR, DEPARTMENT OF HEALTH ADMINISTRATION
DIRECTOR, GROUPE DE RECHERCHE INTERDISCIPLINAIRE EN SANTÉ (GRIS)
UNIVERSITÉ DE MONTRÉAL



Dr. Jean-Louis Denis is the CHSRF/CIHR chair on governance and transformation of healthcare organizations. He has a PhD in health services organization, and he has trained health-service executives and researchers working on the transformation of health systems and organizations for more than 15 years. He is director of the *Groupe de Recherche Interdisciplinaire en Santé* (GRIS) of the Université de Montréal. He is the author of numerous publications looking at strategic change, leadership, and regulation of healthcare organizations. His current research focus is the management of networks in the healthcare sector, the organization of primary care, and the role of scientific evidence on the adoption of clinical and managerial innovations.

Karen Golden-Biddle

(MODULE 4)

PROFESSOR, STRATEGIC MANAGEMENT AND ORGANIZATION
DIRECTOR, HEALTH ORGANIZATION RESEARCH
SCHOOL OF BUSINESS
UNIVERSITY OF ALBERTA



Dr. Karen Golden-Biddle's teaching focuses on various aspects of human life in organizations, including culture, politics and change. Her research interests include the study of how people, including scientists, produce and use knowledge. In contrast to the prevailing notion of scientific writing as the presentation of unvarnished facts, her work demonstrates the socially constructed nature of scientific arguments. Currently, she is part of a research team funded to investigate how knowledge use affects clinical-, administrative-, and policy-level decision-making in health organizations. Dr. Golden-Biddle received her PhD in management studies from Case Western Reserve University.

Robert Hayward

(HIM)

ASSOCIATE PROFESSOR, DIVISION OF GENERAL INTERNAL MEDICINE
DIRECTOR, CENTRE FOR HEALTH EVIDENCE
UNIVERSITY OF ALBERTA



Dr. Robert Hayward's research interests focus on evidence-based health informatics. As electronic editor of the *Users Guides to the Health Care Literature*, he guides the development and management of virtual learning and research communities and industry-academic linkages. Dr. Hayward is director of the Centre for Health Evidence, which focuses on the teaching and application of evidence-based practice. Dr. Hayward trained in history, the arts, and letters at Yale University, received his medical degree from Queen's University, and then trained at the universities of Toronto and Alberta to obtain fellowship in the Royal College of Physicians and Surgeons of Canada. He studied health informatics and health services research methods at Johns Hopkins University.

John Lavis

(MODULE 1)

ASSOCIATE PROFESSOR, CLINICAL EPIDEMIOLOGY AND BIostatISTICS
FACULTY OF HEALTH SCIENCES
MCMaster UNIVERSITY



Dr. John N. Lavis holds a Canada Research Chair in knowledge transfer and exchange. At McMaster University, he is an associate professor in the department of clinical epidemiology and biostatistics, a member of the Centre for Health Economics and Policy Analysis, and an associate member of the department of political science. His principal research interests include knowledge transfer and uptake in public policy-making environments and the politics of healthcare systems. Dr. Lavis holds a medical degree from Queen's University, a master's of science from the London School of Economics, and a PhD from Harvard University.

David Streiner

(MODULE 2)

DIRECTOR, KUNIN-LUNENFELD APPLIED RESEARCH UNIT, BAYCREST
CENTRE FOR GERIATRIC CARE
PROFESSOR EMERITUS, CLINICAL EPIDEMIOLOGY AND BIostatISTICS AND
PSYCHIATRY
MCMaster UNIVERSITY



Dr. David Streiner's primary research interests are the psychological effects of medical disorders and treatments and applying psychological ways of thinking to other areas. He is currently involved in a series of studies examining the epidemiology of psychological problems of the elderly across Canada and looking at the long-term consequences of being born less than 1,000 grams. Dr. Streiner was trained in clinical psychology and received his PhD in 1968 from Syracuse University.

LEAD FACULTY

Marcel Villeneuve (MODULE 5)

SENIOR DECISION MAKER AND HEALTH CONSULTANT
GESTION CONSEIL MANAGEMENT STRATÉGIE ACTION (C.M.S.A.)



Mr. Marcel Villeneuve is the former executive director of the *Régie régionale de la santé des services sociaux de Montréal-Centre*, a position he held for almost 10 years. He has worked in the healthcare and social services field for 27 years, including 18 years as a senior executive and executive director. During his career, he successfully led many important change initiatives within his organizations. Currently, Mr. Villeneuve acts as consultant with healthcare organizations in Quebec and the rest of Canada. He won the *Prix d'excellence 2000* of the *Association des directeurs généraux des services de santé et des services sociaux du Québec* and the 2001 director's award from *Académie Perform*. He is a graduate of HEC Montréal.

Sam Sheps

DIRECTOR WESTERN REGIONAL TRAINING CENTRE
FOR HEALTH SERVICES RESEARCH
DEPARTMENT OF HEALTH CARE AND EPIDEMIOLOGY, FACULTY OF MEDICINE
UNIVERSITY OF BRITISH COLUMBIA



Dr. Sam Sheps has professional training and certification in both pediatrics and epidemiology and was the head of the department of health care and epidemiology from 1989 to 1999. His research interests/activities include assessing waiting times and waiting lists using priority scoring tools as a member of the Western Canada Waitlist Project Steering Committee and adverse medical events as part of the national study on this issue. In addition, he has been working with the continuity of care project and is involved in a synthesis research program examining end of life care. Dr. Sheps was recently funded by Health Canada to undertake research on governance and safety in non-healthcare settings.

See http://www.chsrf.ca/extra/faculty_e.php for complete guest faculty listing.

2007 EXTRA FELLOWS* / BOURSIERS FORCES 2007*



Kenneth BAIRD
ATLANTIC HEALTH SCIENCES CORPORATION
(AHSC)
SAINT JOHN, NB



Richard DESCHAMPS
HÔPITAL CHARLES LEMOYNE
LONGUEUIL, QC



Betty REID-WHITE
EASTERN HEALTH
SAINT JOHN'S, NF



Gisèle BEAULIEU
RÉGIE RÉGIONALE DE LA SANTÉ 4
EDMUNDSTON, NB INSTITUTIONS



Anne FORTIN
AGENCE DE LA SANTÉ ET DES SERVICES
SOCIAUX DE LA CAPITALE-NATIONALE
QUÉBEC, QC



Thaddeus REZANOWICZ
CENTRE DE SANTÉ ET SERVICES SOCIAUX
JEANNE-MANCE
MONTRÉAL, QC



Denise BETTEZ
AGENCE DE DÉVELOPPEMENT DE RÉSEAUX
LOCAUX DE SERVICES DE SANTÉ ET DE
SERVICES SOCIAUX DE LA MONTÉRÉGIE
LONGUEUIL, QC



Kathleen HESLIN
YORK CENTRAL HOSPITAL
RICHMOND HILL, ON



Leanne SMITH
SASKATOON HEALTH REGION
SASKATOON, SK



Diane BOIVIN
CENTRE DE SANTÉ ET DE SERVICES SOCIAUX
DE MONTMAGNY-L'ISLET
MONTMAGNY, QC



Alice KENNEDY
EASTERN HEALTH
SAINT JOHN'S, NF



Brendan CARR
CAPITAL DISTRICT HEALTH AUTHORITY
HALIFAX, NS



Suzanne BOIVIN
CENTRE DE SANTÉ ET DE SERVICES SOCIAUX
DU GRAND LITTORAL
SAINT-ROMUALD, QC



Patricia LEFEBRE
CENTRE HOSPITALIER DE L'UNIVERSITÉ DE
MONTRÉAL
MONTRÉAL, QC



Micheline STE-MARIE
CENTRE HOSPITALIER DE L'UNIVERSITÉ DE
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**Madeleine BOULAY
BOLDUC**
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Kim LENAHAN
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TORONTO, ON



Sylvanus THOMPSON
TORONTO PUBLIC HEALTH
TORONTO, ON



Ted BRAUN
CALGARY HEALTH REGION
CALGARY, AB



Kelli O'BRIEN
WESTERN REGIONAL INTEGRATED HEALTH
AUTHORITY
CORNER BROOK, NF



**John VAN
MASSENHOVEN**
WINNIPEG REGIONAL HEALTH AUTHORITY
WINNIPEG, MB



Sandi COX
BLOORVIEW KIDS REHAB
TORONTO, ON



Mary PUNTILLO
ST. JOSEPH'S HEALTHCARE HAMILTON
HAMILTON, ON



Tracy WASYLAK
CALGARY HEALTH REGION
CALGARY, AB

* AT COMMENCEMENT OF FELLOWSHIP / * À L'OBTENTION DE LA BOURSE

2006 EXTRA FELLOWS* / BOURSISERS FORCES 2006*



Luce BEAUREGARD
CENTRE DE SANTÉ ET DE SERVICES SOCIAUX
D'AHUNTSIC ET MONTRÉAL-NORD
QUÉBEC, QC



Geoffrey JOHNSTON
SASKATOON HEALTH REGION
SASKATOON, SK



Louise PATRICK
SERVICES DE SANTÉ SCO
OTTAWA, ON



Philippe BENOIT
AGENCE DE DÉVELOPPEMENT DE RÉSEAUX
LOCAUX DE SERVICES DE SANTÉ ET DE
SERVICES SOCIAUX DE LA MONTRÉGIE
LONGUEUIL, QC



John KNOCH
DAVID THOMPSON HEALTH REGION
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2005 EXTRA FELLOWS* / BOURSIERS FORCES 2005*



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